



Deputy R. Ward

Chair: Children, Education and Home Affairs Scrutiny Pane;

By email: a.harris5@gov.je

28.10.20

Dear Deputy Ward

Government Plan Review 2021-2024

Thank you for your letter of 19th October 2020 inviting the Best Start Partnership to provide comments and views on the scrutiny review of the Government Plan. We welcome this opportunity and would wish to make the following observations.

The Education Reform Programme is undoubtedly ambitious in its reference to schools and pupils. However, as the Early Years Policy Development Board and the Best Start Partnership are acutely aware there is a wealth of evidence that what happens in the first few months and years of a child's life shape their development, educational attainment and life outcomes. What happens in pregnancy and early childhood has the greatest impact on children's futures as it impacts on physical and mental health throughout adulthood.

"The period from conception to the start of school opens a critical and singular window of opportunity to shape the development of a child's brain. At this time, brain connections form at an unrepeated speed, giving shape and depth to children's cognitive, emotional and social development – influencing their capacity to learn, to solve problems and to relate to others. This, in turn, has a significant impact on their adult lives, affecting their ability to earn a living and contribute to their societies . . . even their future happiness."¹

Evidence is clear that children's early years experiences shape their development, educational attainment and life chances. Children who receive high quality early childhood education and health services from conception onwards have a positive attitude to learning when they start school, are more resilient and have better learning, development and health outcomes overall. They are more likely to complete secondary school and hold jobs. They are also less likely to rely on the welfare system and are significantly less likely to become involved in the judicial system.

Parents are children's first and most important educators. Families provide children with the relationships, the opportunities and the experiences that shape their learning and

¹ Early Moments Matter for Every Child (2017), Unicef.

development. Children who experience responsive care giving develop secure attachment bonds which provide a solid foundation on which to build emotional wellbeing. Research shows that social class, income, living conditions and parent's own education levels are directly related to child development outcomes. However, the quality of the early home learning environment acts as a significant modifying factor. All parents can enhance their child's progress if they engage regularly in activities that encourage positive social development and thinking. Children with strong early home learning environments are ahead in both social and cognitive development at the age of three². They show advanced language ability, higher levels of confidence, co-operation and sociability, and this advantage continues as they progress through school³.

Promoting their skills and capacity will provide the basis for parents to better understand how children learn and ensure that they are active participants in their child's development, enabling the child to become an active learner with a strong attachment and healthy relationships.

Whilst we want the very best start for all of our children, we know that some children start their lives with reduced life chances and this may lead to poorer outcomes for those children, both in the early years and throughout their lives. It may be because they are less advantaged socially and emotionally or because other risk factors are present in their families which, if unsupported, can lead to a poor start for those children. It is therefore vital that universal services are integrated into a coherent framework underpinning a best start for all children with an offer of best start plus for those children who need it most.

In the programme of reform and resign the Partnership are keen to see a reformed early years offer for all families. A strong universal best start offer would be cross cutting bringing together midwifery, GP's, Health visiting services (Baby steps, Peri-natal mental health and Breast feeding support) through the delivery of the Healthy Child Programme and access to a high quality early education offer with support for parents.

The Partnership would also suggest that the Scrutiny Panel in its consideration of the Government Plan take into account the likely impact of Covid-19 and its legacy on the current generation of young children who have undoubtedly had atypical experiences. An initial exploration is provided in the attached briefing paper and the findings of a more detailed survey will be available in due course. While investing in School's Catch Up is commendable it is hoped that the needs of children in their early years will also be addressed.

Should the Panel have any queries or feel that further information would be helpful please do not hesitate to contact me.

Kind regards

Cathy

Dr Cathy Hamer

Chair, Best Start Partnership

² Melhuish, E. et al (2017) Study of Early Education and Development (SEED): Impact Study on Early Education Use and Child Outcomes up to Age Three – Research Report

³ Sammons, P. et al (2015) Pre-school and early home learning effects on A-level outcomes. Effective Pre-school, Primary & Secondary Education Project (EPPSE) Research report.

Starting life in an uncertain world: All babies and young children in Jersey were impacted by the Covid-19 (Enabling Provisions) (Jersey) Law 2020 and Covid-19 Strategy June 2020 which meant they, and their parents, were required to physically distance from anyone outside their household.

Referrals for support: The launch of the Children and Families Hub on 23rd March 2020 was accelerated in recognition of the increased pressures and challenges that the covid-19 pandemic would bring for children, young people and families. The Hub provides a single point of contact and referral for children, young people and families who require additional support to ensure they are appropriately safeguarded, protected and offered the right help at the right time. The Hub is open Monday to Thursday from 8.30 – 5pm and Friday from 8.30am – 4.30pm. Contacts can be made by both members of the public and professionals by telephone, email or through the electronic forms accessed through the [Children and Families Hub Information Directory](#). The Hub provides signposting and information about services. Where a child or family need more support, they are triaged by an Early Help Decision Maker and a MASH Decision Maker to decide the appropriate response.

Between 30.3.20 and 12.6.20 there were 229 referrals of children aged 0 – 5 years to the Children and Families Hub. This compares to 154 contacts to the Multi-Agency Safeguarding Hub and 36 Early Help notifications of children aged 0 – 5 years for the same period in 2019, demonstrating a 21% increase.

Counting the impact

It is universally recognized that children represent a particularly vulnerable population group. Major upheavals during their formative years can have consequences throughout their whole lives. Inequalities in early child development are also a major contributing factor to inequalities in adult life.

Jersey is now facing the unprecedented challenge of managing the Covid-19 pandemic and an associated global economic downturn. In planning our response, we should be acutely aware of the potential for this crisis to have a far-reaching impact on children, as evidenced by international research into the effects of the 2008 financial crisis.

Children and families are experiencing the impact of Covid-19, and lockdown, in different ways – from staying at home to the way they access health and support services and to their emotional health and wellbeing. An understanding of the lived experience of lockdown on babies, young children and their families is essential in ensuring the value of their insights are recognised, and their voices are heard, in making policy decisions and planning next steps in support and services. Thanks to its cross-sector role and membership, the Best Start Partnership has a unique insight into what is happening on the ground in Jersey as families contend with the evolving socio-economic situation.

What are the key issues for parents-to-be, babies, young children and their families?

- Expectant parents have generally felt they were “missing out” by working from home and not mixing with other people whilst pregnant, not being able to attend ante-natal classes, aqua natal or have parents and friends in the house.
- Maternity leave – Some mums who had given birth before lockdown have said they feel like most of their maternity leave has been spent in isolation, not spending time with family or friends or attending baby groups and activities.
- There are higher levels of anxiety in new parents due to social isolation and their inability to introduce their new babies to families.
- First time parents have reported feeling anxious that no one is seeing their baby apart from a quick visit to community midwives at The Bridge. Some have mentioned things like breast feeding, colic and babies being unsettled. While this has been covered virtually “it appears not to be retained in the same way as a face to face home visit.”
- Parents concerned about not being able to attend Clinics for routine weighing and reassurance have also shown concern for other mothers of newborns saying how much they valued their early face to face contacts with their health visitor. Families with newborns include those worries about their own isolation during this challenging time of parents and those who say they’re on the edge of breakdown, are feeling isolated and others facing extreme financial and relationship difficulties.
- Children’s lives were disrupted when childminders stopped working and children very suddenly either had to go to new settings or stay at home. When a nursery was closed some children were enrolled in other nurseries as their teacher parents had to go back when the schools reopened. Some children then returned to their original nursery when it reopened. Changes of teachers, key workers and setting were experienced by young children without the opportunity for preparation and induction.
- There are concerns that physical distancing is “much worse” in terms of emotional impact on children than adults:
 - Babies and toddlers have had bonds with grandparents and key worker parents disrupted at a critical time of attachment formation. Parents are worried that three months is a long time: a third of a lifetime for a baby of 9 months.
 - A mum talked to her Health Visitor about the difficulties of her baby turning from a baby into a toddler at a time when she has no face to face support from her own parents, extended family or friends and how her child now had ‘Stranger danger’ to grandparents.
 - A 3 year old has started to cry around other children when the parents tried to start up play dates again and now will not interact with her peers at all.
 - A 5 year old in her parents’ words ‘smashed up the house’ in frustration at not being able to play with her best friend.

- In addition, parents are worried about not only their own isolation during the challenging time of parents but also the long term impact the pandemic will have on their child
- Social interaction skills and socialisation development:
 - Many children have not seen anyone other than their parents. Parents of one and two year olds are worried about the loss of social contact with children of the same age in all settings, nursery and playgroups.
 - Parents have raised concerns that their nursery age children are not having any opportunity to interact with peers and worry about them learning to share, turn take, etc.
 - Parents have shared their concerns about separation anxiety based on leaving children at nursery/settings and their child being upset at drop off time.
 - A young child who had previously called their dolls and teddies by the names of children in nursery reverted to calling them just doll and teddy.
 - A mum has described her son wanting to hold her hand every time another person is walking towards them, even when he is in the pushchair.
 - The lack of contact with extended family members and grandparent care has resulted in “acute emotional pain on all sides.”
 - Health visitors report sleep disturbances, particularly in 2 – 3 year olds, possibly due to the loss of routines, nursery attendance and tension in homes particularly where both parents are working from home and sharing childcare.
- A disproportionate impact on mothers is reported. Women who usually juggle paid employment with managing the household and doing most of the tasks, such as caring for children, cleaning and cooking, are finding that the extra load Covid-19 places on families (such as, home schooling and no access to services, such as cleaners) is falling more heavily on their shoulders than fathers’. A mother trying to home school and work full-time was in desperation, saying she “couldn’t carry on like this anymore.”
 On a positive note, parents have enjoyed Dads being at home where they have provided support and bonded with babies, as although ‘lots of Dads have been working they have been accessible, starting work later and finishing earlier’. Some families have found increased involvement of fathers with their children of all ages very positive – more support for new mothers and a better insight into the demands of caring for a child and for older children.
- Parents and families have shared their worries about how their child going into nursery is expected to “social distance” and what settings are going to be looking like. Parents whose children were due to change nurseries/start at a new setting are concerned that they have missed so much time away from their friends, carers and routines that they are unsure they will be able to return to their current setting before they move to a new one or how they will cope with transitioning to a new setting in September if this is not possible in July. Their worries for children who have not had the full experience in nursery include well-being, language levels, self-help and toileting skills.

- Families of children with possible additional needs are concerned about when, and how, multi-agency assessments will take place and what support will be offered as well as wanting to know how they can access support / advice in the meantime.
- Parents need reassurance that they are 'doing the right thing' to support their child, against a background of how to juggle the pressures of working from home, financial anxieties, job security, getting access to the outdoors, having respite if their child has challenging behaviour / lack of sleep.
- COVID-19 has had a significant impact on families who employ nannies in Jersey. Parents/employers have experienced certain challenges in respect of working from home coupled with responsibilities for home schooling whilst not having the usual help and support of the nanny. There have been pressures too on nannies not being able to carry out their role and concerns around the impact this may have on the children for whom they care.
- While many childcare settings have contacted families to ensure interaction with key workers and maintain connections, they are aware of parents who have lost their jobs, others their businesses and so are facing financial difficulties. Jersey Association for Early Years have seen a 50% increase in applications for financial support in the last month to maintain continuity of care for these children.

Insights into services: changes to ways of working?

Inevitably, overall there has been a decrease in face to face support. In some cases, this has been replaced with phone contact and new ways of remote working. In others, there has been a significant impact on provision, e.g. the permanent closure of two private nurseries.

- **Maternity, neonatal and paediatric service and midwives**

are keen to share the message they are still available for business as usual and can be contacted on the usual numbers. They are providing protection for mothers, babies and their children as well as their own hospital staff and providing the appropriate PPE in the community when visiting at home.

- **Family Nursing and Home Care**

Unlike other UK jurisdictions Family Nursing and Home Care have continued with delivery of the Healthy Child Programme, albeit predominantly virtual. This way of working has provided benefits but there are limitations to this way of working and parents have missed opportunities to network and offer each other support.

The Baby Steps programme for expectant parents has had excellent feedback from groups saying how useful they found the presentations to keep and refer to.

currently over 100 children waiting for an initial assessment. This increased waiting time has created anxiety and concern for families and the team

Find out more at Appendix B.

- **Special Needs Inclusion Programme, Jersey Child Care Trust (JCCT)**

It is important to recognise that all the issues outlined in this paper are amplified for parents/carers of children with additional needs.

At point of lockdown (when nurseries closed to all but children of essential and critical workers on the 23rd March) JCCT, through its Special Needs Inclusion Programme was supporting 24 children. All the children supported by the programme were eligible to attend their nursery placement throughout the lockdown period as they are classed by the Jersey Government as vulnerable. At the start of lockdown, the take up of places was very small but numbers grew steadily during the period to include a total of 16 children. Most of these children required increased support to manage the very different nursery environments. From the 22nd June all children were able to return to nursery. To date 23 children in nursery are receiving support with up to 14 more being planned for. All children as they transition back have needed increased levels of support (An average increase of around 20%).

Children with special educational needs and/or disabilities find transition particularly challenging and without the right level of support this can result in a child's wellbeing being compromised and the emergence of difficult behaviour. There has been an increased need for support for several our children as they adjust to the new routines, social situations and practicalities of nursery life after a three-month period of absence. Plans to suspend support for three children have been withdrawn, as after a period of prolonged absence reduction of support is no longer in their best interest.

Parents have reported on the benefits of a period of time with fewer distractions. Families have been able to focus on their child's development and enjoy a period of intense interaction. For others the pressures of balancing work, childcare and therapy have been very challenging. During lockdown therapeutic input from professionals has been put on hold and target setting suspended. As yet it is too early to tell what impact this will have had on children's progression, but it is predicted that there will be an increased need for input through the Programme over the coming months.

- **Best Start Plus Nursery Funding, JCCT**

There is a clear expectation that there will be an increase in the number of families experiencing poverty and increased need for nursery placements to support children's development particularly in areas of communication and socialisation.

- **Brighter Futures**



Brighter Futures have continued to offer support services to families changing their offer from primarily group based to individual support. This has taken the form of virtual and phone contacts, Facebook stories and songs, delivering activity packs and resources. There has been a significant increase in contacts with keyworkers which has undoubtedly been appreciated by families. The service is moving to incorporate trauma-informed practice in the light of the experiences of the past few months and the impact on young children.

Read a mum’s personal tribute at Appendix C.

- **Nannies**

There are currently 44 Accredited Nannies by JCCT in Jersey. Throughout the COVID-19 Pandemic, just over 10% of nannies who are employed by essential or critical workers were able to continue with their role providing care for children in the employer’s family home. In some of the situations, the nanny assumed many of the responsibilities for home schooling. The continuation of the nanny being able to provide care was a great comfort to the family and provided a positive experience for the children.

Although not permitted to work in the usual way, many nannies provided online story time and assisted where appropriate with home schooling via video link. Some lovely experiences were shared with JCCT where parents and nannies engaged to ensure there was a level of virtual interaction on a regular basis between the nanny and the child/ren throughout lockdown. This assisted in providing comfort and stability for many children, however, where this was not possible, (e.g. due to the age of the child or limited attention span), it was difficult for some children to accept why their nanny could not be with them.

Unfortunately, these unprecedented times have resulted in a few nannies being made redundant. Parents would have sensitively had to explain to their children that their nanny would no longer be returning to their role.

- **Churches in Jersey**



Churches in Jersey have obtained a significant number of testimonies from parents of children under five and the way they have felt the effects of Church closures during Covid 19.

Parents have expressed concerns about the closure of Baby and Toddler groups (around 21 in total in Jersey are Church based). Many of these provide a rich learning environment from play and motor development to language opportunities as well as social development. The Under 5's Sunday Ministry for children also provides rich development opportunities and time to practice faith as a family which children and families are missing out on.

Parents' testimonies across a number of Churches and another denomination are available at Appendix D along with an overview of her lockdown experience written by a mum with a baby of 5 months old and a 2 year old.

What does research tell us?

A Rapid Systematic Review 'The Impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19' by Loades et al found "a clear association between loneliness and mental health problems in children and adolescents. Loneliness predicted future mental health problems up to 9 years later. The strongest association was with depression. The length of loneliness appears to be a predictor of future mental health problems. Furthermore, children in enforced isolation or quarantine were five times higher to require mental health service input after previous pandemics. This suggests that the current social distancing measures enforced on children because of COVID-19 are likely to increase the risk of depression and probably anxiety, as well as possible post-traumatic stress."

One of these reviews, conducted by the team at Cambridge University's PEDAL research centre, examines the impact of quarantine and restricted environments on children's play (Graber, K et al., 2020). Amongst the conclusions, the authors reflect that play will likely have changed during the COVID-19 lockdown conditions, particularly as a result of decreased peer-play and playground play.

All studies that evaluated the use of play as a means of expression or to promote coping reported positive findings, particularly in relation to the use of play to support communication, coping and social connectivity.

For social and emotional wellbeing, children need opportunity for all types of play, including play with their peers and physical outdoor play, both of which have been and, to some extent, continue to be restricted. This restriction is likely to be felt particularly acutely by children without siblings who are close in age and by children who don't have easy access to outdoor space. This further contributes to concerns about lockdown exacerbating existing social inequalities (Morrison N, 2020).

The Institute of Fiscal Studies report (IFS Working paper W20/16) on the mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK report that the Covid-19 episode has had substantial negative impacts on the gender and age groups – broadly women and the young – that already had relatively low levels of mental health. Pre-existing inequalities in mental health have therefore been exacerbated by the crisis.

Early results from the Co-SPACE (COVID-19 Supporting Parents, Adolescents and Children in Epidemics) online survey of over 1500 parents suggest high levels of COVID-19-related worries and fears, with younger children (age four to 10) significantly more worried than older children (age 11 to 16).

Having explored the harmful impact of isolation on children and the alleviating benefits of play, **the expert panel conducting the review urged Ministers and policy makers to “ensure that children are afforded substantial, and if possible, enhanced, access to high-quality play opportunities as soon as possible.”**

Dr Jo Casebourne, chief executive of the Early Intervention foundation, says: 'Our research paints an ominous picture of a wave gathering pace beneath the surface. As lockdown conditions are eased, services face a double hit, not only from more families needing more support to deal with a wider range of problems, but also from the knock-on consequences of fewer people having received the support that would usually have been available at key moments in their lives.'

Best Start news

At the outset of Covid-19 everyone rose to the challenge. During lockdown the Best Start partnership created a weekly news sheet to support the wellbeing of everyone engaged with young children and their families. This is available on the Best Start website <https://www.beststart.ie/>

Three months later the trajectory of the pandemic remains unclear and people are beginning to realise we're in this for the long haul.

Bridges' (2009) model of psychological transitions provides a way of understanding what it means to grapple with change and live with uncertainty. He identifies three stages of transition that people pass through:

- **Ending, losing, letting go** of old ways and identities
- **The neutral zone**, where the old reality is gone and the new one isn't yet fully formed
- **The new beginning** working with new energy and purpose.

As a barometer of the voices and experiences of parents of babies and young children, along with the support and services to meet their needs, the Best Start partnership is well positioned to take forwards the silver linings from the pandemic in re-building something better.

What next for the Best Start partnership?

- The partnership is undertaking a survey to ensure that the voices of young children and their families provide an evidence base for future policy and planning.
- Exploration of the ways in which listening to babies and young children can inform service delivery and practice through a Jersey developed early years rights respecting approach is in progress.
- Promoting a sound understanding of the importance of infant mental health is vital in determining children's future outcomes.



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20:20 Vision

Seeing the world through babies' eyes

#IMHAW2020

What is Infant Mental Health? Why does it matter?



Infant mental health describes the social and emotional wellbeing and development of children in the earliest years of life.

Sensitive, responsive and trusted relationships are fundamental to infant mental health. Parents and caregivers help babies to learn how to experience, manage and express their emotions, and to feel safe to explore the world.



Although children's futures are not determined by the age of two, severe and persistent problems in early relationships and emotional development can have pervasive and lifelong impacts on a range of outcomes.



Because the first 1001 days are a period of rapid development, early experiences affect not only babies' emotional wellbeing now but also influences how their bodies and brains develop.



It's very important to **promote emotional wellbeing and development** and to provide support to families if they experience difficulties in parent-infant relationships.

Good infant mental health:



enables young children to **feel safe and secure**, ready to play, explore and learn as they enter early education and school;



increases the chances of babies **achieving their potential** in later life and **contributing to society and the economy** as adults;



lays the groundwork for children's ongoing **social and emotional development**, including resilience and adaptability – key competencies that will help them to **thrive**;



helps children to **develop behavioural and physiological regulation** which are linked to lifelong physical and mental health and wellbeing;



gives babies the **skills to form trusting relationships** which are essential for living a healthy and fulfilling life.

Good infant mental health promotes positive outcomes throughout a person's life and influences how they parent their own children. **Investing in infant mental health pays dividends for generations to come.**

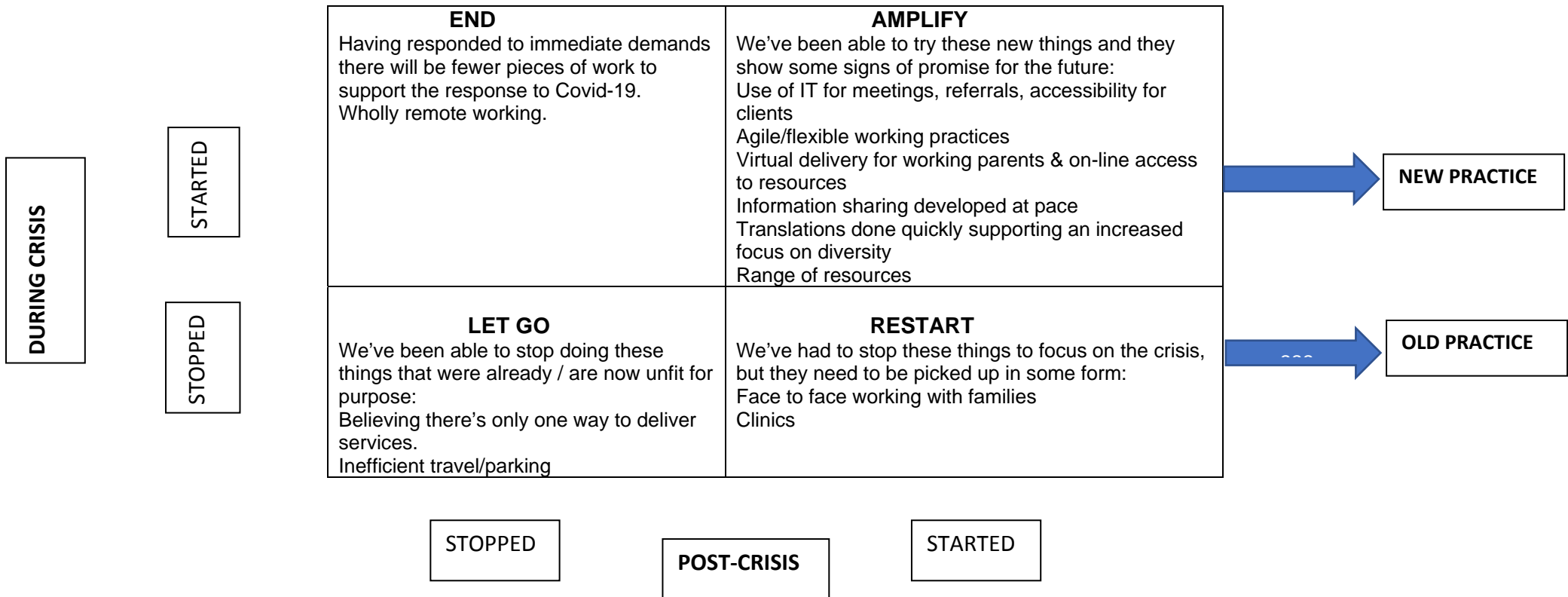


<https://1001days.org.uk/resources>



- In order to re-build something better the partnership will continue to understand crisis-responses measures through collective sense-making to determine how best to move forwards. This is just the start.....

Understanding crisis-response measures: Collective Sense-making





Bringing it all together

Covid-19 has undoubtedly been and continues to be stressful. “Stress” is a commonplace term for bodily chemical changes in response to frightening or threatening events or conditions. It involves the production of hormones that can affect almost every tissue and organ in the body. When children face abnormal levels of stress, and when protective factors are insufficient to mitigate their stress to a tolerable level, these hormonal changes are deemed “toxic” and can impede children’s behavior, cognitive capacity, and emotional and physical health.

For children, the best buffer against toxic stress is to grow up in a supportive, responsive relationship with caring adults. But when the adults themselves are exposed to toxic levels of stress, it becomes difficult to provide this protective environment. Children feel anxious and stressed, for example, when parents endure unemployment or income loss. The quantity and quality of time that parents spend with their children is affected by income reductions and contextual stress. Parents who lose their jobs have more limited access to the resources they need to provide for their children’s basic needs, like clothing, food, and medical care.

This paper is not just about the short-term effects. By impacting on children in critical periods of intellectual and emotional development, the current crisis has the potential to leave a long-term legacy. Looking forwards the recovery process of the crisis, the overall wellbeing and the ability to play is of crucial importance for children.

Our members are reporting increased demand for services and more families seeking help with anticipated ‘surges’ and ‘waves of pent up demand’. This real-life experience emphasises the importance of making high quality support for families and children integral to Jersey’s recovery plans and, ensuring those families who are most at risk can sustain safe, stable and nurturing relationships. This goes beyond direct financial support to include support programmes that enable families, caregivers and professionals to help develop children’s adaptive and positive coping skills.

Appendix A: Pregnancy in a pandemic



For me the pandemic was a mixture of positive and negative with my pregnancy. I endured 9 months of Hyperemesis Gravidarum, which is severe sickness and spent my time on high doses of medication to enable me to function. Being isolated and then on lock down was somewhat of a relief, not being required to leave the house enabled my illness to somewhat plateau.

For our family it also meant one on one time with our older son, who is 6, before the baby arrived and changed his little world.

There were negatives though, and we were lucky that we'd had both our 12- and 20-week scans before lockdown came into force as it meant my partner had been there and didn't miss out on those. Once lockdown happened, he wasn't allowed at any appointments, which was awful for us both. He couldn't hear the heartbeat or hear information firsthand from the midwives. The appointments were shorter and covered less aspects of pregnancy and birth, as they kept to the basics. I ended up seeing a mixture of midwives so the continuity of care was lower, I didn't really build a relationship with any of them which I'm sure would have happened had those appointments been at my Drs surgery with the same one or two midwives.

As my pregnancy went on, I had to have a growth scan around 34 weeks, this would be our last opportunity to see baby and my partner was not allowed to be there. It was only when I arrived at the appointment did I see a poster saying I could get a short video of the scan at the end to take home for my partner. It doesn't make up for him missing the whole thing, but it is something we wouldn't have usually had in normal times so is a nice memento.

It was around this time when a really unhelpful news story came out that basically said no partners would be allowed at the birth and having had no information like this from the midwives themselves caused confusion and concern. It ultimately made us discuss whether we would then opt for a home birth so my partner could be present. Luckily within a week I had an appointment with the midwives who assured me the story was not correct and that my partner would be allowed at the birth unless he had COVID, it still wasn't nice to hear but at least reassured us and gave us the correct information.



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During my final few weeks I ended up needing a couple check-ups and monitoring of baby at the hospital and each time my partner was allowed to be present which made all the difference. I couldn't have imagined having to go through that, with all the worry and anxiety it causes, alone, let alone the birth.

My partner was there for the entire labour and was also allowed free access to the maternity ward afterwards, which meant he didn't have to miss anything during or any checks on baby after. The midwives were amazing, they all wore masks and followed all the rules, but it wasn't an obvious difference, they were still hands on and made the experience as easy as possible. We were able to leave the hospital the same day baby was born, and I think this helped to reduce any anxiety of having to stay in hospital.

The after care has also been great, although my partner hasn't been allowed at any midwife checks which has been disappointing, especially the heel prick as I hated that and would have appreciated the support he would've given me.

We had to take our son for an outpatient paediatrics appointment for a blood test and for this appointment he was allowed! We have also been lucky as when the care changed from midwives to health visitors it was the week they were given the green light to start entering peoples' homes again, before this these check-ups and weighing of baby was done over FaceTime or similar. We have been lucky enough to see our health visitor face to face for each visit and this has helped to build a relationship with her and has meant we can both always be there.

Appendix B: Jersey's Children's Speech and Language Therapy Team



The Government of Jersey has predicted that the Health Service will need 12-18 months to recover as a result of the impact of the pandemic, which is a very long time in a young child's life and the concern is that some children will miss this vital window for language learning. When lockdown commenced, the Paediatric Speech and Language Therapy (S<) team initially continued to provide support to their clients and families through phone and video consultations. The team however were directed to cease business as usual in the middle of April, so the team could complete any necessary training and be ready for redeployment. 6



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members of the team have completed the Health Care Assistant training and two members of the team were redeployed to other Departments. The S< team are currently awaiting confirmation from the Health and Community Services Executive Team regarding when business as usual can recommence.

Urgent feeding and swallowing referrals have continued to be seen during the lockdown, as per the Royal College of Speech and Language Therapists' (RCSLT) guidelines.

Pre pandemic, the typical waiting time for an initial assessment with a Paediatric Speech and Language Therapist was under 12 weeks, however this is now at least 10 months as we have been unable to start the assessment process with these new families. There are currently over 100 children waiting for an initial assessment. This increased waiting time has created anxiety and concern for families and the team. This will have a long-term impact on the already stretched resource allocated to the S< team.

During the pandemic, children and young people with long term communication needs will receive significantly less support due to the closure of education settings and redeployment of speech and language therapists. It is critical that these children and young people's needs are not forgotten both now, in the immediate response to the pandemic, and in the future. This is particularly important given that children and young people with communication difficulties are at increased risk of social, emotional and mental health needs and we know that delayed communication has the biggest negative impact on educational outcomes and therefore helps close attainment gaps.

Anecdotal research from Jersey, and other countries in Europe show that whilst some children's language skills, have improved during lockdown, as children are often spending more 1:1 time with adults, this does not apply to children with specific language difficulties. Potentially if the children on our caseloads have not experienced developmental progression with their language at the same pace as their peers, then the gap will now have widened.

Some parents have reported a loss of confidence as a result of decreased input from our team, for others we have observed a regression in their understanding of their child's needs e.g. a child, naturally, has less communicative demands placed upon them at home and when only with & observed by family/close friends a child's language skills can look artificially elevated. The team has also seen that due to home schooling verses home Speech and Language Therapy programmes, the family have become reengaged with number work, colours and counting when the child's language levels are not sufficiently developed/ready for this work. For many of our children high quality play opportunities is an essential foundation for language skills to develop. Children have had less play opportunities at school (e.g. they may have missed a large portion of reception class & are now going to year 1), this is particularly relevant to our vulnerable children.

The S< team have also reported a loss of relationships with families, especially when challenging conversations about a child's progress or possible onward referrals to other agencies are needed.

We only really beginning to see the ramifications of Covid on our caseload this will play out over a long period. The Royal College of Speech and Language Therapists (RCSLT) made a submission to the Health and Social Care Committee's inquiry into "Delivering Core NHS



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and Care Services during the Pandemic and Beyond”. The report summarised the issues faced by Children’s community speech and language therapy services and is reflected of the situation in Jersey. The Speech and Language Therapy Department will also face a wave of pent-up demand:

1. Many children and young people with existing communication or swallowing needs will have received reduced speech and language therapy provision during the pandemic, either because services have been prioritised elsewhere, staff have been redeployed, or because schools have closed.
2. The closure of schools and pre-school settings, coupled with changes to health visitor checks, also means a reduction in the new identification of children with speech, language and communication needs. Children’s speech and language therapy services are reporting significant reductions in new referrals during the pandemic.
3. In addition, the closure of pre-school settings has the potential to impact on children’s early language development. The first months and years of a child’s life are particularly crucial for language development and if a child’s language is not supported, their development may be permanently affected.
4. The reduced opportunities for both early identification and timely intervention

Appendix C: A personal tribute from a parent



Brighter Futures have been a key support network during lockdown for the children in many ways, for example, by bringing all sorts of games and packs to keep them busy, entertained and distracted, also by informing us of all sorts on their Facebook page and directing to websites, live story-telling, exercise and calming exercises, online ordering websites for food and all our weekly needs. I have two children, one aged 7 and one aged two, and when I have run out of ideas, I know I can always count on my key worker to be there to reassure me and come up with more things to do. My key worker in particular has been incredibly



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proactive in keeping in contact with me to ensure the kids and my wellbeing are on form and not feeling alone and unsupported, and I think it's incredibly important to remember that in order for the children to be okay, us parents have to be okay too, otherwise the kids can feed off that negative energy. I for one am extremely grateful and lucky to have Brighter futures in our lives. Just knowing that they are there for advice or even just to listen to our worries has been a tremendous amount of help to me.

Appendix D: Churches in Jersey



Testimonies from parents of children under 5:

Children are 5, 3 and newborn. We have missed being able to attend church at this time. Our older children have missed their friends at church (as have we, as parents) and it has been hard to provide opportunities for spiritual teaching for our children when we were delivering all of the school work at home too. As well as missing their teachers at school, our children have also missed their Sunday school teachers from church. Church forms an important part of our weekly routine and an opportunity to connect and share time and friendship with lots of important people in our life, who we consider to be our wider family. Being isolated for this has been a challenge, although we have also had some lovely family times during Sunday mornings whilst we have not been attending church. As a Mum to a newborn born just before lockdown, I have missed out on the opportunity to attend church-based parent and baby groups for peer support and to make 'new mum friends', I will now not be able to do this prior to my return to work and feel that I have really missed out on this experience this time.

Child 18 months. I really value having Christian friends around me and the Church Toddler group gives me opportunity to mix with people, who share the same values as me. I also get a bit of a break as they engage with song time with the leaders. I have felt like my daughter has missed out on playing with other children and even now when we visit the park she is not playing with other children as she doesn't have relationships with them.



Kids 6, 4, 2 and 3 months (born just before lockdown)

Lockdown has been a wonderful blessing for us. We haven't felt we've been lacking in much at all - except perhaps seeing family. I feel I've missed out on folks meeting Judah which has been sad. Maternity leave has certainly been different. I've LOVED having my husband working from home as it's been so lovely to have lunch together and we get some time back by having no time out commuting.

Church has been odd for sure. We have missed seeing friends and worshipping together with them. We have missed having "Live" worship and fellowship and sermon. The kids don't seem to have missed their individual groups much but my 2 year old has really enjoyed the LL offerings! The children have enjoyed having family time watching/doing church at home. During the sermon we have found some alternative children's church type activities (& now are using the SPJ video since that's available). One real positive from a faith perspective is we've spent time teaching our eldest some memory verses which he has retained beautifully and is the start of a great treasure store of biblical knowledge.

The children have grown in confidence with finding their way round their bibles and my eldest has spent every day reading his Action Bible for about an hour or longer during "quiet time" which we've all had after lunch. (The littlest two and I have napped most days while the older two boys have read quietly or played with Lego/k'nex).

As a family we have continued to spend lots of time outside either in the forest or the beach. The other lovely thing is that the children have had the chance to spend lots of time in the garden and have seen their many seeds and plants develop, and pick and eat their own tomatoes, courgettes, sugar snaps, strawberries, broad beans, potatoes, spinach and mint... they've taken lots of pride in this and it's been great to see them partner with God in working in the garden!

My eldest (6) is back to school today and we feel a little hole in our family today. We miss him and spent time praying for him before he left today. My 4 year old is back tomorrow and is not keen to go at all. He has loved being at home and doesn't see any pleasure in going back to school, despite having lovely friends there. My daughter (2) already misses her brother so much and will miss her other one tomorrow.

For me, well, I shed a little tear that my eldest was back to school today. It feels like the end of a small, but very special, era. I'm well aware that we are so fortunate in having such a blessed lockdown in this beautiful island, and that we have not experienced much of the suffering Covid has brought to many. We are thankful to God for many wonderful friends on island who have (partly) replaced the lack of family.

My lockdown experience as a mum

They say that relocating, having babies and starting a new job are some of life's biggest stressors. At 7 months pregnant and with a 20 month old, my husband and I moved to Jersey as he transferred from the metropolitan police to the SoJP at the end of November. My 2nd baby is 5 months old now and my son is now 2. Looking back over the last 7 months and through the lock down it has made me wonder how we have managed to take all of this in in one go. As much as I'd like to claim to be a bit of a super mum, I've actually learnt that raising children requires community, friendship and support, they say it takes a village to raise a child. I'm certainly grateful for the church community that, as we have arrived on the



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island and made ourselves and our situation known to them, gathered around us to support us in so many ways. I've felt instantly like we have had friends and a place to turn to. I'm thankful for the connections made through church and church children's groups that had we had not made them, lock down could have been overwhelmingly lonely, particularly for me with small children and a husband who is a critical worker. My son is known to the church, he loves the children's groups and looks forward to them. They became a key part of our weekly routine when we arrived. When they were forced to stop during lock down, the church has worked tirelessly to stay connected through social media and through little deliveries in the post. To the life of a two year old - this has been so impactful. He remembers the fun, the kind faces and the community feel, and he knows it will return eventually! In the meantime, we sing the songs he's learnt and watch the weekly online videos.

I'm so thankful for the family of believers here in Jersey who have recognised my needs and reached out to me at a time when there's been change after change for our family at this time. It's strengthened my personal faith and trust in a loving God as I've seen him meet my needs through the kindness of His people at a time where it would have been easy to feel unsettled and vulnerable.