First 1001 Days Movement

Institute of Health Visiting
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Casting Long Shadows

The ongoing impact of the COVID-19 pandemic on babies, their families and the services that support them

Sally Hogg and
Georgina Mayes

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Sally Hogg is an expert in early years policy with 15 years' senior-level experience in Whitehall, local government and the charity sector. Sally works with a range of charities on issues relating to policy and practice for babies and young children. She is Senior Policy Fellow at the PEDAL Centre at the University of Cambridge.

Georgina Mayes is the Policy and Quality Lead at the Institute of Health Visiting. She is a Registered Child Nurse, Health Visitor and Practice Teacher. Georgina's career spans 26 years, working as a nurse and health visitor in acute, critical and community health services, including a range of senior management and leadership positions.

The First 1001 Days Movement is a campaigning alliance of over 200 organisations and professionals. Together we drive change by inspiring, supporting and challenging national and local decision makers to value and invest in babies' emotional wellbeing and development in the first 1001 days. The Parent-Infant Foundation provides the Secretariat for the Movement.

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Executive Summary

The COVID-19 pandemic and the measures put in place to control it have had a significant impact on all of our lives. Babies and toddlers experienced the pandemic during a particularly pertinent time for them and their families – a time of rapid development for children, and a key transitional period for families when they would normally rely on friends, families, and professional services.

This report describes the ongoing impact of the pandemic on babies, young children and their families, and the services that support them. It sets out the results of a review of relevant reports, research and national data and a new survey of 555 professionals and volunteers who work with babies and their families in health visiting, mental health, maternity, early education, and other services. The findings from both the survey and literature review were consistent and compelling.

The pandemic and its impacts are not over. It is having a lasting effect on many babies' and children's wellbeing and development, and on the ability of services to meet their needs. More babies' and children's outcomes are falling behind where we would expect them to be, and many services are reaching a crisis point where they are unable to meet families' needs. Whilst many professionals are working hard to support families, this report clearly shows that further, coordinated action is needed to mitigate the impact of the pandemic on many children's lives and life chances.

We call on national and local governments across the UK to take the findings of this research seriously and act to mitigate the impact of the pandemic on our youngest children.

Our research found:

More babies and young children are exposed to stresses and adversity at home, and access to positive activities has declined.

Increased parental mental health problems are still affecting some young children.

- The pandemic had widely reported negative impacts on parental mental health which can impact on a parent's ability to respond to their child's needs.
- In our survey, half **(42.7%)** of respondents stated that **"many"** babies they work with are affected by parental anxiety, stress, or depression due to the pandemic, which is affecting bonding and responsive care.

Babies are at greater risk of harm caused by abuse and neglect.

- Increased stress on families has put more children at risk from harm caused by neglect and abuse. At the same time, it has been harder for services to detect and act on this harm.
- In our survey, more than **4 in 10 (44.1%)** of respondents said that **"many"** of the babies they work with are currently affected by increased exposure to domestic conflict, child abuse and neglect. This is higher than the proportion of professionals making the same observation in summer 2020 (29%).

There have been reductions in many children's opportunities to play and experience other enriching activities.

- Children have missed out on positive activities at home, access to formal childcare settings and informal activities as a result of the pandemic; this is likely to have pervasive impacts on their health, and cognitive and physical development.
- In our survey, **nearly half (49.4%)** of respondents reported that **"many"** babies they work with are impacted by more sedentary behaviour and less stimulation and play.

Both parents and young children often have smaller social networks.

- Many babies and their families have smaller social networks than would have been expected before the pandemic. This has a range of impacts on families, including reduced opportunities for socialisation, reduced social capacity, increased parental anxiety, and reduced knowledge about children's development.
- **Nearly half (45%)** of professionals in our survey stated that family self-isolation was still affecting **"many"** of the babies they worked with. Shockingly, this figure is similar to that reported in 2020 despite changes in the prevalence and risk of the virus and national restrictions.

More babies and their families are living in poverty.

- Young children are more likely to live in poverty than older children, and the proportion of children living in poverty is rising and likely to continue to do so.
- **4 in 10 (40.4%)** survey respondents reported **"many"** babies they worked with had been affected by the loss of family income or increased risk of food poverty.

The pandemic is having an ongoing impact on children's health and development.

The pandemic has impacted children's health and development, particularly their communication and social skills.

- The pandemic has had a negative impact on many children's health and development. There is research to show an increased prevalence of speech and language delay, increased social, emotional, and mental health needs, and impacts on physical development and motor skills.
- Nearly all **(94.8%)** of survey respondents said that the pandemic has an **ongoing negative or very negative** impact on the personal and social skills of young children who were growing up during the pandemic. **92.4%** said the same for communication, speech and language skills, and emotional wellbeing and development.

The pandemic has exacerbated inequalities.

- Inequalities in outcomes have widened since the pandemic. Survey respondents described how the pandemic has had a greater impact on babies and young children from disadvantaged backgrounds.

Changes made to services as a result of the pandemic are being sustained, with mixed impact.

There is a "new normal".

- The pandemic necessitated many changes to service delivery, including an increase in remote service delivery. Our survey shows that services are not returning to their pre-pandemic ways of working. More than **6 in 10 (65%)** respondents reported that services were not yet back to "normal". **Nearly four in ten (39.2%)** of those who said their service was not yet back to normal reported that they did not think it would.
- Whilst there were many accounts of positive adaptions to services, worryingly, nearly **six in ten** respondents **(59.5%)** who reported that their service was operating differently, told us that the changes were not beneficial for families.

More services are operating in a hybrid way, which brings risks and benefits.

- More services are operating in a hybrid way, which is seen as positive by many survey respondents, with some benefits for service users including accessibility, flexibility and choice. Others noted increased risks to remote delivery, particularly in terms of unidentified needs.
- Professionals welcomed the benefits of flexible and remote working themselves, noting, for example, that it makes it easier to come together with other professionals across a local area and to access training opportunities.

Many services are struggling to meet children's needs.

- The pandemic came at a time when services for babies and their families, particularly in England, had suffered significant cuts. Many services were already struggling to meet the needs of their communities and could not respond adequately to the increased demands of the pandemic.

Many children are not getting the support they need.

- The pandemic increased the challenges and risks facing babies, children, and their families and reduced the likelihood that their needs would be identified and supported in a timely way. Many babies and children are currently facing long delays in accessing support, which risks delayed treatment and diagnosis and, for some, the consequences of this can be catastrophic.

The pandemic exacerbated existing strains on services.

- It is clear that services are under more pressure as a result of the increased strain during the pandemic, and the increased need amongst service users. There is clearly a mixed picture in terms of how services are coping with current demands. Worryingly, a large number of survey respondents raised issues relating to low staffing numbers and poor staff wellbeing, with some professionals talking about services being in "crisis".

Most professionals agree that governments are not doing enough.

- The majority of survey respondents (**90.5% in England**) did not feel that national or local governments had taken sufficient action to ensure that babies under two and their families receive the support they need to recover from the impact of the pandemic.

We call on national and local governments to take the findings of this research seriously and act to mitigate the impact of the pandemic on our youngest children.

To support pandemic recovery:

1. **National Governments must take concerted action to address the impact of the pandemic on our youngest children.** Governments across the UK must recognise the full impact of the pandemic on babies and young children, and ensure there is evidence-based, coordinated, and fully resourced cross-government activity to mitigate its harm to our youngest citizens. Spending on the youngest children should, at least, match that allocated to school-aged children.

To improve services, and the lives and life chances of our youngest children in the future:

2. **There should be integrated local strategies to ensure all children have the best start in life.** At a local level, leaders from councils, health services, and the voluntary sector must work together to develop and implement strategies to improve outcomes and reduce inequalities for babies and young children.

3. **National Governments must have long-term child health and development strategies, supported by workforce plans.** Each nation of the UK should have a long-term, fully funded cross-government strategy to improve health and child development outcomes and reduce inequalities for babies and young children. Given the workforce issues affecting health, education and social care, it is vital that each strategy is supported by a fully funded, demand-driven, workforce plan.

4. **There should be clear leadership within the UK Government to ensure cross-government focus on their needs.** To ensure that the needs of babies and young children are kept in mind when policy decisions are made, the UK Government should have a cabinet member with clear responsibility for improving outcomes for children in the earliest years of life. To ensure joined -up national leadership and clear direction across all public services, they should be supported by a Cabinet Committee for babies, children, and young people, and clear national goals for improved outcomes and reduced inequalities for children of all ages.

The effort and coordination taken to fight the pandemic and roll out the vaccine must now be replicated to fight the wider impacts of the pandemic on the lives and life chances of our babies and children. Their futures, and the future of our nation depends on it.

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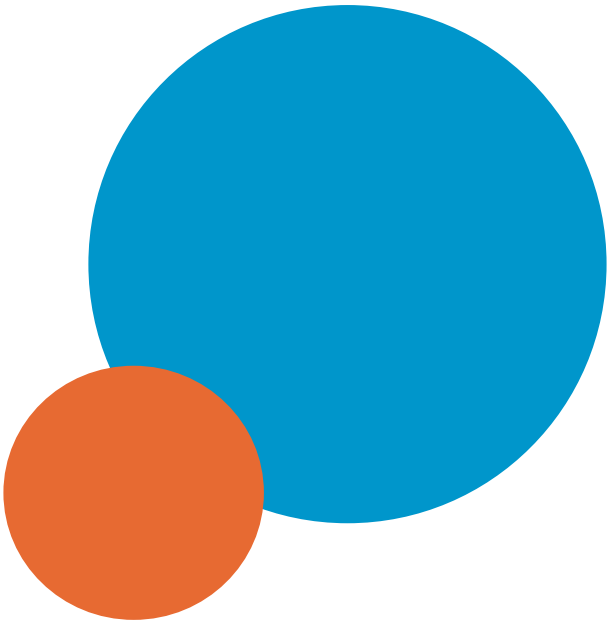
Introduction

The COVID-19 pandemic, and the measures put in place to control it, have significantly impacted our lives. As organisations with a shared interest in the earliest years of life, the members of the First 1001 Days Movement have worked together to shine a spotlight on the specific effects of the pandemic[i] on babies, young children, and their families.

The first 1,001 days, from pregnancy until age two, is a particularly important life stage. This is a time of rapid development which lays the foundations for lifelong wellbeing. Babies' development is shaped by their environment and, most importantly, by the care they receive from their parents or caregivers[ii]. During this crucial period, stresses on families can interfere with healthy early development and, conversely, support for families can bring benefits for babies' and children's health, wellbeing, and outcomes. Healthy early development will put children on a positive developmental trajectory, increasing their ability to take advantage of the opportunities that lie ahead and making it more likely that they will live healthy and happy lives[1]. **Any government serious about future growth, as well as the wellbeing of its citizens, should take the earliest years of life seriously.**



"Smart investments in the physical, cognitive, linguistic, social, and emotional development of young children – from before birth until they transition to primary school– are critical to put them on the path to greater prosperity, and to help their countries be more productive and compete more successfully in a rapidly changing global economy." The World Bank[2]

"What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status." The Marmot Review[3]

The pandemic increased stress on many families at a time when there was reduced support available to them. Whilst the pandemic did affect everyone, its effects were varied. Babies and toddlers experienced the pandemic during a particularly pertinent time for them and their families – a time of rapid development for children and a key transitional period for families when they would normally rely more on friends, families, and professional services[4]. The pandemic disproportionately affected those who were already vulnerable: babies, young children, and families who were already experiencing disadvantage and adversity were more likely to be exposed to additional challenges during this period[5]. We must continue to track and understand the impact of the pandemic on these children, as the effects of early adversity are not always visible immediately but emerge over time. Gaps in development and health outcomes between disadvantaged children and their peers start early in life, and, without attention, often widen throughout childhood with cumulative effects that can last a lifetime and influence future generations.

i. "The pandemic" is taken to mean both the COVID-19 pandemic itself and the measures put in place to tackle it, including national and local lockdowns.

ii. From this point forward we use the term "parents" to refer to parents or any other person who is the primary caregiver for a baby or young child.

The ***Working for Babies*** report observed that "pregnancy, birth, the early months and, to some extent, the first two years were an additional 'risk factor' for lockdown harms to children"[6] and identified reasons why babies were particularly vulnerable to the effects of lockdown:

- The pandemic occurred during a period of rapid development for babies and young children when they are particularly **susceptible to the environment**.
- Babies and young children are completely **dependent on their parents** and are, therefore, more exposed to the impact of pandemic stressors on their parents.
- Families are more **dependent on social support** and **have more support from services** during pregnancy and the earliest years of life and, therefore, might feel the effects of pandemic restrictions more acutely.
- Babies who are at risk, or who need additional support, are more likely to be **invisible to professionals**, as risk factors in their families may not yet be known to services, and they do not regularly use services such as schools and childcare settings.

Over the last two and a half years, the First 1001 Days Movement and our members have commissioned and written reports about the impact of the pandemic on babies, young children, and their families and advocated for action to reduce the immediate and lasting impacts of the pandemic on their health and development. A summary of our previous four reports is shown in **Annex 1**. This fifth report tells the story of the ongoing impact of the pandemic, two and a half years after the first lockdown began. Sadly, our latest research shows that, as we feared, the pandemic seems to be having a lasting impact on many babies' and children's wellbeing, health and development and on the ability of services to meet their needs. Whilst many professionals are working hard to support the families that they work with, this report clearly shows that further, coordinated action is needed to mitigate the impact of the pandemic on many children's lives and life chances.

This report

This report by Sally Hogg and Georgina Mayes (from the Institute of Health Visiting), on behalf of the First 1001 Days Movement, builds on previous reports conducted or commissioned by the Movement and its member organisations. Our goal was to understand the ongoing impact of the pandemic on babies, young children, and the services that support them and their families.

We undertook an online survey of professionals and volunteers working with families in pregnancy and/or with a baby or young child/ren in the UK. The survey had qualitative and quantitative elements and included some of the same questions from previous surveys[iii]. It was hosted online between late July and early September 2022. It was promoted via email and social media by First 1001 Days Movement member organisations and others in our networks.

Alongside the survey, we also undertook a brief review of academic papers, wider literature and national data[iv].

The survey was completed by 555 professionals from across the UK. Survey respondents comprised a range of professionals, with the largest group being health visitors (57.3%). Broadly similar to the population as a whole, 86% of respondents were from England. Wales was over-represented among survey respondents and, unfortunately, Scotland was under-represented.

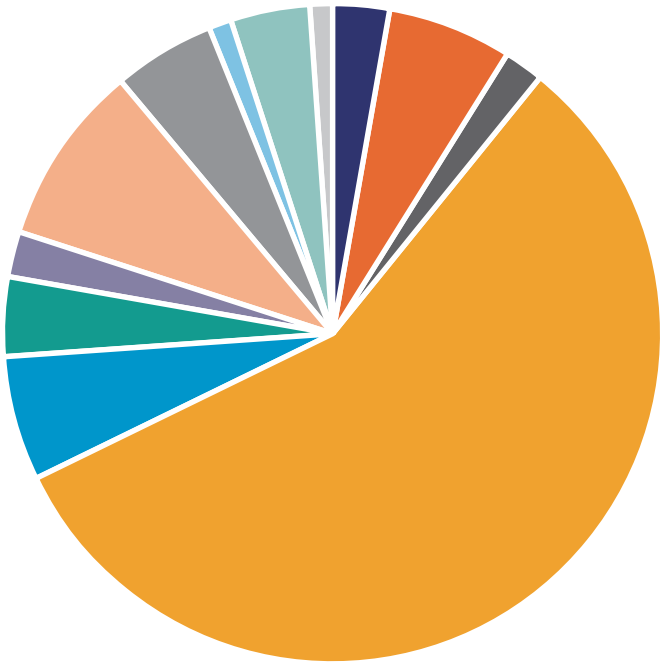
iii. We repeated some of the questions asked of professionals in the Working for Babies and Babies in Lockdown professional surveys. All three surveys were sent out through the First 1001 Days Movement, but the number and composition of respondents does vary in each study.

iv. We are grateful to the NSPCC library for their support in identifying relevant case reviews which helped us to understand the impact of the pandemic on child abuse and neglect and safeguarding services.

Figure 1: Survey respondents' place of work (n=555).

NATION	Number of respondents	% of respondents	% of the UK population
England	477	86%	84%
Scotland	7	1%	8%
Wales	60	11%	5%
Northern Ireland	11	2%	3%

Figure 2: Services represented by survey respondents.



Breastfeeding support	3%
Children's centre/family hub	6%
Early help or child protection services	2%
Health Visiting	57%
Local voluntary sector service	6%
Maternity Service	4%
Neonatal unit	2%
Other (please state)	9%
Parent-infant mental health/ Children's mental health service	5%
Peer support service	1%
Perinatal mental health	4%
Speech and language therapy	1%

PART 1

The impact of the pandemic on babies, young children and their families

In this section of the report, we discuss the impact of the pandemic on babies and young children. First, we describe the impact on their experiences, including their home environment and family life. Next, we set out emerging evidence of the impact of the pandemic on their health and development and outcomes. Whilst the picture is mixed, our research, like other literature reviews, shows that the pandemic continues to have a negative impact on a worrying number of babies and young children.

BABIES' AND YOUNG CHILDREN'S EXPERIENCES

Increased parental mental health problems are still affecting some young children

The pandemic had widely reported negative impacts on parental mental health, particularly anxiety levels. These were generally felt more strongly in some families already at greater risk of poor outcomes, such as families from minority ethnic communities, young parents, lone parents and those with low incomes[7,8,9,10].

When parents experience stress and poor mental health, it can make it harder for them to provide babies with the sensitive, nurturing care that they need to thrive. Researchers in the UK found that parents of 8- to 36-month-olds who experienced sustained mental distress during the first stage of the pandemic tended to report higher child externalising and internalising problems, and executive function difficulties at follow-up in spring 2021[v]. It is not yet known whether these effects will be sustained over a longer period[11].

v. Externalising problems are those manifested in children's external behaviour (such as defiance, tantrums and aggression). Internalising problems are focused inwards, affecting emotion and mood (such as fearfulness, social withdrawal and anxiety). Executive function describes the mental processes that enable us to plan, focus attention, remember instructions, and juggle multiple tasks successfully.

Whilst the significant deterioration in mental health experienced during the first year of the pandemic has been reversing, mental wellbeing across the population has not returned to pre-pandemic levels. Some studies show a rise of mental health problems in lockdown that reduced afterwards[12], other data suggest that anxiety remains heightened, especially among women[13]. **More than 4 in 10 (42.7%) respondents to our survey told us that "many" of the babies they work with are still affected by increased parental anxiety, stress and depression due to the pandemic. This is concerning, although it is good to see a reduction from 73% of respondents who answered this question the same way in summer 2020[vi].**

Families who have lived through the pandemic have not experienced only one challenging event but often an accumulation of adversity over time. This adversity is not over for many families. Families are now facing additional challenges, with growing concerns about rising numbers of families living in poverty and struggling to heat their homes and feed their children due to the cost-of-living crisis and wider fiscal uncertainty. The stresses of recent years may mean that some families are less resilient to these challenges[14]. A number of respondents to the professional survey raised concerns about the cumulative effect of these stress factors.

"It is difficult to capture all the ways the pandemic and lockdown have impacted infant mental health, but parents were severely adversely affected on their whole journey through pregnancy labour birth and in the early weeks and months in all sorts of ways by the restrictions in place in medical settings and the need to say isolated from those vital support systems. And these difficult parental experiences have necessarily impacted the parent-infant bonding process in quite profound and alarming ways." Respondent working for parent-infant mental health service in England

"Difficult to separate the cost-of-living crisis with the pandemic impact, but together babies continue to suffer from the impact on their parents." Respondent working for health visiting service in England

"The terrifying reality is that the residual mental/physical health impact of Covid on the most vulnerable families can only be further compounded by the oncoming cost of living/fuel crisis." Respondent working for local voluntary sector service in Scotland

Figure 3: Percentage of respondents answering the question:

"To what extent have babies in the families you work with been affected by parental anxiety/stress/depression due to the pandemic, which is affecting bonding/responsive care?"

ANSWER	% of respondents (n=555)
All babies I work with are affected by this	7.2
Many babies I work with are affected by this	42.7
Some babies I work with are affected by this	42.2
Very few babies I work with are affected by this	5.6
Don't know	2.3

vi. As reported in Working for Babies: Lockdown lessons from Local Systems (see reference 2).

Babies are at greater risk of harm caused by abuse and neglect

Babies are at greater risk of abuse and neglect than older children. They are disproportionately more likely to experience maltreatment, and – due to their physical vulnerability – are more likely to be harmed or killed as a result[15]. In 2021-22, 39% of incidents of serious abuse and neglect reported by local authorities referred to babies aged under one-year-old[16]. The rate of homicide is higher for babies under one than any other age group[17]. Babies are also more likely to be invisible to child protection services as they are not regularly seen by services in the way that many older children are. Recent research from the Institute for Government shows that referrals to children's social care drop drastically in school holidays, showing that regular contact with educational settings is key to the detection of safeguarding concerns for children of all ages[18].

During the pandemic, the number of serious incidents of neglect and abuse rose significantly. In the period covering the first lockdown, for example, between April and September 2020, incidents involving death or serious harm to children under five where abuse or neglect was known or suspected increased by 31% for children under one and 50% for children aged one to five compared with the same period in 2019[19]. Since then, the number of serious incidents has decreased but is still above pre-pandemic levels, and the proportion of incidents involving babies under one has risen from 33% in 2018–19 to 39% in 2021–22[20]. These figures relate to notifiable incidents only. We know less about other "less serious" abuse, which might be invisible to services but is still harmful and has a cumulative impact on health and wellbeing.

The pandemic also led to an increase in parental conflict and domestic abuse and to children being more exposed to the stress and conflict in their homes. A survey of domestic abuse survivors during the early stage of the pandemic reported an increase in children witnessing domestic abuse and an increase in abusive behaviour directed towards children[21]. A study in South London found detection of domestic abuse amongst pregnant women by mental health services dropped by 78% during the first lockdown and remained low after the lockdown[22], suggesting perhaps that changes to service delivery made it more difficult for women to disclose, and for professionals to identify, domestic violence and abuse. The Crime Survey for England and Wales (CSEW) excluded questions about domestic abuse in 20/21 because of concerns about confidentiality and respondent safeguarding being affected by asking such questions in a phone call[23].

The Child Safeguarding Practice Review Panel observed that the pandemic presented "*a situational risk for vulnerable children and families, with the potential to exacerbate pre-existing safeguarding risks and bring about new ones*[24]." Factors that increased vulnerability included parental and family stressors and the impact of adaptions for COVID-safe practice on services' ability to protect children, including the replacement of face-to-face contact with telephone or video contact, an issue we discuss further later in this report.

Case reviews of children who experienced abuse and neglect during the pandemic revealed how COVID-19 restrictions hampered the efforts of professionals to safeguard children, even though in many cases professionals worked hard to ensure the contact was maintained despite the restrictions[25,26]. Issues raised in case reviews include reduced admin capacity leading to delays in information sharing lack of face-to-face contact impairing professionals' ability to understand the context in which children were living and gather sufficient information to inform their decision making, and the absence of opportunity for reflection and consultation with colleagues[27,28]. It has also been noted that it was easier for families to avoid services whilst restrictions were in place, meaning that babies and young children were less visible to services[29]. It is clear that the impact of pandemic restrictions on service delivery and professional practice and, consequently, on professionals' ability to safeguard babies, varied in different cases. We discuss the challenges facing services further in Part Two of this report.

The number of children referred to children's social care in England for support fell by almost a fifth in the first lockdown, between April and June 2020[30], suggesting that more abuse and neglect went undetected during this period. Numbers continue to be lower than expected In England and Scotland. The number of children on Children in Need plans, Child Protection plans and referred to children's social care in England fell in 2021 compared with 2020[31].

Given what is known about the increase in stress felt by many families and the pressures on universal services in England, the fall in numbers may indicate a fall in services' ability to detect and respond to risks faced by babies and children rather than a reduction in need. Similar statistics vary across the other nations of the UK: in Scotland, there has been a 20% reduction in the number of babies and children subject to a Child Protection Plan from 2020 to 2021[32]. Conversely, Wales and Northern Ireland have seen an increase in babies and children on Child Protection plans. More research would be valuable to understand the reasons for these different trends and what they reflect about services, systems, and risks to children.

In our survey, more than 4 in 10 (44.1%) of respondents said that "many" of the babies they work with are currently affected by increased exposure to domestic conflict, child abuse and neglect. This is higher than the proportion of professionals making the same observation in 2020; in research for the *Working for Babies* report, only 29% of respondents said "many" babies they work with had been impacted in this way.

Figure 4: Percentage of respondents answering the question:

"To what extent have babies in the families you work with been affected by increased exposure to domestic conflict, child abuse or neglect?"

ANSWER	% of respondents (n=555)
All babies I work with are affected by this	7.6
Many babies I work with are affected by this	44.1
Some babies I work with are affected by this	34.2
Very few babies I work with are affected by this	6.8
Don't know	7.2

When asked about the most significant ongoing impact of the pandemic on babies and children, some of the survey respondents in England told us about the ongoing risks to babies and young children.

"Babies and young children were hidden from professionals and so the risk of neglect and abuse increased, this impact was further increased through parents having less support, chance of identifying concerns and accessing support at the right time..." Respondent working for health visiting service in England

"Being missed and 'falling through the net' we are not finding problems until much later and parents who wish to be elusive can use COVID as an excuse to reduce or evade engagement with services, which impacts on the safety, health and wellbeing of the children and increases risk to children." Respondent working for health visiting service in England

"...Children with safeguarding issues/ cause for concern have often fallen through the net whilst not being seen and, consequently have more exposure to unsuitable home conditions." Respondent working for health visiting service in England

There has been a reduction in many children's opportunities to experience play and other enriching activities

During lockdowns, it was harder for families to be able to access facilities and opportunities to provide positive stimulation for babies and young children. During the first national lockdown, playgrounds were closed, and for much of the period of national restrictions, families had little or no access to baby groups and activities. Babies and young children missed out on opportunities for positive and playful interactions which are key to early learning.

Children's experiences and opportunities for play and other positive stimulation varied greatly depending on their families' situation, housing, resources, and parents' time and ability to interact with their children. Research in the UK suggests that children who spent more time engaged in enriching activities, such as reading, singing, or arts and crafts, with their parents during the first lockdown showed stronger executive functions and social competence six months later[33]. In America, research suggested that, during the pandemic, babies and toddlers, on average, heard fewer words and had fewer conversational exchanges. This is thought to be partly responsible for reductions in expressive and receptive language skills in this group, which are particularly notable among poorer children[34].

Figure 5: Percentage of respondents answering the question:

"To what extent have babies in the families you work with been affected by more sedentary behaviour and less stimulation/play than we would expect before the pandemic?"

ANSWER	% of respondents (n=555)
All babies I work with are affected by this	7.0
Many babies I work with are affected by this	49.4
Some babies I work with are affected by this	34.8
Very few babies I work with are affected by this	5.6
Don't know	3.2

Nearly half (49.4%) of respondents to our survey reported many babies they work with are impacted by more sedentary behaviour and less stimulation and play. This is a similar number to those reporting the same thing during 2020, which suggests that changes in children's experiences are persisting despite the easing of restrictions.

Respondents to the survey also noted that children have missed out on access to both formal childcare and early education settings and informal activities.

"Children whose parents were working from home were left with TVs, tablets etc. to keep busy whilst parents worked. Children unable to attend nurseries and playgroups missed out socially and also everyone wearing masks impeded on social interactions" Respondent working in health visiting service in England

Increases in sedentary behaviour among babies and young children resulting from the pandemic could have negative impacts on both their cognitive skills, health and physical development. The pandemic led to an increase in screen time for many babies and young children, which was noted by some survey respondents. There is some research from before the pandemic that suggests negative impacts of screen use in early life[35], and researchers in the UK found short-term negative associations between screen use amongst babies and toddlers in the first lockdown and their executive function measured shortly after lockdown. However, there was no evidence of a predictive association between screen use during the first six months of the pandemic and either child executive functions or prosocial behaviour measured in spring 2021[36]. As Hendry (2022) suggests, more granular research is needed to better understand the potential negative and positive impacts of screen use.

Access to early education and childcare settings varied over the course of the pandemic. Only vulnerable children and children of keyworkers could access settings during the first national lockdown. Many settings remained open after that point, but there were often restrictions in their operation and disruptions in care caused by COVID-19 outbreaks. The number of children accessing childcare dropped significantly in the first year of the pandemic. Attendance in early years settings remained low into 2021 due to a range of factors, including reduced availability of childcare thanks to nursery closures and reduced take-up, perhaps as a result of parents changing working patterns[37]. However, the take-up of the core early entitlement in England has increased this year. This is also true in other nations: in Scotland the proportion of services providing funded early learning and childcare increased in 2021[38].

Research comparing children who continued to attend early childhood education and care during the lockdown and those who did not suggests that attendance influenced language ability, and children from less affluent backgrounds who lost access were disproportionately disadvantaged[40].

We did not find data about access to and use of other positive activities for young children, such as parent and baby groups. As we discuss in Part Two of this report, our own research suggests that baby and toddler groups and activities are not back to operating at pre-pandemic levels, and parents may find it harder to engage in some activities due to changes in practice, such as needing to book.

Figure 6: Estimated percentage of eligible children registered for the 15-hour entitlement, 2019 to 2022[39].

	2019	2020	2021	2022
2-year-olds	68	69	62	72
3- and 4-year-olds	93	93	90	92

The pandemic was experienced differently by different families, and its impact was not entirely negative. For some, there were some benefits for families, including greater involvement of fathers in their children's lives[41]. Changes to work and care arrangements that enable parents to spend more time with their children may last beyond the pandemic: there are reports of fathers continuing to spend more time with their children and reporting improvements in their relationships since the end of lockdown[42]. Since the end of lockdown, some parents have experienced increased flexibility in their work which can help them to balance work and family life.

Both parents and young children often have smaller social networks

Lockdowns and social distancing reduced mixing, and the closure or restricted use of many groups and facilities have also restricted parents' and young children's social contact over the last two years. Women who were pregnant during the pandemic were advised to adhere to stricter social distancing[43], many felt particularly anxious, and uptake of the vaccine was lower in this group. This led to reduced contact with friends, family, and health and care services for many women[44].

During the pandemic, parents' reported loneliness increased from 38% to 63%. This increase was more apparent in the most deprived areas where parents were more than twice as likely to say they often or always feel lonely compared with those living in the least deprived areas (13% compared to 5%)[45]. Research has shown that parental loneliness, like other aspects of poor parental mental health, is associated with poorer child health and wellbeing outcomes with adverse impacts on breastfeeding cessation, mental health, and social competence[46]. The reduction in families' social networks may also impact children directly: researchers in the UK observed a direct association between parents' perceived social support during lockdown and babies' and toddlers' social competence, and speculate that "in families where parents have multiple sources of support, the child is more likely to have multiple trusted adults with whom they can interact and learn social competency skills[47]".

In our survey, nearly half (45%) of professionals stated that family "self-isolation" was still affecting "many" of the babies they worked with. Shockingly, this figure is similar to that reported in the 2020 Working for Babies survey despite changes in the prevalence and risk of the virus and the ending of national restrictions.

Figure 7: Percentage of respondents answering the question:

"To what extent have babies in the families you work with been affected by family "self-isolation" (e.g. Parents unwilling to attend services or to socialise as a result of the pandemic)?"

ANSWER	% of respondents (n=555)
All babies I work with are affected by this	5.6
Many babies I work with are affected by this	45.0
Some babies I work with are affected by this	38.9
Very few babies I work with are affected by this	7.7
Don't know	2.7

In the free text questions on our survey, many professionals discussed the impacts of parental isolation, including reduced social capacity, increased anxiety, and reduced knowledge about children's health and development.

"I feel parents are more fearful and have less confidence in their parenting ability which they usually learn from peers as well as professionals." Respondent working in breastfeeding support service in England

"Lack of family support networks, which has lead [sic] to more parents struggling to cope and impacted on parent-child day-to-day relationships." Respondent working in local voluntary sector service in England

"I think a lot of mothers have been left socially isolated and have not formed the friendships they would have. This will have an impact on their children." Respondent working in health visiting service in England

"The complexities with family life have increased from the pandemic. Depression, isolation and anxiety are now common themes coming through with most families. You very rarely go into a house and carry out a routine developmental assessment, there are other issues that are more of a priority. These all have an impact on the child." Respondent working in health visiting service in Northern Ireland

"Lack of social opportunities for both children and parents/carers and access to health visiting/support groups for parents/carers to understand child development." Respondent working in "other" service in England

Some professionals also reported that parents were taking time to readjust to engagement with services.

"...Parents lack confidence to access social activities. HV [health visitor] contact declined at a higher rate – managed without you during COVID." Respondent working in health visiting service in England

"Clients are still surprised to be offered home visits, and are reluctant to allow me in. Particularly as they are 'not allowed' into there [sic] GP surgery." Respondent working in health visiting service in Wales

More babies and their families are living in poverty

Despite measures taken by the Government to protect family incomes during the pandemic, many families experienced job losses and a fall in income during and after the lockdowns[48].

Young children are more likely to live in poverty than older children, and the proportion of children living in poverty was rising even before the pandemic. Of the 4.2 million children in poverty in the UK, 1.3 million are babies and children under the age of five. This is a situation that is getting worse: earlier this summer it was reported that the total number of children in poverty is predicted to rise to 5.2 million by 2023/24 – more than an additional one million children[49]. In September, the Resolution Foundation warned that relative child poverty is projected to reach its highest level since the peaks of the 1990s[50]. As the cost-of-living crisis intensifies, families will experience further financial pressures, which will be particularly detrimental to those already on low incomes.

Poverty can affect babies' development both directly (for example by affecting their access to healthy food, resources, and adequate housing) and indirectly, due to its impacts on parental stress. Babies and young children growing up in poverty and/or in the most deprived areas are at greater risk of poorer health outcomes than their peers, with a greater incidence of adverse outcomes, such as infant mortality, low birthweight, being overweight or obese, tooth decay, and unintentional injury[51].

A recent report on the impact of fuel poverty highlights its impact on children's health and wellbeing:

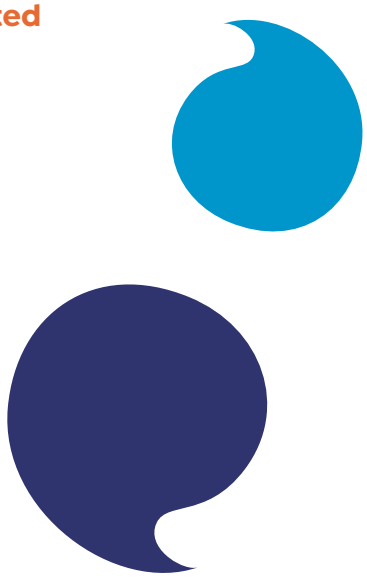
"A child's lungs play a crucial role in determining his or her health and life expectancy. There is a window of opportunity in childhood for optimal respiratory maturation. This is impaired by problems associated with cold, substandard, or overcrowded housing such as viruses, dust, mould, and pollution. When we add in factors such as cutting back on food to pay the gas bills, and the mental health and educational impact of cold houses, the picture is bleaker still. Without meaningful and swift action cold housing will have dangerous consequences for many children now, and through their life-course. Lifelong health inequalities take root in childhood – there is no doubt that the standard of a child's house is a key factor.[52]"

In our survey, 4 in 10 respondents (40.4%) reported that many babies they worked with had been affected by the loss of family income or increased risk of food poverty. These figures align with the findings from the Institute of Health Visiting who reported that health visitors in the UK had seen a 72% increase in poverty affecting babies, children and families in 2021[53].

Figure 8: Percentage of respondents answering the question:

"To what extent have babies in the families you work with been affected by sudden loss of family income or increased risk of food poverty?"

ANSWER	% of respondents (n=555)
All babies I work with are affected by this	5.8
Many babies I work with are affected by this	40.4
Some babies I work with are affected by this	43.4
Very few babies I work with are affected by this	5.9
Don't know	4.5



BABIES' AND YOUNG CHILDREN'S OUTCOMES

The pandemic has impacted children's health and development, particularly their communication and social skills

A range of research into children's development and accounts from parents and professionals have suggested that the consequences of the pandemic discussed above, such as isolation, exposure to family stress, and lack of positive activities, have negatively impacted children's wellbeing and development. In particular, there is research to show an increased prevalence of speech and language delay, increased social, emotional, and mental health needs, and impacts on physical development and motor skills[54,55,56,57,58,59]. Polling undertaken by YouGov for the UNICEF-UK showed that two in five parents in England with children under four said they have been worried about the social or emotional wellbeing or behaviour of their child[60].

Figure 9 shows Government data published on 1 November 2022 on child development outcomes at 2-2 ½ years. The data shows that whilst many children are developing as expected, a significant and growing minority are falling behind, with a worsening picture across all indicators when compared to 2019[61].

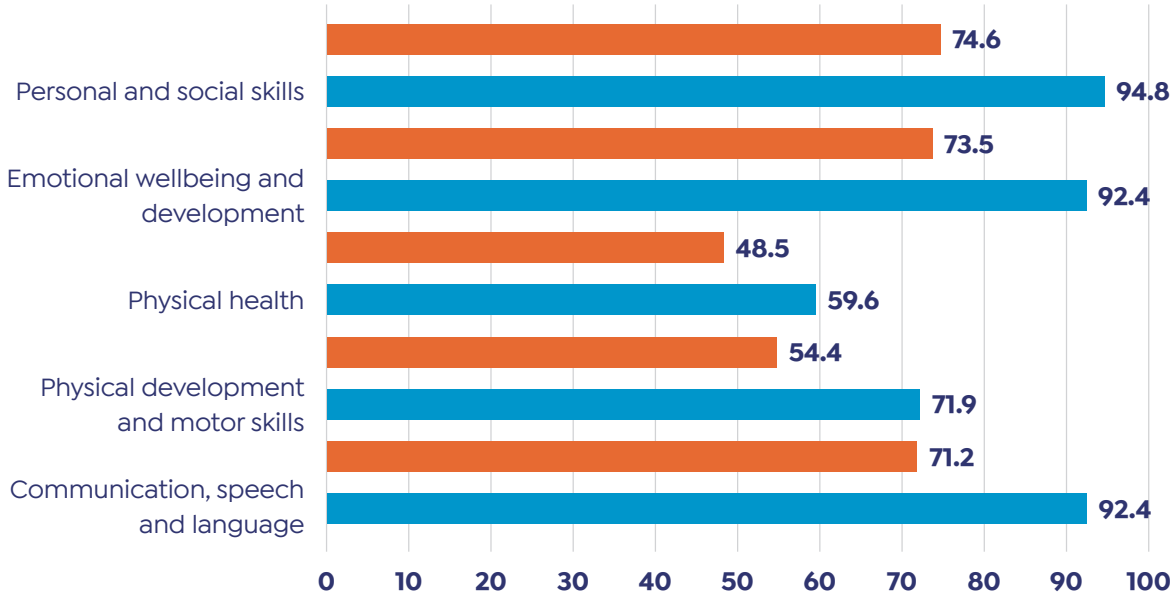
Our survey asked professionals about the impact of the pandemic on babies living during or born after the lockdown (i.e. after summer 2021). Professionals clearly believe that the pandemic has an ongoing impact on children's development, particularly for children who were living during the lockdowns; for example, **94.8% of professionals say that the pandemic has an ongoing negative or very negative impact on the personal and social skills of children who were living in the pandemic, and 92.4% say the same for communication, speech, and language skills and for emotional wellbeing and development.** Professionals also report negative impacts on children born since the pandemic in these domains (for example, 74.6% report an ongoing negative impact on personal and social skills for those born since the last lockdown).

Figure 9: Percentage of children in England who received a 2–2.5-year-old check who were at or above the expected level of development[61].

Indicator	Annual data 2019/20	Annual data 2021/22
Communication skills	88.9%	↓ 86.2%
Gross motor skills	93.8%	↓ 93.1%
Fine motor skills	94.1%	↓ 92.9%
Problem-solving skills	93.9%	↓ 92.4%
Personal-social skills	92.9%	↓ 90.8%
All five areas of development	83.3%	↓ 80.9%

Figure 10: % of respondents who said the pandemic has had either a negative or very negative ongoing impact on the wellbeing or development of babies and young children (n=555).

Blue bars represent answers for babies who were alive during the pandemic. Orange bars represent answers for those born since the last lockdown (i.e. after summer 2021).



When asked to tell us their views on the most significant ongoing impact of the pandemic on children, the majority of professionals wrote about the negative impact on speech, language, and socialisation.

"Many babies and young children have missed out on the opportunities to socialise with others which has impacted negatively on their communication skills and social and emotional development." Respondent working in a children's centre/family hub in England

"Restricted social networks and opportunities to play with peers in an environment out with the family home has caused significant challenges with children's social and emotional development." Respondent working in local voluntary sector service in Scotland

"Communication and language skills – children don't have the skills to express their needs. Children are not social, are seen to be very distressed leaving parents and taking time to build friendships." Respondent working in a children's centre/family hub in England

"Poor speech and language development, some families have got into the habit of lockdown and not mixing socially. Poor social interaction is delaying speech and language skills and personal skills." Respondent working in a health visiting service in England

"For the children born around the first lockdown – a total lack of socialisation has impacted speech and language. Children about to enter school may be showing signs of ASD but in Scotland, these children may only have had telephone contacts" Respondent working in a health visiting service in Scotland

When asked if particular groups of children were more affected by the pandemic, many professionals reported the particular impact on babies and young children because they experienced the pandemic at an important time in development. However, there were slightly different views about which cohorts of babies were most affected.

"Babies born in lockdown have not had the social contact with outside the family home or extended family and friends that they would have had under normal circumstances." Respondent working in local voluntary sector service in England

"Children born during the pandemic have more noticeable difficulties with socialising, challenging behaviours..." Respondent working in health visiting service in England

"Children who were 1–2 years during the start of the pandemic have not had the exposure to other children, peers, nursery and this has had extensive impact on their development in a negative way. They do not have age-appropriate communication and social skills." Respondent working in health visiting service in England

"Children who were 2–3 during the first lockdown have struggled the most due to lack of socialisation, learning and access to all services which has had a very detrimental impact on school readiness for this cohort." Respondent working in health visiting service in England

We noticed that throughout the survey several respondents mentioned increased concern amongst parents that their children might have autistic spectrum disorders and, in some cases, increased diagnosis of these disorders.

"Many children are displaying symptoms of Autism with many 2 and 3 year olds being diagnosed as such. This is a huge increase in numbers seen in previous years" Respondent working "other" service in Scotland

"... We are seeing and will see more, children that have no social skills, cannot play, have challenging behaviour, not potty trained, poor speech and language development...poor development as a lot of parents did not know how to cope with young children... Many parents are not contacting services to report that their children have Autism or Attention Deficit when all they are demonstrating is reactionary to the situation the children found themselves in..." Respondent working in health visiting service in England

"...We have a very high number of parents who think their children are showing signs of autism." Respondent working in health visiting service in England

"communication delayed. Parents googling this and wanting assessment for ASD." Respondent working in health visiting service in England

"we have more children on the ASD pathway since the pandemic, unclear if this is due to children not interacting with their peers." Respondent working in health visiting service in England

Children's physical health has been affected by the pandemic

Whilst we focus in this report on social, emotional and language development, it is also important to note that the pandemic also impacted children's physical health and wellbeing. During lockdowns, and as a result of financial pressures subsequently facing families, more children have been exposed to food insecurity in recent years.

The impact of the pandemic on breastfeeding varied. For example, a survey of over 1000 breastfeeding mothers in the UK highlighted two very different experiences: 41.8% of mothers felt that breastfeeding was protected due to lockdown, but 27.0% of mothers struggled to get support and with some stopped breastfeeding before they were ready. This research found that mothers with lower levels of educational attainment, with more challenging living circumstances and from Black and minority ethnic backgrounds were more likely to find the impact of lockdown challenging and stop breastfeeding[62].

The data on the impact of the pandemic on children's diets is limited. Some research suggests that there was an increase in the purchase of food rich in free sugars during the pandemic[63]. High intakes of sugars can lead to excess calorie consumption and thereby increase the risk of becoming overweight or obese, as well as presenting a major risk factor for dental caries. These adverse outcomes are both more prevalent in deprived groups. The pandemic also exacerbated existing inequalities in access to dental services. Hospital admissions for tooth extractions in children dramatically declined during the pandemic, primarily affecting children in more deprived areas; and despite recent increases, rates have not returned to pre-pandemic levels[64]. The British Dental Association has reported a growing backlog for child tooth extractions, as a result of a huge fall in treatments in NHS hospitals more than halved during the pandemic[65].

Children have often been more sedentary and with fewer opportunities for positive activities and play. The NHS recommends that toddlers should be physically active for at least three hours every day[66]. Physical activity helps children to maintain a healthy weight[67] and contributes to the development of cognitive skills and mental health, both of which also reduce the risk of obesity in later life[68,69]. Data from England show a dramatic increase in obesity levels reported amongst reception-aged children[70], particularly those in more deprived areas[71].

Another impact of the pandemic on children's physical health is evident in the reduction in vaccination uptake. The World Health Organisation states that, "*Immunisation is a global health and development success story, saving millions of lives every year*"[72]. Immunisation is widely recognised as one of the most cost-effective public health investments that can be made for future generations. It is a significant cause of concern that in England during 2021-22, take-up of none of the early childhood vaccinations met the 95% target set by the World Health Organisation. The latest quarterly statistics (April to June 2022) show that uptake of MMR1 at two years in the UK was only 90.2% and in London was 82.1[73]. The UK Health Security Agency warn that "*Although some catch-up is underway, it is likely that susceptibility will have increased in recent years, with potential for larger outbreaks as international travel and contact patterns resume*[74]."

The pandemic has exacerbated inequalities

It has been widely recognised that the pandemic did not affect all children equally. Those who were already facing greater adversity and at greater risk of poor outcomes were more likely to have a difficult experience during the pandemic and to suffer more as a result. The pandemic is, therefore, likely to have widened inequalities in outcomes and life chances for babies and young children[75].

In the free text questions on our survey, many professionals also described the greater impact of the pandemic on babies and young children from disadvantaged backgrounds.

"Children from disadvantaged backgrounds have less input, less groups to attend, poorer emotional physical and social development." Respondent working in health visiting service in England

"Children from low-income areas have been undoubtedly more effected in the pandemic and subsequent lockdowns. Contributing factors have been a lack of space, potential lack of access to fresh air/ garden play, potential lack of availability of stimulating activities. Parents on low income may have also struggled to provide nutritional food due to loss of jobs, income during the pandemic." Respondent working in perinatal mental health service in England

"I find children from deprived families seem to have suffered worse, possible those who haven't had an outdoor space to use and have been stuck indoors with little stimulation. We are seeing huge developmental delays in these children, particularly communication." Respondent working in health visiting service in England

Delays in early development can make it harder for children to thrive when they reach school. Communication, social, and emotional skills, for example, are important in enabling children to interact positively with their teachers, make friends and engage in learning. Research does suggest that the pandemic has led to fewer children starting school ready to learn and developing as expected in their reception year[76]. In a recent survey by Triple P, 8 in 10 parents reported concerns about their child's readiness to start school[77]. A survey of teachers in November 2021 attributed the decrease in school readiness to: less time at nurseries due to lockdown, less experience in socialising with other children due to the pandemic; and the impact of the pandemic on parents and parenting[78].

In our survey, respondents reported increased numbers of children who are struggling in school or nursery and the consequent demands on settings.

"The number of young children in our setting with severe behavioural, social and communication issues is becoming unmanageable. The fact that there is a 2.5 year waiting list for SALT is disgraceful as many of the children will be going to school still unable to talk properly, which then impacts their ability to make friends, ask for help etc..." Respondent working for "other" service in Scotland

"Something else we've identified is that we are about to see a cohort of children start school and nursery, many of whom with early trauma who haven't been anywhere (eg never attended a children's centre) and who may not have been seen by health visitors in person since the new baby visit. Schools feel very ill equipped to deal with this level of need and services unable to cope e.g with level of SaLT referrals or CAMHS referrals. We are storing up huge problems for this cohort of children and resources don't exist to support them. We also have a cohort of parents who are unaware what *should* exist for them and don't know where to go for support with their concerns." Respondent working for local voluntary sector service in England

The proportion of children who reached the expected level of development in all areas at the end of reception fell from 72% in 2019 to 59% in 2021[79]. There is also data to show growing gaps in achievement: the Education Endowment Foundation found that, while all pupil's learning was affected by the pandemic the attainment gap between socially disadvantaged students and their classmates has grown across, and there is some evidence that younger year groups have been the most significantly affected[80].

The latest scores on phonics tests show both a fall in children achieving expected levels at the end of year one, and an increase in the disadvantage gap[81]. In 2018, the UK Government set an ambition to reduce by half the percentage of children who do not achieve at least expected levels across all goals in the "communication & language" and "literacy" areas of learning at the end of the reception year in England. If unaddressed, the impacts of the pandemic will make it harder to achieve this goal.

PART 2

The impact of the pandemic on services

In this second part of the report, we discuss the impact of the pandemic on services that support families during pregnancy and the earliest years. First, we describe how many services are not operating as they did before the pandemic, this brings several risks and challenges, alongside some benefits for service users and staff. Finally, we set out the increased pressures on services and describe how many children are not getting the timely support they need.

CHANGES TO SERVICES

There is a "new normal"

The pandemic restrictions and redeployment of some staff within health and care services changed how many services operated during the lockdowns and at other stages of the pandemic. Previous reports have highlighted significant variations in responses to the pandemic between different services, and huge local variation, exemplified by the significant difference in the extent to which health visiting services were, at one extreme, strengthened and mobilised, and at the other, withdrawn and redeployed[82,83].

Over the last two years, we have seen many incredibly inspiring examples of professionals who were committed and able to continue to support families during the pandemic and, in places, great agility and innovation as services pivoted to digital delivery and/or found new methods of service delivery. In some areas, the pandemic catalysed improved partnership working, new connections with communities, and a greater understanding of need[84].

Our previous reports told of how services were, in many cases, slow to bounce back to normal after the pandemic. This was reported again in this survey: 65% of respondents reported that services were not yet back to "normal", with 14% saying services were still a long way off from returning to normal. Of those who said their service was not yet back to normal, 39.2% reported that they did not think it would ever return.

Worryingly, nearly six in ten respondents (59.5%) who said their service was operating differently reported that the changes were not beneficial for families.

It is concerning if changes, which were introduced as a temporary measure, are being permanently adopted without a rigorous impact of their acceptability and impact on the reach and effectiveness of services.

Whilst there have been instructions from national government in England for some parts of public services to return to face-to-face delivery as the pandemic restrictions have lifted, the continuation of remote delivery of services for babies and their families has largely gone unchallenged and, indeed hybrid and remote offers are now being seen as part of a core offer to families[85].

During the earlier stages of the pandemic, the health visiting service was categorised as a "*partial stop*" service in the national prioritisation guidance for community health services, meaning that most health visiting contacts could stop[86]. The guidance changed during the pandemic and services were advised to restart. However, it is clear that services have not been fully reinstated in many areas. UK Government guidance states that the five mandated health visitor reviews should be conducted face-to-face[87]. However, reporting guidance permits local authorities to count remote contracts in their data submissions[88].

Figure 11: Answers to the question "Has your service returned to 'normal' operations (i.e. the way it operated before the pandemic began)?" (n=555)

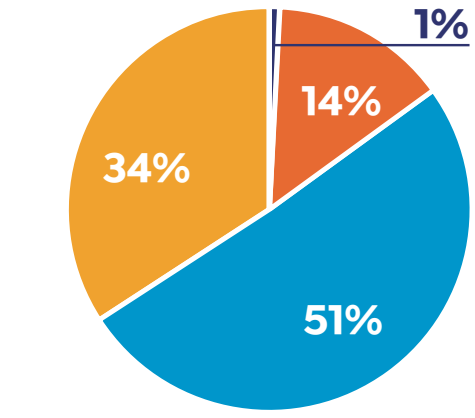
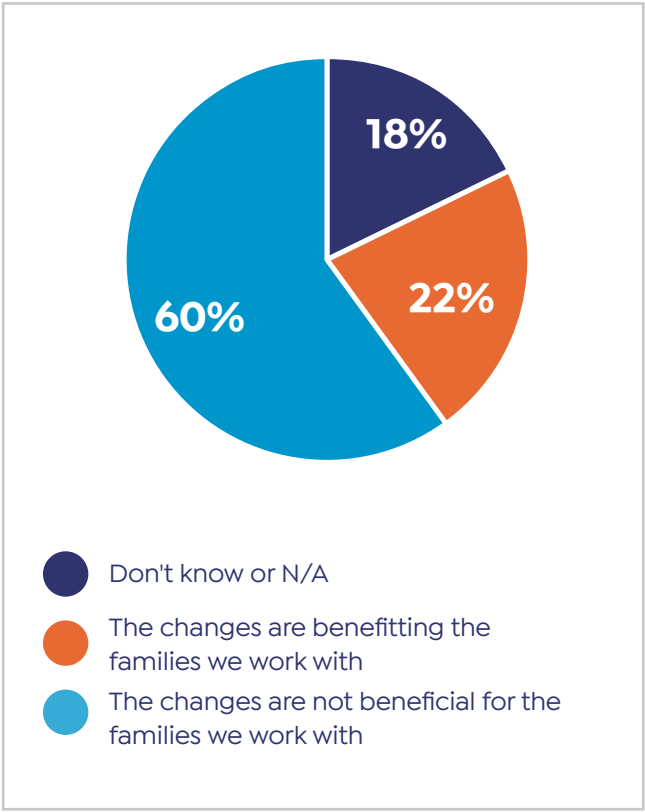


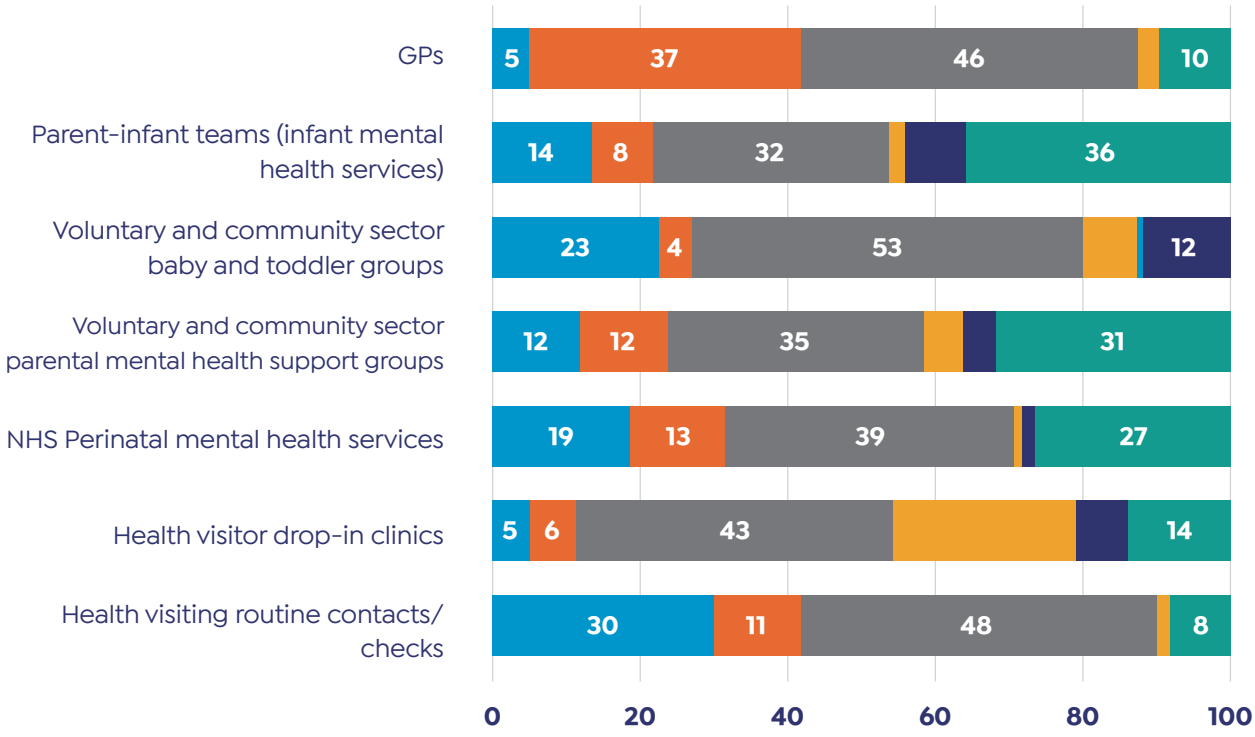
Figure 12: Answers to the question "If your service is operating differently to how it was before March 2020, are the changes for the better or worse?" (n=363)



Whilst telephone and video contacts have brought some benefits in terms of access and specific areas of service delivery (discussed later in this report), significant concerns have been raised about their safety and effectiveness for delivery of the five mandated reviews. These contacts provide an important mechanism for reaching all babies and young children, and identifying those who are not developing as expected or are at risk. In response to a written parliamentary question in March 2022, the then Minister for Patient Safety and Primary Care, Maria Caulfield MP, confirmed that reporting rules would change so that the five mandated health visitor contacts would only count if they were delivered as face-to-face contacts, but this change has not been implemented[89].

Survey respondents reported differences in the extent to which different services had returned to normal after lockdown. For example, health visiting mandated reviews were most likely to be back to operating as they were before the pandemic, although less than a third of respondents said that this was the case (30.5% of respondents reported that their local health visiting service was back to operating as they were before, and 47.9% "mostly back"); GP services were most likely to be operating via phone or online (45.8%) and health visitor drop-in clinics were most likely to have stopped, with 25.4% of respondents saying these services were no longer operating.

Figure 13: Percentage of respondents answering the question "Please tell us about the status of the following services in your local area, as of summer 2022." (n=555)



More services are operating in a hybrid way, which brings risks and benefits

The adoption of remote service delivery – either via phone or video call – was the adaptation that survey respondents most often reported as a positive change. However, there were mixed views depending on how and when remote work was being used.

Several respondents discussed the benefits that a hybrid model, mixing remote and face-to-face contacts, brought in terms of accessibility, flexibility, and choice for service users. Most of the positive comments about remote service delivery seemed to come from those who had developed a hybrid offer for families rather than making a complete transition from face-to-face delivery to remote contacts.

"a change in support offered... a hybrid approach to services, offering virtual, face-to-face and community groups (smaller group sizes) and video feedback methods. We have adapted and can offer Whatsapp video call, zoom and teams communications and sessions" Respondent working in Speech and Language Service in Wales

"Access to free online breastfeeding classes... mums can attend in their PJs! ... online breastfeeding support available somewhere in the UK virtually every day of the week – no need to wait for local ones. Also leading online classes and support groups means I don't have to find funding for venues, carry resources or get exposed to..." Respondent working in breastfeeding support service in England

"...many pregnant women prefer the video contact as it fits in with working late into pregnancy and not having to travel to appointments or wait around. We have also introduced ChatHealth/Parentline – a text service for parents to contact the HCP [Health Visiting] team" Respondent working in health visiting service in England

"...We've become more creative in our offer working with different partners and introducing sessions such as walk and talk which may have remained further down the agenda if we had not..." Respondent working for peer support service in England

It is important to note that whilst telephone and digital service delivery has many advantages in terms of short-term cost savings, accessibility and flexibility, it also brings risks which have been widely documented.

These include difficulties in understanding contextual factors, identifying risks, and building relationships between families and professionals[90]. Many babies remain invisible if contacts happen remotely, and it is impossible to fully assess the babies' health, development, and safety without seeing them – which is why it is good that the UK Government recommends that the mandated health visiting reviews should be face-to-face. The risks of remote delivery have already been discussed in relation to safeguarding (pages 13 and 14) and are discussed again in relation to the identification of developmental delay (page 34). Previous reports have shown that whilst some parents welcome remote delivery in some circumstances, others feel more uncomfortable interacting this way or feel it does not give them the same level of reassurance about their child's health and development[91, 92]. This was also raised in our survey.

"The digital offer has advanced significantly during the pandemic, which was not available prior to this. However, this has reduced the number of face-to-face visits we are offering and so I feel we are not always offering quality assessments which will impact on our ability to safeguard children." Respondent working in health visiting service in England

"... I don't think there's a simple answer – some families have benefitted from the increased flexibility offered by remote provision, including e.g. Dads able to participate in appointments from their place of work when they previously would not have been able to attend. Other families have not benefitted, with digital deprivation still an important consideration. I feel that for families with babies in particular, the often intangible benefits of face to face contact are crucial, and under reported. Many families report phone calls replacing Health Visitor visits, I haven't spoken to any who are content with this but in the context of extreme workforce pressures what are the alternatives?" Respondent working in a Speech and Language service in Wales

Several reviews of cases of abuse and neglect conducted during and since the pandemic have identified limitations caused by remote working. In the national review into the high-profile murder of Star Hobson, it was identified that Star's 9–12-month review was conducted by telephone, offering less opportunity to explore the wider aspects of Star's care and development[93]. A review into injuries to babies during the pandemic in Somerset concluded that:

"... the pandemic and lockdown did affect the quality of universal safeguarding support these families received... For example, health visitor and midwife contacts that would previously have occurred in family homes, (whilst evidently done well elsewhere or through the use of alternative means such as social media) could not directly 'pick up' on the subtle cues and changes within a household that seasoned professionals tend to 'sense'. Crucially, changes to family composition, deterioration in parental mental health, changes of partner all under the auspice of caring for a newborn infant with the additional stress of lockdown were not as directly evident as they would have been in the normal course of affairs[94]."

The recent Independent Review of Children's Social Care also highlighted the importance of families getting the right support through universal services before cases are escalated to children's social care. It is therefore important that universal services are not limited in their ability to provide high-quality face-to-face care.

"Children's social care picks up the needs of families which universal and other services cannot address. Therefore, getting the right support for families through universal services and, wherever possible, addressing issues before they escalate is critical[95]."

The pandemic catalysed innovation

In answer to the question about positive adaptions of services since the pandemic, professionals raised a number of new approaches which they felt were helpful[vii]. These included:

- **New easy access points for parents, such as a duty line or text service.**

  "A more proactive duty service supporting families that reached out for phone support." Respondent working in health visiting service in England

- **New support for families.**

  "Development of the role of pastoral manager to support the varying needs of the families accessing the nursery..." Respondent working in children's centre/family hub in England

- **Greater use of the outdoors and walking groups/meetings.**

  "We moved our creative play service for young families from indoors to outdoors and now we recognise the health benefits for all and the need to take a leap towards more outdoor working." Respondent working in "other" service in Scotland

  "We became more flexible in the way we work, via telephone and video platforms. We opened our service so that parents could book one-off consultations with our team. We also offer sessions outdoors in the park with parents and infants/young children." Respondent working in parent-infant mental health or children's mental health service in England

- **A change in approach and priorities.**

  "We spend more time settling children in. Parents are more anxious and children are taking more time to settle in a new social environment so we are spending more time settling children and parents. This is a positive change as it is helping parents feel more relaxed and ready to be more social..." Respondent working in children's centre/family hub in England

Service delivery has changed in other ways too, including the introduction of booking and appointments for groups and health clinics which used to operate on a drop-in basis. Several respondents to our surveys mentioned these changes and reported some benefits, with some noting that they increased privacy and efficiency of services and reduced waiting times. However, we urge caution in reducing or stopping drop-in services and believe that the impact of the transition to booked appointments and the loss of drop-in groups warrant further research.

Our survey did not capture parents' views on these changes, and in particular the impact of these changes on service access and uptake for the most vulnerable babies, young children and families who may be less likely to make an appointment at clinics. Drop-in clinics and weighing clinics enabled parents to easily access services and discuss a range of concerns with their health visitor, thereby providing an important gateway to services.

vii. Professionals reported these as positive adaptions. We did not have the opportunity to collected families' perspectives or data on impact.

The *Babies in Lockdown* research found that similar changes made it harder for parents to access services because they created waiting lists and delays. It was noted that booking systems for parent and baby groups made it hard for parents to access them, particularly when they were finding things tough the flexible, drop-in nature of these groups was a key part of what made them attractive and accessible for parents and their babies[96].

Similarly, the introduction of duty systems, as mentioned above, can increase the speed of responses to parents, but can also mean that they do not get the benefits of continuity of care, an ongoing relationship between the parent and professional which is important for the accurate assessment of families' changing needs over time. Further research is needed to understand how changes made during the pandemic impact families' experiences and outcomes.

Professionals are seeing the benefits of flexible and remote working

Some survey respondents talked about how the pandemic had led to the development of new ways of working for staff and improved use of technology which enabled them to be more flexible and efficient. They also reported how virtual working enabled better partnership working and access to training.

"It encouraged alternative methods of communication – for instance using Microsoft teams for meetings – whilst there can be benefits of meeting face to face, it could result in a lot of staff travelling fairly significant distances for meetings such as countywide meetings or training – this change has helped to reduce time spent..." Respondent working in health visiting service in England

"We now use Microsoft Teams a lot for meetings which minimise wasted journey times travelling to attend face-to-face meetings, especially when input from some professionals is minimal/not as much as other professionals involved in the family. This frees up time to complete other visits/contacts rather than travelling." Respondent working in health visiting service in England

"More virtual ways to offer support: text advice and facebook pages. Teams meetings for safeguarding at times to ensure lots of people can attend. Access to more training, nationwide training at times." Respondent working in health visiting service in England

PRESSURES ON SERVICES

The pandemic exacerbated existing strains on services

The pandemic came at a time when services for families in their child's first 1,001 days, particularly in England, had suffered cuts in resources and were already struggling to meet the need and lacked the resilience to respond adequately to the demands of the pandemic. Health visiting in England, for example, suffered from significant cuts to funding and workforce, with reports consistently showing increasing levels of need, stretched services, and unwarranted variation in the service offered to families[97,98].The picture differs across the nations of the UK; for example, Scotland has significantly invested in health visiting, with clear benefits[viii]. In Wales, the Government has expanded the Flying Start model and introduced the Healthy Child Programme Wales Quality Assurance Framework[99], and Northern Ireland is currently updating their Healthy Child Healthy Future programme.

Services entered the pandemic already depleted.

The following list gives examples of cuts to services in England in the period **before** the pandemic:

- Estimated funding for local authority children and young people's **services fell by 23%** between 2010/11 and 2018/19.
- Reductions in overall funding mean the "early intervention" **allocation has fallen by 64%** during that period.
- Local authority spending on early intervention **services for children and young people has fallen from £3.5 billion to £1.9 billion** between 2010/11 and 2018/19 – a **46% decrease**.
- Public Health Grant allocations have fallen in real terms from **£4.2 billion in 2015–16 to £3.3 billion in 2021–22**. This equates to a cut of 24% per head.
- Annual public health expenditure on services for 0–5 year olds **dropped by 20%** between 2016/17 and 2019/20[100]

Although these statistics cover the period before the pandemic, funding has continued to fall since 2019/20.

The pandemic put further strain on services, and lockdown restrictions caused many services to pull back at a time when they were needed more than ever. The *Babies in Lockdown* and *Working for Babies* reports told of how many services were withdrawn or reduced during the pandemic and were slow to return, leaving parents feeling unsupported and abandoned[101]. Even when services continued, protections introduced during the pandemic changed the nature of service delivery; for example, it has been observed that masks and PPE and social distancing created a barrier between professionals, parents, and babies[102].

viii. In Scotland, increased investment in the health visiting service benefits including increased identification of children with additional needs, increased reach and parents' reported satisfaction with the service. (Scottish Government (2022) Evaluation of the Universal Health Visiting Pathway in Scotland Phase 1 Report).

Whilst some changes to services were necessary to deal with the pandemic or to facilitate improvements for families, some survey respondents raised concerns that the pandemic had sped up or enabled changes to services that were driven by other challenges, such as insufficient resources and workforce capacity issues.

"...There have been decisions made originally because of COVID that have been sustained without adequate rationale as regards COVID and I suspect it is to cut costs, e.g. Drop in healthy child clinics..." Respondent working in health visiting service in England

"I am most concerned that our service has been damaged and reduced – these changes have happened behind a screen created by COVID... we will not get back to the delivery of services provided pre-pandemic which was inadequate then." Respondent working in health visiting service in England

"Use of virtual appointments rather than face to face has continued just to ensure kpi's are met. We have less staff, more families and no drop in clinics. There's no continuity of staff and universal families only get a face to face new birth visit. Safeguarding has increased hugely. We pass people onto other services rather than work with them in the way we used to. I've been a HV for 23 years, and the service is sadly no longer what it used to be/should be." Respondent working in health visiting service in England

Many children are not getting the support they need

Our survey has identified that the pandemic has not only increased the challenges facing babies, children and their families but also made it less likely that their needs will be identified and that they will receive timely support. This echos findings from other research[103]. Polling for UNICEF-UK found that one in three (32%) parents in England are finding it difficult to access professional support for themselves and their child. And of those, 78% have been left feeling frustrated by this, and a worrying 21% left feeling desperate[104].

Statistics from before the pandemic showed that there were already a worrying number of vulnerable babies and young children who were invisible to services or whose needs were not fully understood: the Children's Commissioner for England found that in 2018, 14,000 babies under the age of one were living in high-risk households but were not recognised as Children in Need[105]. The Commissioner has highlighted the increasing number of "invisible" children since the pandemic. Analysis of health visiting statistics from 2018/19 found that a "substantial minority" of two-year-old children with known vulnerabilities did not see the health visiting team at all in the year[106].

Babies are more likely to be "invisible" than older children because many of them lack routine contact with settings such as nurseries and schools. The pandemic has increased the number of invisible children. Health visitors and GPs are the only universal services with contact with babies before they start early education and childcare, and many of these services have been operating under severe restrictions for the last two years.

"Telephone contact for any development checks rely on parents to spot if somethings not quite right, and no one generally likes to admit their child is not doing what they should be as they are afraid of what that means, where as an eyes on appointment often shows a HV issues the parent hasn't noticed, such as deviant squints, leg dragging, poor speech (parents think it's fine often in first children as nothing to compare to)" Respondent working in a health visiting service in England

"We no longer persist at chasing those families that don't respond to review offers; it worries me that the only face to face contact a child may have had was their primary visit. Who knows what may have happened to that child over those years, then we discharge them at two. These hidden children are often the vulnerable ones." Respondent working in a health visiting service in England

Even if problems are identified, children can wait months for specialist help[107]. For example, when the country emerged from lockdown, the waiting list for planned paediatric care grew by 22% in seven months[108].

Many concerns have been raised about the mental health system for children and young people, with concerns that the pandemic has brought services to a "tipping point"[109]. Much of the national dialogue has concerned services for older children and young people, in particular demand for eating disorder services. Perhaps this is because there was a significant gap in mental health services for younger children, even before the pandemic, and thus no established referral pathways to reflect the increased need amongst this age group. Research by the Parent-Infant Foundation in 2019 found that many CAMHS services did not take referrals for young children, with services in 42% of areas not accepting referrals for children under two[110].

Respondents to our survey identified both issues in identifying and responding to babies and young children's needs.

"Delays returning to 'normal services' has meant reduced face-to-face contacts and inability to fully assess needs or identify concerns fully." Respondent working in health visiting service in England

"A lot of 4 yrs with speech and language problems not identified as ASQs done over the phone relied on parent answers and no access to nursery settings..." Respondent working in health visiting service in England

"Children with health issues have had delays in appointment times, this has had an impact on both child and parent." Respondent working in parent-infant mental health service in England

"For those babies and young children needing additional support, there seem to be more delays for assessments and longer waiting times to access support, e.g. referrals to tongue-tie clinics, speech and language therapy." Respondent working in peer support service in England

There are more demands on services and professionals are feeling the pressure

It is clear that most services are under pressure as a result of staffing pressures during the pandemic and the increased need amongst service users. A report by the Royal College of Speech and Language Therapists found that more than three-quarters (77.1%) of survey respondents from across the UK reported that demand for their service had increased, with 28.6% reporting it being double pre-pandemic levels[111]. In some local authorities there is a 9–12-month delay for speech and language interventions[112].

The pressure on services comes not only from underinvestment and high levels of need. There are also additional staffing shortages due to increased illness, stress, and burnout leading to absences and vacancies in the workforce. Researchers have suggested that more professionals, particularly healthcare providers, have experienced "*moral distress*" or "*moral injury*" during the pandemic as a result of having to comply with policies that violate their moral beliefs, having to deliver care that they knew was inadequate, and/or witnessing trauma experienced by service users[113]. Many maternity workers were particularly concerned by the disruption of their relationship with the women caused by the introduction of pandemic-related measures[114]. The pandemic restrictions made it more difficult for professionals to deliver compassionate care and to develop interpersonal relationships with service users, and it has been found that "*healthcare professionals are burdened by their experiences of offering treatment that they feel is ethically lacking because it fails to attain the relational, caring, and human dimensions of healthcare*[115]." Moral distress increases the risk of burnout and higher staff turnover[116], creating a vicious cycle where the remaining staff are then under greater pressure and less able to deliver adequate care.

Nearly all services working with families in the first 1,001 days are affected by significant staffing pressures:

- Health visiting services were affected by prolonged underinvestment in England before the pandemic. Despite the impact of this ongoing and growing workforce shortage on families, there is currently no national health visitor workforce plan to address the estimated shortfall of 5000 health visitors in England[117]. The stresses on services have led to staff burnout and potentially dangerous caseload allocations[118]. Data on mandated health visiting contacts show that many children are not receiving these checks – even remotely. In the last annual data for England, more than one in four (24%) of children missed out on a 2-2.5-year-old check, and 18.1% of 15-month-olds had missed out on a 12-month-old check[119]. This national aggregate data also masks a large and unwarranted variation between local authorities. When reviews are missed, there is a risk of late identification of developmental delay and other clinical and safeguarding vulnerabilities which can have catastrophic and long-term consequences for some babies' and children's health and development. The review into the murder of Star Hobson recognised that "The issue of capacity in health visiting services is a national concern and merits further attention"[120].

"Use of virtual appointments rather than face to face has continued just to ensure kpi's are met. We have less staff, more families and no drop in clinics. There's no continuity of staff and universal families only get a face-to-face new birth visit .... We pass people onto other services rather than work with them in the way we used to. I've been a HV for 23 years, and the service is sadly no longer what it used to be/should be." Respondent working in a health visiting service in England

- In early education and childcare, many services have reported that they have lost staff and are struggling to recruit[121]. This has led to a lack of skilled early years practitioners in some places which is affecting the quality of teaching and catch-up strategies, and resulting in behaviour management issues in some settings. The overall number of childcare providers in England dropped by around 4,000 between March 2021 and March 2022[122].
- The Ockenden report in maternity services reported that midwifery and obstetric staffing numbers continue to cause "*significant concern*"[123]. Surveys of midwives in England have found that over half (57%) say they will leave the NHS in the next year. Of those midwives who either have left or were considering leaving, more than eight out of 10 were concerned about staffing levels and two-thirds were not satisfied with the quality of care they are currently able to deliver[124].

Both our survey results and the research literature are clear that the pandemic is not solely responsible for staffing issues. It has exacerbated and magnified pre-existing workforce issues and challenges. As the ASPIRE research group have written "*well established challenges such as short staffing, organisational demands, and barriers to providing relational care were exacerbated by the pandemic, leaving staff emotionally exhausted and unable to carry on*[125]."

When asked if they had any final comments, many survey respondents raised the issue of staff numbers and wellbeing, with some professionals talking about services in "crisis".

"I love my role as a health visitor but I am very worried about the future. Needs are still growing post pandemic and staffing and resources are diminishing. I trained during the pandemic and I am more stressed and burnt out on a daily basis now than at the height. We need to support families but desperately need support ourselves to be able to do this." Respondent working in a health visiting service in England

"A lot of the issues children are experiencing are due to having had to stay at home... I'm not sure this could have been prevented. However, the pressures now on the sector to 'fix' children without any further support from the government is unacceptable. We need more experienced staff than ever and Brexit and post-pandemic staff shortage puts even more pressure on us, driving the remaining workforce out due to exhaustion and feeling devalued..." Respondent working in "other" service in England

"...Staff are so disillusioned and leaving in droves. Only routine mandated contact delivered by qualified HV is the new birth contact." Respondent working in health visiting service in England

"Another huge impact is poor staffing due to sickness and people leaving. This is hugely down to stress and is having a massive impact." Respondent working in maternity service in England

"Families and children need us more than ever now, but there has been freeze on employment and we are very short staff, stressed and burnt out. Due to this, we have lots of staff illness and services not running as they should..." Respondent working in health visiting service in England

"I am currently off with burnout as workload has become unbearable. Less funding, less staff and more need. It's impossible." Respondent working in health visiting service in England

Most professionals agree that their government is not doing enough

Our organisations have campaigned since the start of the pandemic to ensure that babies' and families' needs are taken into account and to address a "baby blindspot" in the pandemic response[126]. In the survey, professionals were asked whether they felt national and local governments had "*taken sufficient action to ensure that babies under two and their families receive the support they need to recover from the impact of the pandemic?*" The majority of respondents did not feel that the decision makers in their nation had done enough, and this was particularly pronounced in England (90.5%).

The majority of respondents also reported that their local leaders had not done enough. Local authority leaders were reported not to have done enough by 72.8%, and 64.7% said the same for local health leaders, although a few of the comments were more sympathetic to this group.

Figure 15: Answers to questions about local action.

Do you believe that your local authority leaders and managers have taken sufficient action to ensure that babies under two and their families receive the support they need to recover from the impact of the pandemic? (n=545)	
Don't know	7.5%
No	72.8%
Yes	19.6%

Do you believe that your local health board, CCG or ICS leaders and managers have taken sufficient action to ensure that babies under two and their families receive the support they need to recover from the impact of the pandemic? (n=539)	
Don't know	21.5%
No	64.7%
Yes	13.7%

Figure 14: Answer to the question: "Do you feel the following decision makers (the national and local Government) has taken sufficient action to ensure that babies under two and their families receive the support they need to recover from the impact of the pandemic?"

	England		Scotland		Wales		Northern Ireland	
	Number	%	Number	%	Number	%	Number	%
Yes	19	4.0	15	25.0	2	28.6	0	0
No	430	90.5	43	71.7	5	71.4	7	100
Don't Know	26	5.5	2	3.3	0	0.0	0	0
Total	475		60		7		7	

"I feel that the government and the commissioners do not understand the needs of families today and are not making any effort to understand what it is that they/we actually need to do to positively help children..." Respondent working in health visiting service in England

"National and local leaders continue to ignore this and make decisions and choices which are totally unhelpful." Respondent working in "other" service in England

"I think it is hard for local government and for CCG's, a limited amount of money is available and sadly it is easier to justify spending it where the crisis appears to be, rather than in ways to prevent the crisis happening." Respondent working in health visiting service in England

"I think local government and NHS services are doing their best with what they have, but have been let down by central government who don't see babies and toddlers as high priority..." Respondent working in "other" service in England

Challenges and opportunities in UK Government policy

"The evidence is compelling that the first 1,001 days of a child's life are the most important." Rt Hon Rishi Sunak MP, 27 October 2021[127]

In Whitehall and Westminster, there was previously a "baby blindspot", with babies and young children largely missing from the UK Government's pandemic response. We are now pleased to see greater recognition of the impact of the pandemic and other activities to improve services for families in the earliest years. For example:

- The Department for Education will spend £180 million on recovery support in the early years sector[128]. This total figure includes some reviews of professional development which, arguably, are not specific to pandemic response, but are nonetheless positive[129]. There is just under £1m for early years stronger practice hubs which will run from November 2022 until October 2024 to support early education settings by "*sharing effective practice and building lasting local networks*". There is also £28.7 million to deliver evidence-based training for practitioners to support parents with the "home learning environment" through family hubs "*with a clear focus on supporting education recovery for young children who were babies at the height of the covid pandemic*[130]."
- The Government's Best Start for Life programme has £300m of funding to be spent between September 2022 and March 2025 across 75 local authorities in England to improve services for families in the first 1,001 days. This funding has several components, none of which are specifically about pandemic recovery but which could help to improve early outcomes, such as parenting programmes and perinatal and infant mental health support.

However, whilst these new investments are welcome, they are fragmented and do not sit clearly with other programmes across government. There is no obvious coordination between funding for early years settings, family hubs, preventative public health services, and other services. There are no clear structures or incentives to enable different providers and commissioners across education, health, and children's services to work together to look at how different funding streams can be best utilised for local babies and children. Undoubtedly, in areas with strong, strategic local partnerships, there will be some coordinated efforts. But in other places, there could be missed opportunities or duplication of efforts and inefficiencies.

Much of the funding announced is for new services or quality improvement initiatives; there is little funding to make up for deficits in core service delivery. This is particularly true in the case of the public health grant, which funds health visiting. The grant in 2220/23 is £3.42bn, a below-inflation increase of 2.7% on 2120/22, after years of spending cuts[131].

The investments made in the earliest years of life in England also do not match the scale of the challenge facing families and the services that work with them. Since June 2020, the UK Government has announced nearly £5 billion of direct investment for education recovery[132]. £180m early years' investment is just over 3% of this. This is disproportionate for the proportion of children in this life stage[ix], not to mention its relative importance.

There is also insufficient activity in Westminster and Whitehall to address the scale of the workforce challenges outlined in this report. Currently there is no additional funding to reverse the ongoing decline in health visitor workforce numbers in England, and no national health visitor workforce plan.

There are clear workforce challenges facing most services working with families in the early years, including health visiting and maternity. The Government says it has commissioned NHS England to develop a long-term workforce plan to recruit and support NHS staff[133]. However, this will only cover a small part of the early years' and children's workforce. Government must commission, publish, and deliver workforce plans not just for the NHS but across the health, care, and education workforce. These should be based on demand-driven workforce models, workforce forecasting and other shared data on the shortfalls in capacity and skills across services, with clear, resourced plans set out to close the gaps.

It is time to take delivery seriously, with a relentless focus on the quality of services and improvement in outcomes. For example, in health visiting services, there is currently a significant gap between the level of services described in UK Government guidance, and what is delivered in local areas. The Department of Health collects data that evidences this gap (such as the proportion of mandated reviews that are missed), and yet no action is being taken to hold local authorities to account for delivering the most basic minimum mandated level of service.

The Office of Health Improvement and Disparities must take action to support and challenge local authorities to provide services that deliver the standards set out in Government guidance. Across all services, it is time for a relentless focus on delivering improved services and better outcomes for all our babies and young children.

ix. In If we look at the proportion of childhood that takes place in the first four years, it suggests that around 20% of funding should be spent in this period.

PART 3

Actions for governments

It is clear that the pandemic is having a lasting impact on many children's health, wellbeing and development, and on the ability of services to meet their needs. More children are falling behind, inequalities are widening and many services are reaching a crisis point. Whilst many professionals are working hard to support the families that they work with, this report clearly shows that further, coordinated action is needed to mitigate the impact of the pandemic on many children's lives and life chances.

We call on national and local governments to take the findings of this research seriously and act to mitigate the impact of the pandemic on our youngest children.

To support pandemic recovery:

1

National Governments must take concerted action to address the impact of the pandemic on our youngest children. Governments across the UK must recognise the full impact of the pandemic on babies and young children, and ensure there is evidence-based, coordinated, and fully resourced cross-government activity to mitigate its harm to our youngest citizens. **Spending on the youngest children should, at least, match that allocated to school-aged children.**

To improve services, and the lives and life chances of our youngest children in the future:

2

There should be integrated local strategies to ensure all children have the best start in life. At a local level, leaders from councils, health services, and the voluntary sector must work together to develop and implement strategies to improve outcomes and reduce inequalities for babies and young children.

3

National Governments must have long-term child health and development strategies, supported by workforce plans. Each nation of the UK should have a long-term, fully funded cross-government strategy to improve health and child development outcomes and reduce inequalities for babies and young children. Given the workforce issues affecting health, education and social care, it is vital that each strategy is supported by a fully funded, demand-driven, workforce plan.

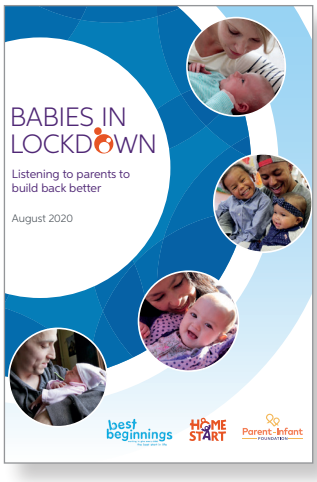
4

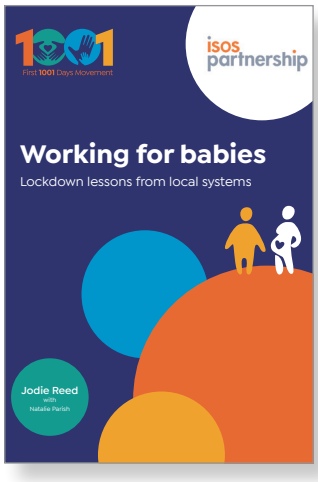
There should be clear leadership within the UK Government to ensure cross-government focus on their needs. To ensure that the needs of babies and young children are kept in mind when policy decisions are made, the UK Government should have a cabinet member with clear responsibility for improving outcomes for children in the earliest years of life. To ensure joined-up national leadership and clear direction across all public services, they should be supported by a Cabinet Committee for babies, children, and young people, and clear national goals for improved outcomes and reduced inequalities for children of all ages.

The effort and coordination taken to fight the COVID-19 virus and roll out the vaccine must now be replicated to fight the impacts of the pandemic on the lives and life chances of our youngest children. Their future, and the future of our nation, depends on it.

x. Our recommendations echo many of those in the recent UNICEF-UK Every Moment Matters report which calls for action to guarantee a core basis of accessible, quality, and fully resourced maternity services, health visiting support, mental health support, SEND provision, infant feeding support, and early childhood education and care to all children.

Annex 1
Findings from previous reports



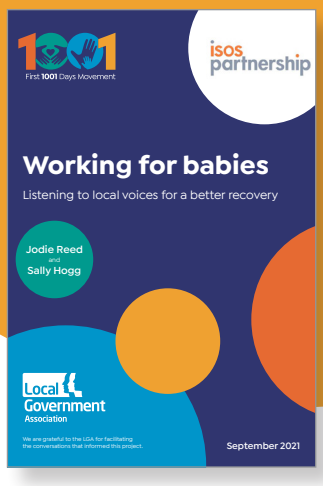


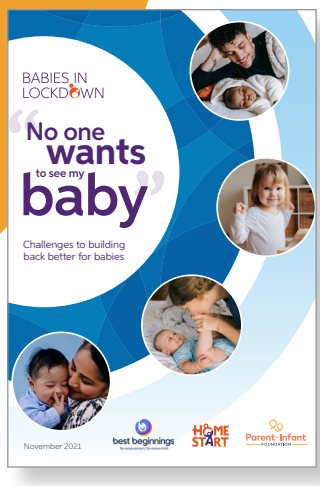
Babies in Lockdown: Listening to parents to build back better was published by Home-Start UK, Best Beginnings, and the Parent-Infant Foundation in August 2020. It was based on a survey of over 5000 parents who were pregnant or had a new baby during the first lockdown. It found that:

- Almost 7 in 10 (68%) parents felt the changes brought about by the pandemic were affecting their unborn baby, baby or young child.
- 6 in 10 (61%) parents shared significant concerns about their mental health.
- wo-thirds (68%) of parents said their ability to cope with their pregnancy or baby has been impacted by the pandemic.
- The pandemic had affected parents, babies and the services that support them in diverse ways. Some parents struggled enormously and described feeling abandoned or falling through the cracks, whilst 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 were hit harder by pandemic. This is likely to have widened the already deep inequalities in the early experiences and life chances of children.

Working for babies: Lockdown lessons from local systems was written by Jodie Reed and ISOS Partnership for the First 1001 Days Movement and published in January 2021. It sets out findings from interviews, focus groups, and a survey of professionals which took place in the summer of 2020. It found that:

- Many of those responsible for adapting and delivering frontline services were exceptionally motivated to ensure families continued to receive care and support during the lockdown.
- What was on offer during and immediately after the first lockdown varied largely between services and also varied notably between localities.
- Local systems were best able to understand and respond to families' needs if they had strong, committed leadership, mature partnerships, a dynamic understanding of need, and innovative culture.
- The majority of services for 0–2s did not bounce back quickly as lockdown measures eased, although the rate of return was highly variable.
- The national pandemic response was widely perceived to have made it harder for local decision makers to do the right thing for babies. There was a "baby blind spot" in the UK Government's pandemic response. 78% of professionals surveyed were clear that the government in their nation had not taken action to ensure that families received the support they needed during the lockdown.





Working for babies: Listening to local voices for a better recovery by Jodie Reed and Sally Hogg for the First 1001 Days Movement was published in September 2021. It summarises key themes from conversations with 138 professionals and local leaders from across England about the experiences of families and the services that work with them, in summer 2021. It found that:

- There were still many challenges at this time: need for support has increased and yet services are still not reaching many families. The picture was also highly variable – there were enormous inconsistencies in access to services in different areas.
- The extent to which the first 1,001 days were being prioritised and considered in local long-term recovery planning was also highly varied by area.
- Despite the challenges, there were many positive stories of local systems that have learned and developed: the crisis forced professionals outside "business as usual" and necessitated fast and responsive action to meet families' needs. It enabled some local leaders and professionals to step back and think differently about how they support babies and families.
- The report reflects the value of professionals who are enabled and empowered to work together to utilise resources to best meet the needs of the families in their communities.

Babies in Lockdown 2: Nobody wants to see my baby published by Home-Start UK, Best Beginnings, and the Parent-Infant Foundation in November 2021. It was based on interviews with parents and a survey of professionals. It found that:

- The small group of parents involved in this in-depth research mainly reported that their children were enjoying socialising after the lockdown and were still feeling the benefits of time together. However, the pandemic was still affecting parents' mental health.
- Families were struggling to access care, particularly from universal health care professionals like GPs and health visitors and felt let down. Many routine contacts with health visitors have been missed or delayed.
- Parents told us that many services, including health visiting and GPs, remain online. They reported that this made interactions difficult and did not provide them with sufficient reassurance.
- 28% of respondents to the professional survey reported that health visiting routine contacts/ checks remain mainly on the phone or online, and 30% reported that health visitor drop-in clinics that existed before the pandemic no longer operate.
- Many informal baby and toddler groups had stopped, and parents reported that, even if groups are running, restrictions and booking systems make it hard for parents to access them.

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