

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

REPORT OF: Alice Wiseman, Director of Public Health

SUMMARY

The purpose of this report is to give the Committee an update following the report that was presented in April 2022 on the impact of COVID 19 on new parents and their babies.

NATIONAL OVERVIEW

1. The previous report presented to committee in April 2022 gave an overview of a number of national reports and briefings that had been published during the pandemic and also what support was available for new mothers and their babies.
2. The reports that were included in the report were:
 - Lockdown babies: Children born during the coronavirus crisis (briefing from the Children’s Commissioner - May 2020)
 - Babies in lockdown – listening to parents to build back better (August 2020)
 - Babies in lockdown – no one wants to see my baby (November 2021)
 - Education Recovery in Early Years Providers (April 2022)
3. Whilst the above were national documents, they gave a good indication of the issues new parents and their babies faced during the various lockdowns and the ongoing pandemic. They also highlighted that there were some positives during this period. An overview of the issues and the positive experiences were outlined in the previous report.
4. A further briefing “Education recovery in early years providers” report was published by Ofsted in July 2022. This briefing drew on inspection evidence gathered in the summer term in 2022, and discussions with early years providers. It was based on evidence collected during routine inspections of 29 early years providers and included 9 childminders and 20 nurseries. Insight was also collected from 21 early years inspectors. However, the briefing advised that we cannot assume that the findings were representative of the whole sector but may illustrate the challenges that some providers and children experienced.

5. The main findings to note are:

- Children's communication and language development continued to be affected, and an increased number of children had been referred for additional support, although children are having to wait months for specialist help. Providers were encouraging children's vocabulary development and had returned to learning activities that were common before the pandemic e.g. supporting role play, reading stories
- Many children were still lacking confidence in social settings, with some taking longer to settle into nursery or with a childminder than would have been expected before the pandemic
- There had been some concerns about children's physical development and the lack of physical activity, including access to large-scale play equipment, during the pandemic which meant that some children had not developed the gross motor skills they need
- Some children were lacking in independent self-care skills, such as toileting and dressing, to a greater extent than would usually be the case for their stage of development
- Fewer children were ready for the move up to reception than would have been expected before the pandemic
- Most providers reported that they had continued to struggle to recruit high quality qualified staff and since the start of the pandemic had reported increased difficulties in retaining staff

6. It was noted that most providers had implemented a range of strategies to help children catch up with their learning and development. Providers have always cared for children who are behind in areas of their development to a greater extent than others, and the approaches to support these children remain the same.

7. Casting Long Shadows (The Ongoing Impact of the Covid 19 Pandemic on babies, their families and the services that support them) was published in November 2022. This report was written for the First 1001 Days Movement and the Institute of Health Visiting. 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 survey was conducted between July and early September 2022.

8. The executive summary highlighted the following:

- More babies and young children are exposed to stresses and adversity at home, and access to positive activities had declined
- The pandemic is having an ongoing impact on children's health and development
- Changes made to services as a result of the pandemic are being sustained, with mixed impact
- Many services are struggling to meet children's needs

9. Various reports have highlighted that the picture is still evolving, and it could be years before researchers can adequately measure whether the pandemic had any material, long-term effect on early childhood development. Some babies born during the pandemic might be experiencing developmental delays, whereas others might have thrived, if parents/carers were at home for extended periods and there were more opportunities for siblings to interact. As with many aspects of health during the pandemic, social and economic disparities have a clear role in who is affected the most.

LOCAL OVERVIEW

Health and Wellbeing Strategy

10. The importance of best start in life is set out Gateshead's Health and Wellbeing Strategy. Whilst Best Start in Life is the strategy's first policy objective, the other policy objectives are connected and needed to support best start in life, such as ensuring families have good jobs, incomes, homes, and communities in which to thrive. The need to support the implementation of the strategy has grown since the pandemic, and an implementation group has been set up to take this work forward, reporting into the Health and Wellbeing Board.

Family Hubs and Start for Life

11. As previously advised Gateshead Council is one of 75 local authorities who are eligible for funding from Government for the Family Hubs and Start for Life programme. This includes funding to introduce a network of Family Hubs and to develop service provision in the following thematic areas:

- Parent-infant relationships and perinatal mental health support
- Infant feeding
- Parenting support
- Home learning environment to aid early years educational recovery

The funding should also be used to meet an expectation from DfE/DHSC that we:

- Publish a clear 'Start for Life offer' setting-out the support available to families during the '1,001 critical days'
- Establish new Parent/Carer Panels to ensure that parent/carer voices are heard in the planning, delivery and evaluation of services

12. The funding in the thematic areas identified above is mainly in relation to the start for life offer (1001 critical days - conception to age 2). However, the home learning environment funding is part of the education recovery programme, and is targeted towards parents of 3 to 4 year olds. This is to support those children whose cognitive and socio-emotional development has been negatively impacted by the pandemic, with priority given to parents and children who would benefit most.

13. Practitioners (parenting, early help, early years and health visitors) working with families in childcare or family support settings, such as family hubs, will be trained in home learning environment interventions and they will have the tools to deliver a range of support to families. They will deliver evidence-based interventions which

support one or more of the following learning outcomes: language, literacy, social and emotional development and or self-regulation.

14. A multi-agency steering group oversees the work and the delivery plan, and thematic groups have been established to take forward the individual strands identified above. Gateshead's delivery plan was submitted on 30th December 2022 and has been signed off by the national team as meeting the satisfactory assessment criteria (level 2) on first submission. We will now work with our steering group and regional support teams to progress our delivery plan to reach level 3 (strong).

0-19 Public Health Nursing Service (Growing Healthy Gateshead)

15. For child development, Health Visitors use the ages and stages questionnaires (ASQ3) when carrying out the 9 to 12 month and 2 to 2 ½ mandated contact visits with children. The questionnaires are issued in advance to the parents to complete (note if the parent does not complete the questionnaire prior to the visit the health visitor will help them to complete it at the visit). Parents answer questions about how they view their child's development.
16. The ASQ3 covers the following skills: communication, gross motor, fine motor, problem solving, personal and social. The questionnaire is one part of a holistic assessment for the child, and the health visitor will discuss and explore with the parent how they have scored their child in each of the skills. The health visitor will carry out various activities, dependent on age, with the child to look at different skills. For the 2 to 2 ½ year check this can include getting the child to build blocks, understanding how many words the child can say, whether the child understands directions, walking up and down at least two steps, and turning the pages of a book by themselves.
17. The results of the questionnaire are then put into the electronic system and used to generate a score for the child against each of the skills. The electronic system also generates an overall score across the 5 skills. The results are shared with the parent and if there are any areas of concern the relevant support will be put into place by the health visitor/early years practitioner or a referral may be made to another service, where appropriate, or to the 0-4 referral meeting (see paragraph 17 below). If the child attends nursery there can be an integrated review with the parents and the nursery. If this is not possible, the parent can share the results with the nursery who will also support the child around any identified developmental needs.
18. The table below gives an overview of ASQ3 scores in Gateshead and England for the 2 to 2 ½ year checks (The results for the 9 to 12 month checks are not required to be reported nationally and are therefore not published). It should be noted that any babies born pre pandemic (e.g. December 2019) will have been due for their 2 to 2 ½ year check between December 2021 and June 2022 so their results could have been captured in 21/22 data or 22/23 data. Whilst there have been some reductions in the scores the most notable is in communication skills. However, it

should be noted that the figures for 22/23 only cover until September 2022 so we may see an increase in this figure by the year end.

Age 2 to 2 ½	2020 – 2021		2021 - 2022		2022 -2023 (Up to September 2022)	
	Gateshead	England	Gateshead	England	Gateshead	England
Communication	90.4%	86.8%	87%	86.2%	84.5%	85.5%
Gross motor	97%	91.8%	94.8%	93.1%	96.2%	92.8%
Fine motor	97.6%	92%	94.8%	92.9%	95.1%	92.4%
Problem solving	96.3%	91.9%	93%	92.4%	92.9%	91.8%
Personal & Social	95.6%	90.2%	92.7%	90.8%	93.2%	90.4%
All 5 skills	88.2%	82.9%	83.8%	80.9%	82.1%	79.4%

Gateshead 0-4 Referral Meeting

19. In terms of support for pre-school children Members may be aware that in Gateshead we have the 0 to 4 Referral Meeting, which is for children who have additional needs where specialist education, health and care services may be required. Each meeting is attended by a team of professionals from different services who act as a single point of referral for pre-school aged children (0-4 years old).
20. Regular developmental checks are carried out with children by the health visitor or a key person in the nursery setting and may be carried out by other professionals involved with a child. These checks help to identify as early as possible any additional developmental needs so that appropriate support can be provided. This support is usually provided by services in health and education, and sometimes social care. The following services may be represented at the meeting; Special Educational Needs Inclusion Team, Early Years Area SENCO's, Educational Psychologists, Early Years Childcare Services, Child Development Team, Speech and Language Therapy Service, Children with Disabilities Team, Growing Healthy Gateshead (health visiting), Paediatricians.
21. The 0-4 referral meeting continued to support children throughout the pandemic but had to adapt to different ways of working. One of the main changes is that the meetings changed to virtual, but this has been found to be a positive move with more partners being able to attend the meeting, rather than having to attend in person. In addition, the process is more efficient as all referral documents and papers are held and distributed electronically.
22. Different resource packs with advice, guidance and strategies were developed by services to be used during and after the pandemic to support children such as social communication and interaction, pre-verbal communication skills, sleep routines/calming strategies.

23. As can be seen from the table below the referrals have increased since 19/20. Whilst this may be attributed to the pandemic, without a deep dive into the cases and having a full understanding of the referrals we cannot definitely assume the increase to be due to the pandemic.

	19/20	20/21	21/22	22/23 (To 30/1/23)
Total referrals	194	257	306	166

24. The main thing to note is that professionals are identifying children who need extra support pre-school, and that a multi-agency approach is in place to support these children. Professionals who are involved in the referral meeting have commented that it is a good mechanism for identifying who is best placed to support children who need additional help.

Children’s Centre and Play Services

25. As advised in the previous report Children’s Centre’s and Play Services have been providing a full offer to families since 1st April 2021. There continues to be a large and varied offer for families with babies and young children such as 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. In line with the development of family hubs and the start for life programme we will be looking to expand the support available around the key thematic areas.

RECOMMENDATIONS

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

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APPENDIX 1

Links to National Surveys and Reports

[Education recovery in early years providers: summer 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/education-recovery-in-early-years-providers-summer-2022)

[F1001D-Casting-Long-Shadows-FINAL-NOV-22.pdf \(ihv.org.uk\)](https://www.ihv.org.uk/wp-content/uploads/2022/11/F1001D-Casting-Long-Shadows-FINAL-NOV-22.pdf)