

## Briefing

# Lockdown babies: Children born during the coronavirus crisis

May 2020

Lockdown has changed all of our lives in so many different ways. But if there's one thing that hasn't changed it is that babies are still being born, including of course a new arrival in Downing Street.

In England 1,688 babies are born every day.<sup>1</sup> This means that 76,000 babies will already have been born during lockdown, and we have no idea when things will return to anything like normal. For most people having a new baby will be a source of untold joy, and while coronavirus will add to the challenges new parents face, many will respond in innovative ways – introducing grandparents over Zoom, or having virtual meet-ups with friends. For some families, however, the new pressure that the arrival of a baby can bring – on relationships, finances, and mental health – can push them into crisis. This briefing focuses on those families, and the additional challenges they will face because of coronavirus.

The Children's Commissioner's Office is particularly concerned about the limitations in support offered to new families under lockdown, the reductions in contact with health visitors, and the inability to maintain birth registers.

This briefing paper highlights the need for policymakers to put families with young children, and especially those with newborns, at the heart of coronavirus planning. It shows that the risks to babies and young children can be reduced if the government and services think creatively to find ways to bring vital support to new parents, and takes proactive steps to ensure that different agencies routinely share data on these children – now more important than ever.

## The extent of need

Some 45,000 0-1 year olds live in houses where domestic violence has taken place in the last year. These babies are being harmed, even if they are not the target of the abuse.

There are also other well-known parental risk factors to babies. Some 73,000 babies (aged 0-1) in England live in a household where a parent currently has severe poor mental health, and 28,000 live in a household where parents or carers abuse drugs and alcohol<sup>2</sup>.

Overall, 106,000 babies (aged 0-1) in England are exposed to at least one of these issues.

The majority of babies and young children at risk live with their parents. In total there are 4,500 babies aged 0-1 years in England for whom the local authority has deemed the risk of harm at home to be so high that they are on child protection plans, and 11,000 on the lower threshold 'child in need' plans. In ordinary times in England, nearly 2,500 babies a year are subject to care proceedings within a week of birth<sup>3</sup>.

As well babies, there are many toddlers and very young children who can also be at great risk. The Children's Commissioner estimates there are 560,000 children under 5 years old living with parents with poor mental

<sup>1</sup> ONS, Live Births in England September 2018 to August 2019, Provisional

<sup>2</sup> <https://www.childrenscommissioner.gov.uk/publication/were-all-in-this-together/>

<sup>3</sup> [https://www.nuffieldfio.org.uk/app/nuffield/files-module/local/documents/Executive%20summary\\_Born%20into%20care%20literature%20review\\_December%202019.pdf](https://www.nuffieldfio.org.uk/app/nuffield/files-module/local/documents/Executive%20summary_Born%20into%20care%20literature%20review_December%202019.pdf)

health, drug/alcohol addiction and/or domestic violence in the house<sup>4</sup>. Of these children, nearly 240,000 live in households where domestic abuse has taken place in the last year; nearly 150,000 live in with a parent who is dependent on drugs or alcohol; and over 380,000 live with a parent who has a severe mental health issue.

Children under 5, are also more likely than other children to be poor: one in three in this age group is living in poverty<sup>5</sup>.

## Newborns under lockdown

Imagine the impact of bringing a new baby home into a family experiencing these severe risk factors, in a high pressure situation where the kids are at home all day, parents are already stressed, one or other parents may have lost their job (1.5million people claimed universal credit in the five weeks following 16<sup>th</sup> March, well over 1million more than usually would<sup>6</sup>), and grandparents and friends are not allowed to visit and offer support. At the best of times, around 10% of new mothers face perinatal mental illness<sup>7</sup>, but the GP is closed, as is the Children's Centre and playgroups and playgrounds, and the health visitor, where she 'visits', is doing so by video link. There are even reports that in some areas families have been stopped from playing outside together by heavy-handed policing of lockdown rules.

The vast majority of new parents will be coping – the resilience of the family will see them through. But there will be a significant minority where the additional challenge of a new child is a strain too far.

All the usual ways to identify if a family is struggling have become far more limited under the Covid-19 lockdown. Guidance states that new birth visits from health visitors should now take place remotely, except for families who have been identified as vulnerable, while checks on older babies and toddlers do not have to take place at all<sup>8</sup>. The Institute of Health Visitors has raised concerns that many health visitors are being redeployed into other areas of work, with some areas reducing health visitor numbers by over 50%; they found that sometimes highly specialised health visitors were being asked to cover healthcare assistant roles. While some health visitors were content to be temporarily redeployed when urgently required, concerns were raised that the secondary impact of the pandemic on children and families was not being recognised in redeployment decisions.<sup>9</sup>

The Royal College of Paediatrics and Child Health and the Institute for Health Visitors are also concerned about the health needs of babies which might be going unnoticed during lock down. There are signs that parents may be struggling to make the six to eight week GP check for their baby<sup>10</sup>, or attend other healthcare provision. A and E attendances for children have fallen significantly<sup>11</sup>, and the Royal College of Paediatrics have launched a campaign urging parents to still make use of the NHS when they need to<sup>12</sup>. Play sessions and support groups at Children's Centres can be crucial opportunities to identify emerging needs and offer some parents help, but these sessions appear to have largely been cancelled<sup>13</sup>. Even birth registrations have stopped in all local authorities, following advice from the General Register Office, meaning they do not have the most basic information that there is a new baby in their area.

It can already be difficult enough for a parent to share problems they may be having with a stranger – it will

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<sup>4</sup> <https://www.childrenscommissioner.gov.uk/publication/were-all-in-this-together/>

<sup>5</sup> <https://www.savethechildren.org.uk/news/media-centre/press-releases/new-poverty-stats-one-in-three-preschool-children-are-living-in>

<sup>6</sup> <https://www.bloomberg.com/news/articles/2020-04-21/u-k-gets-1-5-million-universal-credit-claims-since-lockdown>

<sup>7</sup> <https://maternalmentalhealthalliance.org/about/the-issue/>

<sup>8</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0145-COVID-19-prioritisation-within-community-health-services-1-April-2020.pdf>

<sup>9</sup> <https://ihv.org.uk/our-work/publications-reports/health-visiting-during-covid-19-an-ihv-report/>

<sup>10</sup> <https://www.rcpch.ac.uk/news-events/news/health-visitors-paediatricians-publish-advice-parents-about-six-week-postnatal>

<sup>11</sup> <https://www.ifs.org.uk/publications/14798>

<sup>12</sup> [https://www.rcpch.ac.uk/sites/default/files/2020-04/covid19\\_advice\\_for\\_parents\\_when\\_child\\_unwell\\_or\\_injured\\_poster.pdf](https://www.rcpch.ac.uk/sites/default/files/2020-04/covid19_advice_for_parents_when_child_unwell_or_injured_poster.pdf)

<sup>13</sup> See for example <https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/child-and-family-centres>

be much harder over the phone. The potential presence of abusive partners in the household will be impossible to detect; injuries, on mother, baby or older siblings, might not be seen. Yet there is growing evidence from England and around the world that the rates of domestic abuse are increasing during lockdown, and that it is harder for victims to escape. The Met Police have reported that domestic abuse calls have risen by nearly a third during lockdown, with charges and cautions up 24% compared to the same time last year<sup>14</sup>.

The table below shows the route of referral into children's social care in ordinary times for babies. Services which are no longer operating as normal – including schools, health services, adult services, legal agencies and non-statutory services like children's centres – usually account for 60% of all referrals for unborn babies into children's social care, and around half of referrals for children aged 0-4.

**Percentage of Child in Need referrals accounted for by each referral source in 2018/19, for children aged under 5**

Referral Source	Age of child at time of referral			
	Unborn	Age 0 to 1	Age 1 to 4	Unborn to Age 4
Individual - Family member/relative/carer	3.2	4.5	6.2	5.4
Individual - Acquaintance (including neighbours and child minders)	0.2	0.5	0.8	0.6
Individual – Self	1.3	0.6	0.6	0.7
Individual - Other (including strangers)	0.4	0.5	0.6	0.6
Schools	3.1	7.5	14.5	11.5
Education Services	0.4	1.1	2.3	1.8
Health services – GP	1.4	2.1	1.7	1.8
Health services - Health Visitor	2.8	5	2.3	2.9
Health services - School Nurse	0.3	0.1	0.1	0.2
Health services - Other primary health services	27.9	10.9	5.8	10
Health services - A&E (Emergency Department)	2.9	5.2	3.5	3.7
Health services - Other (e.g. hospice)	7.1	3.8	2.3	3.3
Housing (LA housing or housing association)	1.3	1.6	1.5	1.5
LA services - Social care e.g. adults social care	13.2	5.6	5.2	6.5
LA services - Other internal (department other than children's social care in local authorities, for example, youth offending (excluding housing))	5	3.7	4.1	4.1
LA services - external, for example, from another local authority's adults social care services	4.3	4.1	3.1	3.5
Police	16.5	31.6	31.4	29.2
Other legal agency - including courts, probation, immigration, 'CAFCASS' (Children and Family Court Advisory and Support Service) or prison	3	3.3	4.2	3.9
Other - including children's centres, independent agency providers or voluntary organisations	4.2	5.2	6.3	5.8
Anonymous	1.5	3	3.4	3.1

Source: CCO analysis of Children in Need Census 2018/19.

<sup>14</sup> <https://www.bbc.co.uk/news/uk-england-london-52418650>

Without these services having regular contact with children and families throughout the Covid-19 period, there is a real danger that children needing help will be overlooked – especially the very youngest. Health services are usually the places where concerns about babies are identified and referred, and these services are likely to remain under increased pressure for a long period of time.

The Children's Commissioner has asked the Department for Education to monitor in real time and across the country the levels of referral to children's social care, in order to track where children may be falling through the gaps. The Local Government Association has reported that many local authorities have seen referrals fall by more than half<sup>15</sup>.

Where families are already known to social services, social workers are risk-assessing them to determine which ones to prioritise for visits, and which others should receive 'virtual contact' only. While home visits for many will continue, those at lower risk are more likely to receive virtual contact. It is not clear how virtual welfare assessments could be completed for babies and pre-verbal children.

The Children's Commissioner believes babies should be prioritised for visits in person and children's social workers provided with sufficient protective equipment to enable them to complete these visits. The Government should share best practice on how to do this, including ideas like arranging visits with a family and new baby to the park for a 'socially distanced' meet up.

## Shine a light

Many children's centres, nurseries, health visitors and social workers are striving to keep in touch with families; but they need enough information to monitor whether babies and young children might be at risk.

This means more information sharing by a range of agencies, including clinical commissioning groups, NHS Digital, DWP, the Department for Education, local Directors of Public Health and MHCLG. These agencies should be providing local authorities with data on:

- > New births in the local area
- > The rate of attendance of 0-4 year olds at A&Es and other healthcare settings compared to the usual rate of attendance
- > The take-up of routine immunisations
- > The caseloads of health visitors, and redeployment rates
- > The proportion of health visitor contacts that are going ahead, and whether they are being done remotely or face to face
- > New claims for Universal Credit where a child is present in the household, or changes to existing benefit claims because of the arrival of a new child
- > The number of referrals received by children's social care compared to the numbers for the same time period last year, to give an indication of unmet need
- > The number and percentage of social work contacts going ahead for babies and young children on Child in Need and Child Protection plans, and the number being conducted remotely

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<sup>15</sup> <https://www.local.gov.uk/coronavirus-lga-responds-childrens-commissioner-report-vulnerable-children>

- > The number of vulnerable children attending nurseries and childcare settings
- > The number of Children's Centres that are open and offering services
- > Any new applications for homelessness support from families with children

Additionally, guidance should be issued to adult services – such as adult mental health services – to remind them of the increased importance of asking patients if they have children, and sharing that information with the local authority where appropriate to do so.

The Children's Commissioner believes the Government should be driving this data sharing in two ways. Firstly, and most pressing, government needs to remove barriers to sharing the above data on individual households locally; and, where needed, instruct local partners to share it. This is critical to enable local authorities to do targeted outreach to *all* their vulnerable families – not just the ones known to children's social care. Secondly, departments need to pool this data centrally to help the government monitor, in real time, the true scale of risk among the most vulnerable children during Coronavirus – in order to understand whether enough resources are in place.

We also need to see some of the creative solutions to ensure that families get the support they need. Some Children's Centres have already moved their support sessions online, and are making routine calls to families to check in with them; this kind of activity should be replicated around the country<sup>16</sup>. The groundswell of enthusiasm for volunteering, as demonstrated by 750,000 people signing up for the GoodSam app, should extend to all of us offering help to neighbours with newborns and young children.

## The longer term

Sadly, when schools and services reopen, there is expected to be a surge of referrals to social services, as problems that were hidden during lockdown are finally identified or disclosed. The workloads of health visitors, perinatal and infant mental health teams and other early years services are also likely to increase substantially, as they play 'catch up' with babies and young children who have not been seen for weeks or months, or who may have been seen only remotely without full assessments completed.

Ministers and local authorities need to be alert to this spike in demand when planning for the 'new normal' after lockdown; they can prepare by investing in surge capacity, such as additional staff or other resources. But more importantly, the government can take action to flatten this curve now, by making sure that all sources of data on vulnerable children are being shared locally and nationally.

And we must make sure that, as we emerge from lockdown, babies and young children are kept centre stage – we need to acknowledge that while Coronavirus may have exacerbated problems with supporting families, those problems already existed. We need a coherent, joined up plan from Government for children in their earliest years.

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<sup>16</sup> <https://www.cypnow.co.uk/news/article/the-children-s-centres-supporting-families-online-during-covid-19-crisis>