



Parenting in the 21st Century

Sally Hogg
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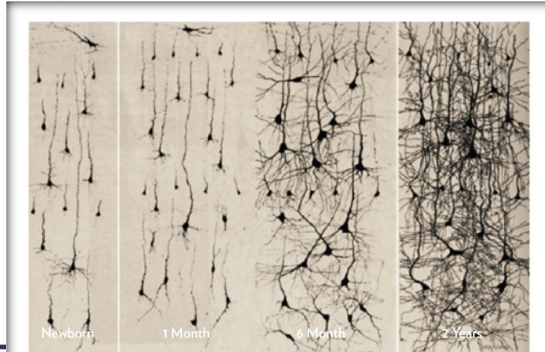
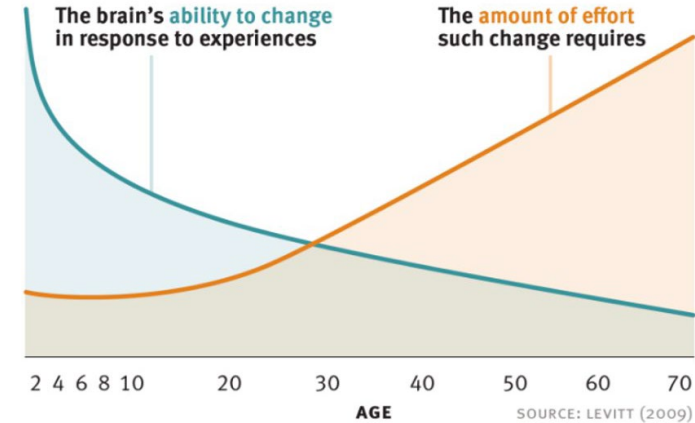
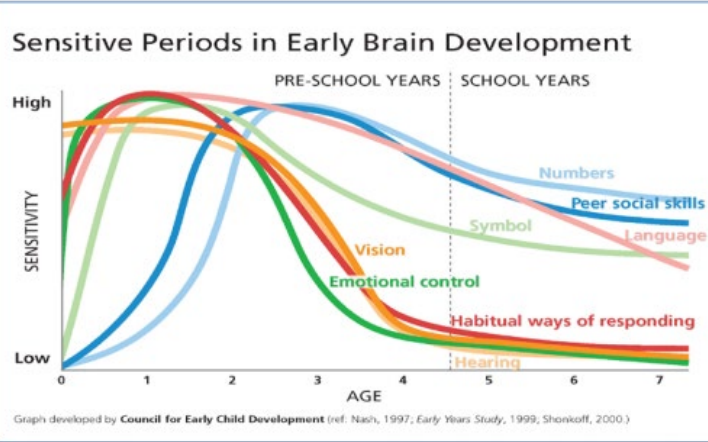
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- The first 1001 a period of **uniquely rapid growth**.
- More than 1 million new connections are formed every second in a baby's growing brain.
- The **basic architecture of the brain** is shaped during this period, which **provides the foundation** for all future learning, behaviour, and health.



A moment of opportunity and vulnerability



DRAMATIC GROWTH OF NEURONAL ARCHITECTURE FROM BIRTH TO 2 YRS

Source: "The Pediatrician's Role in Addressing Childhood Poverty", David Keller

Center on the Developing Child | HARVARD UNIVERSITY

www.developingchild.harvard.edu

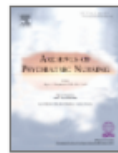




“Young children experience their world as **an environment of relationships**, and these relationships affect virtually all aspects of their development.”

Harvard Centre for the Developing Child





Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children

Erin P. Hambrick^{a, b}, Thomas W. Brawner^{a, c}, Bruce D. Perry^{a, d}, Kristie Brandt^{a, e}, Christine Hofmeister^b, Jen O. Collins^b

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“Perinatal developmental experiences are **more strongly associated** with compromised current functioning than such experiences during other periods.”

“**Perinatal relational poverty** was a stronger predictor than perinatal adversity.”



A good investment: longer-term cost savings of sensitive parenting in childhood

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Affiliations + expand

PMID: 34187093 DOI: 10.1111/jcpp.13461

Abstract

Background: Good quality parenting in early childhood is reliably associated with positive mental and physical health over the lifespan. The hypothesis that early parenting quality has significant long-term financial benefits has not been previously tested.

Methods: Design: Longitudinal study with follow-up from 2012 to 2016.

Setting: UK multicentre study cohort (London, South-East England).

Participants: 174 young people drawn from 2 samples, one at moderate risk of poor outcomes and one at high risk, assessed aged 4-6 years then followed up in early adolescence (mean age 12.1 years).

Measures: The primary outcome was total costs: health, social care, extra school support, out-of-home placements and family-born expenditure, determined through semistructured economic interviews. Early parenting quality was independently assessed through direct observation of parent-child interaction.

Results: Costs were lower for youths exposed to more sensitive parenting (most sensitive quartile mean £1,619, least sensitive quartile mean £21,763; $p < .001$). Costs were spread across personal

“Costs were lower for youths exposed to more sensitive parenting (most sensitive quartile mean £1,619, least sensitive quartile mean £21,763; $p < .001$).

Costs were spread across personal family expenditure and education, health, social and justice services. The cost difference remained significant after controlling for several potential confounders”.



Jaydyne and Jaiden in clinical session 5 months into therapy

Clips from NSPCC 'Breakdown or Breakthrough films'





Reducing adversity + supporting early relationships





The pandemic and the present

Increased adversity:

- **Huge stresses** on families: job insecurity, isolation, growing poverty and domestic abuse. Increase parental mental health problems.
- Specific challenges for **pregnant women and new parents during the pandemic**: Higher health risks, absence of support. Dads/partners prevented from visiting. Reduced contact between parents and babies in NICU.
- **Rising poverty** and cost of living increase
- **Accumulated adversity** over time.

98% of professionals said the babies their organisation works with had been impacted by parental **anxiety/stress/depression** affecting **bonding/responsive** care. (*Working for Babies 2021*)





The pandemic and the present

Reduced support:

- **Health visitors** redeployed and then services cut.
- Services moved **online**. Digital exclusion. Babies often invisible. Interventions less effective.
- Social distancing measures in place in many **childcare** settings and reduced take up amongst vulnerable families.
- Many **local support groups and services** stopped working during the pandemic and some have not re-started.
- Increased isolation and reduced of social networks.



BABIES IN
LOCKDOWN

“No one wants to see my baby”

Challenges to building
back better for babies



- Over a **quarter (28%)** of respondents reported that health visiting routine contacts/checks remain mainly on the phone or online.
- Nearly a **third (30%)** report that health visitor drop-in clinics that existed before the pandemic no longer operate.
- **One in eight (12%)** say that baby and toddler groups are no longer running in their area.

November 2021


best beginnings
for every parent, for every child

**HOME
START**


Parent-Infant
FOUNDATION

