



A Better Start - responding to COVID-19

Insights from The National Lottery Community Fund's A Better Start Programme

Delivered by



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About A Better Start

A Better Start is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK.

Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.

A Better Start is place-based and enabling systems change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. A Better Start is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

The National Children's Bureau (NCB) is designing and delivering an ambitious programme of shared learning and development support for A Better Start, working within, across and beyond the five partnership areas. The programme is funded by The National Lottery Community Fund.

Our aim is to amplify the impact of these programmes by:

- Embedding a culture of learning within and between the partnerships.
- Harnessing the best available evidence about what works in improving outcomes for children.
- Sharing the partnerships' experiences in creating innovative services far and wide, so that others working in early childhood development or place-based systems change can benefit.



Blackpool
Better Start



Introduction

These Programme Insights aim to collate and share the learning emerging from [A Better Start \(ABS\)](#) on a range of key programme outcome areas, in order to inform the work of others in improving outcomes for young children.

However, given that we find ourselves in the middle of a global crisis, this issue will focus on how COVID-19 is affecting young children and their families, and will share insights from ABS partnerships as they work to understand the impact, and respond to emerging needs.

This report includes a mix of evidence and practice examples, therefore will be of interest to all those working with and for young children and their families in these unprecedented times of change.

The Coronavirus outbreak, formally declared a pandemic by the World Health Organisation on 11 March 2020, has been unprecedented in the life-changing impact it has had on everyone across the globe almost without exception. Life as we knew it ended abruptly, and since early March we have found ourselves facing the unknown.

The disease, also known as COVID-19, is caused by a human strain of Coronavirus (SARS-CoV-2) not previously seen before, and symptoms are primarily respiratory, including shortness of breath, fever and persistent coughing. The seriousness of the symptoms, particularly in older people and/or those with existing vulnerabilities, coupled with the ease and rate with which it spreads, has had a devastating impact across the world, with more than 27.5 million cases and 896,983 deaths worldwide at the time of writing. The UK has had 350,100 cases, and has one of the highest death rates across the globe, with 41,554 deaths to date ([Worldometers](#), 8 September 2020).

Currently there is no cure, and scientists are working together around the world

at an extraordinary rate to develop an immunisation. Until a vaccine is available, lockdown measures have been put in place to slow the spread and protect the most vulnerable. In the UK, although varying slightly across the four nations, these measures started around 20 March, when schools, non-essential shops, pubs, cafes, restaurants and other businesses were instructed to close, and people were asked to stay at home unless essential.

New terms have emerged: social distancing became the new normal, while the government announced a new furlough scheme, allowing struggling businesses to grant their employees a paid leave of absence rather than having to lay off staff. The most vulnerable have been shielding, following official guidance from the Chief Medical Officer on additional steps certain groups should take to protect themselves from the virus, and extreme PPE (Personal Protective Equipment) including face masks, visors, gloves and gowns are worn by those in the caring professions. We've washed our hands more than ever before (singing happy birthday to ourselves as we lather to ensure we wash for the recommended 20 seconds) and sanitised with hand gel regularly. All these efforts have been in place in an attempt to flatten the curve, that is, slow the rate of infection of the virus, and ensure that the NHS is not overwhelmed by demand for urgent care.

The spread of infection has slowed, and the lockdown measures have begun to ease, with shops and businesses beginning to re-open with strict social distancing and guidelines in place. Facemasks have been compulsory on public transport for some time and, as the evidence on their role in preventing the spread of the disease has emerged, have now become compulsory in all shops and enclosed public spaces. However, as restrictions have eased, infection rates have begun to rise; several towns and areas have seen local

lockdowns imposed, and there are concerns for a second wave of the virus coming into the winter months.

The remainder of this Programme Insight is structured as follows:

- Understanding the impact of COVID-19 on young children, families and communities: a review of the emerging evidence, including insights from across the ABS partnerships.
- Responses from the five ABS partnerships: ways in which services have responded to meet changing needs.
- Summary and conclusions.



Understanding the impact of COVID-19 on young children and families: emerging evidence

Whilst it will be some time before we can fully understand the short and long-term impact of COVID-19, various published studies and policy responses have identified both positive and negative impacts for children and families. A number of key areas of impact are emerging, as follows:

- Exacerbation of existing inequalities
- Disruption of access to key child and family services
- Physical, mental and emotional health concerns
- Benefits for families arising from COVID-19 lockdown

A summary of this evidence, supported by reflections from each of the ABS partnerships on these emerging areas of impact, is presented below.

Exacerbation of existing inequalities

Prior to lockdown, child poverty rates were rising. In 2018-2019, 4.2 Million children across the UK, or 30% of all children, were living in poverty (DWP, 2020), and there is concern about the long-term impact COVID-19 may have on this already unacceptable position.

Many families are finding themselves in extremely difficult financial positions, due to furlough or loss of employment, sickness or family caring responsibilities, and struggling to provide the essentials for their family.

Research from the [Standard Life Foundation](#) shows that 17% of households are struggling to make ends meet, and 11% are in serious financial difficulty.

This is most pronounced for those families who are already experiencing poverty, and families with children, and lone parents in particular, are overrepresented in these groups.

Furthermore, research from the [Institute of Fiscal Studies \(IFS\)](#) suggests that those who are already better off may find themselves saving money during lockdown as they would normally have spent a higher proportion of income on non-essentials such as eating out or entertainment.

There has been a sharp rise in the numbers of families accessing food banks. In April, the [Trussell Trust](#) reported an 89% increase in food bank parcels given out across the UK (a 95% increase in England), and a 67% increase in household referrals as compared to the same period last year (June 2020). Increases are higher for households with children, with a 107% increase in the number of children fed via food banks across the UK.

Prior to COVID-19, many families relied on free school meals or preschool snacks to ensure their child received nutritious meals during the day. Free school meal vouchers have been distributed, and the scheme has now been extended into the summer, in an attempt to address this.

The [Institute for Fiscal Studies](#) (May 2020) reviewed the employment, household and childcare responsibilities of opposite-gender parents, and found that parents on average were doing nine hours of childcare and three hours of housework per day, on top of any paid employment, during lockdown.



Across England, preschools and schools closed in March, and most children have been at home since then, therefore home schooling, potentially for more than one child, has added to the growing responsibilities.

Gender inequalities are becoming more pronounced, with mothers 1.5 times more likely to have lost or quit their job since lockdown, and more likely to have been furloughed, than fathers. Mothers are spending less time in paid work, and more time on household responsibilities, and are more likely to be interrupted by other household duties or childcare responsibilities during their working hours (over 50% more often than before the COVID-19 pandemic). Lockdown has changed household roles for most families, and there are concerns that changes may continue post-lockdown, leaving women at a disadvantage in the longer term and increasing pre-existing gender inequalities.

We know from evidence that the home learning environment, and parent-child interactions within that, play a key role in social and educational outcomes in the early years.

The COVID-19 crisis has also shone a spotlight on the differences in parental resources and capacity to support learning at home, and there is concern that existing inequalities in school readiness will become even more pronounced. A report by the [Sutton Trust](#) (April 2020) has found that school closures will disproportionately impact children from disadvantaged backgrounds; the level of parental education is a strong predictor of a family's capacity to support home learning, and evidence shows that while 50% of teachers in private schools report they are receiving more than three quarters of work back, this compares with only 8% in the least advantaged state schools.

Reflections from across the ABS partnerships

The five ABS partnerships were established in areas of increased need, based on data on deprivation and child and maternal health outcomes. Families living in ABS areas are therefore already likely to be economically disadvantaged, and face a disproportionate risk in terms of the impact of COVID-19. All partnerships report that families are struggling to access benefits, afford basic amenities or cope with higher shopping bills. Families are also concerned about the longer-term financial implications of COVID-19, including unstable employment and threats of redundancy.

Lambeth Early Action Partnership (LEAP)'s Healthy Living Platform service has experienced a surge in food parcel collections and deliveries.

“Though some families have received fruit and vegetable bags, concerns regarding lack of cooking skills have been highlighted by staff, with some reports of people unable to cook and relying on sandwiches, and some families requesting ready meals and tinned meat, rather than fresh fruit and vegetables. In the early weeks and months, some parents reported difficulty accessing food at the food bank, causing anxiety and feelings of helplessness.”

Small Steps Big Changes (SSBC) has seen a marked increase in the need for families to access food banks, with 42 direct referrals to food banks made by Family Mentor teams (up to mid-May), while community and voluntary sector organisations have provided nappies, baby foods and baby milk.

“Many families are struggling to access benefits, afford basic amenities or cope with high shopping bills as children no longer receive free school meals. Families are also concerned about longer term financial implications of COVID-19, including unstable

employment and threats of redundancy.”

A Better Start Southend (ABSS) found that gaining access to food was more difficult for some groups than others.

“Responses to our survey indicate that these issues were more of a problem for those who cannot leave the house or queue in shops easily, due to not wanting to expose children to the virus, having a new-born baby, a disability, or being medically vulnerable. Practitioners also discussed how access to food due to food shortages was particularly difficult for families with young children who are not flexible in what they eat, and individuals with specific anxieties around certain foods.”

Blackpool has been particularly badly affected by closing businesses, similar to many other coastal towns with a busy tourist industry, while unemployment claimant rate has risen by 3.9 percentage points between March and April.

“In the initial weeks, Blackpool Better Start saw a notable increase in contact with services from people whose means had dramatically reduced through loss of income, or from those living in poverty who usually relied on support from a food bank distribution partner which was not available because of the lockdown measures.” Better Start Bradford reported difficulties for parents in accessing services through new remote delivery options. *“Some families are unable to access support remotely because of technology issues, time pressures and overcrowded living spaces.”*



Disruption in access to key child and family services

In the early weeks of lockdown, the [Early Intervention Foundation](#) (March, 2020) expressed concern at the potential impact on young children's wellbeing, particularly as many early years services were forced to close their doors to face to face meetings, while others continued for acute services only. This included many essential services, such as health visiting, GPs, social worker contact, support groups and routine health services which normally play a much-needed prevention and early intervention role.

Critically, attendance at these services often gives frontline practitioners an opportunity to spot difficulties or safeguarding concerns and to intervene to address these.

Capacity issues and lockdown rules have meant that some social care requirements for more vulnerable children, for example those who are looked after, have been relaxed, leading to concern for many. Examples include, relaxation of the timescales for visits by social workers to children newly placed in care; relaxation in requirements for review of children's social care plans; temporary removal of independent panels during foster care approval processes, therefore removing a critical layer of scrutiny; and a relaxation of some rules around where children can be placed.

The National Domestic Abuse Helpline has reported a 25% increase in calls over the lockdown period, with concerns that women (predominantly) are not able to access their usual support systems outside of the home, while wider pressures are leading to an escalation in abusive behaviour. For those families already living in cramped housing conditions, often with no available outdoor space, the potential for family relationships to become strained is a real concern.

The [World Health Organisation](#) (May, 2020) has issued a statement reflecting their concern at similar patterns emerging across the world. There is already existing evidence demonstrating the impact that parental stress can have on child outcomes, in the early years and onwards.

While official data is not yet available, [Imperial College London](#) and the [Institute of Health Visiting](#) (June, 2020) have suggested that uptake rate for routine childhood vaccinations such as MMR (measles, mumps and rubella) has dropped by up to 20% during



lockdown; this could lead to dangerous outbreaks of these diseases in the near future. During April, children's visits to emergency departments fell by 90%, suggesting that parents are not having other health concerns checked out, leading to potential delays in diagnosis and treatment.

Many face to face services were suspended, and services have been working to adapt their offer so that they can continue to support children and families in whatever way possible. Much of this has involved making use of available technology to provide innovative digital or remote delivery, from core health visiting services to breastfeeding peer support.

A key challenge for services is ensuring they reach those most in need, especially given what is already known about inequalities in access to digital devices and the internet. The [Joseph Rowntree Foundation](#) (April, 2020) highlights concern that those households without appropriate skills, knowledge and equipment to engage in online activities will be left at an increased disadvantage, and effort must be made to measure reach and ensure the most vulnerable groups are able to participate in any new ways of working.



Reflections from across the ABS partnerships

“Better Start Bradford has seen a dramatic decrease in immunisation rates during the pandemic; we are working with our public health partners to reassure parents and emphasise the need for them to continue having their children immunised. We have also seen lower referral rates and reduced access to advice and support services, meaning a proportion of families that we would have expected to reach in that time have not accessed our support.”

Practitioners at A Better Start Southend have observed strained family relationships:

“Relationship difficulties were exacerbated by certain living arrangements during lockdown. There are also increasing concerns about domestic abuse, however practitioners fear that this may remain largely hidden; this is one aspect of wider concerns about there being a small, ‘inaccessible’ population of families experiencing serious hardship.”

Practitioners in LEAP have also seen an increase in reports of domestic abuse.

“The opportunity for victims of domestic abuse to seek reprieve outside the home have been curtailed due to lockdown restrictions, as has access to support.”

LEAP practitioners also report that many pregnant women are anxious and started social distancing before it was imposed.

“They are worried about in-person antenatal appointments (whether in a clinic or at home), with some women declining face to face appointments. Birthing plans have changed, with increased anxiety that partners cannot be present for births, and reports of women trying to avoid epidurals or caesarean sections so they don’t have to stay on the

postnatal ward”.

Blackpool Better Start has identified a gap in support for fathers during this time, and is working to plug this gap through ‘Dad’s Chat’ sessions on social media.

“The impacts of COVID-19 are significant for antenatal and postnatal mental health in particular owing to COVID-19 related anxiety, with changes in practices antenatally and during childbirth, and social-distancing measures severely restricting Dad’s social support avenues. In normal circumstances resources for dad’s perinatal mental health are available but scarcer than those for mums and new dads may struggle significantly in the perinatal period. However, in light of COVID-19 these are additionally trying circumstances for them. Blackpool Teaching Hospitals also raised concerns about how anxiety about pregnancy and birth was impacting dads-to-be due to maternity services being heavily impacted during the crisis. The policies around visitors to the maternity ward had changed, so expectant couples were arriving at the hospital unprepared for new measures that meant dads could not leave the ward to get clothes or food.”

“Our HV service has still kept its full complement of staff and delivered all sessions of our already enhanced HV service, with three of the appointments still being offered face to face. We have also added further investment into mobile working with the provision of laptops, headsets and tablets to enable the enhanced HV to continue.”

Small Steps Big Changes in Nottingham highlights potential concerns in terms of child development outcomes as a result of services closing.

“The closure of the majority of early years’ settings and childcare facilities, and a pause on face to face contacts and group-based activity has left many families feeling isolated, with concerns about the impact of lockdown on their child’s social and emotional development. Even when social distancing requirements are relaxed, many parents are concerned about connecting with new people,

a particular problem for new parents or those who have not yet established a local support network. Parents also have concerns around how to manage childhood behaviour, with some reporting children becoming clingier.”



Physical, mental and emotional health concerns

The physical and mental health of parents and children are a growing concern during the COVID-19 pandemic, both immediately and longer term, as daily lives and routines have changed.

In terms of the direct impact of COVID-19, the UK has had over 41,000 deaths, the majority of which have been among the 65 plus age group. However, emerging studies report an increased risk of death or serious illness for Black, Asian and Minority Ethnic (BAME) groups, with the Office of National Statistics reporting that black males are 4.2 times more likely to die than white males, and black females 4.3 times more likely to die than white females.

There is also concern at the overrepresentation of BAME health and care professionals among coronavirus fatalities ([NHS Confederation](#), 2020), and an acknowledgement that many members of the BAME community are more likely to work in occupations with a higher risk of exposure ([Public Health England](#), 2020). This is of particular concern for the ABS partnerships, given that many are located in culturally diverse areas, with a high proportion of BAME groups.

Throughout lockdown, opportunities for regular exercise have been curtailed, and this combined with concerns over access to healthy food may lead to an increase in obesity further down the line. Early government restrictions meant families were only able to leave the house for exercise once per day, and leisure facilities, play parks and sporting activities have been closed. Many families living in more deprived areas have no access to green or outdoor space, either their own garden or public space, as reported by the [Guardian](#) (April, 2020) and other sources before and during the crisis.

As a result, children and parents are not getting the recommended daily amount of

exercise. The quality of nutritional intake for many children has decreased during lockdown, due to lack of access to school meals, or parents' lack of skills or resources to prepare nutritional meals. The [Babies in Lockdown report](#) identified a significant number of new parents who were feeding their baby with formula, despite planning not to, largely due to a lack of support in the early days (Best Beginnings, PIF & Home-Start UK, 2020) Obesity has been identified by [Public Health England](#) (July 2020) as a key contributory factor in COVID-19-related deaths, and experts have raised concern at a potential increase in obesity rates further down the line. As a result, healthy eating and exercise have become a priority for the UK Government in mitigating against COVID-19's long term impact.

The [Children's Society](#) (2020) reported that 91% of parent respondents were struggling with being separated from wider family members because of the need for social distancing. Age UK (2017) found that 40% of UK grandparents provide regular childcare, with 12% of those looking after their grandchild/children at least once a day and 18% four to six times per week. Grandparents are a significant relationship in a child's life, and a major source of support for parents. Many families find themselves without this support, leading to emotional and mental health pressures for parents and children.

With mortality rates much higher than usual, many children and families are grieving over the death of a loved one, or unable to be with a loved one who is critically ill. Many of the behaviours, routines and rituals which offer some comfort during these times have been disrupted. A systematic review of funeral practices and their contribution to emotional wellbeing ([Burrell & Selman](#), July 2020) found that funeral planning, the service itself, and the social interaction surrounding it, provide opportunities for social support and emotional



comfort, and contribute to processing of grief-associated emotions, while the opportunity to be involved in creating a meaningful commemoration, rather than the size or format of the funeral itself, is key. While research will not show for some time what, if any, impact the current funeral restrictions have on child and family wellbeing, social support for the bereaved, either from friends and family or support services, is limited and may increase the risk of isolation and emotional distress.

NSPCC (May, 2020) reports that calls to their national helpline with concerns about parental mental health increased by 25% in the first three weeks of lockdown. 'Babies in Lockdown' reports 6 in 10 parents had significant concerns about their mental health, while only 3 in 10 felt they could find support if needed (Best Beginnings, PIF & Home-Start UK, 2020) The pressure and uncertainty faced, along with lack of access to existing support networks, both friendship groups and professional services, are leaving many parents feeling isolated and alone.

The Children's Society (2020) found that 50% of parents expect COVID-19 to have a slightly or very negative impact on their

child's happiness over the coming 12 months, with the biggest concerns being friendships, schooling and choices available in life.

Young Minds (May 2020) also report that 67% of parents are concerned about the impact of the crisis on their child's mental health, with children not being able to meet up with friends or see wider family members. For very young children, mixing with peers in preschool or early years settings contributes to building social and emotional skills, and there are wide ranging concerns at the critical developmental opportunities children are missing out on. For expectant or new parents, professional organisations such as the Institute of Health Visiting have expressed concern at an increased risk of stress, anxiety and postnatal mental ill-health and the impact this might have on attachment and healthy child development. Indeed, Babies in Lockdown reports 68% of parents fear lockdown is affecting their unborn baby, baby or child's development, and 34% feel their baby's interaction with them has changed, with increased crying, tantrums and clinginess common.

Reflections from across the ABS partnerships

Small Steps Big Changes has seen pre-existing anxiety and depression worsening for some new parents, while others report new instances of low mood or anxiety.

“Contributing factors range from isolation from family and friends, lack of “own time”, or combining working from home with home schooling. Reports of anxiety related to the return to work and school, and associated virus risks, are increasing. Commissioned providers have indicated an increase in signposting to GPs to discuss parental mental health, while parents report concerns that current mental health service provision is limited to emergencies only.”

Early research from the **Lambeth Early Action Partnership** found higher anxiety levels and feelings of isolation and loneliness in new mums due to a lack of the usual support networks.

“Grandparents are not on hand to help as they normally might, and children’s centres, new mum support groups and child health clinics are closed. There is also evidence that the general state of high alertness due to worry about coronavirus infection is contributing to increased anxiety about relatively normal infant behaviours. One single parent with five children reported feeling “overwhelmed” with no respite. Parent-infant attachment difficulties are exacerbated, and parents feel isolated from the outside without the usual social interactions and connections.”

“For lone parent households, there is concern about falling ill and having no one to care for their child or to buy food. Even without illness, lone parents have reported difficulty in navigating the current restrictions safely without the support of other adults.”

A survey from **Better Start Bradford** shows similar patterns.

“Families are becoming isolated from friends, family and services, with increased anxiety and low mood. Some children hadn’t left their homes at all during the first three months of lockdown.”

“Bringing a baby into this new world is scary, and full of unknowns. In the immediate weeks following the announcement of lockdown, Blackpool Better Start saw scores of worried and anxious parents waiting to be reassured by the Baby Steps team that they were going to continue to be supported with their transition to parenthood, despite a pandemic.”

Findings from **A Better Start Southend** early research has identified a number of increasing concerns for parents regarding their child’s health and wellbeing.

“In the survey responses, just over half of respondents indicated that, for their child/children age 0-4, they were more worried than usual about their learning or development needs. Other areas of concern regarding the needs of these children were the child’s emotional wellbeing, the child’s health and the amount of exercise the child is getting.”



Benefits for families arising from COVID-19 lockdown

While the priority must be to identify and support those most in need during this challenging time, it is important that we take time to reflect on evidence showing some benefits for children and families during this time.

For many, life has slowed down with many of the competing pressures removed. Families are finding opportunities to spend more quality time together, and there has been a wealth of creative activities and ideas shared via social media to make the most of this time. Some parents are also reporting a better work-life balance, with the removal of commuting time contributing to this.

While the pressures of home schooling on top of working from home and other domestic responsibilities have already been highlighted, parents are becoming more involved in their child's education, and there are reports that this has led to increased connectedness between parent and child.

There is emerging evidence from practitioners that fathers have been able to become more involved in caring for young children as work commitments have reduced or working at home has become the norm. New mothers may be feeling less isolated because their partner is now at home with them. This increased family time has the potential to increase secure bonding & attachment and bring long term benefits for children and parents.

There have been many examples of 'random acts of kindness' shared on social media, alongside stories of communities coming together to support one another during the pandemic, leading to feelings of greater community connectedness. Volunteer groups have been set up across the country, delivering groceries to those who are unable to get out to the shops, and checking in on those who are more vulnerable or isolated. While the longer term impact is yet to be seen, initial discussions suggest this may help people to re-engage with their local community (Fisher et al, July 2020).



Reflections from across the ABS partnerships

Small Steps Big Changes in Nottingham continues to prioritise good parental mental health and wellbeing as a cornerstone to positive childhood development:

“Families engaged with SSBC services have had regular supportive contact with either commissioned providers or Parent Champions and Ambassadors, providing an opportunity for families to share concerns and anxieties, resulting in signposting for onward support as needed.”

Blackpool Better Start has found increased uptake for their remodelled virtual Baby Steps programme:

“More families than ever before are taking up the offer of the programme. This may reflect a number of factors, such as greater anxiety and therefore more acceptance of support; being out of work; or preferring virtual delivery over standard group work.”

Practitioners at **A Better Start Southend** have had numerous reports of benefits for children and families during lockdown.

“Of the respondents to the ABSS survey who completed the relevant questions, all identified at least one area in which they had experienced a little or lot of improvement during the pandemic, and most indicated two or more areas. Most common areas include quality of time spent with children, community support and togetherness, and quality time spent with adults. Increased time together as a family seems to have impacted positively on social roles within the family. There were reports of babies breastfeeding more frequently due to families spending more time together and being in closer contact, and some women described breastfeeding during this time as ‘calming’. Where male partners were previously not at home for their baby’s ‘bed time routine’ due to the nature of their work

(e.g. night workers, factory workers) and now are able to share this role.”

Increased family time is a common theme. A LEAP practitioner reported an unexpected positive outcome:

“One new mum told us she feels she can just focus on her baby as there are no pressures from friends and family who want to visit a new baby.”

For some LEAP practitioners, the transition to online working has not been straightforward, although some benefits have been identified.

“Work feels more intense, it is harder over screen[s] to work therapeutically but also some people have been more open in their conversations than they might have been face to face.”

Summary

Emerging impact on families

COVID-19 has brought many unknowns, and it will be some time before we fully understand the impact it has had on children and families.

Areas of potential impact include:

Exacerbation of existing inequalities

Many already struggling families are in serious financial difficulties following job losses, sickness or caring responsibilities. Many families are turning to emergency food banks and there are concerns that child poverty and levels of deprivation will rise. Rising reports of domestic abuse are also a cause for concern.

Disruption in access to child and family services

Routine health appointments, support groups and face to face services have been cancelled, and while services are embracing alternative delivery models where possible, many families are currently without critical support.

Physical, mental and emotional health concerns

Diet and nutrition concerns and the resulting risk of increased obesity rates; and increased reports of anxiety and depression, isolation and loneliness due to social distancing and lockdown regulations.

Positive impacts

It is important to note that there are some positive impacts evident, such as a decrease in external pressures, an increase in the time families have to spend together, particularly fathers, increased service engagement with those traditionally less involved, and greater community connectedness.

The situation is changing rapidly. Much of the information available to date has come from practitioner experience, observation and discussion with the families they work with. There are now many qualitative and quantitative research projects underway, and collectively, this evidence will be critical for service development and delivery looking ahead.



Insights from ABS partnerships on effective responses to the COVID-19 pandemic

The COVID-19 pandemic coincided with the fifth birthday of the ABS programme. It has clearly brought unprecedented challenges to the partnerships, their services and delivery partners, and the babies, children, families and communities they serve. Partnerships are working hard to understand the changing needs of local families, and to adapt their services accordingly. While the response of each partnership differs according to local needs and the services being delivered, a number of common threads run through the approaches taken:

- Adapting delivery models
- Redeployment/refocussing of the workforce
- Keeping families connected and informed

Reflections from across each of the partnerships in relation to these common threads are presented below.

Adapting delivery models

Across all partnerships, work is ongoing to develop new ways of delivering face to face services so that where possible, support for families can continue. New approaches generally use remote models of delivery, utilising social media, video calling and other available technology. Specific examples from the partnerships are highlighted below.

At **Blackpool Better Start**, the universal, evidence-based antenatal education programme, Baby Steps, continues to be delivered across the town.

“Baby Steps workers have developed content best suited for virtual delivery, with all parents being offered one-to-one telephone sessions. The number of sessions usually delivered remains consistent (six antenatal and three postnatal sessions). Cases are

also being kept open longer in order to provide vital enhancements to the current health offer for families most in need. A private YouTube channel is being developed for parents to access videos and online content, which will support greater learning and understanding about the transition to parenthood.”

The majority of **Better Start Bradford projects** have continued to deliver services remotely, finding alternative ways to reach families.

“The Bradford Doulas have provided telephone support to pregnant women throughout lockdown and are now in discussion with maternity services about accompanying women to hospital again with appropriate safeguards in place.”

“HAPPY has adapted their usual 12-week antenatal and postnatal course (for pregnant women with a BMI of over 25) to a universal six-week online antenatal course via Zoom, and hope to reach more women in need of this type of support and reassurance.”

“Little Minds Matter (Bradford’s Infant Mental Health Service) has seen an increase in referrals but with some families reluctant to take up the virtual offer. The service is exploring ways to offer face-to-face appointments outdoors and possibly indoors in settings to allow social distancing.”

“The Forest School Play Project provided daily activity ideas throughout the first few weeks of lockdown via their social media channels, and has re-commenced face-to-face outdoor delivery with small groups in early years settings, with very strict COVID safety measures in place. They are also delivering sessions for local schools with pre-reception children as part of a move to ease the

transition to school in September.”

Better Start Bradford has found that families have really appreciated the social contact at a time when they have been cut off from their normal support networks:

“Referrals have gradually improved and for some projects, are returning to pre-COVID-19 levels. For many, provision has evolved as they’ve become acclimatised to remote working and tested what works and what doesn’t.”

“However, a clear gap was emerging around universal antenatal education as there was no capacity to deliver the usual antenatal provision remotely. Better Start Bradford recognised there was a need for free virtual antenatal support and education and decided to develop four live sessions to be repeated frequently. Participants are encouraged to access these when convenient, with no obligation to attend all four in a row, making this different to pre-existing antenatal offers.”

“It is early days for our Virtual Antenatal Offer, and we are aware that we still have some issues to address, for example, low digital literacy is a barrier to accessing the sessions. We feel that this offer has real potential and demonstrates that innovation can come out of adversity.”

Likewise, many LEAP services are now being delivered virtually, such as the Parent and Infant Relationship Service (PAIRS), **breastfeeding support groups and health visiting**. While families have reported benefitting from increased access to resources, the team has identified challenges and risks associated with virtual and digital delivery of services.

“Within health visiting, most mandated visits are done virtually unless there are specific concerns about vulnerability. Women thought to be coping well with their new babies are

not visited in person, which raises concerns about mental health problems being under-recognised and under-screened. Effort is therefore being made to update and enhance online resources available. For example, families are being referred to the Evelina Health Visiting website for health promotion advice.”

Small Steps Big Changes has adopted virtual modes of delivery across a number of their services.

“The ‘Read on Nottingham’ Literacy Hub has worked with local food banks to distribute books and activities, and has launched, recruited and trained 26 Digital Literacy Champions.”

“Several groups and Ideas Fund projects have gone online utilising Zoom, including Pregnancy Yoga and Funky Tots.”

“The SSBC Family Mentors continue to support families through virtual delivery of the Small Steps at Home Programme. During April 2020, 622 children continued to receive the programme, with 1503 ‘visits’ delivered - 1130 by telephone and 373 via video-call. Family Mentors have been able to continue to complete Ages and Stages Questionnaires (ASQ’s) during these contacts, which has offered some reassurance to families concerned about childhood development.”

“The service has also ‘flexed’ to focus on wellbeing and the immediate needs for families with more regular calls in some instances, signposting and delivering activity packs to keep young children engaged while encouraging play and child development.”

Practitioners across **A Better Start Southend** services continue delivery while maintaining social distance, and are providing an adapted version of their service through online platforms and telephone calls.

“In most cases, services continue support in

the same vein as pre-COVID as far as possible, with practitioners reflecting the need for families to have consistency and reliability in this respect. For some services, new work is taking place in order to specifically address COVID/ 'lockdown' related issues, such as by providing resources for families to undertake activities with children. One service had 'relaxed' their criteria for service participation and were able to 'keep on' individuals who did not reside in an ABSS ward, when they would not usually do so."

Across the partnerships, a number of **common challenges** have arisen in adapting the delivery model of services.

LEAP highlighted the additional pressure on the workforce in delivering virtual services, as well as the specific challenges faced in trying to create the safe space for therapeutic sessions.

"Working virtually is very different for frontline staff, with many reporting missing direct interaction with families and children. Online sessions can feel more intense and it can be challenging to create a therapeutic environment virtually. For some clients, home is not always a safe place to access therapy, and they don't have a private space

where they aren't overheard by others."

Evidence from LEAP also suggests that service responses to COVID-19 may have heightened inequalities and worsened situations for those already vulnerable.

"Due to the increase in online delivery, digital exclusion is a growing concern. Many families do not have access to the internet or appropriate devices in order to participate in remote activities, and many may have lower levels of digital literacy, leading to fears that less advantaged families will have less access to learning opportunities and experience worse outcomes, compared with their more advantaged peers."

Small Steps Big Changes shares this and others' concerns:

"Of course, virtual delivery relies on having the right equipment, and/or staff feeling confident in using online methods; it also assumes families are able and comfortable to access services in this way. With the likely protracted need for social distancing, virtual delivery is likely to remain and potentially increase and we will continue to review how we can maximise delivery, reach and impact while remaining inclusive."



Redeployment and refocussing of the workforce

While effort is being made to adapt existing services to continue delivery, there are some areas of work that have had to pause. Where possible, practitioner skills have been used to deliver much needed services elsewhere in the area, to better support families in urgent need.

“Blackpool Better Start has redeployed staff to support [Corona Kindness Hubs](#) across Blackpool, providing telephone wellness checks to those in isolation, and supporting coordination of food delivery and support networks. A social worker and a health worker have been redeployed to Children’s Social Care; the health worker is supporting new social workers with risk assessments of babies. Health Visitors in the team are also supporting Blackpool Health Visitors to produce COVID-19 guides, incorporating key messaging for families.”

“With service delivery at a minimum, there is particular concern for those families in the ‘hardly reached’ communities. The 14 Blackpool Community Connectors have responded by implementing a ‘one team’ approach, considering how they may map those services/resources that still exist and use digital media to engage with caregivers, effectively creating a peer to peer service that is no longer about direct contact but digital delivery.”

The Blackpool Trauma Informed Care Working Party has refocussed work towards sharing trauma informed learning with schools on how best to support families and children during the pandemic.

“This includes live streaming of the Resilience film and specially written webinars for schools, as well as working with schools, council leisure and parks services and Blackpool Football club to establish open air spaces that can be used by nursery and

reception children for outdoor activities based around a Forest School approach. This pilot will enable nurseries and schools to open at higher capacity.”

Neighbourhood workers, key to linking families to Better Start Bradford services and wider support, have continued to contact families, refer them to projects and connect them with the Council’s emergency hubs for food support, advice around housing and financial issues and health services.

“We found that many families had no access to creative play resources and activities for their under-fours. In response, we developed 1000 activity packs with art and craft materials, activities and information, and collaborated with over 15 local voluntary organisations to distribute them via local emergency hubs and our own existing networks. 700 families with children under four in the area have benefited from the packs, and we’ve received heartfelt feedback: ‘Thank you so much for amazing bags kids loved it. We truly appreciate your care and love!’”

One of LEAP’s Diet & Nutrition providers, the [Healthy Living Platform \(HLP\)](#), has been instrumental in the enormous emergency food response in Lambeth.

“The HLP team have their fingers on the pulse of local distribution of food parcels (in excess of 400 per day out of one hub alone) to vulnerable and shielded families. HLP is working with the LEAP Communication & Language team to include activity packs, full of art supplies and home learning activities, in food parcels for families with young children, and we are currently working together to provide delicious hot vegetarian meals to new mums when they arrive home from hospital after having their babies.”

Better Start Bradford has also reconsidered

the ways in which they train and support practitioners:

“As a result of the lockdown, a planned launch event for the Yorkshire and Humber Infant Mental Health Hub (a partnership between Better Start Bradford and the Association for Infant Mental Health) was postponed. Instead, we organised a webinar with Dr Suzanne Zeedyk as part of Infant Mental Health Awareness Week. This was the first time we’d held a virtual event of this nature and - with over 200 people in attendance from Bradford and beyond - we are keen to use this format in future. An edited and subtitled recording of the webinar has since had over 400 views on YouTube - numbers we just couldn’t have reached with a physical event.”

They also sought opportunities to provide capacity and support where needed to fill identified gaps:

“Two members of our team have returned to their previous Health Visitor roles and acted as conduits to share further identified needs emerging for the NHS and from the local community. We are also allowing staff time to volunteer and provide support to local groups.”

Small Steps, Big Changes has also reflected on the need to ensure the **workforce is fully supported** during this time.

“Our Family Mentor services are a paid peer workforce, with employees drawn largely

from local communities, who as a workforce are experiencing similar challenges to those outlined above by the parents engaged with the service. Our Family Mentor providers recognise this, and are focusing on staff wellbeing and putting a lot of effort into providing good support to their employees”.

SSBC has also launched an amended City wide Covid-19 Ideas Fund for 2020, offering local community groups and organisations the opportunity to pilot and test new ideas for service development and delivery. 28 applications were received, 22 of which were from SSBC wards. A total of 20 projects will be funded in 2020 with a total of £100,000 allocated to support and help families impacted by the Covid-19 crisis.

Practitioners at **A Better Start Southend** are conscious of the changing needs of families at this time, and appreciate the flexibility and relaxing of rules and targets at this time. This may mean delivering something completely different from usual activities, or relaxing the thresholds for families accessing a service.

“Current priorities have changed during the pandemic. This needs to be held in mind when seeking to meet organisational targets; this will involve not ‘pushing’ aspects of their organisation onto families that they might ordinarily do”.

Keeping families and communities connected and informed

During this potentially isolating time, partnerships are working to ensure that families are still receiving essential information about child health and wellbeing, and available support, as well as up to date and accessible information on COVID-19.

Blackpool Better Start has created specific **COVID-19 support pages on the website** to provide families with the latest updates on available services and local support.

“In partnership with Oxford University Department of Psychiatry, we have developed a video for parents, [Talking to Very Young Children About COVID-19](#). The video aims to help parents talk to their young children about the virus, as well as supporting them to understand their child’s behaviour and the importance of supporting their emotional needs. The video provides tips and practical examples of what to say and do with children as young as two, as well as explaining that even babies pick up on the stress and worry that their parents may be experiencing.”

“Social media has been essential to keeping families and communities connected. A good example of this is the work of our Early Years Park Rangers who would usually be inviting families to sessions in their community gardens over summer. They created, produced and distributed ‘Park Ranger Packs’ containing activities for families to take part in together, either in their gardens, or where safe, on a park at a rate of 50 physical packs per fortnight and virtually thereafter. They have also been broadcasting weekly quizzes, story times and games to enhance the activities of the week being promoted for families to complete on social media.”

Early in lockdown, **Better Start Bradford** developed a dedicated [web page](#) with contact details and status updates on each of its projects, and signposting to key sources of information on government restrictions,

NHS COVID-19 advice and local public health guidance.

“We also worked with several projects to formulate messaging on really simple activities for families, e.g. indoor den building and creating a simple obstacle course, to encourage families to enjoy the extra time at home with their young children. These were used to create radio adverts, produced and broadcast by Pulse FM over a period of four weeks. The ads also signposted to a web page for families with links to reputable activities for children aged 0-3 and reinforcing our key messages around health, communication and social and emotional development. This page will almost certainly outlive the pandemic and become a standard resource on our website.”

LEAP has also prioritised communication of key messages, working to ensure these are accessible to everyone, including those for whom English is not their first language.

“New web pages were created, making it easy to understand which of our services were still operational - albeit remotely - as well as signposting visitors to reliable sources of local and national information and support. We strengthened our social media presence: Facebook, Twitter and WhatsApp groups became more important than ever to keep us connected in light of physical distancing requirements. And above all, we ensured that our messages were consistent with national public health advice and, where possible, circulated these messages in the languages most spoken in our neighbourhoods.”

Small Steps Big Changes commissioned a local animator, SoJo Animation, to produce [weekly interactive shows](#) to continue engagement with families, while the Family Mentor teams have adapted material to be delivered online, including a video based on a local community

group Cook & Play which has received 5127 total views.

SSBC also identified that locally, only 67% of eligible families access the government funded 'Healthy Start Food Voucher' scheme, designed to provide a nutritional safety net for families in receipt of some benefits, with vouchers to spend on fruit, vegetables and milk.

“SSBC progressed at pace a project to raise awareness and increase uptake of Healthy Start, using our own and our partnership’s social media channels. Over 7000 flyers have been distributed via food banks and new COVID-19 related distribution channels set up by partners, such as inclusion in activity packs distributed via children’s’ centres. We also worked in partnership with the local

authority to include a list of key numbers to signpost families to services, including debt helplines, domestic abuse support and promotion of the ‘Golden Number’ for the most vulnerable in our communities.”

In A Better Start Southend, many practitioners reported positive experiences of the work they had been doing and identified aspects that they wished to continue post-COVID, and they have found creative ways of working.

“Speech and language practitioners have created videos for families demonstrating techniques and shared them online. These were beneficial in comparison to the information they usually distributed which involved describing (as opposed to showing) techniques.”

The National Lottery Community Fund’s COVID-19 response

Money raised by National Lottery players has been vital in helping people and communities across the UK support each other through the pandemic. Charities and community groups across the UK have received £300 million in funding since the COVID-19 crisis and lockdown began - all thanks to National Lottery players.



In addition, since May the National Lottery Community Fund has been responsible for distributing £200 million in coronavirus community support on behalf of the Government. This funding closed to applications on 17th August.

For now, we’re prioritising funding projects and organisations supporting communities through the COVID-19 pandemic. In England, we’re focusing on funding organisations supporting people and communities who experience disproportionate challenge and difficulty as a result of the COVID-19 crisis.

Further details can be found at www.tnlcommunityfund.org.uk/funding/covid-19

Summary and conclusions

The evidence and insights above highlight the breadth of impact that COVID-19 has had during the first six months of the pandemic, the challenges that services have faced in supporting families at this time, and critically, the innovative and rapid ways in which services have adapted their practices in response.

- It is clear that the most vulnerable families are at greater risk from the adverse impacts of the pandemic, and existing inequalities are worsening as a result.
- Key child and family services have been disrupted, with appointments and groups cancelled and settings closed. Many vulnerable children and families are currently missing out on critical support and/or treatment.
- Physical, mental and emotional health are key areas of concern at this time. With difficulty accessing healthy food and opportunities to exercise, or use exercise facilities, limited, there are fears for an increase in obesity rates. Furthermore, there is evidence that anxiety, depression, loneliness and isolation are rising due to the social restrictions placed on the public through lockdown.
- Encouragingly, there are some positive impacts stemming from the current conditions, including the opportunity for families to spend more time together, and, for some, a reduction in external pressures.

While many parts of life have come to a standstill, services across the ABS partnerships are working hard to adjust to these new circumstances and continue to deliver for babies, young children and their families.

- Where possible, services have been adapted to ensure that families continue to receive the vital ABS services that they need. Adaptations include delivering support using online technology rather than face to face; adding regular telephone check-ins for more vulnerable families; and providing practical support such as developing and delivering play resource packs.
- The workforce has been (and continues to be) restructured or repurposed where possible to utilise the wide range of practitioner skills available and again. This flexible and responsive approach prioritises the needs of families and communities. Workforce wellbeing and support needs are also being considered across the partnerships, for example with online tools being used to provide practitioner training.
- A priority for all services is maintaining contact with families, ensuring they continue to receive essential information on child development and support services, as well as crucial updates on COVID-19.

It is clear that the virus will be with us for some time to come, and with it will emerge further evidence on its impact on young children, families and communities. The ABS partnerships will continue to learn and adapt to make sure the needs of these families and communities continue to come first.



Glossary of COVID-19 terms

Community spread/ transmission: Cases of disease that happen in communities without researchers knowing how the person with the disease contracted it.

Common Travel Corridor: A list of countries that people can travel to from England without the requirement to quarantine for 14 days on return. This list is updated regularly, and is based on a number of factors including infection rate and trends.

Contact tracing: The process of identifying, assessing, and managing people who have been exposed to a contagious disease to prevent onward transmission.

Coronavirus: A family of viruses that cause illness ranging from the common cold to more severe diseases, such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). The novel coronavirus recently discovered has been named SARS-CoV-2 and it causes COVID-19.

COVID-19: The name of the disease/illness caused by the coronavirus SARS-CoV-2.

Flattening the curve: To slow the spread of an epidemic disease so the healthcare system doesn't become overwhelmed. The curve represents the number of cases over time, and flattening that curve means preventing a huge surge of new cases in a very short period of time.

Incubation period: The period of time between being exposed to a virus and when you first show symptoms of the disease.

Pandemic: An epidemic that spreads worldwide.

Personal protective equipment (PPE): Equipment a person wears to protect themselves from risks to their health or safety, including exposure to infection agents.

Self-quarantine/self-isolate: An individual refraining from contact with others for a period of time during an outbreak. This may be voluntary, due to concerns for one's own health, or may be enforced by the government (usually 14 days) due to a number of reasons: having become sick with COVID-19; having been in contact with someone with the virus, therefore at risk of having become infected; or having recently travelled to one of a number of countries not included on the 'common travel corridor' list (see above).

Stay at home order: A directive from the government to stay inside your home.

Social distancing: Measures taken to reduce person-to-person contact in a given community, with a goal to stop or slow down the spread of a contagious disease. Measures can include working from home, closing offices and schools, cancelling events, and remaining 2 metres from other people in public spaces.

Useful resources

Best Beginnings, Home-Start UK and Parent Infant Foundation (August 2020) Babies in Lockdown: Listening to parents to build back better.

<https://babiesinlockdown.info/download-our-report/>

Early Intervention Foundation (March 2020) Blog: Coronavirus and early intervention: Confronting a new world for families, children and vital services

<https://www.eif.org.uk/blog/coronavirus-and-early-intervention-confronting-a-new-world-for-families-children-and-vital-services>

Fisher, J., Languilaire, J-C., Lawthom, R., Nieuwenhuis, R., Petts, R-J., Runswick-Cole, K. & Yerkes, M.A. (2020) Community, work, and family in times of COVID-19, Community, Work & Family, 23:3, 247-252

<https://www.tandfonline.com/doi/full/10.1080/13668803.2020.1756568>

Guardian (10th April 2020). Coronavirus park closures hit BAME and poor Londoners most

<https://www.theguardian.com/uk-news/2020/apr/10/coronavirus-park-closures-hit-bame-and-poor-londoners-most>

Institute for Fiscal Studies and the Nuffield Foundation (2020) COVID-19 and inequalities

<https://www.ifs.org.uk/uploads/Covid-19-and-inequalities-IFS.pdf>

Institute for Fiscal Studies and the Nuffield Foundation (May 2020) How are mothers and fathers balancing work and family under lockdown?

<https://mk0nuffieldfounpg9ee.kinstacdn.com/wp-content/uploads/2020/04/BN290-Mothers-and-fathers-balancing-work-and-life-under-lockdown.pdf>

Joseph Rowntree Foundation (April 2020). Blog: Coronavirus response must include digital access to connect us all

<https://www.jrf.org.uk/blog/coronavirus-response-must-include-digital-access-connect-us-all>

NSPCC (May 2020) Increase in contacts to the NSPCC Helpline about parental mental health concerns

<https://www.nspcc.org.uk/about-us/news-opinion/2020/mental-health-risks-new-pregnant-mothers-cornavirus/>

Public Health England (July 2020) Press release: Excess weight can increase risk of serious illness and death from COVID-19

<https://www.gov.uk/government/news/excess-weight-can-increase-risk-of-serious-illness-and-death-from-covid-19>

Saxena, Skirrow & Bedford (2020) Routine vaccination during COVID-19 pandemic response. BMJ 2020, 369 doi

<https://doi.org/10.1136/bmj.m2392> (Published 16 June 2020)

<https://www.bmj.com/content/369/bmj.m2392>

Useful resources

Standard Life Foundation (April 2020) Coronavirus Financial Impact Tracker: Key findings from a national survey

https://www.standardlifefoundation.org.uk/__data/assets/pdf_file/0021/57432/COVID-19-Tracker-April-2020-FINAL.pdf

The Children's Society (July 2020) Life on Hold: Children's Wellbeing and COVID-19

https://www.childrensociety.org.uk/sites/default/files/life-on-hold-childrens-well-being-and-covid-19.pdf?mc_cid=7a2e34154b&mc_eid=77e73e8126

The Sutton Trust (April 2020) COVID-19 and Social Mobility Impact Brief #1: School Shutdown

<https://www.suttontrust.com/wp-content/uploads/2020/04/COVID-19-Impact-Brief-School-Shutdown.pdf>

The Sutton Trust (April 2020) Social Mobility and COVID-19

<https://www.suttontrust.com/our-research/social-mobility-and-covid-19/>

The Sutton Trust (July 2020) COVID-19 Impacts: Early Years

<http://www.suttontrust.com/our-research/coronavirus-impacts-early-years>

The Trussell Trust (June 2020) Summary findings on the impact of the COVID-19 crisis on foodbanks

https://www.trusselltrust.org/wp-content/uploads/sites/2/2020/06/APRIL-Data-briefing_external.pdf

UK Parliament (2020) The impact of COVID-19 on maternity and parental leave

<https://publications.parliament.uk/pa/cm5801/cmselect/cmcompetitions/526/52608.htm>

World Health Organisation (May 2020) Statement to the press by Dr Hans Henri P.

Kluge, WHO Regional Director for Europe: During COVID-19 pandemic, violence remains preventable, not inevitable

<https://www.euro.who.int/en/about-us/regional-director/statements-and-speeches/2020/statement-during-covid-19-pandemic,-violence-remains-preventable,-not-inevitable>

Young Minds (2020) Impact of COVID-19 on children and young people's mental health: results of survey with parents and carers

<https://youngminds.org.uk/media/3774/youngminds-survey-with-parents-and-carers-summary-of-results.pdf>



A Better Start

A Better Start is a ten-year programme set up by The National Lottery Community Fund. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life.

For more information visit
tnlcommunityfund.org.uk

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