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**Frá: Miðstöð foreldra og barna: Anna María Jónsdóttir, Helga Hinriksdóttir, Stefanía B. Arnardóttir og Sæunn Kjartansdóttir**

### **Almennt:**

Athugasemdir Miðstöðvar foreldra og barna (MFB) lúta fyrst og fremst að því að tryggja að yngstu börnunum sér tryggð geðheilbrigðisþjónusta. Þetta er breyting frá því sem verið hefur hér á landi en er í fullu samræmi við ótal rannsóknir á í taugavísindum sem sýna að meðgangan og fyrstu tvö æviárin hafi meiri áhrif á framtíðarheilbrigði einstaklingsins en nokkurt annað æviskeið (sjá t.d. Allan Schore, Bruce Perry, Daniel Siegel, Peter Fonagy, Jaak Panksepp, Sue Gerhardt, Susan Hart og fleiri).

Ef frekari upplýsinga, skýringa eða samstarfs er óskað er sjálfsagt að verða við því.

### **Greinargerð:**

Í fyrstu málgrein kemur fram að geðheilbrigðisþjónusta vegna barna og unglinga þarf að ná til 18 ára aldurs.

Hér þarf að koma fram að **þjónustan nái frá meðgöngu/fæðingu** til 18 ára aldurs.

**Rökstuðningur:** Börn geta fæðst inn í fjölskyldu þar sem geðheilsu-/vímuefnavandi er til staðar hjá foreldrum. Í þeim tilvikum þarf að veita foreldrum meðferð því að vandi þeirra bitnar á heilsu og velferð barnsins. Að auki geta ungbörn þarfnast tengslaeflandi meðferðar (e. Parent Infant Psychotherapy) þar sem um fyrrnefndan vanda er að ræða.

Í annari og þriðju málsgrein kemur fram að aðaláhersla verði á forvarnir, skimun grunnskólanemenda, þrepaskiptameðferð hópa og/eða einstaklinga, stuðning við fjölskyldur, samhæfða þjónustu í nærumhverfi og skýrari verkaskiptingu stofnana.

Hér þarf að koma fram að forvarnir varðandi geðheilsu **skulu hefjast í meðgönguvernd og ung- og smábarnavernd heilbrigðiskerfisins með áherslu á greiningu/skimun fyrir geðheilsu-/tengslavanda á þessu tímabili. Samhliða skimun þarf að byggja upp meðferðarúrræði fyrir þær fjölskyldur sem skimast/greinast með þjónustubörf.**

**Rökstuðningur:** Leggja þarf áherslu á að undirbúningur fyrir foreldrahlutverkið er sálfélagslegt þroskaverkefni þar sem huga þarf að tengslamyndun (að ungbarnið fái rými í huga foreldra)<sup>i</sup>. Mikilvægt er að nýta hið ágæta kerfi sem er til staðar með tíðum samskiptum við foreldra í meðgönguvernd og ung-og smábarnavernd og hefjast handa við að leggja aukna áherslu á tilfinninga- og samskipta þroska barns og fjölskyldu. Finna þarf þær fjölskyldur sem þurfa meiri þjónustu en er í boði í hefðbundnu heilsugæslukerfi (fyrstu gráðu forvörn)<sup>ii</sup>. Áhættuþættir eru þekktir og því fleiri sem þeir eru því brýnni er þörfin.

### *1. Forvarnir.*

Hér þarf að bæta við að **forvarnir hefjist á meðgöngu eða við fæðingu barns.**

**Rökstuðningur:** Námskeið og fræðsla geta ekki að öllu leyti svarað þörfum foreldra með geðheilsuvanda. Atferlismótandi námskeið henta fyrir foreldra með tiltæka innri styrkleika og eldri börn en fyrir verðandi og nýorðna foreldra með geðheilsuvanda þarf aðra nálgun. Í stefnumótun breskra stjórnvalda er mælt með; Solihull Approach sem hefur verið getið í NICE leiðbeiningum í NHS í Bretlandi og tengslaeflandi meðferð (e. Parent Infant Psychotherapy). <http://communityservices.heartofengland.nhs.uk/Images2/5e-solihull-approach-parenting-group---nice-guidance.pdf> (NICE GUIDANCE Solihull Approach Parenting Group)

### *2. Skimun á vanda.*

Hér þarf að bæta við: **Skimað verði fyrir geðheilsu/proskavanda ung- og smábarna og foreldra þeirra í meðgöngu-, ung- og smábarnavernd.**

**Rökstuðningur:** Rannsóknir sýna að börn sem búa við streituvaldandi aðstæður s.s. ofbeldi, fíkn geðraskanir foreldra og fátækt eru í aukinni hættu að þróa með sér geðrænan vanda og streitutengda sjúkdóma. Ástæðan er talin vera áhrif á þroska reglukerfis (selfregulation) í taugakerfinu.

### *3. Námskeið.*

Hér þarf að bæta við: **Námskeið og stuðningur verði í boði fyrir foreldra óværra ungbarna.**

**Rökstuðningur:** Rannsóknir sýna að í 90% tilvika er óværd barna ekki af líkamlegum orsökum. Efla þarf foreldra í að lesa í merki ungbarna og styrkja færni þeirra og þekkingu í foreldrahlutverkinu til að takast á við álagstíma á ungbarnaskeiði.<sup>iii</sup>

### *4. Verkaskipting stofnana.*

Hér þarf að bæta við: **Stofnanir sem koma að málefnum barna og fjölskyldna þeirra þurfa að öðlast sameiginlega sýn og vinna saman út frá henni m.t.t. aðferðafræði og inngripa.**

**Rökstuðningur:** Fyrirmynd má finna t.d. í Solihull og Lancashire í Bretlandi þar sem allar stofnanir sem koma að barnafjölskyldum vinna eftir sömu hugmyndafræði.

<http://www.solihullapproachparenting.com>

Verkefnið hefur sýnt jákvæðar breytingar varðandi lífsgæði þessa hóps. Fræðimaðurinn Cath Coucil hélt þverstofnanalega vinnusmiðju hér á landi 24.10.2014 til að kynna innleiðslu Solihull aðferðarinnar í Lancashire.

## 5. Barnateymi.

Hér vantar að nefna fulltrúa frá stofnunum/sviðum sem vinna með fjölskyldum á meðgöngu og eftir fæðingu barns, svo sem **Miðstöð foreldra og barna og Foreldrar-meðganga-barn (FMB) teymi LSH.**

**Rökstuðningur:** Við þriggja ára aldur er heilinn orðinn 90% af fullorðinsstærð og því er ljóst að mikilvægur heilabroski verður á þessum fyrstu árum að meðgöngunni meðtalinni. Vaxandi fjöldi rannsókna undanfarna áratugi hefur sýnt áhrif vanræsklu, ofbeldis og hvers kyns áfalla á fyrstu árum barns og að þroskatruflanir sem verða á fyrstu árunum eru í sumum tilfellum óafturkræfar. Rannsóknir sýna jafnframt að mun skilvirkara og efnahagslega hagkvæmara er að grípa inn í á fyrstu mánuðum og árum með því að efla heilbrigðan þroska og fyrirbyggja þannig seinni tíma vanda.<sup>iv</sup>

## 6. Viðtalsmeðferð.

Hér þarf að bæta við: **Meðferðarleg inngríp skulu hefjast sem fyrst þegar vandi greinist; á meðgöngu, fyrsta ári og/eða á forskólaaldri.**

**Rökstuðningur:** Mikilvægt er að bregðast sem allra fyrst við geðheilsuvanda ungbarna og foreldra þeirra. Á þessu aldurs skeiði er tengslaeflandi nálgun mikilvægari en atferlismótun, s.s. tengslaefling (e. Parent Infant Psychotherapy) sem er veitt á Miðstöð foreldra og barna og í FMB teymi Landspítalans. Fleiri inngríp hafa sýnt árangur s.s. Solihull nálgunin sem sýnt hefur fram á að því næmari sem foreldrar eru á tilfinningalegar þarfir barna sinna og færir um að svara þeim á viðeigandi hátt því minni þörf er fyrir atferlismótandi inngríp.

## 7. Fjölskyldumeðferð.

Hér þarf að taka fram að **mikilvægt er að fjölskyldumeðferð sé í boði strax á meðgöngu ef þess er þörf, með áherslu á tengslaeflingu út frá hugmyndafræði tengslakenninga.<sup>v</sup>**

**Rökstuðningur:** Vísun til nýlegrar þverpólíttískrar stefnumótunar í geðheilbrigðismálum í Bretlandi þar sem mælt er með slíkri meðferð, *1001 Critical Days*. (sjá viðhengi).

### Tilvísanir:

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<sup>i</sup> Vinnuleiðbeiningar sem voru unnar með Heilsugæslu höfuðborgarsvæðisins 2010-2011 til að efla þekkingu ljósmæðra og hjúkrunarfræðinga á tengslamyndun á meðgöngu og eftir fæðingu.

<sup>ii</sup> Susan Pawlby o.fl. (2011) Rannsóknarniðurstöður: Þunglyndi á meðgöngu eykur líkur á vanrækslu eftir fæðingu fjórfalt. Ef ekkert er að gert og þunglyndi móður heldur áfram þá aukast líkurnar umfram það, allt að 12 falt. Antenatal depression increased the risk of maltreatment in the offspring by almost four times. Children exposed only to antenatal depression or only to childhood maltreatment

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were more at risk of developing psychopathology; however, children exposed to both antenatal depression and childhood maltreatment were at almost 12 times greater risk of developing psychopathology than offspring not so exposed.

<sup>iii</sup> Anna Guðríður Gunnarsdóttir MSc. Rannsókn á líðan foreldra með óvæð börn.

<sup>iv</sup> Sue Gerhardt: *Why Love Matters*, Routledge 2004 og (fleiri heimildir eru til ef óskað er).

<sup>v</sup> Tessa Baradon (ritstjóri) og fleiri: *The Practice of Psychoanalytic Parent-Infant Psychotherapy*.



## Acknowledgements and References

**WAVE Trust – George Hosking and Ita Walsh**

**NSPCC – Chris Cuthbert and Gemma Wolfes**

**Foundation Years Action Group – Cat Bedford and Amanda Jones**

**APPG Conception to Age Two – the First 1001 Days**

**Office of Andrea Leadsom MP – Lucia Hodgson and Clair Rees**

For more information please see *WAVE Trust's Age of Opportunity* report, and the NSPCC's *Spotlight on Perinatal Mental Health*, and *All Babies Count* reports

To join the 1001 Critical Days campaign, please email  
**[clair.rees@pipuk.org.uk](mailto:clair.rees@pipuk.org.uk)**



# The 1001 Critical Days

The Importance of the Conception to Age Two Period

A CROSS-PARTY MANIFESTO:

Andrea Leadsom MP • Frank Field MP • Paul Burstow MP • Caroline Lucas MP



*Sally Davies*

## Foreword by **Sally Davies**, Chief Medical Officer

I am delighted to support this cross party manifesto. This manifesto highlights the importance of acting early to enhance the outcomes for children. Too many children and young people do not have the start in life they need, leading to high costs for society, and too many affected lives.

The early years of life are a crucial period of change; alongside adolescence this is a key moment for brain development. As our understanding of the science of development improves, it becomes clearer and clearer how the events that happen to children and babies lead to structural changes that have life-long ramifications. Science is helping us to understand how love and nurture by caring adults is hard wired into the brains of children.

We know too that not intervening now will affect not just this generation of children and young people but also the next. Those who suffer multiple adverse childhood events achieve less educationally, earn less, and are less healthy, making it more likely that the cycle of harm is perpetuated, in the following generation.

This manifesto is welcome as it seeks to use best practice to guide suggested interventions. The call to evaluate new interventions in a rigorous scientific manner is particularly important. I appreciate the emphasis on training of all staff who come into contact with children, young people and their families, in important areas such as attachment.

The current economic situation makes early intervention seem challenging. This manifesto recognises that without a focus on prevention and early intervention the costs associated with managing these issues will continue to rise.

Acting to improve the first critical 1001 days is a worthy goal. As CMO, I wholeheartedly support the aims of this manifesto because giving children and young people a good start in life should surely be more than just an aspiration!

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## Pledges of Support

The following organisations have pledged their support for the 1001 Critical Days Manifesto:



Tackling the roots of violence





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## Introduction by MPs



*Andrea Leadson*

As politicians from across the political spectrum, we have come together for the first time to acknowledge the importance of the 1001 critical days from when a baby is conceived until the age of two.

This period of life is crucial to increase children's life chances, and we pledge to work to ensure all babies have the best possible start in life.



*Paul Gredson*

We are missing an opportunity if we don't prevent problems before they arise. It is vital that a focus on the early years is placed at the heart of the policy making process, and in this manifesto we outline why this period of life is so critical, and how we intend to propel our objectives forward.



*Paul Gredson*




*Pauline Lister*

Special thanks to the **WAVE Trust** and the **NSPCC** for their support and contributions to produce the *1001 Critical Days Manifesto*.



*Tackling the roots of violence*



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- NICE Guidelines recommending that every woman with a history of past or present serious mental illness should have access to a Consultant Perinatal Psychiatrist and specialist perinatal psychological care for mother and baby, must be followed.
  - Birth registration should be offered by local registrars in Children's Centres, so that close to 100% of families will engage with their local centre.
  - The health and early years workforce should receive high quality training in infant mental health and attachment as standard, in order for practitioners to understand parent-infant relationships and the services required when difficulties arise. Specialist training should include identifying the 5-7% most seriously ill and at-risk parents.
  - There should be increased evaluation of services in the first 1001 days, to prove their effectiveness, including a scientific evaluation (Randomised Control Trial) of parent-infant psychotherapy, as a key intervention for insecure or disorganised attachment.
  - Local commissioning and decision making boards should consider the social and emotional health needs of babies, and include information about this in their Joint Strategic Needs Assessment and Local Health and Well-being Strategy. Underpinning this should be a cost-benefit analysis to capture the full extent of the costs to society that can be avoided through effective investment in the first 1001 days.
  - Childminders, nurseries and childcare settings caring for under 2s must focus on the attachment needs of babies and infants, with OFSTED providing specific guidance on how this can be measured effectively.
  - Children's Centres must continue to provide universal services for all families, but with a focus on those families with the highest level of need.
  - Outreach and volunteer services will potentially provide the greatest success in reaching the most vulnerable and isolated families.
  - Health and early years professionals should encourage parents to read to their children as an effective and straightforward way of strengthening early attachment and language development.



## Our Vision

A radical change is required to our approach to the 1001 Critical Days.

Our goal is for every baby to receive sensitive and responsive care from their main caregivers in the first years of life. Parents need to feel confident to raise their children in a loving and supportive environment.

A holistic approach to all ante, peri (conception to the first 18 months of life) and postnatal services would enable seamless access for all families. This includes Midwives, Health Visitors, GPs, and Children's Centres, and services should engage with families as soon as possible – ideally during pregnancy. The contact that parents have with services before, and after, the birth of their child, provides a unique opportunity to work with them at a stage which is so vitally important to the development of children.

Specifically:

- At-risk families, or those experiencing difficulties, should be able to access evidence-based services which promote parent-infant interaction, for example video interaction guidance and parent infant psychotherapy, delivered by qualified professionals.
- A range of services must be in place in every local area to ensure that women who are at risk or suffering from mental health problems are given appropriate support at the earliest opportunity. This includes specialist parent and infant mental health midwives and health visitors trained in this area, to improve identification and support for families who need it most.
- All parents should be able to access antenatal classes which address both the physical *and* emotional aspects of parenthood, and the baby's well-being (infant mental health).

To enable this to happen local services must identify and reach families who need additional services:

- Maternity services, health visitors, social care, adult mental health services and Children's Centres should work closely together to share vital data, ensuring those who need additional support receive appropriate, timely, and culturally sensitive help. The pooling of budgets for these services will encourage innovative commissioning and induce a culture of joined-up working.



## Why is the Conception to Age 2 period so critical?

Pregnancy, birth and the first 24 months can be tough for every mother and father, and some parents may find it hard to provide the care and attention their baby needs. But it can also be a chance to affect great change, as pregnancy and the birth of a baby is a critical 'window of opportunity' when parents are especially receptive to offers of advice and support.

### The evidence shows that:

- Ensuring that the brain achieves its optimum development and nurturing during this peak period of growth is therefore vitally important, and enables babies to achieve the best start in life.
- From **birth to age 18 months**, connections in the brain are created at a rate of **one million per second!** The earliest experiences shape a baby's brain development, and have a lifelong impact on that baby's mental and emotional health.
- A foetus or baby exposed to toxic stress can have their responses to stress (cortisol) distorted in later life. This early stress can come from the mother suffering from symptoms of depression or anxiety, having a bad relationship with her partner, or an external trauma such as bereavement.
- International studies show that when a baby's development falls behind the norm during the first year of life, it is then much more likely to fall even further behind in subsequent years, than to catch up with those who have had a better start.
- Attachment is the bond between a baby and its caregiver/s. There is longstanding evidence that a baby's social and emotional development is strongly affected by the quality of their attachment.
- Babies are disproportionately vulnerable to abuse and neglect. In England they are seven times more likely to be killed than older children. Around 26% of babies (198,000) in the UK are estimated to be living within complex family situations, of heightened risk where there are problems such as substance misuse, mental illness or domestic violence. 36% of serious case reviews involve a baby under one.

The best chance to turn this around is during the **1001 critical days**. At least one loving, sensitive and responsive relationship with an adult caregiver teaches the baby to believe that the world is a good place and reduces the risk of them facing disruptive issues in later life.

Every child deserves an equal opportunity to lead a healthy and fulfilling life, and with the right kind of early intervention, there is every opportunity for secure parent infant attachments to be developed.

Whether out of concern for an individual baby's well-being or safety, or for the costs to society of poor attachment, it is imperative that how children are raised is guided and influenced by this principle and the evidence.

**THE 1001 CRITICAL DAYS MANIFESTO IS CALLING FOR A REFOCUSING OF SUPPORT FOR A BABY'S FIRST 1001 DAYS.**

**IDENTIFYING NEED EARLY IS CRITICAL TO PREVENTING THE ABUSE AND NEGLECT OF BABIES AND IMPROVING THEIR EMOTIONAL WELLBEING.**

**A BABY'S DEVELOPMENT CAN BE DRAMATICALLY IMPROVED WITH EARLY AND EFFECTIVE SUPPORT FOR PARENTS.**

**PREGNANCY AND THE SECOND YEAR ARE A CRITICAL STAGE IN A CHILD'S DEVELOPMENT.**



**DAMAGE EARLY ON CAN CAUSE STRESS-RELATED CONDITIONS IN ADULT LIFE, SUCH AS HEART DISEASE OR SUBSTANCE ABUSE.**

**INFANTS AS YOUNG AS ONE CAN EXPERIENCE TRAUMA FROM WITNESSING DOMESTIC ABUSE.**



**HIGH LEVELS OF STRESS IN EARLY CHILDHOOD CAN BE 'TOXIC' TO THE DEVELOPING BRAIN.**

**36%**

**OF SERIOUS CASE REVIEWS - INTO DEATHS OR SERIOUS ABUSE - INVOLVE A CHILD UNDER ONE.**

**26%**

**OF BABIES IN THE UK HAVE A PARENT AFFECTED BY DOMESTIC VIOLENCE, MENTAL HEALTH OR DRUG/ALCOHOL PROBLEMS.**

**DOMESTIC VIOLENCE AFFECTS**

**39,000 BABIES**

**MENTAL HEALTH PROBLEMS AFFECT**

**144,000 BABIES**

**DRUG OR ALCOHOL PROBLEMS AFFECT**

**109,000 BABIES**

**AT LEAST ONE OF THESE ISSUES APPEARS IN OVER 70% OF CASES WHERE A BABY HAS BEEN KILLED OR SERIOUSLY INJURED.**

**ADAPTED FROM THE NSPCC'S 2011 ALL BABIES COUNT CAMPAIGN**

**NSPCC**  
Cruelty to children must stop. FULL STOP.

**Tiered approach to parent-infant services**

