

# BABIES IN LOCKDOWN

Listening to parents to  
build back better

Executive summary  
August 2020



# Our organisations



Best Beginnings works to inform and empower parents 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 and academics, we develop, disseminate and evaluate our core service, the free NHS-approved Baby Buddy app.

Through personalised and empowering daily information and 300+ films, Baby Buddy guides parents 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 and sits on the steering group for the First 1001 Days Movement, an alliance of over 140 organisations.



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 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 only 30 of these teams. They are infant mental health teams that work with families 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 grow more local teams and support the sustainability of existing ones; we increase the quality of parent-infant teams; we generate evidence to create a compelling case for further investment and we campaign at the national level on behalf of babies and their families. The Parent-Infant Foundation also provides the secretariat to the First 1001 Days Movement of which we are also a member.

# Acknowledgements

We are deeply grateful to all the respondents who completed our survey and shared their experiences with us. Without your input, we would not have been able to raise these issues on your behalf and on behalf of the many other parents and babies whose lives have been so dramatically changed because of lockdown.

This has been a collaborative project with input from many organisations and individuals from concept to delivery. We are indebted to Critical Research who kindly undertook this research on our behalf in a pro bono capacity, and in particular to Dr Nick Williams, Qualitative Research Director and April Diss, Research Executive, who freely gave up so much of their time.

The survey was developed by Alex Rhodes and Alison Baum from Best Beginnings; Dr Nick Williams from Critical Research; Becky Saunders and Peter Grigg from Home-Start UK; Sally Hogg and Beckie Lang from the Parent-Infant Foundation; Dr Alain Gregoire and Emily Slater from the Maternal Mental Health Alliance.

We would like to extend our thanks to the Chief Midwifery Officer, Professor Jacqueline Dunkley-Bent, Baroness Julia Cumberlege and Alison Spiro who reviewed the survey and contributed questions to it and to the parents of different ages and backgrounds who tested the survey prior to its launch.

Data entry and analysis were led by Dr Nick Williams and Becky Saunders, with contributions from Annys Webb and Amanda Julius.

Many organisations and individuals were instrumental in ensuring that the survey was disseminated far and wide to capture the voices of parents up and down the UK, working to ensure a breadth of experiences were captured from parents from a diverse range of communities, ages and backgrounds. Special thanks go to the Maternal Mental Health Alliance, Approachable Parenting, Selina Sagnia, Rachael Buabeng, Clotilde Abe, GLOMAMA UK and Dr Ranj for your active promotion of the survey across social media and ongoing amplification of messages from this report.

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# Foreword

Lockdown has been a seismic shock for every family and community. Sadly, the voices of the hardest hit have been heard the least. This report sets about to change this by exploring pandemic and lockdown reflections from a diverse group of expectant and new parents during the critical first months and years of their babies' development. As family support systems withdrew and the world socially distanced, we reached out and listened to the experiences of newborn babies and their parents.

As charities that exist to support families, parents and children, Best Beginnings, Home-Start UK and Parent-Infant Foundation were alarmed that the voices of parents with new babies have been absent from key pandemic responses. As a result, we worked with Critical Research to survey 5,000 new and expectant parents on their lockdown experiences and found a mixed picture, shining a light on huge disparities between different families and communities.

From the fear of infection at hospital appointments and economic anxiety, to isolation from loved ones and lack of face-to-face support from frontline services, the aftershocks are being felt across social and geographic demographics. Some parents reported enjoying the benefits of a slower life and more time together at home, many more reported anxiety, confusion, grief and loss. All have had to navigate huge uncertainty but the experiences of this have been dramatically unequal.

As we begin to rebuild after the pandemic, our research highlights how important it will be to move beyond pre-pandemic support structures for families. We need to shift from the patchy, fragmented and decimated family support landscape to a nurturing society that supports the caregiving capacity of parents during their transition to parenthood. Support and services should wrap around the needs of families and communities. This will happen if parents are enabled to take a lead in designing better systems, working alongside charities, community groups, and statutory services.

For this vision to become a reality, we call for an immediate Baby Boost investment for COVID-19 generation babies, families and communities to mitigate the detrimental impact that the pandemic is having on infant and parental mental and physical health. Alongside this, we urge the Westminster Government to develop the Parent-Infant Premium – a mechanism to provide longer-term, sustainable investment in effective support for families that addresses the inequalities faced by too many babies – and for the devolved nations to spend the funds in the best way they identify to narrow gaps in outcomes. Together these investments will improve outcomes, save money, reduce inequalities and avoid a multi-generational post-pandemic lottery.

The time for action is now. The future of a generation of babies born during and after this pandemic depends on us building back better.



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# Executive summary

## Introduction

Lockdown has been disruptive and challenging for everyone. Our survey reveals the disproportionate impact of COVID-19 and subsequent measures on those pregnant, giving birth or at home with a baby or toddler. For generations, no other group of parents has had to navigate pregnancy, birth and beyond under such extraordinary circumstances.

The evidence is unequivocal that the first 1,001 days of a child's life, from pregnancy to age two, lay the foundations for a happy and healthy life. The support and wellbeing of babies during this time is strongly linked to better outcomes later in life, including educational achievement, progress at work and physical and mental health<sup>1</sup>.

We know that 2,000 babies are born in the UK every day, which means that over 200,000 babies were born when lockdown was at its most restrictive, between 23rd March and 4th July. Our survey suggests that the impact of COVID-19 on these babies could be severe and may be long-lasting.

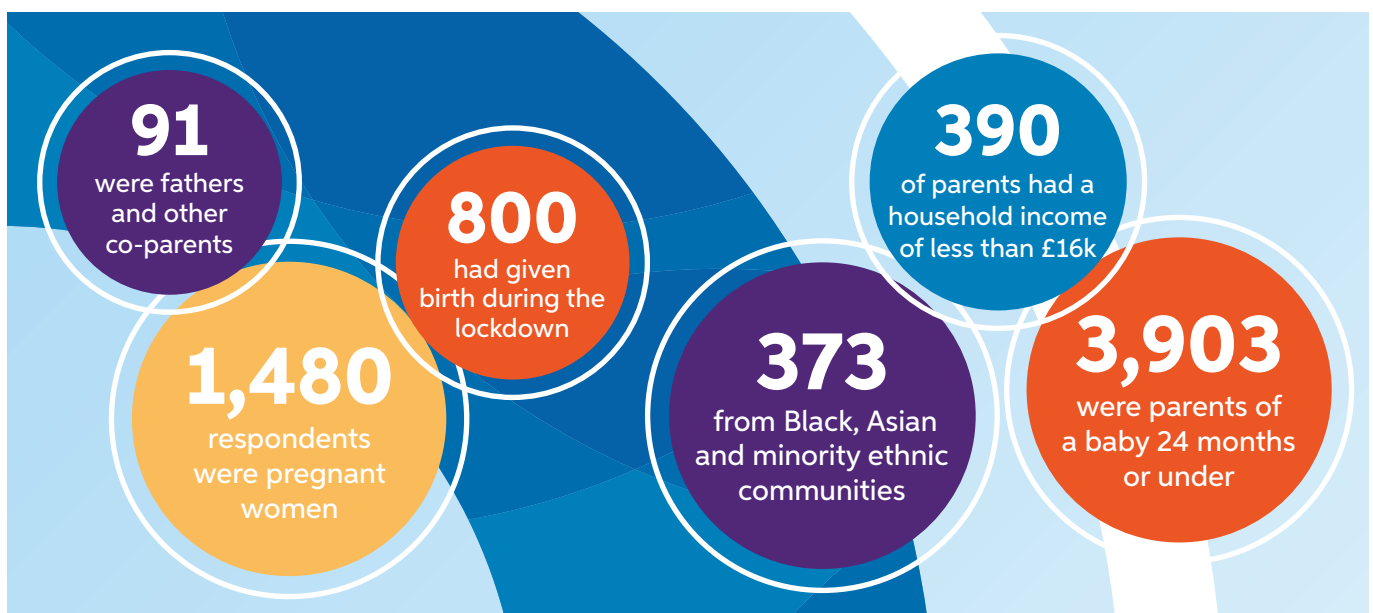
## Background to the survey

Best Beginnings, Home-Start UK and the Parent-Infant Foundation, all leading organisations advocating for parents and babies, commissioned Critical Research to work with them to gain insights into the impact COVID-19 is having on babies and their parents of all backgrounds from across the UK.

The online survey was live between 29th April and 3rd June 2020.

They were supported by young parents and influencers from Black, Asian and minority ethnic communities in the development, testing and promotion of the survey in their endeavour to capture and represent the experiences of parents of all ages and backgrounds.

## Our survey had 5,474 respondents:



Some respondents fall into more than one category.

1. Center on the Developing Child (2007). The Science of Early Childhood Development (InBrief). Retrieved from [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu).



# Headline findings



## COVID-19 has affected parents, babies and the services that support them in diverse ways

Differences in the experiences of lockdown, of care and support received and in accessing information and support were striking.

Some parents struggled enormously and described feeling abandoned or falling through the cracks, while others thrived. Some services were badly affected, others stepped up and did more than ever.

## Families already at risk of poorer outcomes have suffered the most

Many 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.

We are conscious that a survey of this type is unlikely to have reached the families with the very highest levels of need, for whom the impacts are likely to be profound.

## The pandemic will cast a long shadow

Our survey reflects the adversity already experienced by many families and this is only the beginning.

The pandemic will cast a long shadow, both in the increased stressors on caregiving relationships and in the secondary impacts on parents and babies themselves.

# The impact of COVID-19 on babies

Almost **7 in 10 (68%)** parents felt the changes brought about by COVID-19 were **affecting their unborn baby, baby or young child.**

*“I planned to enrol my 15-months-old (in March) to a nursery to help him with his social skills – he does not say words and is not responding to his name which worries me. Not this is not possible [sic], I suspect his development is possibly behind but can do nothing about it at the moment. My 4 months old has only seen his brother, father and my face. I’m worried about his development also, I planned to take him to various classes, meet other mums with babies – this is also not possible at the moment.”*

A mother, 37 years old from Greater London. She has a four-month-old baby and a 15-month-old child. Her first language is not English, she is White, living with her partner and their household income is £30k-£60k.

One **quarter (25%)** of parents **reported concern about their relationship with their baby,** and **one third (35%)** of these **would like to get help** with this.

*“My two-year-old has become violent and upset quite a lot of the time due to this. He’s finding it hard just seeing and being in contact with two people. I fear for the effects this lockdown will have on him later in life.”*

A mother, 24 years old from Scotland. She is five months pregnant and has a two-year-old child. Her first language is English, she is White, living with her partner and their household income is £30k-£60k.

**A third (34%)** of respondents believed that their **baby’s interaction with them had changed** during the lockdown period.

*“I have been crying for hours on end, having anxiety and panic attacks which are all out of the ordinary for me. This has affected my nine month old son who has seen me experience this and has been more tearful and clingy with me... My son is hating me working from home because he doesn’t understand why mama is ignoring him when he can hear me and is now super clingy with me. He had never had screen time or seen me use a mobile before this. Now most of his social interactions are online and he doesn’t understand why I am locked away 35 hours a week in the bedroom.”*

A mother, 38 years old from Scotland. She is 28 weeks pregnant. Her first language is English. She is White, married or in a civil partnership and their household income is £60k-£90k.

**Almost half (47%)** of parents reported that their baby had become **more clingy.** One **quarter (26%)** reported their baby **crying more than usual.** The numbers of those reporting increases in babies **crying,** having **tantrums** and being **more clingy** than usual was **twice as high amongst those on the lowest incomes** than those on the highest. More parents aged 25 and under reported babies crying and being more clingy than usual.

*“He is clingy with parents and brother as that’s the only people he has really seen the last couple of months. He doesn’t get to go to baby clubs. He has limited places to visit.”*

A mother, 33 years old from the West Midlands, England. She has an eight-month-old child. Her first language is English, she is Asian, married or in a civil partnership and their household income is less than £16k.





# 2

## The impact of COVID-19 on parents

The experiences we gathered from parents about the impact the pandemic has had on them are diverse and fall broadly into three themes.

### a. The impact of COVID-19 on the health and wellbeing of parents

**6 in 10 (61%) parents shared significant concerns about their mental health.**

*“My anxiety is through the roof and I’m trying to get professional help with it to manage, but I’ve been told there is a long waiting list.”*

A mother, 39 years old from South East England. She has a one-month-old child. Her first language is English, she is White, living with her partner and their household income is £60k-£90k.

**A quarter (24%) of pregnant respondents citing mental health as a main concern said they would like help with this, rising to almost a third (32%) of those with a baby.**

*“I feel lost in the world. I am mentally, psychologically and emotionally in a standstill.”*

A mother, 32 years old from North West England. She has a four-month-old baby. Her first language is English, she is Black, widowed, divorced or separated and her household income is under £16k.

**Only around 3 in 10 (32%) were confident that they could find help for their mental health if they needed it.**

*“Struggling with accessing mental health support during my pregnancy – not sure who I am able to call. I was told I would be referred to perinatal mental health services, but was told nothing about when they would contact me and I have no idea how to get hold of them. I am struggling so bad right now and the worst part is I have extreme anxiety when it comes to phone calls which seems to be the only option at the moment.”*

A mother, 29 years old. She is currently nine weeks pregnant. Her first language is English, she is White, living with her partner and their household income is £30k-£60k.

**Almost 9 in 10 (87%) parents were more anxious as a result of COVID-19 and the lockdown. There was a notable variation amongst respondents who reported feeling “a lot” more anxious: White 42%, Black/Black British 46%, Asian/Asian British 50%, Parents 25 years old or under 54% and parents with a household income of less than £16k 55%.**

*“My eldest son has ADHD so it has been hard on him. I’m in a lot of pain with a bad back and really need some sort of physio or to be able to go swimming but can’t. We’re all very anxious about money.”*

A mother, 28 years old from the West Midlands. She is 16 weeks pregnant and has a son with ADHD. Her first language is English, she is White, living with her partner. She is a frontline NHS, social care or healthcare worker and their household income is under £16k.

## b. The impact of COVID-19 on the parenting journey

**Two thirds (68%)** of parents said their **ability to cope** with their pregnancy or baby has been impacted by COVID-19. The percentage of all respondents that reported their ability to cope was affected “a lot” was 16% and this figure was significantly higher amongst Asian/Asian British respondents at 26%.

*“I think I’m struggling with postnatal depression due to COVID. I was fine before as I was going to places, doing things, going to classes. But now being stuck at home with in laws has had an effect especially being worried about COVID. Not being able to see my parents, one of them has dementia so its been very difficult dealing with guilt. I think I’m suffering from low self esteem and therefore I feel detached from my baby. I feel as though she doesn’t see me. I could be wrong and just needs some help.”*

A mother, 32 years old from the West Midlands. She has an eight-month-old baby. She is Asian/Asian British, married or in a civil partnership and their household income is £30k-£60k.

**It has been isolating and lonely for many.**

*“It’s made a challenging time unimaginably hard and lonely.”*

A mother, 22 years old from South East England. She has a newborn baby. Her first language is English, she is White, living with her partner and their household income is £16k-£30k.

**Some expectant and new parents have found a silver lining** at this time.

*“The impact of no other visitors was positive for us as my baby was more settled and I actually took time to speak to other mummies and share experiences. Which is different from my previous experience in hospital.”*

A mother, 25 years old from Northern Ireland. She has a newborn baby. Her first language is English. She is White, living with her partner and their household income is £30k-£60k.



## c. The impact of COVID-19 on parents that are working on the frontline

**Nearly half (46%)** of NHS, social care or other **healthcare staff** who are pregnant or have young children are **concerned about staying safe at work**. They told us that they feel let down and unprotected in their workplace. **Those from Black, Asian and minority ethnic backgrounds** felt this especially acutely.

*“I am a frontline NHS healthcare professional, our guidance has been completely different to non NHS. I was expected to be patient facing including seeing COVID patients until a petition was sent and the guidance was eventually changed weeks later – yet if you were pregnant in any other profession you’d been working from home. It’s funny how this seemed to fit with worries about staffing – the sceptics would suggest the NHS couldn’t afford to lose a load of pregnant healthcare workers! We’re not more immune because we work for the NHS.”*

A mother, currently 31 weeks pregnant, 31 years of age. Her first language is English, she is White, married or in a civil partnership and their household income is over £90k.



# 3

## The impact of COVID-19 on care, services and support

### In the antenatal period

**Nearly 4 in 10 (38%) pregnant respondents were concerned about getting reliable pregnancy information and advice.** Perceived access to information appears to be a core part of managing anxiety.

Those who answered 'yes' to the question 'have you had the information you needed?', who also reported feeling 'a lot more anxious' as a result of COVID-19 were half the number who answered 'no' to the same question.

*"I feel I've had little support from my epilepsy team during pregnancy. Pregnancy related appointments for my epilepsy have been cancelled with no rescheduled date – why couldn't this be done via phone?"*

A mother, 34 years old from South West England. She is currently 40 weeks pregnant. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

People in the **lowest income bracket felt less equipped with the information** they needed during and after their pregnancy compared with those in highest income bracket (23% with an income under £16K vs. 16% of those with an income over £90K).

*"There is very little information on how COVID-19 can affect myself or my baby if I get it. I also waited a long time for contact with the midwife despite having serious complications in past pregnancy."*

A 26-year-old from the North West of England who is 12 weeks pregnant. She is White, married or in a civil partnership and their household income is £16k-£30k.

Comparatively **fewer Asian/British Asian and Black/Black British, respondents felt they had the information they needed during pregnancy or after birth** compared to White respondents (28% and 23% vs 19% respectively). **Black/Black British respondents were less likely to have accessed information and support** via the web or apps.

*"Feel very anxious about how much more dangerous it is for black mothers at the moment, and lack of acknowledgement/information around this from midwife and authorities."*

A mother, 36 years old from Greater London. She is currently 29 weeks pregnant. Her first language is English, she is mixed race, married or in a civil partnership and their household income is over £90k.

**Over a third (34%)** of those who gave birth during lockdown stated that **care at birth was not as planned.**

Depending where they live, this varied from around 1 in 5 (South West, 21%) to 3 in 5 (West Midlands, 62%) not receiving care as planned.

*"I had a traumatic birth and had to go into hospital to be induced due to being two weeks overdue. I was unable to have my birth partner (husband) with me until on the labour ward, this affected me emotionally. After birth when I returned to the maternity ward following a C-section I had to go without my husband and remain there on my own, again this affected me emotionally..."*

A mother, 31 years old from South East England. She has a newborn. She is White, married or in a civil partnership and their household income is £30k-£60k.



## In the postnatal period

Just **1 in 10 (11%)** parents of under twos **have seen a health visitor face-to-face.**

*“Not having face-to-face visits with health visitors or midwives in the weeks following the birth, makes me anxious that she hadn’t been “checked” for any potential health concerns which may have arisen after birth. i.e. skin conditions, feeding, weight gain or loss.”*

A mother, 31 years old from North West England. She has a one-month-old baby. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

Just over a quarter (**28%**) of those breastfeeding feel they have **not had the support they required.**

*“Difficulties with breastfeeding one-month twins. Difficult for me but they will still be fed. However if we have to resort to using formula as a result of a lack of breastfeeding support then this could well affect their future health!! Formula is NOT a substitute for breastfeeding and there’s no reason why breastfeeding can’t work with proper support!”*

A mother, 42 years old from South West England. She has two one-month-old babies. Her first language is English, she is White, living with her partner and their household income is £30k-£60k.



**Over half of respondents** are breastfeeding (55%), but **over half of those using formula had not planned to do so (53%).** In the **South East of England** this figure rose to **60%.**

*“Baby not feeding so sent home with care plan. This failed as midwife refused to come to the home to provide breast pump (couldn’t buy one as shops shut) resulting in no way to feed baby. Midwife over phone essentially just said you’ll have to bottle feed!”*

A mother, 34 years of age from the West Midlands. She has a one-month-old baby. She is White, married or in a civil partnership and their household income is over £90k.

**Respondents cited a variety of concerns about care.**

*“I’m pretty sure I have PND\* but I don’t feel the NHS has the time to help me at the moment.”*

A mother, 36 years old from North West England. She has a ten-month-old child. Her first language is English, she is mixed race, married or in a civil partnership and their household income is £30k-£60k.

**Digital health appointments** left women feeling **exposed and humiliated.**

*“On day 6 my episiotomy stitches burst and became infected. The delivery suite told me to contact the community midwife, who told me to contact my GP. I was advised by the GP receptionist that I would have a telephone consultation with the GP but I needed to provide photos of the wound and infection. This felt completely wrong, a complete invasion of my privacy, as I was being asked to send an email containing photos of my vagina and perineum to a generic GP practice email address to ensure I could receive antibiotics for the infection.”*

A mother, 31 years old from North West England. She has a one-month-old baby. Her first language is English, she is White, married or in a civil partnership and their household income is £30k-£60k.

\* Postnatal depression





# A call to action – our policy proposals

This report focuses on the impact of COVID-19 on families, but many of the problems discussed existed before the pandemic. The crisis exacerbated and illuminated issues such as the gaps in services and care for families during pregnancy and the first few years, as well as the inequalities in early experiences and outcomes. Therefore, the struggles described by the families participating in this survey are unlikely to disappear when the virus is under control and lockdown lifts.

Some sectors of the UK economy and society may be keen to return to normal after lockdown, but 'normal' was not good enough for our youngest children and their parents. This pandemic presents a unique opportunity for a seismic shift in thinking and action.

Sustainable investment in the support structures for babies, children and families is long overdue. We must not only restore our depleted services. We must also harness the voices of parents of all backgrounds 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 and thrive, not just survive.

To that end, we propose three specific fiscal measures to address the unique needs of this cohort of parents and babies and to drive lasting change:

- 1 A one-off **Baby Boost** to enable local services to support families who have had a baby during or close to lockdown.
- 2 A new **Parent-Infant Premium** providing new funding for local commissioners, targeted at improving outcomes for the most vulnerable children.
- 3 **Significant and sustained investment** in core funding to support families from conception to age two and beyond, including in statutory services, charities and community groups.

These measures are urgently needed for the parents whose earliest days with their children have been irrevocably changed and for a generation who, at the very start of their lives, have been failed by existing support mechanisms. COVID-19 has been enormously damaging but it also presents a unique opportunity to ensure we protect those who have felt its effects hardest, by building back better with support structures that prevent this degree of harm from occurring again.

# Parent-Infant Teams supporting families during COVID-19

The Parent-Infant Foundation supports the growth and quality of specialised parent-infant relationship teams around the UK, of which there are currently only 30. These teams bring together a range of highly skilled professionals to support and strengthen the important relationships between babies and their parents or carers.

Parent-infant teams generally work at two levels:

- **They offer direct support for families** through a range of interventions where early relationships are experiencing severe, complex and/or enduring difficulties, where babies' emotional wellbeing and development is particularly at risk.
- **They are expert advisors and champions for parent-infant relationships.** They support the local workforce to understand and support parent-infant relationships, to identify issues where they occur and take the appropriate action.

Mahida, aged 25, and her then 21-month-old son were referred to the NEWPIP service in Newcastle because Mahida had postnatal depression and was finding motherhood difficult, especially bonding with her son. As Mahida describes, "I worked with a therapist for almost a year – it helped me understand that I wasn't the only one experiencing motherhood in the way I did, and my relationship with my son has really strengthened now. Throughout lockdown, we've continued to have support from our family via Zoom. I would have really struggled during lockdown without this help."

Prior to lockdown, almost all work of parent-infant teams was face-to-face. During lockdown they have adapted to deliver services by phone and online. Families have responded differently to remote working. Those experiencing poverty, chaotic homes or more significant difficulties have been particularly disadvantaged, often lacking the devices, data, Wi-Fi and/or safe, calm space to engage. Some families have thrived in the virtual space, where it is easier for

them to "attend" appointments. Many young parents find the increased use of WhatsApp and other text or video-based services familiar and welcome.

Practitioners too have different experiences of working virtually. Most are concerned that it is harder to establish how the baby is and to assess and monitor any safeguarding risks without being able to see the wider context and read families' non-verbal cues.

Most workers describe the change in the work as moving from therapeutic endeavour to listening, containment, help with practical needs such as finance or getting food, or stress management. Many practitioners are anxious that the child's voice has been all but lost from the work.

Alongside offering therapeutic work during the crisis, parent-infant teams have also played their wider role, championing infant mental health and supporting universal and targeted services.

As well as the switch to phone and video therapeutic work, The Little Minds Matter: Bradford Infant Mental Health Service have recognised the stress facing families, and have worked at pace with local partners, like Public Health, to create a video to help parents who were struggling to care for a crying baby which has been widely accessed via social media. Connecting with other professionals has continued, virtually. For example, in June they ran a webinar with an international expert, attended by over 200 people.

At the start of lockdown, parent-infant teams saw a fall in referrals as other universal services stopped seeing families. Referrals have increased and it is expected that they will rise significantly as contact with other services resumes and either new or exacerbated relationship difficulties are identified. Where the pressures of lockdown have increased family stress, babies now need relationship support more than ever.



# Home-Start supporting families during COVID-19



For almost 50 years Home-Start have provided face-to-face support for families in their own home. From 23rd March 2020, this was no longer possible. The lockdown meant an immediate pausing of all home visiting support.

Almost all Home-Starts have continued to support families and have innovated to work in new ways to continue to be alongside families. 94% of Home-Starts have been delivering telephone support to individuals. 68% have been delivering groceries to families who couldn't leave their houses to reach shops or food banks. 60% are working in partnership with Local Authority Children's Services to support families at risk.

We supported mums like Mercedes, who received support from Home-Start York's new local Volunteer Telephone Befriending Services. "During the Coronavirus pandemic, Home-Start has really helped us keep sane," she says. "It's helped us keep a routine, and keep up with everyone. They've continued to be a huge support through calls and video calls and I couldn't thank them more for everything".

Home-Start Trafford, Salford and Wigan were able to deliver a much-needed food parcel to David\* a dad with complex health needs who has had to self-isolate completely. When his isolation began, David said "I don't know what I am going to do. I can't let my child starve. I know they are looking after my health, but my child comes first". They have also provided David with lots of fun ideas and activities he can do with his daughter at home and will be keeping in touch to make sure they have all the support and supplies they need to get them through the next few weeks.

Early on, families were sharing with us that children were bored and lacking inspiration in lockdown, so many local Home-Starts innovated with story time sessions from celebs, and putting together activity and craft packs for families. These have proved such a welcome relief for families particularly those showing signs of struggling.



In the face of reduced support from statutory services such as social workers and health visitors, many local Home-Starts have worked in partnership with local authorities to keep in touch with vulnerable families.

The impact of social isolation on families will be huge and long lasting. There is an expectation that we will see referrals to Home-Starts increase over the coming months as families begin to come into contact with health visitors and other services again. But even before that happens 1 in 3 (35%) of Home-Starts report that demand for their service has increased and half have said that demand has remained the same, even as support has changed.

Things won't return to as they were – but there are opportunities in the new world – to ride the wave of digital innovation we have seen and build on the evidence of what works to keep relationships and connection at the heart of our work with families, to continue to integrate our work alongside statutory support, to grow more partnerships with other organisations to make family support more accessible to more families and to work together to raise public and governmental attention to the needs of families.

# Best Beginnings supporting families during COVID-19

With an unwavering focus on reducing inequalities and informed by our guiding principles of **innovation**, **evidence** and **collaboration**, Best Beginnings works to give every child the best start in life. Since its launch in 2014, Baby Buddy has been our chief vehicle for achieving this. Baby Buddy is a free and advert-free NHS approved, engaging app. It is endorsed by organisations including RCGP, RCM, RCPsych, RCSLT and CPHVA and has been independently academically evaluated. Baby Buddy is designed to:

- directly inform and empower parents from pregnancy until their child is six months old and to support relationships
- augment and amplify frontline statutory and charity services – “as well as”, not “instead of”.

Baby Buddy includes powerful analytics allowing us to interrogate the anonymised aggregated data set, giving us insight into usage patterns and impact. These findings underpin our current work and inform developments, including building the next iteration of Baby Buddy. Baby Buddy 2.0 will include pathways for fathers and other co-parents and we are working with NHSX with the aim of it becoming an interoperable digital personal child health record in early 2021.

As COVID-19 struck and lockdown meant that expectant and new parents were cut-off from their family and support networks, Baby Buddy stepped up as a “digital best friend”, with personalised daily information, 300+ films and 24/7 access to the Baby Buddy Crisis Messenger. Pre-pandemic, most parents were recommended to use Baby Buddy by their midwife, health visitor or GP. So, with lockdown and the resulting reduction in face-to-face appointments, we were expecting fewer new registrations. Instead, we have seen 16.7k new registered users during the “core” lockdown period (23rd March – 4th July 2020). This is a 9.3% uplift on the same period in 2019.

During the 104 days of “core” lockdown, Baby Buddy was used more than 2.3 million times with

the usage being highest amongst parents from Black, Asian and minority ethnic communities (BAME) and for whom English is a second language (ESL); 85% used Baby Buddy on average more than once a day.

	ALL	BAME	ESL
High usage (>45 times)	67.3%	95.3%	93.8%
Extremely high usage (>100 times)	51.5%	85.7%	85.0%

In early lockdown, we commissioned researchers at UCL to undertake a COVID-19 survey of Baby Buddy users. 436 respondents completed the survey and 32 took part in follow-up telephone interviews. Insights gathered mirror those in the 5000+ survey findings in this report. In addition, we asked questions about Baby Buddy. 97% respondents reported they would recommend the app to friends and family. 89% said Baby Buddy was helping them at the moment, by being a reliable source of information, helping them bonding with their baby and supporting their emotional and mental health.

***“The information is so useful – I share it with my husband. We’ve looked at the videos – the baby moving in the womb. It’s really good for my husband because he didn’t get to go to the scan and I worry he is not bonding with the bump. He hasn’t heard the heartbeat.”***

Telephone Interview with a 21-year-old British Pakistani woman who was 21 weeks pregnant

Throughout the pandemic we have been working with NHS England, the Maternal Mental Health Alliance and Public Health England to adapt existing Baby Buddy content and create new COVID-19 specific written and film content. Films featuring Prof. Jacqueline Dunkley-Bent, the Chief Midwifery Officer and Dr Alain Gregoire, the Chair of the Maternal Mental Health Alliance can be found in Baby Buddy and also [www.youtube.com/bestbeginnings](http://www.youtube.com/bestbeginnings).





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