

BABIES IN  
LOCKDOWN

“No one  
wants  
to see my  
baby”

Challenges to building  
back better for babies



November 2021

  
best beginnings  
for every parent, for every child

HOME  
START

  
Parent-Infant  
FOUNDATION

# Our organisations



Best Beginnings works to inform and empower parents and caregivers of all backgrounds during pregnancy to their child's fifth birthday, giving them the knowledge and confidence to look after their mental and physical health and to give their children the best start in life. In collaboration with parents, professionals, other charities, grass-root organisations and academics, we develop, disseminate and evaluate our core service, the free and advert-free Baby Buddy app which is endorsed by many Royal Colleges.

Through bespoke personalised and empowering daily information and 300+ films, Baby Buddy guides mothers, fathers, co-parents and caregivers through pregnancy and early childhood and links them to other support including the 24/7 Baby Buddy Crisis Messenger service. In line with our commitment to reduce inequalities, Baby Buddy is a "Proportionate Universalism" intervention; universally available across the UK, it is disproportionately used by parents whose voices are seldom heard and whose children are at increased risk of poor outcomes. Best Beginnings convened the Early Years Digital Partnership, of which Home-Start UK and the Parent-Infant Foundation are both members. The charity is also a member of the Maternal Mental Health Alliance and of the Pregnancy and Baby Charities network and sits on the steering group for the First 1001 Days Movement.



Home-Start is a local community network of trained volunteers and expert support that is helping families with young children through their challenging times. We are there for parents when they need us most because childhood can't wait. Home-Start works with families in communities right across the UK. Starting in the home, our approach is as individual as the people we are helping. No judgement, it is just compassionate, confidential help and expert support.

Families struggling with postnatal depression, isolation, physical health problems, bereavement and many other issues receive the support of a volunteer who will spend around two hours a week in a family's home supporting them in the way they need. Across all four nations of the United Kingdom, 13,500 home-visiting volunteers support over 27,000 families and 56,000 children to transform their lives. There are almost 200 local, independent Home-Starts working in 71% of local authority areas across the UK. Home-Start UK is a member of the Maternal Mental Health Alliance and sits on the steering group for the First 1001 Days Movement.



The Parent-Infant Foundation is the national charity proactively supporting the growth and quality of specialised parent-infant relationship teams across the UK. There are currently less than 40 of these teams. They are multi-disciplinary infant mental health teams with the specialist skills to work with parents and babies who are experiencing severe, complex and/or enduring difficulties in their early relationships, where babies' emotional wellbeing and development is particularly at risk. Through collaborative leadership we work with partners to grow more local teams and support the sustainability of existing ones; generate evidence about the impact of teams, and campaign at a national level on behalf of babies and the services that support them. The Parent-Infant Foundation is a member of the Maternal Mental Health Alliance. In addition, the Foundation also chairs and provides the secretariat to the First 1001 Days Movement of which we are also a member.

# Executive summary

As charities that exist to support families during pregnancy and in the earliest years of a child's life, Best Beginnings, Home-Start UK and the Parent-Infant Foundation have been working together since spring 2020 to highlight the impact of the pandemic on pregnant women, new babies and their families.

**This latest report shows that COVID-19 and the measures introduced to control it are still having a significant impact on babies, their families and the services that support them. The UK Government's recent focus on, and investment in, the first 1001 days through their Best Start for Life vision and funding is very welcome. However, there remains a "baby blindspot" in COVID-19 recovery efforts and a shortage of funding for voluntary sector organisations and core services like health visiting to offer the level of support required to meet families' needs. Without urgent action to secure recovery, we fear that the pandemic will leave permanent scars on the provision of support for babies and young children. The impact of new initiatives and policies will be limited if services around the country have not recovered from the pandemic, let alone had the opportunity to build back better.**

## **We have undertaken research with families and with professionals who work with them.**

In August 2020, our *Babies in Lockdown* report shared insights into the impact that COVID-19 was having on babies and their parents of all backgrounds from across the UK. That research found that COVID-19 and the lockdown affected parents, babies and the services that support them in diverse ways. Some parents struggled enormously, while others thrived. Some services were badly affected, others did more than ever. The report shone a spotlight on huge disparities between different families and communities and highlighted how the pandemic is exacerbating these underlying inequalities. Put simply, we found that families already facing greater adversity were often hardest hit by the pandemic.

This autumn, we returned to some of the parents who had taken part in the initial research to understand in-depth how the pandemic continues to impact them. We also sent out a brief survey to professionals and volunteers who work with babies and their families. This short report captures the key themes from this research and other emerging evidence.



## We found that:

### Many parents in our sample reported that young children seem to be adapting well.

In the original research, some parents were concerned that the lockdown would impact their babies' social and emotional development. We were pleased that the small group of parents involved in this in-depth follow-up research mainly reported that their children were enjoying socialising after the lockdown.

We know too that many others have had very different experience and we remain deeply concerned about the impact of the lockdowns on the development of young children exposed to the greatest adversity during the pandemic.

### Families are still feeling the benefits of time together.

A benefit of lockdown for many families was the ability to spend more time together. This was prominent in *Babies in Lockdown*. In this research, we were pleased to hear families talk of the ongoing benefits of time together and enjoying being with their wider family again. We hope that the pandemic can be a catalyst for more family-friendly working practices which remove some of the barriers that make it harder for families to spend quality time together.

### The pandemic is still affecting parents' mental health.

Our *Babies in Lockdown* research highlighted the impact of the pandemic and lockdown on parents' mental health. Almost 9 in 10 (87%) parents were more anxious as a result of COVID-19 and the lockdown, with families from Black and Asian communities, young parents and those on low incomes reporting higher levels of anxiety.

Since then, other research has also demonstrated the impact of the pandemic and lockdown on new parents' mental health. The parents involved in this research told us about their high levels of anxiety specifically about the impact of COVID-19.

### Families are not able to access all the support they need from health visiting services and GPs.

Families told us that they are still struggling to access care, particularly from universal health care professionals like GPs and health visitors. Many routine contacts with health visitors have been missed or delayed. Families told us how this left them feeling alone and let down.

Parents told us that many services, including health visiting and GPs remain online. They reported that this made interactions difficult. They told us that they wished someone could see their babies in order to provide them with the reassurance that they, as parents, wanted.

Our survey of professionals and volunteers who work with families also demonstrated that many health visiting services still have not returned to "normal" after the pandemic, and some have not returned at all. For example:

- 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.

National support for health visiting services to recommence face-to-face service delivery would be hugely valuable, particularly given the specific challenges of assessing babies' wellbeing and development, and the quality of the relationship between parents and their babies, online or over the phone.

### Digital support has an important role to play but there are limitations of online and phone-based service delivery.

There are clear benefits to some forms of digital service delivery: Quality assured digital interventions such as the NHS approved Baby Buddy app provide a vital source of 24/7 support for parents and caregivers of all backgrounds, encouraging them to access frontline services. However many different services that traditionally support families face-to-face in pregnancy and the

earliest years have become remote during the pandemic and continue to retain some element of online or phone-based service delivery. This can limit opportunities to deliver services effectively to all families, and to identify and assess concerns. Whilst digital and phone delivery work on some occasions, there are many challenges to offering effective remote services particularly when working with babies, who can be invisible through such contacts. Although digital service delivery may have worked as a backup during the pandemic, this should not be confused with it being a sustainable and effective delivery mechanism in a different context.

### **Parents are struggling to access baby and toddler groups.**

Our research, like others, found that many services remain unavailable for parents and their babies. Several parents told us baby and toddler

groups aren't operating or are not operating as they normally would. Even if groups are running, restrictions and booking systems make it hard for parents to access them. The flexible, drop-in nature of these groups was a key part of what made them attractive and accessible for parents and their babies.

Professionals in our survey made similar observations; only 12% of respondents told us that baby and toddler groups in their area were "back to normal" and 66% reported they were operating with some restrictions. Worryingly, 12% of respondents said baby and toddler groups were no longer operating in their area.

The absence and/or inaccessibility of community baby and toddler groups is likely to continue to exacerbate feelings of loneliness and isolation that have been reported over the pandemic.

## **Our call to action**

This research shows that, although many of the pandemic restrictions have been lifted, COVID-19 and the measures introduced to control it are still having an impact on babies, their families and the services that support them. We recommend action and investment for families across the UK to ensure that babies, families and the services that work with them can recover from the pandemic.

**We have identified three specific policy calls for the UK Government.**

- 1** The UK Government must support local authorities to invest in and rebuild health visiting services.
- 2** Babies and the services that support them must be included in COVID-19 recovery policy and investment at a national and local level. This must include investment in community and voluntary sector support.
- 3** An evidence-based approach must be taken to ensure the appropriate use of digital and phone-based service delivery, and investment in relational, face-to-face support where this is needed.

# Introduction

As charities that exist to support families in the earliest years of a child's life, Best Beginnings, Home-Start UK and the Parent-Infant Foundation have been working together to highlight the impact of the pandemic on new babies and their families.

In spring 2020, we commissioned the organisation Critical Research to undertake a survey of parents of all backgrounds from across the UK to gain insights into the impact COVID-19 was having on them and their babies. The survey was completed by over 5,000 new and expectant parents. The results were published in our *Babies in Lockdown* report in August 2020.

The research found that COVID-19 and the lockdown affected parents, babies and the services that support them in diverse ways. It showed that some parents struggled enormously and described feeling abandoned or falling through the cracks, while others thrived. Some services were badly affected, others did more than ever. The report shone a spotlight on huge disparities between different families and communities. It found that families with lower incomes, from Black, Asian and minority ethnic communities and young parents have been hit harder by the COVID-19 pandemic. This is likely to have widened the already deep inequalities in the early experiences and life chances of children across the UK.



Little did we know when we published that report in August 2020, that there were more lockdowns to come, and that rates of COVID-19 would still be high in our communities more than a year later. For some families, this has meant that the pressures caused by the pandemic have continued and additional adversities continue to accumulate. Together with our partners in the First 1001 Days Movement, we have continued to investigate, understand and amplify the ongoing impact of the pandemic on babies, their families and the services that work with them.

This autumn, we returned to some of the parents who had taken part in the initial *Babies in Lockdown* research to understand more about how the pandemic continues to impact them. The purpose of this was to capture in-depth the experiences and journeys of these particular parents since we first heard from them. We also sent out a very short survey to professionals and volunteers around the UK who work with babies and their families. This short report captures the key themes from this research and additional emerging quantitative and qualitative evidence to complement those themes. As ever, we are incredibly grateful to the families and professionals who gave their time to this research and shared their experiences with us.



# Methodology

For the in-depth qualitative research with parents, we emailed a sample of parents who completed the initial *Babies in Lockdown* survey and gave their permission for follow-up. This purposeful sample was selected to ensure diversity in respondents. Parents who responded to an initial approach were emailed more information and asked to arrange a phone call.

All the parents who responded to us were mothers, but they included women of different ages, ethnicities and incomes. Among our sample of respondents, five identified as White, four as Black or Black British, one as Asian or Asian British and one as being from mixed or multiple ethnic groups. Eight of respondents were aged 30 or over, and three were aged 25 or under. We are conscious that the recruitment process means that we are unlikely to have reached parents facing the highest levels of poverty and adversity.

We undertook 11 follow-up in-depth interviews with mothers who agreed to take part in this research, which were recorded, transcribed and underwent thematic analysis.

The professional survey was conducted using Microsoft Forms. The link was distributed via email and social media to professionals and volunteers working with babies, young children and their families, including through the First 1001 Days Movement. The survey was completed by 224 people during October 2021. Respondents came from across the UK but were mainly in England (87%). We did not ask them about their background or role.

This report also includes a case study from Best Beginnings' parent engagement work and the results of an academic study carried out by researchers at UCL.

# The findings part one: the ongoing impact on families

## Many parents in our sample reported that young children seem to be adapting well.

In the *Babies in Lockdown* research, some parents were concerned that the lockdown would impact their baby's social and emotional development. We were pleased that the parents we spoke to in this follow-up research mainly reported that their children were enjoying socialising after the lockdown. Whilst some remained concerned, most were positive about their children's development.

***"... I think that kids ... they're just so adaptable. So the thing about not being used to being around lots of people, I was a bit worried about that. I was a bit worried about relationships with family and you know, just interaction, social interaction with people, he's just not been used to seeing lots of people. But he goes to nursery now. So, you know, he's just got into that. And that's absolutely fine. He loves it there now."***

A mum aged 36-40 years old, of Mixed ethnicity, and living with her partner.

***"...Actually, touch wood, seeing as he has been a lockdown baby, he seems so confident. I was really worried that he was just going to be this child that was just going to cling to me. I really like if you'd asked me that question like this time last year, I would have been more worried."***

A mum aged 21-25 years old, White, married or in a civil partnership.

***"... as he gets older, I don't think it will impact him as much. I think everything's started to kind of go back to normal now..."***

A mum aged 21-25 years old, Asian or Asian British, and living with her partner.

These accounts align with our understanding of child development: In the earliest months of life, children need at least one nurturing relationship with a primary caregiver to thrive. If they receive this nurturing care, it can buffer against wider stresses and provide strong foundations for later socialisation.

Despite these positive accounts in our research, other studies with different samples and national data has highlighted some negative impacts of the lockdown on child development, particularly amongst the most vulnerable children. It will take time for us to truly understand the scale and nature of the impact of the pandemic on our youngest children and we remain very concerned about the impact of the pandemic on the development of young children exposed to the greatest adversity.

Over the last year, there have been worrying indications of increases in the most serious levels of harm to children. For example, incidents of abuse or neglect leading to death or serious harm to children under five increased by 31% for children under one and 50% for children aged one to five between April and October 2020 compared to the same period in 2019<sup>i</sup>. We are yet to see the figures for the spring and summer 2021 which will reveal if this increased rate of harm to children has persisted.

We know that when families face stress and adversity, it makes it harder for parents to provide their babies with safe, secure environments and the nurturing care they need to thrive. Factors such as, but not limited to, poverty, mental health problems, conflict and abuse can all impact early childhood development. Research and feedback from professionals have shown that the prevalence and severity of these risk factors have increased for many families over the last 18 months and therefore more children are at risk of experiencing challenges to their early social, emotional, cognitive and physical development<sup>ii</sup>.



Before the pandemic, a third (34%) of children in families with at least one child under five lived in poverty<sup>iii</sup>. Since the pandemic began, rising unemployment, falling income and juggling work and caring responsibilities have placed further financial pressures on families. By July 2020, two in five families with a child under five (38%) had seen a reduction in their earnings as a result of the pandemic. By the end of 2020, it was estimated that 200,000 additional children of all ages had fallen into poverty, bringing the total number of children living in poverty to 4.5 million<sup>iv</sup>. This autumn, the fall in Universal credit will push more into poverty and increases in energy costs will put further financial pressure on households. It is estimated that the universal credit cut alone will result in 290,000 more children living in poverty<sup>v</sup>. The decision to lower the universal credit taper rate will help many with a low income but will not benefit those who do not work, including families with very young children.

Although risk factors such as poverty, parental mental ill-health and conflict increase risks to babies' and young children's wellbeing and development, they do not pre-determine poor outcomes. Over recent decades we have learned a lot about interventions that can mitigate risks, help families to overcome adversity, and strengthen parent-infant relationships. Rising need amongst families across the UK creates a strong case for expanding high-quality evidence-based interventions to ensure that no child is left behind.

## Families are feeling the benefits of time together

As our *Babies in Lockdown* report showed, many families benefitted by being able to spend more time together during the pandemic. This was experienced by many families, although was not felt universally; families with parents who were key workers were not able to spend more time together, some lone families experienced particular struggles in lockdown and other families experienced a rise in conflict in the home during the pandemic.

In this research, we were pleased to hear families talk of the ongoing benefits of time together and enjoying being with their wider family again.

***"...the fact that we were able to spend so much time with the family will definitely 100% have had a positive impact on the relationship between him and his sister and the father, because we wouldn't have been able to do that in normal circumstances."***

A mum aged 36-40 years old and of Mixed ethnicity, and living with her partner.

***"I think there's been a huge amount of positive actually... we really took that time to bond as a family. And actually I think we've come out of the last 12 months as a stronger family unit than I'd ever anticipated with my own kids, my oldest son as well as my husband, and my baby."***

A mum aged 21-25 years old, White, married or in a civil partnership.

***"So yeah, it kind of got I'd say like, the latter part of the last four months, it's been lovely... we're being able to see family and he is getting those bonds, he knows who his nan and granddad are now, he knows who his aunts and uncles are. I've been able to be kind of able to see my brother's baby and things like that. So we've been able to kind of meet up with family more and go out and do things. So that's made it a lot nicer."***

A mum aged 31-35 years old, White, and married or in a civil partnership.

A study by the Fatherhood Institute<sup>vi</sup> showed that in the first COVID-19 lockdown, fathers in the UK spent more time than ever with their children – looking after them, doing more housework and supporting their learning and development through play, home-schooling and other activities. This resulted in many dads growing in confidence, learning new skills and building stronger relationships with their children. The Fatherhood Institute's research shows that those dads who were at home in lockdown are keen for more flexible and home-working in future to remove some of the barriers that get in the way of them spending time with their families.

We hope that the pandemic can be a catalyst for more family-friendly working practices to be

adopted to benefit all families in the UK. This will require action from employers, which can be supported and incentivised by the Government.

## The pandemic is still affecting parents' mental health.

Our *Babies in Lockdown* research highlighted the impact of the pandemic and lockdown on parents' mental health. Six in 10 (61%) parents shared significant concerns about their mental health. Since then, evidence has continued to emerge about the impact of the pandemic and lockdown on new parents. Research has suggested an increased likelihood of anxiety, depression and loneliness among new and expectant mothers<sup>vii</sup>, and access to mental health support among this group was around a third lower in 2020 than expected levels<sup>viii</sup>. In recent research for Home-Start UK half (52%) of parents had not coped well over the past year<sup>ix</sup>.

The parents we spoke to reflected high levels of anxiety specifically about the impact of COVID-19, which has also been highlighted in other research<sup>x</sup>.

*“occasionally I get... a little bit anxious. That kind of the pandemic is still there, the virus is still about. I mean, both me and my husband are a double vaccinated. Most of our family are double vaccinated now so that kind of reduces the anxiety of seeing people but I do still get a little bit anxious because obviously him being a baby he's not vaccinated. And with his health issue, I sometimes get a little bit like if the place for soft play is very busy, I'm a bit of quite weird being in situations where there's a lot of people now and stuff like that...”*

A mum aged 31-35 years old, White, and married or in a civil partnership.



*“Her dad and I both struggled with anxiety, and that's something that we never wanted her to experience. And I think COVID has almost made it harder for her not to experience that because the only thing she's ever known is like saying, you know, “don't touch that, don't talk to people in public”, because she might catch COVID. It's very difficult, I think time will tell whether her social aspect has had an impact. Currently, I would say it won't, but maybe in the future... I'm hoping to get her socialising more, but it will just depend.”*

A mum aged 21-25 years old, White, and living with her partner.

*“I'm still very anxious about where we go, what time of the day we go in terms of like the busy-ness. So over the six weeks holidays, I haven't sort of gone to places that I would normally have gone to in terms of I know how busy they're going to be. And so I'm still quite anxious about going around sort of busy places, or crowds or anything like that, because of COVID and the risks that it brings.”*

A mum aged 21-25 years old, White, and married or in a civil partnership.

# The findings part two: the ongoing impact on services

## Families are experiencing barriers to accessing face-to-face care

Families are not able to access all the support they need from health visiting services and GPs.

In the *Babies in Lockdown* research, many parents told us that they could not access the support they needed. Just one in 10 (11%) parents of under-twos had seen a health visitor face-to-face. Over a year later, families told us that they are still struggling to access care, particularly from universal health care professionals like GPs and health visitors. They told us how this left them feeling unsupported, isolated and let down.

***“... my biggest fear and my biggest letdown has been from professionals... But I feel very, very like left out and left behind. And I literally saw them. Like, they weighed him at a couple of weeks old, they said he was fine. And then they said, if you’ve got any other issues, then give us a ring. But as a first-time mom in a pandemic with no other support, how would I know if something was going wrong? Do you know what I mean? I just felt massively let down.”***

A mum aged 21-25 years old, White, and married or in a civil partnership.

***“Now things are opening up again, I’m used to spending every day at home and it’s normal, but lonely... No one wants to see my baby.”***

A mum 31-35 years old, White, and married or in a civil partnership.

We also heard about how ongoing COVID restrictions were making it hard to access provision.

***“...you have to get a COVID test and you have to isolate to get the COVID test result before the GP will even see you... it took us three days to get to see a doctor... Okay, it’s not amazing, life threatening, whatever. But he needs antibiotics. And previously, I think we’d been able to see a doctor within 24 hours, but because of COVID, everything’s taking longer. So when he’s poorly, his stress levels increase, because he’s not you know, he’s sensitive for these tests to COVID, our stress levels increased because he has all these tests rather than getting treated.”***

A mum aged 31-35 years old, White, and married or in a civil partnership.

Families told us about how routine contacts with health visitors were missed or delayed. As the House of Commons Petitions Committee recently described<sup>xi</sup>, this is concerning because these routine checks are important, not only to offer support to parents, but also to identify delays, health problems or safeguarding concerns, and to provide opportunities for onward referral to specialist or community-based services.

***“...the health visiting service in my area is not great... for instance, the two year review that’s meant to happen to my little boy was due to happen in August, and then it got rescheduled, and I haven’t heard back and it was due to be online anyway.”***

A mum aged 31-35 years old, Black or Black British, and married or in a civil partnership

***We've not seen anyone, we had a zoom call at the 12 month [health visitor] checkup. Of all my friends I was the only one that actually got a video call which was shocking. They didn't even get a phone call."***

A mum aged 31-35 years old, White, and married or in a civil partnership.

***"... the health visiting service in my area is not great. A lot of the conversations are kind of been online.... And I just think those kinds of assessments aren't ones really that you can do online. Having that face to face kind of interaction with those kind of services, I think is really crucial...you know, you're just not getting a real picture with your children's development."***

A mum aged 31-35 years old, Black or Black British, and married or in a civil partnership.

**Respondents to a Home of Commons Petitions Committee survey in June 2021 reported having had no contact at all with health visitors during the early months of their child's life. Of those who had been able to access this support, a minority reported having received in-person visits, but far more said contact had been limited to video calls.<sup>37</sup> Overall, 74% of respondents "disagreed" or "strongly disagreed" that they had been able to access health visiting support as much as they had wanted in the previous 12 months<sup>xii</sup>.**

***"... And then it is, it's just difficult to actually see a doctor so then she had quite a few things that built up, like a cough and then she got conjunctivitis. So all these things kind of kept adding up and then I eventually got through to a doctor I said "I got all these things that I need to talk to you about that actually I would have liked to have seen you a month ago". To be honest, it's just not worth it."***

A mum aged 36-40 years old, Black, and married or in a civil partnership.

Our survey of professionals and volunteers who work with families in the first 1001 days also demonstrated that many health visiting and GPs services still have not returned to "normal" after the pandemic, and some have not returned at all. For example:

- 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.

Parents and professionals both told us that when contacts with health visiting services and GPs do occur, they often remain online or by phone. Parents reported that this made interactions difficult and how they wished someone could see their babies in order to provide them with the reassurance that they, as parents, wanted.

***"Health visitors weren't coming out. And when you're ringing, when you're ringing the GP, when you're ringing health visitors, and they can't actually see your child, it's really difficult."***

A mum aged 31-35 years old, White, and married or in a civil partnership.

Other research has found that parents felt that their concerns were not adequately addressed in virtual or phone contacts. One study with young parents in Blackpool found that "mothers described feeling worried about their child's development, and wanted professionals to be able to observe their child in person in order to identify any problems and to make necessary onward referrals"<sup>xiii</sup>.

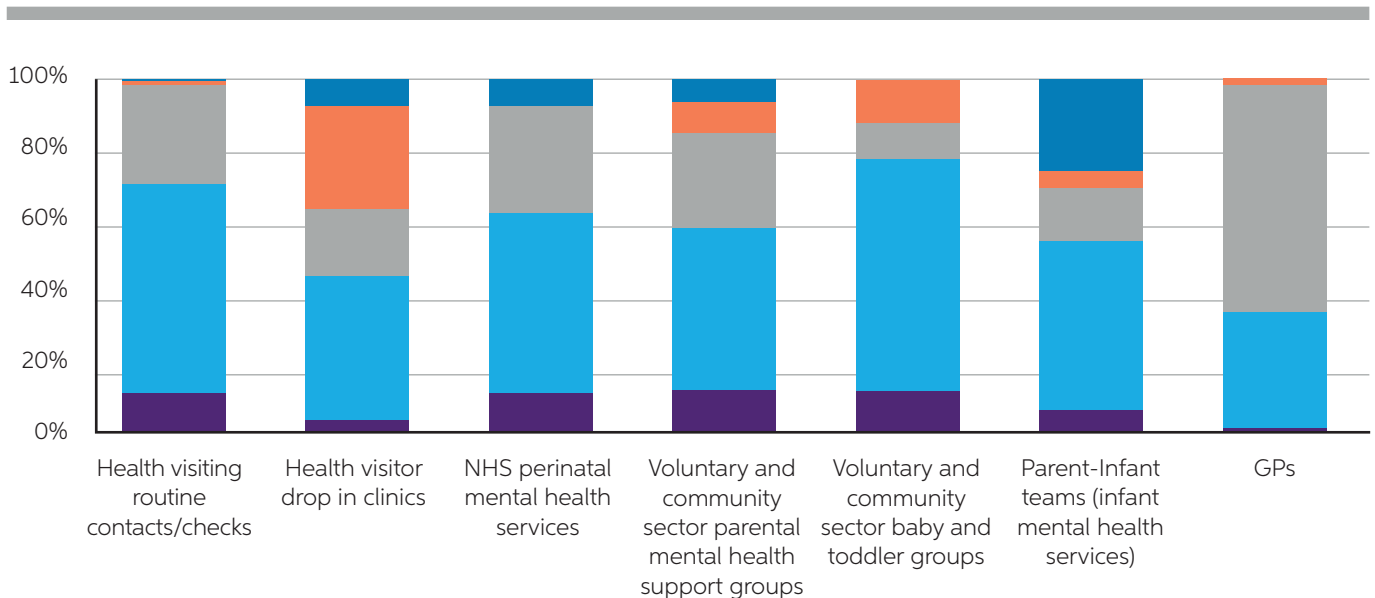
Government guidance for health visiting services states that the five mandated contacts with families. "...should be face-to-face, delivered by a health visitor, or under their supervision."

The guidance supports blended models, stating that “health visitors should use their clinical judgement to identify whether virtual, other digital or blended approaches can be used to support the needs of a child or family<sup>xiv</sup>.” In the context of GPs, the Government has clearly signalled that more face-to-face contact must return for those who need it<sup>ii</sup>. There seems to be little national government support or challenge to encourage health visiting services to recommence increased face-to-face delivery. While local services remain under-resourced health visiting services will struggle to reinstate a fuller service that meets families’ needs.

## Digital support has an important role to play but there are limitations of online and phone-based service delivery.

Many different services that would normally support families face-to-face continue to retain some element of online or phone-based service delivery. Our survey of professionals and volunteers who work with families in the first 1001 days demonstrated that many services still have not returned to “normal” after the pandemic, and some have not returned at all. We asked respondents a multiple-choice question to tell us about the services in their area. Their answers are shown in table one and chart one.

**Chart 1: Survey respondents’ reports on the current status of local services**



- These services never operated in my area
- These services existed in my area before the pandemic but are no longer operating
- These services are mainly only operating via phone and/or online.
- These services are mostly back to operating as they were before the pandemic but with some restrictions.
- These services are back to operating as they were before the pandemic.

Quality assured digital interventions such as the NHS approved Baby Buddy app provide a vital source of 24/7 support for parents and caregivers of all backgrounds, encouraging them to access frontline services. Digital and online services can benefit families in many ways, and, in some cases, the “digital pivot” of services that would usually be face-to-face has led to innovation and the development of new delivery models which bring clear benefits for service-users and organisations. There clearly are benefits of online and hybrid models of service delivery (which use a mix of digital and face-to-face models) in some contexts. Research during the pandemic has shown how digital services, when delivered alongside face-to-face public services can improve outcomes for babies and their parents<sup>xvi</sup>.

**Table 1: Percentage of survey respondents who selected each answer to the question**

Please tell us about the status of the following services in your local area, as of October 2021.

	These services are back to operating as they were before the pandemic.	These services are mostly back to operating as they were before the pandemic but with some restrictions.	These services are mainly only operating via phone and/or online.	These services existed in my area before the pandemic but are no longer operating.	These services never operated in my area.	Number of respondents who could answer this question <sup>1</sup>
Health visiting routine contacts/checks	12%	59%	28%	1%	1%	196
Health visitor drop in clinics	4%	41%	18%	30%	7%	169
NHS perinatal mental health services	12%	51%	30%	0%	8%	154
Voluntary and community sector parental mental health support groups	12%	46%	27%	9%	6%	160
Voluntary and community sector baby and toddler groups.	12%	66%	10%	12%	0%	203
Parent-infant teams (infant mental health services)	7%	47%	15%	4%	26%	138
GPs	1%	33%	64%	1%	0%	206

1. Overall 224 people responded to the survey, but for ease of analysis the table below captures the respondents of those who were able to describe local provision (the answers of those who replied “don’t know” are not included).

A mother we spoke to for this report also told us of her experiences: Best Beginnings supports parents and caregivers of all backgrounds through their app, Baby Buddy, which has provided vital information to families throughout the past 18 months. Since the first lockdown more than 100,000 parents have used the app.

In a study carried out by researchers at UCL, 97% of respondents reported that Baby Buddy was currently helping them<sup>xvii</sup>.

***“I have enjoyed using Baby Buddy throughout pregnancy and these early months and find it even more reassuring now that external input is so limited.”***

***“I look forward to the little bit of advice every day. It is written in such a non-judgemental way, encouraging but not patronising. I feel like it’s giving me some of the general knowledge I’d be picking up from other mums at baby groups.”***

A mother we spoke to for this report also told us of her experiences: ***“Using the Baby Buddy app built my confidence and helped me adjust to life with a newborn, offering useful tips and support. As a first time Mum, I was not confident that I knew how to care for a new born. I sought advice via the Baby Buddy app by reading and watching videos on topics like, how do I bathe my baby, how do I change a dirty nappy, how do I soothe my teething baby or how do I look after my baby’s umbilical cord.***

***Baby Buddy offers a range of videos that reflect families of all backgrounds and nationalities. It means that there is a range and mix of diverse voices and faces to be seen and heard. And with over 100 short video clips of parents sharing their own stories and professionals sharing advice via the app, I never felt alone on my pregnancy and parenting journey.”***

A mum, aged 32, Black British Caribbean, living with her partner.

It is important to note that Baby Buddy is not a service, nor was it every intended to be. Instead, Baby Buddy has been created as a digital tool designed to directly empower families and as an adjunct to frontline services provided by statutory and voluntary organisations.

We – like many others- believe there are risks associated with frontline services relying too heavily on digital or phone-based delivery. Many services rely on professionals developing relationships with families, understanding their context and working with parents and babies together in a way that is difficult to do remotely. Research by academics, children’s charities, doctors and politicians<sup>xvii-xxiv</sup> has highlighted some negative consequences of digital service delivery, including difficulties in:

- ensuring the privacy and safety of service users
- assessing children’s development
- identifying safeguarding concerns
- identifying parental mental health concerns, and
- building trusting relationships and rapport with parents.

Whilst these issues are a concern for many service users, they are particularly concerning for babies, who are especially vulnerable and can be invisible in online contacts. Digital and telephone contact is also challenging for assessing early childhood development, as a report by Action for Children observed,

***“It can be more difficult to engage younger children through digital methods. Activities focused on development for young children are often reliant on things like eye contact, direct speech and the manipulation of objects, which are harder to implement in digital delivery.”<sup>xxv</sup>***

When working with a baby, professionals must also engage with the parents and with the relationships between the parents and the baby. Observing the different individuals and their interactions is an incredibly important part of work with the family and is difficult in the absence of face-to-face contact.

Digital exclusion also remains a concern, with low-income families more likely to lack the equipment or connectivity to enable engagement with digitally delivered services<sup>xxvi</sup> and, therefore, most likely to miss out on care and support.

Although digital service delivery may have worked as a back-up during the pandemic, this should not be confused with it being a sustainable delivery mechanism in a different context. As Action for Children have observed, during the lockdown families had fewer distractions and therefore more time to commit to services, alongside more reasons to seek support – increased engagement in services that pivoted to digital delivery at this point may have reflected these wider factors, rather than the change in delivery mechanism<sup>xxvii</sup>. Work by the First 1001 Days Movement with local leaders observed that much of the appetite for virtual services seen during the pandemic has now diminished and the demand for face-to-face and peer support groups with other families of young children has grown substantially<sup>xxviii</sup>.

There will be occasions where digital, phone or hybrid models are most effective for engaging families and improving outcomes, but care must be taken to ensure appropriate adoption of such models. Much research over recent decades has shown the value of relational approaches within face-to-face services, and of high-quality home visiting services. There must be resources in the system to enable delivery of these services where appropriate.



## Parents are struggling to access baby and toddler groups.

We were pleased to hear that life felt back to normal for some new parents

***“Now I say kind of now, our life is pretty much kind of normal-ish. Now it’s kind of like what we expected life to be like when we have a baby, we kind of go out, we do things, we see family. So my son can then like experience meeting everyone and going out to different places. He goes to baby classes now... we’re getting to do all the things that we wanted to do when we had a baby.”***

A mum aged 31-35 years old, White, and married/in a civil partnership.

However, our research, like others, found that many services remain unavailable for parents and their babies. In a recent report Action for Children found that two-thirds (67%) of parents were unable to access an essential early years service, and the most common reason for being unable to access a service, was that the service was “unavailable”<sup>xxix</sup>.

Several parents told us baby and toddler groups either are not running or are not operating as they normally would. This echoes findings from the Petitions Committee report whose June 2021 public survey found that 93% of respondents “disagreed” or “strongly disagreed” that they had been able to access baby and toddler groups over the past 12 months<sup>xxx</sup>. In our own survey with professionals, only 12% of respondents told us that baby and toddler groups in their area were “back to normal” and 66% reported they were operating but with some restrictions. Worryingly, 12% of respondents said baby and toddler groups were no longer operating in their area.

In some cases, parents told us that where groups are running, restrictions and booking systems make it hard for parents to access them. The flexible, drop-in nature of these groups was a key part of what made them attractive and accessible for parents and their babies.



What may initially seem like relatively minor adjustments to the way these groups run can result in them feeling fundamentally different to the families that use them.

***“So realistically, when they came into the world, we did think that by six months old we would be able to take them to baby groups and be able to do things with them. And it’s still proving quite difficult. But now at almost 10 months old, there’s still quite a lot of restrictions in place. Realistically with regard to baby groups and how frequently you can go to them. The local group that was in my area for under fives has completely stopped because there were just too many cases.”***

A mum aged 21-25 years old, White, and living with her partner..

***“And if you can access a service, it is harder to get into it because it’s first come first serve or it takes three or four days to get onto a waiting list and then everything is so much harder. A lot of times it’s just easier not to do it: not to go to a playgroup, not go to soft play, because you’ve got to book 24 hours in advance and you don’t know what you’re gonna do tomorrow so you end up sitting by the TV or just going to a walk in the park or something instead.”***

A mum aged 31-35 years old, White, and married or in a civil partnership.

***“... no baby groups to go to or if there was, you know, you’d have to book in advance and they’re quite full. You’d have to book on the morning of the group and obviously it fills up quickly. So there’s not very many options for mothers and babies to kind of interact.”***

A mum aged 36-40 years old, Black, and married or in a civil partnership

Baby and toddler groups not only provide valuable opportunities for babies and toddlers to play, they also offer important peer support for new mothers and fathers, which is now greatly missed. These groups provide opportunities to

share experiences with other parents, to observe other babies and ask questions about how other parents are caring for their babies. This can be comforting for parents and ease feelings of insecurity<sup>xxxix</sup>. The absence and/or inaccessibility of community baby and toddler groups is likely to exacerbate feelings of loneliness and isolation that have been reported over the pandemic. The Royal Foundation found a dramatic increase in parental loneliness over the pandemic, rising from 38% before the pandemic to 63% since<sup>xxxix</sup>.

***“I’d say negative in the sense where, obviously, I think the social aspects of it like baby group just as a support for mums you don’t know, you’d normally go to like birthing classes and everything. I think that would have kind of helped my first time experience. So without having health professionals and having no classes you kind of like have no idea what the hell do you do?”***

A mum aged 21-25 years old, Asian or Asian British, and living with her partner.

Concerns have been raised that the pandemic may have a particular long-term scarring impact on the provision of community-led parent and baby groups, and support groups<sup>xxxix</sup>. This is due to a range of factors, for example some volunteer-led community groups found it harder to navigate guidance and adapt services during the pandemic so they were more likely to close. Some volunteer-led community groups rely on relationships and word-of-mouth reputation to recruit both volunteers and families to the group, so will have been adversely impacted by months of being shut down, and may now lack the resource and support required to re-start.

Organisations representing community groups more widely have shared concerns about the impact of the pandemic on the operation of such services. Research with community groups has found that, as a result of the pandemic, most have decreased or closed services and lost income, despite a greater need for their service<sup>xxxix</sup>.

## CASE STUDY

### The value of voluntary sector support

*“We have a Home-Start volunteer that comes in once a week, to help for a couple of hours with the children so I can actually have some time on my own during the day. Which has been a godsend. The lady that we have come in actually used to teach at the school that both my partner and I went to, she’s local, and she’s trustworthy. It’s been a game changer you know, I can’t even put it into words, but there’s no word to tell you how amazing it is to have her as a volunteer for us. It’s ridiculous. She’s amazing, and Home-Start are amazing for actually providing that, for a mother like myself that, you know, it’s very stressful some days, but I know, every week on a Friday that she will be here at a certain time. And she will be able to do some things for me with my eldest or put the babies to bed for me if I need to, which is just so helpful.*

*And then Home-Start as an actual organisation, I go to a postnatal depression group, normally once a week as well, which is amazing to, you know, actually speak to other people. And just have an adult conversation with a mum, or, you know, a group of mums once a week that understand exactly how I feel. Or if they can’t understand exactly, they’ve been through some sort of thing. You know, they can relate to how I feel, and they have the kids or a child or, you know, children that have been going through the same thing. So it’s quite nice to have that as well. It makes you feel like on a level that people understand how you feel. And it’s not just you going through it. I think there’s solidarity in it that makes it a lot easier.”*

A mum aged 21-25 years old, White, and living with her partner



# Our call to action

This research shows that, although the worst of the pandemic restrictions may be over, COVID-19 and the measures introduced to control it are still having an impact on babies, their families and the services that support them.

We recommend action and investment for families across the UK to ensure that babies, families and the services that work with them can recover from the pandemic. We have identified three specific policy calls for the Westminster Government:

## The Government must support local authorities to invest in and rebuild health visiting services.

The research shows that health visiting services are not currently able to deliver the services set out in national guidance. Many were depleted before the pandemic and have been further cut back over the last year. We support calls made by the First 1001 Days Movement and others to strengthen our depleted health visiting service so that health visitors can go back to offering the high-quality face-to-face service that many families want and depend on.

Work by the First 1001 Days Movement, the Institute of Health Visiting and the NSPCC has shown that £500m investment is required to employ 3000 health visitors over the next three years – rebuilding the service in England back towards a point at which health visitors have manageable recommended caseloads. The Government's Spending Review stated that it "maintains the Public Health Grant in real

terms, enabling Local Authorities across the country to continue delivering frontline services like child health visits." In fact, the Government is maintaining the Public Health Grant at a level that is too low for many local authorities to resource health visiting services that can deliver what is set out in the Healthy Child Programme and other national guidance.

The operation of health visiting services is determined at a local level, but Government must take action – alongside resourcing local authorities to deliver these services – to support and challenge local authorities and hold them to account so that families across the country receive the care they want and need from these services. The Office of Health Improvement and Disparities must take action to ensure all babies across England can access high-quality health visiting services that meet national guidelines.

## An evidence-based approach must be taken to ensure the appropriate use of digital and phone-based service delivery, and investment in relational, face-to-face support where this is needed.

An increasing body of research and professional insight has highlighted the risks associated with moving away from face-to-face service delivery, particularly for babies and young children. We urge caution in the mainstreaming

of digital approaches without evaluation and risk assessment. Public and voluntary sector services must be funded to offer high-quality face-to-face care because this is required for effective service delivery with babies.

## Babies and the services that support them must be included in COVID-19 recovery policy and investment at a national and local level. This must include community and voluntary sector support.

Throughout the pandemic, we have called for babies to be included in COVID-19 recovery policy and funding. We have pointed out the “baby-blindspot” in recovery responses, which have included substantial funding for older children but not the youngest, or their parents. This was also recognised by the House of Commons Petitions Committee:

***“..to date COVID-19 recovery funding aimed at children aged under 2 appears to have been unjustifiably neglected compared to the funding made available for older children. As we emerge from the pandemic, the Government must ensure it invests proportionately in the infrastructure which supports these families.”***

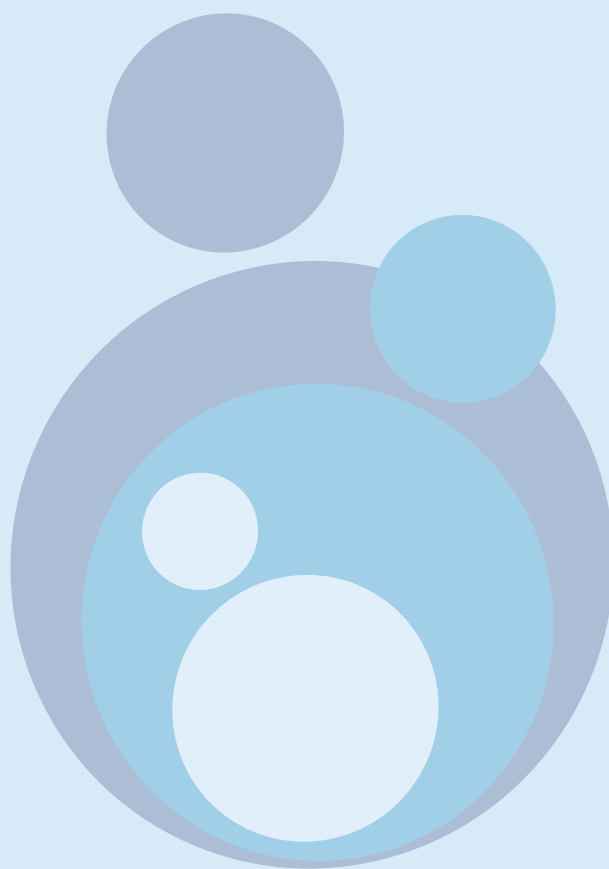
Last summer we called for a one-off Baby Boost to enable local services to support families who have had a baby during or close to lockdown. There continues to be a need for COVID-19 recovery funding for babies, their families and the services that support them.

The funding announced for the First 1001 Days in the Budget and Spending Review this autumn is welcome. However it is focussed on specific interventions and initiatives in a limited number of areas. It will not enable services across the country to recover from the pandemic and deal with the backlog of missed checks, and unmet need. If these services cannot even rebuild their core operations, the idea that they might “build back better” feels unlikely.

Alongside funding statutory services, it is clear that many local community and grassroots support groups – which have been a lifeline to many families – now need a lifeline themselves. National and local governments must also invest and act to strengthen community and voluntary sector provision to recover from the pandemic.

Sustainable investment in the support structures for babies, children and families is long overdue. As we set out in our initial report, Government must not only restore our depleted services, but also strengthen them. We must also harness the voices of all parents to find new solutions, innovate and build systems of support and services that deliver to their needs and the needs of their children in the 2020s and beyond.

There must be sustained and thoughtful investment in public services, charities, communities and families to enable post-COVID-19 rescue, recovery and repair. We need to build support and services to enhance the caregiving capacity of parents so that all children can receive nurturing care they need to thrive.



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