

# Unborn babies targeted in crackdown on criminality

Blair launches policy imported from US to intervene during pregnancy to head off antisocial behaviour

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**Wednesday May 16, 2007**

[The Guardian](#)

Unborn babies judged to be at most risk of social exclusion and turning to criminality are to be targeted in a controversial new scheme to be promoted by Downing Street today.

In an effort to intervene as early as possible in troubled families, first-time mothers identified just 16 weeks after conception will be given intensive weekly support from midwives and health visitors until the unborn child reaches two years old.

Unveiling the findings of a Downing Street review, Tony Blair will make clear the government is prepared to single out babies still in the womb to break cycles of deprivation and behaviour.

He will also acknowledge that the state must do more to help a minority of families and will stress that the support they need cannot come through the promotion of marriage.

In an attempt to draw a clear division between Labour and the Conservatives Mr Blair will say that making marriage the primary focus of family policy will be ineffective and could lead to discrimination against children whose parents have split up or died.

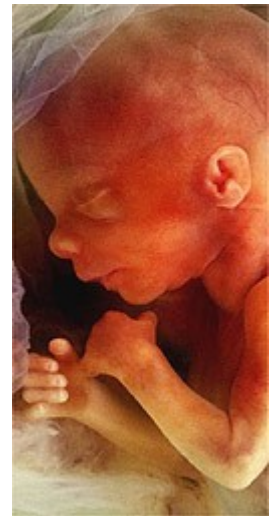
The Nurse Family Partnership programme is the most striking attempt yet to pre-empt problems.

Downing Street will outline today how a £7m pilot scheme has already begun to recruit the first of 1,000 families in 10 areas in England.

Supporters of the policy say the risk of stigmatising unborn infants as potential future victims or troublemakers is outweighed by the advantages of helping poor families build on the aspirations they have for their children.

Under the programme, which has been copied from the United States, young, first-time mothers will be assigned a personal health visitor at between 16 and 20 weeks into their pregnancy. They will continue to have weekly or fortnightly visits until the child is two - far more than the few postnatal visits generally on offer.

The support includes help with giving up smoking or drug use in pregnancy, followed by a focus on bonding with the new baby, understanding behaviour such as crying, and encouraging a mother to develop her skills and resources to be a good parent. The programme is voluntary and the intention is to capitalise on the so-called "magic moment" when parents are receptive to support for themselves and their baby.



Women can be identified for help just 16 weeks after conceiving. Photograph: Getty Images

In the US, three large trials have seen consistently positive results, including higher IQ levels and language development in children, lower levels of abuse, neglect and child injuries in families, and improvements in the antenatal health and job prospects of mothers.

Proponents of the scheme, pioneered by the American paediatrician Professor David Olds, also point to the long-term cost savings, estimated at almost \$25,000 (£12,500) by the time a child is 30.

The decision to target unborn babies is, in effect, an acknowledgement by Mr Blair that the government's focus on tackling social exclusion has left a hardcore - 2-3% - of the most excluded families behind.

The prime minister's introduction to today's family review says the state must help such children out of fairness, and because "some of these families actually cause wider social harms. The community in which they live suffers the consequences".

Kate Billingham, director of the project and deputy chief nursing officer, rejected suggestions the scheme could stigmatise deprived children. "I myself think labelling and stigmatising are used as ways of not giving people the help they want and their children can benefit from."

At a Downing Street breakfast to launch the policy this morning, Mr Blair will meet expectant mothers recruited to the scheme, as well as Professor Olds, its founder. Prof Olds told the Guardian the key to the scheme was its ability to "tap into" the instincts of parents. "We are wired as human beings to protect our children," he said.

It was possible that the UK's "superior health care system and social services" compared with the US could result in the relative benefits of the scheme here being smaller than the significant impact seen in American trials, he warned.

While the scheme is generally backed by children and parenting campaigners in the UK, concerns have been raised that the new focus on intensive help for excluded families could drain resources away from already overstretched health visiting services.

A spokeswoman for the Family and Parenting Institute said: "We very much welcome the health-led parenting projects, but they are only for a tiny proportion of the population and we think that a strong universal offer is critical for the majority of families who also need support and parenting help from health visitors.

"The problem is that the number of health visitors is falling - and there are massive variations in numbers throughout the country."