Critical factors for child wellbeing in the first 1,000 days: Summary of evidence brief

We procured research to summarise existing evidence on the relationship between aspects of parental, family, and whānau wellbeing and child wellbeing in early childhood (with a focus on the first 1000 days) to identify where Government resources are best targeted to improve the wellbeing of children. This A3 summarises those findings.*

SOCIAL WELLBEING AGENCY | TOI HAU TĀNGATA

Background

The first 1000 days of a child's life (from conception until the end of the second year of life) are critical for setting wellbeing trajectories. During this time, children's wellbeing is largely dependent on their parents, immediate families and whānau providing the best environments for children to grow and thrive.

The data/statistics provided refer to the Growing up in New Zealand(GUiNZ) cohort.

Overarching/recurring opportunities highlighted in the evidence brief:

- Take a whānau/family approach to support and interventions by including partners and other family in the household
- Stressors cluster – target families with multiple stressors in their lives
- Informal and formal support are crucial for children's resilience
- Some groups need more support navigating to and between services
- Service access is not well matched to need

Factors evidenced as having the greatest **negative influence** on child wellbeing in the first thousand days:

Unplanned pregnancy	Maternal depression	Maternal psychosocial stress
Inter-parental conflict (physical and psychological)	High (sustained) or escalating household financial stress	Living in rental properties – especially private rentals
Living in houses that are cold and damp	Living in areas of high deprivation	Experiencing frequent housing instability – residential mobility
Social isolation – lacking informal support	Lacking external family support/lack of connection to communities	

[1] Based on prevalence, likely causality, size of impact, duration of impact, and whether factor is amenable.

Key findings	Summary	Some opportunities identified in the evidence brief
Most pregnant mothers are not meeting dietary recommendations	Only 3% of mothers met all of the Ministry of Health guidelines on dietary intake in pregnancy, they reportedly received contradictory advice, and were more likely to change their behaviours when their partners did – but only half of partners changed dietary, smoking or alcohol related behaviours while mothers were pregnant.	**Targeting partners and wider family/whānau behaviours may be more effective for maternal behaviour change.** **Simplifying nutritional guidance and providing consistent guidance via trusted sources could increase adherence to recommendations.**
Experiencing poor mental wellbeing in the perinatal period is common, but we could screen and treat earlier	1 in 8 mothers were likely depressed in late pregnancy, and 1 in 12 by the time the child was 9 months old. New dads also had higher rates of depressive symptoms (which negatively impacted on the mother). Rates of depression and unmedicated depression were higher for younger mothers, as well as those who identify as Pacific, Māori or Asian.	**Introduce routine screening early and throughout pregnancy for all mothers during antenatal appointments.** **Extend screening to partners by welcoming partners to antenatal appointments or offering a tailored antenatal appointment to partners.**
Services and policies can be better tailored to meet the needs of increasingly diverse families in NZ	1 in 4 children in the GUiNZ cohort were born into an extended family household (often multigenerational). This was higher for children whose mothers identify as Pacific (54%) and Asian (30%). 20% of families did not use English as their primary language at home and more than 30 languages were being spoken by parents around the time of birth.	**Multi-generational families should be a prominent consideration when developing strategies to support families to improve child wellbeing.** **Language may be a barrier to engagement. Services need to be constantly reviewed to keep up with demographic trends.**
Many children witness inter-parental conflict and family violence often worsens during pregnancy	1 in 10 children were reported as regularly witnessing interparental conflict, and 4% were reported as present when their parents engage in physical conflict. The rates are likely higher in reality. Interparental conflict is exacerbated in homes that are experiencing significant external stressors (e.g. (unemployment, significant financial stress).	**Reducing external stressors, in addition to support services for affected individuals, is required to help prevent conflict.** **Consider screening for stressors and inter-parental conflict during pregnancy.**
Rental properties were most likely to be unsafe, cold, and damp and private renters were much more mobile	Around half of the children lived in rental accommodation at birth and 45% by age two. Safety features such as working smoke alarms, safe fenced play areas and fenced driveways were less common in rental properties. There were higher rates of frequent residential mobility for private renters - associated with behavioural problems and discontinuity of engagement with health services.	**Consider options such as rent-to-own or rent-for-life so families can have more control over their environments and stability for their children.**
Services are not reaching those with the greatest need	Barriers to access include service design issues – e.g. time of day, location, transport options and difficulty when parents have inflexible work arrangements and care commitments. Mothers also reported challenges navigating the transition back to primary health care providers after birth.	**Reconfigure the delivery of health services (such as immunisations) to be whānau centred rather than health sector centred.** **Providing a navigator to assist with the transition between services – useful to parents who are less well connected with their wider families, communities and current services.**
The 'stressors' that families face cluster and have a cumulative impact on children	The number of 'stressors' experienced and the duration of exposure appears to have the greatest impact on both parental and child wellbeing in early life. GUiNZ analysis suggests more than 1 in 8 families are classified as experiencing toxic stress either in late pregnancy, at 9 months, or at 2 years of age.	**Combinations or clusters of parental and family/whānau 'stressors' may be more useful for effective targeting of interventions.** **Informal support coupled with formal support is crucial for children's resilience when families do experience persistent 'stressors' over the child's first 1000 days.**

* Morton, S., Knowles, S., & Morar, M. (2021) Academic Perspectives of Wellbeing, Evidence Brief for Social Wellbeing Agency.