

**TITLE OF REPORT:** COVID 19 impact on new parents and their babies

**REPORT OF:** Alice Wiseman, Director of Public Health

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## **SUMMARY**

The purpose of this report is to give the Committee an overview of the impact of COVID 19 on new parents and their babies. This was requested by the Committee in addition to the general update that is given on COVID 19 at every meeting.

The report will cover the following areas:

- Background – national briefings and reports overview
  - Gateshead Picture including two case studies
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## **BACKGROUND**

1. The evidence is unequivocal that the first 1,001 days of a child's life, from pregnancy to age two, lay the foundations for a happy and healthy life. The support and wellbeing of babies during this time is strongly linked to better outcomes later in life, including educational achievement, progress at work and physical and mental health.
2. 2,000 babies are born in the UK every day, which means that over 200,000 babies were born when lockdown was at its most restrictive, between 23rd March and 4th July 2020.
3. Several national reports and briefings were written on the impact of COVID-19 on new parents and their babies. Part of this report gives an overview of these national reports/briefings. Links to the full reports are in appendix 1.
4. Whilst these are national documents, they give a good indication of the issues new parents and their babies faced during various lockdowns and the ongoing pandemic. They also highlight that there were some positives during this period

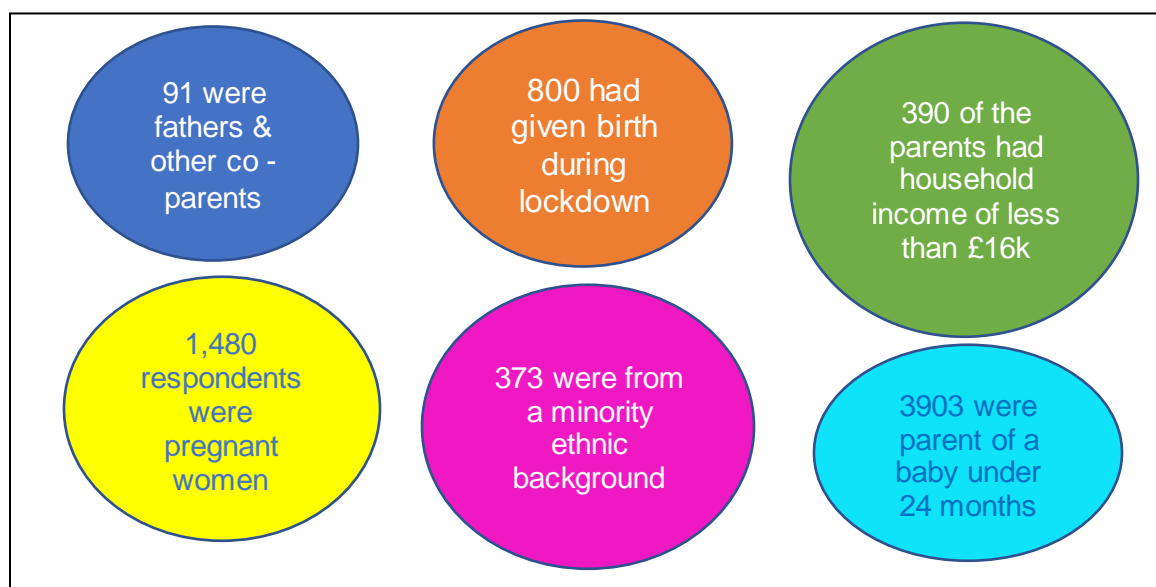
### **Lockdown babies: Children born during the coronavirus crisis Briefing from the Children's Commissioner (May 2020)**

5. The briefing paper highlighted that whilst coronavirus would add to the challenges some new parents faced many would be able to respond in innovative ways e.g. introducing grandparents over zoom or having virtual meetups with friends. However, some families could be pushed into crisis due to the new pressures that the arrival of a baby can bring on relationships, finances, and mental health, to name but a few.

6. The Children's Commissioner's Office was particularly concerned about the limitations in support offered to new families under lockdown, the reductions in contact with health visitors, and the inability to maintain birth registers.
7. At the best of times around 10% of new mothers face perinatal mental illness but children's centres, playgroups and playgrounds were closed, the GP and health visitor were often visiting by phone or video link and access to mental health support was more challenging. There were reports that in some areas families had been stopped from playing outside together by heavy-handed policing of lockdown rules.
8. All the usual ways to identify if a family were struggling became far more limited under COVID-19 lockdown. Guidance stated that new birth visits from health visitors should take place remotely, except for families that were identified as vulnerable, whilst checks on older babies and toddlers did not have to take place at all.
9. Although the six-to-eight-week GP check for babies were still being offered there were signs that parents may have struggled to attend them or attend other healthcare provision. Accident and emergency attendances for children fell significantly.
10. Play sessions and support groups at Children's Centre's can be crucial opportunities to identify emerging needs and offer some parents help but due to restrictions many of these were cancelled.

**Babies in lockdown – listening to parents to build back better (August 2020)**

11. Best Beginnings, Home-Start UK and the Parent-Infant Foundation commissioned Critical Research to work with them to gain insights into the impact COVID-19 was having on babies and their parents of all backgrounds from across the UK. The online survey was live between 29th April and 3rd June 2020 and there were 5,474 respondents of which 224 (4%) were from the North East:



12. The first lockdown in spring 2020 was disruptive and challenging for everyone. The survey suggested that the impact of COVID-19 on these babies could be severe and may be long-lasting. It revealed the disproportionate impact of COVID-19 and subsequent measures on those pregnant, giving birth or at home with a baby or toddler. For generations, no other group of parents had to navigate pregnancy, birth and beyond under such extraordinary circumstances.

13. The headline findings were:

- a) COVID-19 has affected parents, babies and the services that support them in diverse ways
- b) Families already at risk of poorer outcomes have suffered the most
- c) The pandemic will cast a long shadow

14. The impact of covid on the survey respondents had been a mixed experience:

#### **Positives**

- Opportunity to relax and prepare
- Fathers and other co-parents able to spend more time with their babies and young children
- Time to bond with baby
- More time to play with babies and toddlers
- Valuing family relationships
- Outstanding care during birth

#### **Negatives**

- Fathers and other co-parents absent from ante-natal care, labour and birth
- Changed birth plans
- Birth traumas
- Fears of parents themselves becoming unwell or dying
- Fears about risks to babies – socially, emotionally and physically
- Difficulties with breastfeeding
- Crucial missed opportunities and cancelled appointments
- Loneliness and isolation
- Concerns about child behaviour
- Worries about socialisation for babies and toddlers

15. The pandemic had already been described as a “pandemic of inequality”. The survey findings were consistent with this analysis, showing that parents whose voices are seldom heard and whose children are at higher risk of poor outcomes, such as families with a low household income, young parents and those from minority ethnic communities were more likely to have a difficult experience of lockdown, further exacerbating existing inequalities.

16. Evidence from the survey demonstrated that the specific conditions of the first lockdown had increased parental stressors known to impact negatively on caregiving. Factors such as increased levels of stress; high levels of concern about mental health; low confidence in accessing mental health support; significantly reduced social support; and problems accessing reliable information

about risks for pregnant women and babies have all made parenting more difficult during the pandemic.

17. The report did acknowledge that whilst many parents will have been able to give their babies the nurturing care they need, some will have struggled, existing relationship problems may have been exacerbated and in the most extreme cases, there will have been new and recurring cases of abuse in all its forms.

### **Babies in lockdown – no one wants to see my baby (November 2021)**

18. When the first report “Babies in lockdown – listening to parents to build back better” was published in August 2020, little did we know that there were more lockdowns to come, and that rates of COVID-19 would still be high in our communities more than a year later. For some families, this meant that the pressures caused by the pandemic had continued and additional adversities continued to accumulate.

19. In autumn 2021 the researchers returned to some of the parents who had taken part in the initial research to understand more about how the pandemic continued to impact them. The purpose of this was to capture in-depth the experiences and journeys of these particular parents since they first heard from them. They also surveyed professionals and volunteers around the UK who work with babies and their families. This follow up report captures the key themes from this research and additional emerging quantitative and qualitative evidence to complement those themes.

20. For the in-depth qualitative research with parents, they emailed a sample of parents who completed the initial survey. From this they undertook 11 in depth interviews, all of which were with mothers. They were conscious that the recruitment process meant that they were unlikely to have reached parents facing the highest levels of poverty and adversity. The professional survey was completed by 224 people.

21. The findings on the ongoing impact on families were highlighted as follows:

- Many parents in the sample reported that young children seem to be adapting well
- Families were still feeling the benefits of time together
- The pandemic was still affecting parents’ mental health
- Families were not able to access all the support they need from health visiting services and GPs
- Digital support has an important role to play but there are limitations of online and phone-based service delivery
- Parents were struggling to access baby and toddler groups
- Families were experiencing barriers accessing face to face care

22. The report identified 3 specific policy calls for the Government:

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

### **Education Recovery in Early Years Providers – Spring 2022**

23. This latest briefing draws on inspection evidence gathered in the spring 2022 term, and discussions with early years inspectors about the ongoing implications of the pandemic on children.

24. It is based on evidence collected during inspections of 70 early years providers between 17 January and 4 February 2022. This included 38 childminders and 32 nurseries. This is around 10% of all early year's inspections carried out during this time. They looked at a sample of inspections, so they cannot assume the findings to be representative.

25. Providers reported that:

- There are still delays in babies' and children's speech and language development e.g., some have noticed that children have limited vocabulary or lack the confidence to speak
- Some babies have struggled to respond to basic facial expressions, which may be due to reduced contact and interaction with others during the pandemic
- Children have missed out on hearing stories, singing and having conversations
- Wearing face masks continued to have a negative impact on children's communication and language skills
- Children turning 2 years old will have been surrounded by adults wearing masks for their whole lives and have therefore been unable to see lip movements or mouth shapes as regularly
- There is an increased wait for external services for children needing additional support, such as speech and language therapists
- Personal, social and emotional development continues to be affected
- Children were lacking confidence and were shy in childcare settings, especially when taking part in group activities
- Babies were particularly anxious and not used to seeing different faces
- Children's social and friendship-building skills have been affected
- There continues to be an impact on children's physical development with delays in babies learning to crawl and walk
- Some children had regressed in independence and in self-care skills.

26. In terms of catch-up strategies children's communication and language skills and their personal, social and emotional development have been two of the main curriculum priorities during the pandemic.

## **GATESHEAD PICTURE**

### **Maternity Service**

27. At the start of the first lockdown The Queen Elizabeth Hospital maternity unit had to make decisions to ensure that they protected mothers, babies, their staff and their families. They followed national recommendations and guidance throughout the pandemic.

28. As in all other services ways of working had to be adapted and changed on a regular basis depending on the current situation and national guidance. Some of the initial measures included:

- Only mother and baby to be present at home visits
- Attending some appointments alone
- Some initial appointments via telephone
- Only one birthing partner allowed
- Visiting on the postnatal ward was not allowed unless mother and baby could not be discharged quickly
- If baby admitted to special care baby unit both parents could visit but other visitors were not allowed
- Postnatal review by telephone day after discharge from hospital with face-to-face visit at day 5 to complete blood spot test
- Day 10 contact before transfer to health visitor carried out by telephone unless there was a need for mother and baby to be seen face to face

29. The pregnancy assessment unit remained open 24 hours a day and was available for advice if women felt unwell or had any concerns.

30. Whilst measures were in place the service responded to individual need and circumstances where required so the response was based on giving mothers and their babies the best care possible.

31. It should be noted that measures were reviewed on a regular basis in line with national guidance, prevalence of COVID-19, new variants of concern, the local picture. Robust risk assessments were always in place and reviewed regularly. The hospital's website was updated on a regular basis and any changes to arrangements were highlighted. Women also had a pregnancy app which was updated to reflect any changes to measures.

32. Growing Healthy Gateshead is the 0-19 public health nursing service which comprises, health visitors, family nurses, school nurses, early years practitioners, school health screeners, safeguarding nurses and public health nurses.
33. With the country in lockdown it was essential that the service flexed its response to enable it to continue to protect the most vulnerable children, young people, and families. Initial government advice was that there should be no face-to-face contact with service users without appropriate PPE. Virtual contacts became the priority and face-to-face contacts only where absolutely necessary.
34. Initially Harrogate and District NHS Foundation Trust only had access to a small amount of PPE for community staff and this had to be prioritised for the most urgent visits. Safeguarding children was an absolute priority in the response to COVID-19 and face-to-face contacts for these children remained a priority on the service's business continuity plan.
35. In addition, to face-to-face contacts with families who were subject to a child protection plan other contacts were increased e.g. virtual contacts using digital technology and weekly welfare calls. Families who were the most vulnerable were also prioritised to ensure they had contact from the service.
36. The business continuity plans were reviewed on a regular basis relating to the prioritisation of face-to-face contacts. Any face-to-face contact was based on government guidance and an individual risk assessment in relation to COVID-19 and cumulative risk to children.
37. From June 2020 all antenatal contacts, primary visit (1<sup>st</sup> postnatal contact) and 6-to-8-week review contacts were carried out face to face. All safeguarding contacts were face-to-face. Review health assessments were undertaken on a virtual basis or face-to-face where required.
38. Plans were in place to restore all face-to-face visits from September 2020. Changing government guidance, national lockdowns, variants of concern and a surge in safeguarding across the service meant a full return to face-to-face contacts for the other mandated visits (aged 1 and 2 to 2 ½) had to be staggered.
39. At the start of lockdown the service developed a number of virtual clinics to offer additional support to new mothers and their babies such as infant feeding clinic, breast feeding café, weaning group, 0-5 child health clinic
40. Some mothers really appreciated the virtual clinics in the first year of the pandemic and felt really supported. In addition, the service offered more telephone calls and support via Microsoft teams to all mothers and their children. Some mothers found this helpful as they hadn't always felt comfortable talking to health visitors in the clinics in community settings.
41. The Growing Healthy Gateshead Facebook page was constantly updated with advice and guidance about a range of topics and the Little Orange Book (LOB)

was promoted via the page. The LOB is a resource from Gateshead/Newcastle Clinical Commissioning Group which gives expert advice on helping babies and young children when they are poorly.

42. In response to a national rise in non-accidental injuries in babies under 1, ICON training was delivered to all 0 to 5 practitioners in the service:

Infant crying is normal  
Comforting methods can help  
Okay to walk away  
Never, ever shake a baby

43. This is a national programme which offers coping techniques to families and was found to be particularly helpful as COVID-19 presented many more major stressors for families which they could not control e.g. loss of income, self-isolation, restrictions on activities.

44. The service is a key partner in the pre-school referral panel. This is a key vehicle for development in early years and is crucial where additional needs are identified that require interventions and a multi-agency approach. In one quarter out of a total of 76 referrals to the panel 47 were made by the 0-19 service.

45. Face to face wellbeing clinics were reintroduced in September 2021 with a new focus on the whole 0-19 population. They are run through an appointment-based system which enables staff to better manage infection and prevention control risks. These clinics cover things such as growth monitoring, advice and support, diet, speech, behaviour, toileting, sleep, development concerns. They currently take place across the Gateshead locality with a clinic offer each day of the week, Monday in Leam Lane, Tuesday in the Elgin Centre, Wednesday in Teams, Thursday in Blaydon and Friday in Chowdene.

46. Infant feeding cafes have been set up in partnership with the children's centres at Elgin and Blaydon. These offer support around breastfeeding (positioning, blocked ducts, cluster feeds, attachment) and peer support from other mothers. The service has also offered virtual ante natal sessions focusing on all aspects of infant feeding and the provision of realistic feeding expectations. Throughout the Covid pandemic daily pro-active telephone calls have continued to be offered to breast feeding mothers during the first weeks after birth and these calls are continued as needed during the first 6 weeks based on each individual family's needs.

### **Early Help Service and Children's Centres**

47. While babies aged 0-12 months form a minority profile within open family cases within Targeted Family Support (26 families out of 378 on current caseloads) family intervention staff work closely with health visiting colleagues in the Team Around the Family (TAF) process to support parents with routines, feeding, sleep and sourcing of bedding, clothing and safety equipment.



48. The early help service also runs an Incredible Years (Babies) programme for parents of babies aged 0-6 months and a series of approaches to identify, assess and respond to relationship conflict where research shows that relationship distress can be higher between couples after the arrival of a new child. This includes the online *Me, You and Baby Too* digital pathway.
49. Children's Centre buildings remained open throughout the pandemic to provide essential services for families including childcare, health services and supervised family time. There were robust risk assessments in place at all times to protect both staff and the families that attended.
50. Some Children's Centre and Play Service staff were deployed to School's, children's care homes and local charities to help our partners to deliver essential services. Staff kept in touch with families to provide parenting advice/support. They also provided activities on social media and delivered activity packs, food and other essential items directly to families at home.
51. Children's Centre's and Play Service are now providing a full offer with 3,844 children and young people attending 2,638 sessions since 1<sup>st</sup> April 2021. Families with babies can now benefit from Parent Programmes, Baby Time, Infant Massage, Time Together, Stay and Play, Sensory Rooms, Soft Play, Baby Yoga, Baby Sign, Baby Movers, Messy Play & Mark Making, Health and Wellbeing Clinics and Breastfeeding Support.

## **NEXT STEPS**

52. In the main, service provision for families and their babies is running as it did prior to COVID-19. The pandemic did give services the opportunity to work in different ways e.g. developing/extending the digital offer. Services continue to identify any issues that may have affected those children born during the various lockdowns and over the last two years. The relevant support, via a multi-agency approach, is put in place to address any issues that may have arisen and meet any identified needs.
53. Gateshead's Health and Wellbeing Strategy sets out where we will focus our attention to reduce levels of inequality through altering the circumstances that lead to inequality. Giving every child the best start in life, with a focus on conception to age 2, is a central element of the strategy to ensure everyone in Gateshead thrives. Taking forward the key elements of the Health and Wellbeing Strategy will allow us to address some of the issues/difficulties that have been outlined in this report.
54. To give every child the best start in life we will:
- Focus our efforts on supporting confident, positive and resilient parenting, to those who most need our support
  - Increase the focus of existing expenditure on early years to reduce inequalities in early development
  - Build the resilience and wellbeing of all children and young children

- Make sure maternity services, parenting programmes, childcare and early year's education are of high quality and meet needs of all groups
- Support our schools to deliver an effective curriculum that addresses the skills required for later life and supports emotional wellbeing
- Develop a framework to support Gateshead as a child friendly place

55. The Government has allocated £301.75m over the next three financial years to enable 75 upper-tier local authorities in England to deliver a package of family support and Start for Life services. This includes:

- £100 million for bespoke parent-infant mental health support
- £81.75 million to create a network of Family Hubs, improving access to a wide range of integrated support services for families with children of all ages
- £50 million to establish multicomponent breastfeeding support services in line with local needs
- £50 million to fund evidence-based parenting programmes
- £10 million to support local authorities to publish a clear 'Start for Life offer' and ensure that parents' and carers' voices are heard in the design, planning and delivery of services

56. Gateshead Local Authority has been notified that it is eligible for funding from the Family Hubs and Start for Life programme, subject to confirmation that we can deliver the programme's requirements.

57. The funding is to enable areas to take forward the recommendations in The Best Start for Life (a vision for the 1,001 critical days) review report. This will enable us to build on the firm foundations we have in Gateshead and help us to take forward and further develop the six action areas in the report:

- Seamless support for families
- A welcoming hub for families
- The information families need when they need it
- An empowered Start for Life workforce
- Continually improving the Start for Life offer
- Leadership for change

58. A series of webinars and focus groups are being held during April and officers from the Local Authority will be in attendance to learn more about the requirements of the programme and how we can take this work forward in Gateshead.

## **RECOMMENDATIONS**

The committee is asked to note the contents of this report.

**Contact:** Moira Richardson – Public Health Advanced Practitioner, Ext: 3034

**Links to National Surveys and Reports**

[Children's Commissioner Lockdown Babies- May 2020](#)

[Babies in Lockdown: listening to parents to build back better](#)

[Babies in Lockdown: No one wants to see my baby](#)

[Education Recovery in Early Years Providers - Spring 2022](#)

### **Lockdown Babies-Gateshead 0-19 Healthy Child Service Case studies**

#### **Case Study 1**

#### **Universal Health Visiting Service**

#### **Background**

This baby was born 3 months into the Covid 19 Pandemic, she was a planned baby born to a family who had never dreamed that they would be restricted in such a way as they were during the pandemic.

Hopes and dream were made pre pandemic of having a baby, socialising with family and friends, and taking part in all the activities that were available pre pandemic to all families and babies

#### **What did the 0-19 Service Do**

A New Birth Visit was undertaken, first by telephone and then face to face with the Health Visitor in full PPE. Baby was breast feeding, parents were enjoying having a baby but missing the family and friend support. A breast-feeding assessment took place and a health needs assessment. It was identified that baby had jaundice that was resolving, and mum was successfully breast feeding although the baby had wind.

Mum's mood was dipping a bit in response to her feelings of isolation and missing out on a new birth experience.

Parents were given details of how they could access our service which included Facebook, and access to a virtual breast-feeding clinic which although would not replace a face-to-face service would keep parents in touch with services.

The Health Visitor then completed an additional visit 1 week later and a home environment assessment was completed so any advice relevant to home conditions could be offered and it was reassured that baby had safe sleeping arrangements.

During this visit it was identified that baby may have a tongue tie, mum agreed to a referral to the RVI for assessment of tongue tie and possible division she also agreed to further additional breast-feeding support as baby was finding attachment difficult and was referred to an Early Years Practitioner (EYP).

EYP visited at home in full PPE, to give breast feeding support and emotional support to mum. It was identified that the RVI were not taking referrals for tongue tie. The EYP pursued an alternative arrangement at Sunderland Royal Hospital unfortunately there was a waiting list with no appointments available. The EYP continued throughout this to contact mum via video call and telephone calls. During one of these contacts mum informed her she had a private appointment for tongue tie assessment. This took place and was successful.

The Health Visitor completed a face to face 6 week contact and baby was feeding and settling, mum's mood was improving but she still felt she was missing out on contact with other mothers.

Mum was encouraged to use the virtual infant feeding clinic which allowed contact with other mums. Access to the virtual health clinic was also offered as well as access to information on the Growing Healthy Gateshead Facebook page.

At 3 months the family were offered a virtual weaning group, again another opportunity to speak to professionals and other parents

## **Case Study 2**

### **Family Nurse Partnership - Grace and Georgina, navigating a pandemic and what made a difference ?**

#### **February 2020**

Grace aged 17 years found out she was pregnant with her first baby. This was an unplanned pregnancy and Grace was living in a hostel where she had met the baby's father who was 5 years older than her. She had little family support and was unemployed. Grace did not have a safe or permanent home or consistent support and was unsure about the relationship she had found herself in, but she was sure that she wanted her baby.

#### **April 2020**

Grace booked early with the maternity services to commence antenatal care and the midwives notified the Family Nurse team. By then, everyone had been hit by the pandemic and provision and delivery of care had changed but we still wanted to provide the best support we could to a young person finding her way at a critical time in her life.

A family nurse contacted her quickly (she was about 12 weeks pregnant). As face-to-face visiting was limited in line with national guidance and the availability of PPE, the family nurse Grace information about the programme electronically and made a Facetime call to Grace to introduce herself. Grace accepted the call but seemed unsure and distracted and informed the family nurse that her boyfriend was present but didn't want to be on the screen. This was a recruitment visit to see if Grace would agree to work with a family nurse as the programme is voluntary. She agreed to enrol on the programme recognising that she needed some support and thought this would be a way "to learn how to be a good mam"

#### **May 2020**

We continued with weekly Facetime contacts and sharing programme information via email starting to build a relationship. This was a very different way of working and a challenge to create a positive connection with a new client. The aim was to help Grace think about what needed to change in her life so she could become the mam she wanted to be and create an emotional connection with her baby, so she considered her baby's needs with every decision she made.

## **June 2020**

By June we were able to make face to face visits starting with “walk and talk” visits in the community with Grace. What was much easier to see when I had “eyes on” Grace was the trust that had developed but when we started meeting in the community that became stronger and Grace started to disclose trauma from her own childhood and concerns about her relationship with her boyfriend and their current housing situation.

Grace engaged with FNP, welcoming programme content and began to disclose fears, anxieties, and an increased sense of isolation. Having her first baby when the country was in lockdown, exacerbated her anxieties, and lack of a support network. At this time, most services were only telephone or email contact, there was no face-to-face contact. We supported Grace and her boyfriend to accept support from, housing department, Gateshead Young women’s outreach service and the North East Lads and Dads’ team.

## **July-October 2020**

Face to face visiting continued every 2 weeks creating a structured reliable visiting pattern and providing a safe space to allow Grace to talk about her concerns and anxieties. We worked together on improving diet, building support networks and being able to trust other professionals and support. We had some difficult conversations about healthy and safe relationships, what was neglect and poor home environments that were not good enough for a baby.

Without the face to face contact the family nurse would not have been aware of the urgent need to improve home conditions or realise how much the pandemic was impacting on Graces emotional wellbeing, feelings of isolation and low self-esteem and the lack of support from her boyfriend. By now the relationship with her nurse was established and Grace welcomed the visits and accepted support from other agencies. It was clear she had a positive bond with her baby, and she was taking every opportunity to make positive changes in her life.

By the end of October, she gave birth to a healthy full-term baby girl. She breast fed her for the first few weeks and the emotional bond was clear from the beginning. Grace was able to focus on her baby and was starting to look at the world through her eyes.

## **November 2020**

Grace and her baby Georgina went back to the home she had created with her boyfriend, but very quickly she disclosed abuse and control within the relationship and left returning to live with her family. Early in the postnatal period housing support was needed again as this family relationship was strained and fragile. Grace was having weekly contacts as her mental health was poor.

## **December -March 2021**

Working face to face, doing walk and talk contact visits, supported an ongoing relationship between Grace and family Nurse, and created a safe space to reflect, make disclosures and accept support and make plans. Other agencies worked in partnership to wrap around Grace and Georgina enabling Grace to achieve positive changes for herself and her child, in a worldwide pandemic.

## **Did we make a difference?**

By starting to work with Grace early in the pregnancy and being able to create a respectful and trusting relationship through regular contact and support we enabled Grace to make many positive changes in her life. Returning to early face to face contacts when nearly all other preventative services were still virtual strengthened the relationship and supported the work we were doing with Grace.

We may not have been aware of how concerning the home environment was if we had not made home visits and Grace may not have realised the importance or accepted support. It is unlikely that Grace would have been able to disclose the domestic violence or control without the information provided to her and the trust she had in her family nurse. The biggest difference we made was being there when she had nobody else to turn to. She knew that even if she could not text and ask that a visit would be offered, and she would be given a safe space to reflect on what was happening in her life and how she was feeling.

The pandemic impacted on her already fragile mental health increasing anxiety and isolation, but she was able to recognise this and ask for help. She is aware of the impact of her emotional wellbeing on her baby, and this has encouraged her to seek support and with her family nurse she tries to understand some of her past experiences.

Grace has grown in to a confident, loving and responsive parent and Georgina is a sociable toddler who is developing well in all areas. They both enjoy attending fun sessions at the local children's centre. They still have some challenges and once again are hoping to be rehoused so they can have a safe and secure tenancy. Grace recognises the need for some ongoing support to make sense of her own childhood experiences and build her emotional resilience.

**Note: permission has been given by the families to share their stories and the names have been changed.**