The NSPCC Strategy is based on four principles

Focus on areas in which we can make the biggest difference.

Prioritise the children who are most at risk.

Learn what works best.

Create leverage for change.
We are concentrating on seven important issues

- children under the age of one
- disabled children
- children from certain minority ethnic communities
- looked after children
- neglect
- high-risk families
- sexual abuse.
Why Babies?
Infancy is a time of RISK.

Over a third of Serious Case Reviews relate to babies under the age of one.

Babies are seven times more likely to be killed than older children.
It’s also a time of OPPORTUNITY

This is the time of rapid development, laying the foundations for a child’s learning, behaviour and health.

Parents are especially receptive to advice and support.

It makes economic sense – it’s cheaper to get things right from the start than to solve problems later on.
Science tells us a lot about babies’ development.

Babies brains are still developing. Many connections are made in pregnancy and the first year.

What happens during this time is critically important for later development, health and wellbeing.
Early relationships matter.

Early interactions with caregivers are one of the most significant influences on a baby’s brain.

Babies need parents not only to look after their physical needs, but also to support them emotionally.
Babies need their parents who:

• are **aware** of the signals they are giving.

• accurately **interpret** these signals, and

• **respond** quickly and appropriately
We know that some families’ situations can make it harder for parents to provide babies with the sensitive, responsive care that they need.
The NSPCC are offering four new services for families with babies.

- The ‘Preventing Non Accidental Head Injury’ Programme
- Baby Steps
- Parents Under Pressure
- Minding the Baby
Through the **ALL BABIES COUNT** campaign we are raising awareness and trying to influence policy and practice.
A new strategy for evidence based prevention
What was distinctive about our new approach?
1. **Focus and prioritise**

Identifying where we can make significant impacts
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2. Innovation and collaboration
Working with others to find new and evidence-based approaches
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3. Capturing learning
Evaluating what works – and what doesn’t
1. Focus and prioritise
Identifying where we can make significant impacts

2. Innovation and collaboration
Working with others to find new and evidence-based approaches

3. Capturing learning
Evaluating what works – and what doesn’t

4. Leverage
Using the learning and working with others to help many, many more children
Why the focus on pregnancy and babyhood?
Developmental case

- A child’s environment and early experiences – even in the womb – lay the foundations for life.
- Rapid neurological and physiological development
- Major transition to parenthood
- Development of parental bonds and infant attachment
- Loving, caring and sensitive parenting are essential for a child’s growth, wellbeing and development
“Early adversity casts a long shadow”

Sir Michael Rutter

Prevention case

Pregnancy and babyhood matter

Conception
Early childhood
Middle childhood
Adolescence
Adulthood

Early adversity
Maltreatment
Trauma
Toxic stress

Disrupted neuro-development
Social, emotional and cognitive impairment
Adoption of risky health behaviours
Disease disability and social problems

Cumulative burden over time

Increased risks for the next generation
A time of opportunity

Pregnancy and babyhood matter
How can an understanding of the causes of abuse and neglect inform strategies for intervention?
Causes of maltreatment are complex

- Outcomes in infancy
  - Attachment, neurodevelopment, language, emotional regulation, physical, cognitive and social development

  MALTREATMENT

- Future development
  - Childhood
  - Adolescence
  - Adulthood

Ecology

- Externalities (social costs and consequences)

- Feedback loop (ontogenic)
  - E.g. attachment, capacity for reflective functioning
  - E.g. parental mental illness, domestic abuse, substance abuse
  - E.g. family structure, size, employment, income, assets, housing
  - E.g. Social networks, peers, neighbourhood
  - E.g. Culture and norms, attitudes to violence

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<thead>
<tr>
<th>Level</th>
<th>Markers of risk</th>
<th>Markers of protection</th>
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<tbody>
<tr>
<td>Ontogenic</td>
<td>Parent experienced maltreatment as a child</td>
<td>Parent experienced secure attachment</td>
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<td>Child</td>
<td>Age</td>
<td>Good temperament</td>
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<td></td>
<td>Premature birth</td>
<td>Good fit with parent</td>
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<td>Physical or mental disability</td>
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<td>Test positive for AOD</td>
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<td></td>
<td>Low birth weight</td>
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<td>Male (for physical abuse)</td>
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<td></td>
<td>Race</td>
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<td>Parenting quality</td>
<td>Does not enjoy parenting</td>
<td>Secure attachment</td>
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<td>High (unrealistic expectations)</td>
<td>Capacity for reflective functioning</td>
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<td></td>
<td>Not satisfied with the child</td>
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<td>Views child as difficult</td>
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<td></td>
<td>Not understanding role as caregiver</td>
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<td></td>
<td>Lack of knowledge of child development</td>
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<td>Hostile/aggressive parenting</td>
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<td>Smoking during pregnancy</td>
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<td>Parental stressors</td>
<td>Substance abuse</td>
<td>Supportive significant other in the home</td>
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<td>Stress in family environment</td>
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<td>Parental conflict and domestic abuse</td>
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<td>Parental mental illness</td>
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<td>Family factors</td>
<td>Low income</td>
<td>Space between pregnancies</td>
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<td>Financial stress</td>
<td>Low number of children</td>
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<td>Young age of mother</td>
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<td></td>
<td>Low maternal education</td>
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<td>Large household size</td>
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<td></td>
<td>Unmarried</td>
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<td>Community</td>
<td>Lack of social support</td>
<td>Social support</td>
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<tr>
<td>Macro-system</td>
<td>Cultural values that support violence</td>
<td>Cultural value of protecting children</td>
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Developing and learning from new models of practice
Baby Steps

- Antenatal education programme for vulnerable parents.
- Delivered by a children’s services practitioner and a health visitor or midwife in partnership – role of Children’s Centres.
- Begins with a home visit to engage parents.
- 6 group sessions before birth and 3 afterwards.
- Interactive and accessible.
- Covers ‘traditional’ content and more about becoming a parent, but also focuses on the factors that we know are important during the transition to parenthood: couple relationships, social support, emotional wellbeing, reflective functioning and understanding the baby.
“I’m much more full-on with this baby than I was with the others because they taught us to calm them...talk to them, sing to them, I do all that, and he’s just so content. I never did that with the others.”

“Since the course, we sit down when he gets home from work...we talk about our days and how the baby has been and about any worries, and we listen to each other... It has improved our relationship.”

“They were just so open and non-judgmental. And they sort of helped you to decide what was best for your baby. They just eased you into finding the right way for yourself.”
Parents Under Pressure

• Intensive home visiting programme for substance misusing parents with children under 2.5 years.
• For parents who are already engaging with drug or alcohol services.
• 20 week programme delivered by social workers in people’s homes.
• Content covers:
  – Psychological functioning.
  – Parent-child relationships.
  – Social context (isolation, housing etc.)
• The programme was developed in Australia where it has had promising results.
Minding the Baby

- An intensive home visiting programme for vulnerable, young, first time mothers and their families.
- Delivered by social workers and nurses in partnership.
- Focus on mentalisation and reflective function
- Starts in pregnancy and lasts until a child is two.
- Families are visited at home every week.
- Parents are provided practical support, but the programme also has a large focus on ‘Mentalisation’ – helping parents understand and respond to their babies’ cues.
- Developed in Yale with promising results.
- NSPCC is piloting in three areas in the UK.
- RCT led by Pasco Fearon (UCL) and Lynne Murray.
Preventing Non-Accidental Head Injuries in Babies

• A parent education programme to reduce the incidence of non accidental head injury

• Parents are shown a DVD before leaving hospital after the birth of a baby.

• The film prepares parents for the stresses of a new baby; tells them about the dangers of shaking a baby, and gives them strategies for soothing their baby and coping with stress.

• This is based on a programme in the USA which reduced incidence of head injuries by nearly 50%.

• We are working with 24 hospitals and birthing units over 2 years. Already over 12,000 parents have seen the film.
Breakdown or breakthrough?

Films for professionals made with Dr Amanda Jones

www.nspcc.org.uk/breakthrough

Jaydyne and Jaiden in clinical session 5 months into therapy
Influencing Policy: Prevention in Mind

Our latest ‘spotlight’ report on the issue of perinatal mental health. With key messages about:

- The **PREVALENCE** of perinatal mental illness.
- The importance of **PREVENTION** to stop episodes of mental illness from occurring or escalating, prevent any harms caused to babies.
- The **PROVISION** required to support families, and ‘what works’.
- The **POLICY** changes required to fill gaps in services.
Excellent examples of practice, but inequitable access

“This report reveals that at the moment a ‘postcode lottery’ determines whether families get the right help. In some local areas there are good services in place, but in others there are gaps and families cannot access the help they need.”