



University of Essex

COVID-19 and families in Southend:

(Preliminary report)

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Background

A Better Start Southend (ABSS) is a national-lottery funded programme which responds to the link between economic deprivation and poor life chances. It provides free services to families with babies and very young children (age 0-4) in the 6 most economically deprived wards in Southend. The programme aims to improve children's diet and nutrition, social and emotional development, and speech, language and communication, thus improving their longer-term life chances. The COVID-19 pandemic and associated 'lockdown' restrictions have changed daily life across the whole of the UK, in ways that will likely have long lasting consequences for individuals, families, and communities. These consequences will be impacted by economic deprivation.

There is a well-established link between economic deprivation, ill health, and poor life chances. For example, healthy life expectancy for males in the most deprived areas of England is 51.7 years, compared to 70.4 years in the least deprived areas¹.

Early figures on COVID-related deaths suggest that individuals in areas of economic deprivation are more likely to die as a result of the virus than those in the least deprived areas. Rates for deaths occurring between March 1st and 17th April 2020 show that in the most deprived areas of England the mortality rate for COVID-19 was 55.1 per 100,000 population, but in the least deprived areas it was more than half that at 25.3 per 100,000².

According to the latest available figures for COVID-related deaths by local authority (as at 23rd May 2020) the rate was 199.5 deaths per 100,000 population for Southend-On-Sea. This compares to Sunderland, which had the highest rate of 493.5 per 100,000, and Rutland, which had the lowest rate of 83.1 per 100,000³.

In addition, evidence suggests that certain social groups may be particularly detrimentally affected by COVID-19, including multigenerational families in crowded housing (Kenway and Holden, 2020) and certain minority ethnic groups (Platt and Warwick, 2020).

¹ Public Health England, 2019

² Office of National statistics, 2020

³ Gov.uk, 2020

COVID-19 will alter the priorities of ABSS services and the ways in which they work with families. The evidence-base that these services draw upon needs to relate to the population in Southend, and their unique local conditions and economic circumstances.

Research to contribute to the evidence base on the impact of COVID-19 within Southend is currently being undertaken. Its aims are to examine:

- The impact of the COVID-19 pandemic and 'lockdown' restrictions on families with babies and very young children in A Better Start Southend wards.
- How ABSS services might respond effectively so that they can continue their work to improve the health and wellbeing of very young children and their families in Southend during the pandemic and its aftermath.

Key Conclusions

Findings so far highlight the wide range of challenging and positive experiences among families in Southend during the pandemic. Specific conclusions and implications drawn from this stage of the research are:

1. The COVID pandemic may have adversely affected the mental and emotional wellbeing of parents in Southend, and parents would like help, support and information in this area.
2. There are varying levels of parental concern about children's learning, social development, and emotional wellbeing. While worries about children's learning and schooling needs are significant for some, others have reported improvements in this area, and in the quality of time spent with children.
3. Many parents are experiencing a range of improvements in family and community life during this time. Services should work with families to embed these benefits and improvements over the longer term (where possible).
4. Domestic violence may have increased but this is largely 'hidden'. This is one aspect of wider concerns about there being a small, 'inaccessible' population of families experiencing serious hardship.
5. Virtual and remote service provision may be proving effective. Strategies need to be implemented to support this provision over the longer term.
6. Parents prefer non-interactive ways of receiving additional support that is specific to the COVID pandemic

Executive Summary and Preliminary Conclusions

Overall, findings suggest that there have been a wide range of challenging and positive experiences among families in Southend during the pandemic. Practitioners' perspectives and experiences suggest that at the 'worst end', COVID-19 has exacerbated or contributed towards food poverty and other difficulties accessing food, domestic violence and other problematic family relations, mental distress and behavioural difficulties in children.

However, for others, the situation may not have posed serious difficulties and for some may have provided benefits and opportunities, such as spending more time together as a family, strengthening social bonds and community support, less distracted time with babies and young children, and a beneficial shift in social roles within the family.

Some of these experiences are also captured within the survey findings, although problematic aspects surrounding more extreme hardship are not reflected here. This is because these are not experiences that can be captured in a survey, and because it is the more 'accessible' and 'engaged' families that have completed it.

Specific conclusions and related implications from this stage of the research are as follows.

Conclusion 1: The COVID pandemic may have adversely affected the mental and emotional wellbeing of parents in Southend

- Parents are experiencing more social isolation, which may lead to lowered emotional wellbeing, increase pre-existing mental health difficulties, and reduce the individual's support network.
- Relative to other areas, parents' concerns about their own emotional wellbeing/mental health are high.
- This is an area in which many parents would like help, support or information.
- Detection of postnatal mental health struggles may have decreased due to reduced contacts with GPs and wider family members.
- Individuals may be less likely to seek support for mental health difficulties during this period, if they interpret their struggles as 'normal' and 'expected'

in the context of the pandemic, and/or if they perceive services as being less available during this time.

Conclusion 2: There are varying levels of parental concern about children's learning, social development, and emotional wellbeing

- Concerns in these areas are frequently self-reported by parents. Many indicate that they are worried about their child's learning and schooling needs.
- Practitioners' observe that schooling and learning issues are a significant source of concern for some families.
- However, many parents report increased quality of time spent with their children and some indicate that there are benefits to the whole family from having partners spend more time at home.
- For some, increased time together as a family seems to have impacted positively on social roles within the family.
- Some parents report having seen benefits in their children's learning and academic abilities. Reports of improved speech for a child were reflected in the accounts of both a practitioner and a parent.

Conclusion 3: Many parents are experiencing a range of improvements in family and community life during this time. Services should work with families to embed these benefits and improvements over the longer term (where possible)

- Parents report improvements in a range of areas including, for example, quality of time spent with children, community support and togetherness and learning new skills.
- Services should work to facilitate these improvements over the longer term, where possible. For families with children who access support for a particular need, such as those relating to speech and language, practitioners may be able to work with parents to identify which changes to family life during the pandemic led to the identified improvements and find ways to embed these over the longer term.
- Services that facilitate community engagement and opportunities for groups of parents (and others) in the local area to work collaboratively and support each other may be particularly beneficial in the aftermath of the pandemic.

Conclusion 4: Domestic violence may have increased but this is largely 'hidden'

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- Practitioners identify concerns about domestic violence and the hidden nature of this problem, emphasising the lesser likelihood of this being recognised by professionals due to decreased contact with services.
 - Concerns about domestic violence concur with national evidence which shows that domestic abuse killings doubled over a 21 day period in the lockdown, and that a national abuse helpline received 49% more calls (Jacobs, 2020).
 - National evidence also shows that a potential increase in domestic violence does not reflect more individuals becoming violent, but that individuals “who are already suffering abuse are being attacked by their partners more often” (Williamson et al, 2020).
 - Concerns about the hidden nature of domestic violence are one aspect of wider concerns about there being a small, ‘inaccessible’ population of families experiencing serious hardship.

Conclusion 5: Virtual and remote service provision may be proving effective. Strategies need to be implemented to support this provision over the longer term

It is too early to evaluate the impact of the transition to virtual and remote service provision, and/or how this has been received by parents. However, focus group findings suggest that, from the practitioners’ perspective, these have generally been well received and engaged with.

National research has found that among individuals developing and delivering programmes aimed at young people (Martin et al, 2020), some practitioners seem interested in retaining elements of virtual or remote delivery post-COVID. Some points for consideration regarding ongoing provision (based on national research) include:

- When developing virtual and remote delivery, it is important to identify the core components of an intervention and maintain these (Martin et al, 2020)
- Virtual and remote interventions may be more successful if they involve an element of personalisation or some contact with a practitioner - as opposed to involvement that is entirely self-directed or non-interactive (Martin et al, 2020).
- Virtual and remote interventions may involve problems of attrition. Finding ways to keep people engaged, such as working with families to problem-solve any difficulties they have in this area, is vital (Dittman et al, 2014; Martin et al, 2020).

Conclusion 6: Parents prefer non-interactive forms of delivery for receiving additional support that is specific to the COVID pandemic

In contrast to the above recommendation for online provision of interventions to involve personalisation and direct contact with a practitioner, overall parents prefer to receive support, guidance and information for issues of concern relating to the pandemic via non-interactive methods and/or relatively 'impersonal' methods, such as written materials, videos and via WhatsApp. This may reflect parents' wish to be able to access information at times that are convenient to them, or it may reflect a sense that these less-interactive methods are the most appropriate to the level or extent of the concerns they are experiencing.

Methodology

This report is based on preliminary findings from two research methods; online focus groups with 'front line practitioners' and a survey with families in Southend.

Focus groups with practitioners

A total of nine 'front line' practitioners⁴ took part in one of three focus groups. These practitioners worked across a range of services, including those focused on breastfeeding support, speech and language, parent and community engagement, employability, family support, and mental health. The focus groups ran online (on Zoom) and each lasted approximately one hour. They centred around two broad questions:

- What challenges has the COVID-19 pandemic posed for children and families in ABSS wards?
- How might ABSS respond effectively to these?

⁴ All practitioners who participated in focus groups were ABS-affiliated and had had contact with families in ABSS wards during the COVID-19 pandemic. This included individuals whose main role was working on ABSS projects and services. It also included individuals working in partner organisations who were only partially involved with ABS.

Participants discussed the contact they had had with families during the pandemic, the ways the services they worked in were currently running and perceived difficulties and successes within this, challenges and difficulties faced by families during 'lockdown' as well as benefits, community and service responses in the local area, and ideas about what services, support and opportunities would likely benefit families.

Survey of families

An online survey was made available to families in Southend via a dedicated webpage, a link to which was shared on ABSS social media pages and emailed to potential respondents by practitioners working in ABSS services. This report draws on findings from the first 40 responses to the survey (data collection is ongoing). Full details of the survey respondents can be found in the Appendices.

All respondents were female (n=40), and almost all were White/British. Respondents ages ranged from 20 to 49, with over half (24) in the 30–39 age bracket. There is no representation from 'young parent' age groups.

Nearly all (37) currently had at least one child age 0–4 in their household. 33 respondents lived with a partner, and 6 were the only adult in their household. The total number of individuals in each household ranged from 2 to 7. The typical household included the respondent, a partner, and 2 or 3 children in the 0–4 and 5–10 age brackets.

33 respondents specified the ABSS ward in which they lived. There was at least one from each ward.

7 respondents had responsibility for one of more children (age 0–18) with a special educational or learning need, and 3 for one or more children with mental health/emotional/behavioural difficulties. 1 respondent had a child/children receiving support from social services.

6 respondents suspected they have had (or currently have) COVID-19, but none had been diagnosed. 5 reported that another member of their household has had suspected COVID-19. In 2 households this included a very young child (0-4).

Half of respondents had used an ABSS service within the previous two years and 11 were currently using one.

NB: It is critical to note that the survey responses offer insight into a small section of families living in Southend, but that these are not representative of the whole range of circumstances faced by families in ABSS wards. It is unlikely that families experiencing extreme social, financial or domestic hardship will have completed the survey. In addition, the sample contains a disproportionately high representation of individuals who are engaged in A Better Start as volunteer parent ambassadors. However, while not representative of all families living in ABSS wards, the findings none the less provide some insight into the experiences of families in Southend, and it is anticipated that further survey data will be collected over the coming weeks.

Report structure

This report outlines findings in accordance with thematic areas identified during the focus groups. These are:

- Changes to ABSS services
- Local community responses and services
- Challenges and difficulties experienced by families
- Benefits experienced by families
- Perceptions of what will help.

For each area, findings from the focus groups are presented first, and then relevant insights from the survey are included.

Detailed Findings

Changes to ABSS services

Practitioners working in ABSS services reported that they had adapted the way they worked during the pandemic in order to continue delivery while maintaining social distance. They were all working from home (either mostly or entirely) and providing an adapted version of their service through online platforms and telephone calls. One service that a practitioner worked in had retained elements of personal contact through occasional home visits for cases where this was absolutely needed (e.g. where there were concerns about domestic violence).

In most cases, services were continuing support in the same vein as pre-COVID as far as possible and practitioners reported the need for families to have consistency and reliability in this respect. For some services, new work was 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.

Many practitioners reported positive experiences of the work they had been doing and identified aspects that they wished to continue post-COVID. For example, one practitioner working in speech and language explained that they had created videos for families demonstrating techniques and shared them online, and that these were beneficial in comparison to the information they usually distributed which involved describing (as opposed to showing) techniques.

Generally, there was a perception that families were making good use of ABSS services during this time. Practitioners reported that families seem to have been more open to accessing services and engaging in new ways of communicating than they were prior to the pandemic, and that parents have been 'more accessible'. It was suggested that pre-COVID, online meet-ups would not have been popular as it is unlikely that many parents would have been willing to try new online platforms, but that they are in the current circumstances. A practitioner working in a service where building relationships with young mums is fundamental was surprised with how

effective this relationship building had been in the current conditions, and how engaged families had been. However, a practitioner in another service reported a lower than expected number of referrals during the pandemic. In addition, while overall there was a sense that distanced-working strategies were effective and that working in this way was 'doable', it was recognised that it was also more tiring and difficult than usual, and there were limits to what could be achieved.

Local community responses and services

There was a perception of local services, including those within and outside of A Better Start, as having largely been effective. Specific services and projects that were described as having been especially helpful include:

- ✓ The council coronavirus helpline – referred to as a helpful source of information/an important element of collaborative working in the community.
- ✓ Early help/early intervention teams – referred to as helpful for young mums who are struggling during this time.
- ✓ Westcliff library online sessions (toddlers 'sing along').
- ✓ Local Autism Spectrum Disorder (ASD) services (particularly Little Heroes charity) were described as doing essential work, due to children with an ASD diagnosis particularly struggling during this time. They were described by one practitioner as *"keeping everybody together and doing lots of things with families"*.
- ✓ Safe steps (charity working with people affected by domestic abuse) – this was described as helpful for signposting.
- ✓ ABSS partners (e.g. family action, 'Let's Talk') were described by a practitioner in a different partnership organisation as having undertaken some very effective work.

In addition, the community response more generally - including that of parents in ABSS wards - was recognised as impressive. Parents were described as having been valuable in providing each other with social support and signposting other parents. There was also a description of a parent being involved in teaching other parents a new skill online.

One practitioner explained that the collaborative element of responses by local services had been extremely helpful. However, two others discussed how there were missed opportunities to be more collaborative. One of these practitioners felt that more awareness of the work that other services are currently undertaking would improve the effectiveness of local support. Possible reasons given for missed collaboration opportunities included being physically apart from each other, each service needing to fulfil the needs of their own organisation, and difficulties making contact with other organisations. Linked to this latter reason, while local services and charities were generally described as helpful, there was recognition of difficulties in terms of the ways the services were running under the current lockdown restrictions. The adaptations local services have made to follow social distancing guidelines meant that contacts between them were experienced as 'less instant', especially due to individuals being unable to 'pop in' to places in person.

There was a common perception among practitioners that people have been less likely to access their GP during the pandemic. One practitioner explained that postnatal problems such as depression are usually addressed at postnatal checks, but these have not continued as usual. This practitioner also explained that they had observed inconsistencies across different GPs in terms of the services that were running as normal and those that were not. However, their view was that parents' use of A&E for their children and immunization appointments have continued as normal.

It was also observed by another practitioner that individuals were turning to a breastfeeding support group as the first port of call for certain issues with breastfeeding, when ordinarily people would see their GP for these issues. Another practitioner expressed their view that individuals struggling with depression and anxiety at this time may feel their problems are no worse than anyone else's, and may therefore be less likely to seek support – with this view of oneself, and a desire not to bother others, often being present in anxiety.

Some practitioners felt that there was a lot of tension and worry among families early on in the lockdown period, as individuals were getting used to new systems (such as the food delivery system) and making new claims for universal credit, but that this improved over time. There were also reports of a lack of awareness about the community help that was available, such as getting prescriptions delivered. It was suggested that a leaflet from the council, which includes information about the

coronavirus helpline and food and prescription deliveries, had not been received by everyone who was intended to receive it.

Overall in the focus groups, there was a sense that services and community responses were undertaking effective work. As one practitioner stated:

“It’s amazing what people are pulling together and who they are helping. How they are thinking of new ways to support people during this period.”

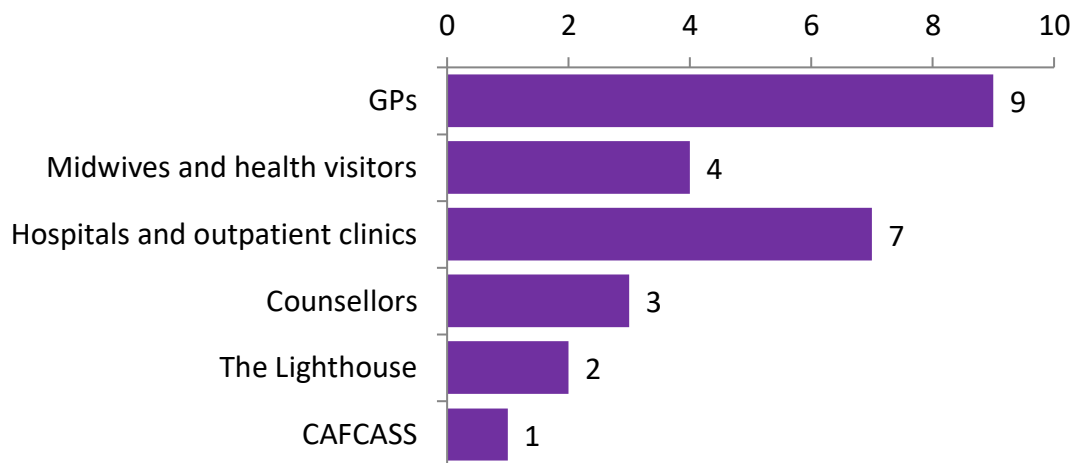
However, it was also recognised that the structures that would ordinarily be present to support people were not consistent and were operating differently. It was understood that for families experiencing pressure and struggle, the combination of new lockdown-related challenges and an inability to access all services in the ordinary way were making things particularly difficult.

Survey respondents were asked whether they have found it more difficult than usual to attend health/wellbeing related appointments themselves or for their child, either in person or online. Half (20) indicated that they had. These appointments included those with GPs (including one participant who had missed a postnatal check), midwives and health visitors, hospitals and outpatient clinics, counsellors, the Lighthouse⁵ and CAFCASS⁶.

⁵ The Lighthouse child development centre provides specialised outpatient care for children up to 16 years of age with significant delay in more than one area of development and have or are likely to require the support from more than one secondary agency, service or discipline.

⁶ CAFCASS are the Children and Family Court Advisory and Support Service. The represents children in family court cases in England.

Appointments missed with...



Challenges and difficulties experienced by families

Reports about families' experiences during the pandemic differed in accordance with the service that practitioners worked in. This is because different services address different needs and work with different social groups. For example, a practitioner working with families who struggle with mental health difficulties may report the impact of COVID-19 particularly in terms of how this has contributed to or exacerbated mental health struggles, but these struggles will not be present to the same extent across all families and social groups in A Better Start wards.

With this in mind, apparent challenges and difficulties faced by some families as discussed in focus groups include the following areas: Relationship stress, accessing food and medication, mental health and wellbeing, children's needs and schooling at home, employment and income, and social distancing.

Relationship stress and domestic violence

Some practitioners had observed an increase in the amount of tension and stress between adults in the families they worked with, and the general perception was that this was worst for those families who were already experiencing 'disharmony' or social or communication difficulties prior to the pandemic.

A practitioner working with young mums explained that family relationships had become more strained than usual, and that the individuals she works with are often

already experiencing difficult relationships. They understood that relationship difficulties were exacerbated by certain living arrangements during lockdown, such as when the young mums lives in family homes where tension are present or lives alone. The practitioner, and the team that they worked with, had also been increasingly concerned about domestic violence. Where this was the case, families were linked with domestic support services.

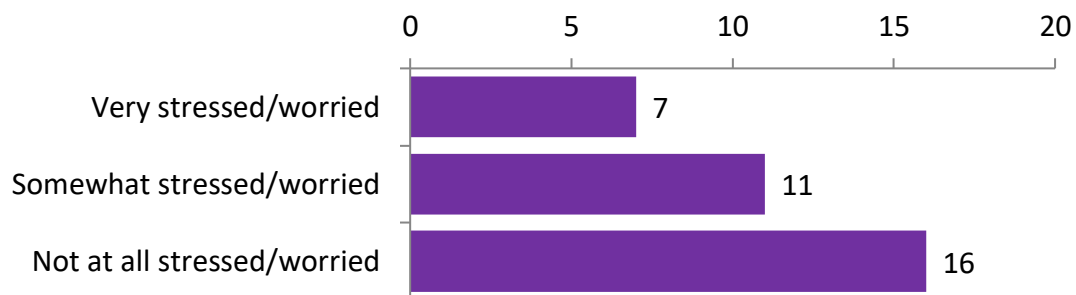
Another practitioner in a different organisation explained that domestic violence is a “massive concern” for their service. This is especially because the channels through which practitioners would ordinarily come into contact with individuals experiencing domestic violence were currently closed off and they are unable to make direct contact with them because it would pose risk. The practitioner explained that they are trying to pre-empt the likely increase in disclosures further down the line, but that the true extent of the problem is unknown.

This practitioner also discussed how the true impact of the pandemic on families cannot currently be known. Their biggest concern at this time is not seeing vulnerable families and not having contact with children. Related to this, there was a discussion in the focus group about the problem of some families being unreachable, especially if they do not have the technology or understanding of technology required to access support online. There was concern that there are people ‘suffering in silence’ because they do not have the required communication link or individuals checking in on them, and nor are they seen in community organisations in the way they ordinarily would be.

A practitioner in another organisation referred to one individual involved in a recent instance of serious domestic violence that they had supported.

Survey findings show that 7 out of 34 respondents (not all responded) indicated that they were 'very stressed/worried' about their marriage or romantic relationship, and 11 indicated that they were 'somewhat stressed/worried'. This supports practitioners' suggestions that some families may have been experiencing strained relationships.

During the COVID-19 outbreak, how stressed/worried have you felt about marriage/romantic relationship?



Accessing food and medication

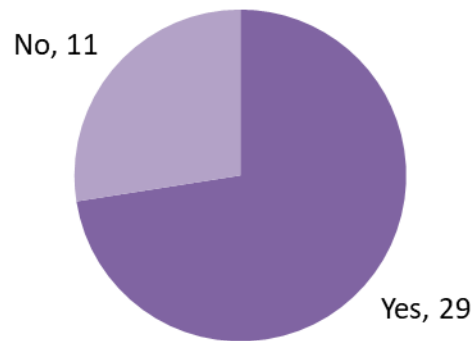
Occasional cases of food poverty were described by a small number of practitioners, and some had had contact with families who were relying on food parcels. Practitioners attributed difficulties accessing food to both financial struggles (see below) and self-isolation/other practical difficulties.

Practitioners also discussed the widespread problem of an inability to access food due to food shortages and how this was particularly difficult for some groups, such as families with young children who are not flexible in what they eat, and individuals with specific anxieties around certain foods.

Difficulties accessing medication was not a concern that practitioners raised.

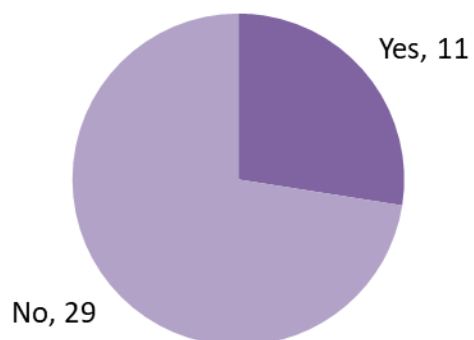
During the COVID-19 outbreak, have you found it more difficult to get the food you need for you and your family?

Almost three quarters of survey respondents indicated that they had found it more difficult to access food during the pandemic. The reasons given were usually a lack of availability of food items in shops, shops being too busy, and being unable to get online food deliveries. Responses indicate that these issues were particularly 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 newborn baby, a disability, or being medically vulnerable. No survey respondents attributed the problem of accessing food to a reduced income, and although one respondent indicated that they had used a foodbank during the pandemic, they also stated that this was not for the first time. It is likely that reliance on donated food and an inability to afford food is prevalent among the most economically deprived and marginalised groups, who are unlikely to have completed the survey.



During the COVID-19 outbreak, have you found it more difficult than usual to access medications for you and/or members of your household?

Just over a quarter of survey respondents indicated that the pandemic had made it more difficult to access medication. Respondents' descriptions of this usually referred to the reduced availability of paracetamol based painkillers and allergy medications in shops. However, other problems were also reported, such as not being able to



contact a GP, not being aware of changes in accessing repeat medications, and not having the relevant appointment to discuss medications. This suggests that the reduced capacity of GP services was problematic in relation to medication use.

Health and wellbeing of parents

Practitioners explained that individuals ordinarily struggling with relationship difficulties, anxiety and/or low mood were finding their struggles worsened by a lack of contact with family members. Specific examples of this included young mums with relationship difficulties lacking support and parents with social anxiety being unable to benefit from the support of their own parents who would ordinarily take their children out for them. There was also an example given of a young mum experiencing extreme social isolation.

One practitioner explained that some parents felt isolated and were missing the simple, everyday contact with others, such as other parents at school. They felt that this was especially the case because these parents are used to being in social groups and supporting each other.

“(A concern is) parent isolation, having adult contacts. Even if it's when you're at school, having a chat in the playground really, dropping the kids off. That's been a really big thing [...] the parents we work with [...] are very used to being in those social groups and supporting each other”

This practitioner also explained that families in contact with their service tend to instinctively wish to support others. They gave an example of an individual supporting elderly grandparents, and in turn struggling to look after their immediate family.

Some practitioners held the view that people's perceptions of health risks may be out of proportion to the actual risks presented, and that this was especially the case for individuals with social anxiety. There was a perception among one focus group that the media plays a role in exacerbating disproportionate worry and anxiety.

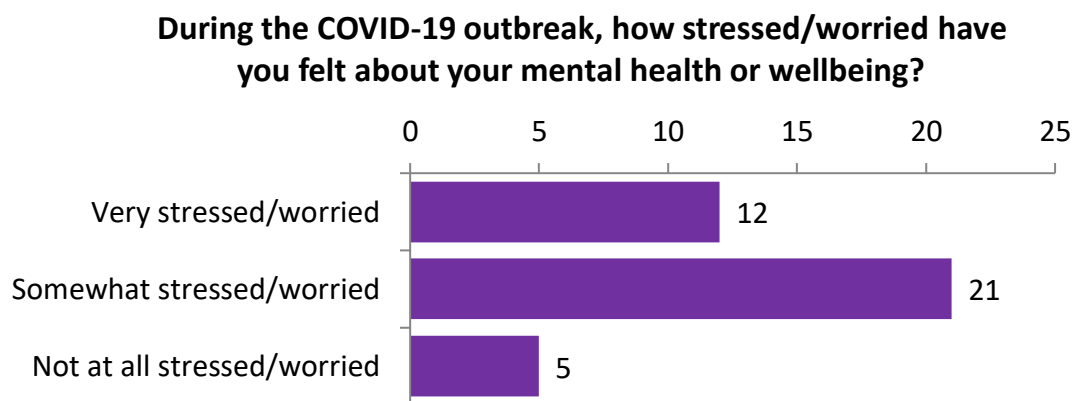
In the survey, 7 respondents indicated that they had a diagnosed medical condition or disability, 5 of whom felt that this had worsened during the pandemic. Most of these 5 respondents had a diagnosed mental illness, sometimes in addition to physical conditions. Explanations of why their problems had worsened included:

“More stress causing more anxiety.”

“Anxiety around pregnancy and birth made worse by the current outbreak and having to spend time at the hospital. Haven’t been able to have time with family and friends and have felt isolated.”

“I can’t access regular medical appointments or blood tests for check ups”

When asked whether they had felt stressed/worried about their own mental health/emotional wellbeing during the pandemic, a large proportion of respondents indicated that they were ‘somewhat’ or ‘very’ stressed/worried.



Findings from both focus groups and the survey suggest that the emotional and mental wellbeing of parents during the pandemic is a concern for many families, and that there has been a reduced capacity for the support and presence of loved ones, friends, and services to alleviate this in the usual way.

Children's needs and schooling at home

Practitioners suggested that some families are experiencing a 'daily struggle' during the pandemic. Frequent examples were offered of individual families finding it very challenging to meet children's needs. It was suggested that it was particularly difficult for families with a child with special needs or an autism spectrum disorder diagnosis, for parents who are single or disabled, and for those living in very small or overcrowded properties and/or who are self-isolating for long periods.

Home schooling was described as a big struggle for some families. According to practitioners, this seemed to be particularly the case for families with children of different ages, due to it being difficult to home school a child while also paying attention to the needs of others. There was also discussion of some families not having been provided much information from their child's school and being unsure what to look for themselves. Practitioners also discussed some parents' difficulties with understanding their children's school work, referencing those with learning difficulties and individuals who cannot read or write well.

Practitioners explained that some parents felt under pressure to act as a teacher and one suggested that social media adds to this.

"[The pandemic] is going to massively impact on the kids learning and I think the parents are struggling in that sense, because they kind of feel that they should be a teacher to their children, but they're not a teacher. And there is no [...] resource for parents on how to teach their kids. They feel like they're letting their self and their kids down because they can't do what they feel needs to be done."

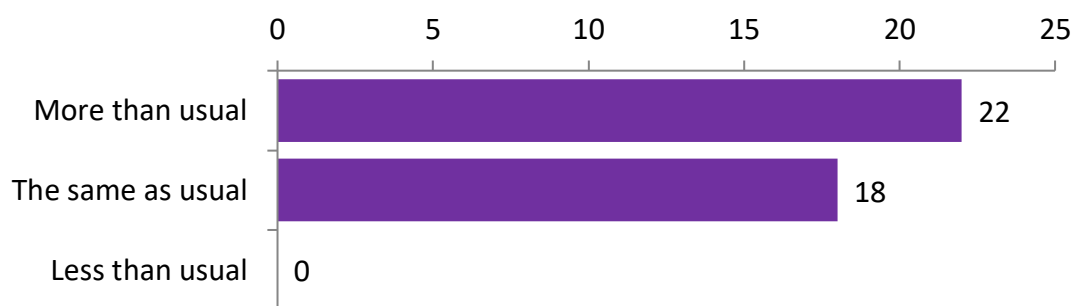
However, it was also noted that there are also many families who do not seem to be concerned about schooling at home, and some who were 'really embracing it'. It was also suggested that there is likely a group of parents for whom home schooling is not a priority, such as those who have experienced loss.

One practitioner discussed parents' difficulties managing time spent outside with very young children, due to them feeling they need to keep 'on the move', and because it is sometimes difficult to prevent very young children from going near others. Another described working with parents who were struggling with their children's 'fussy eating'. This practitioner understood this in terms of a broader

'change in behaviour' in the children during lockdown, which also included the child being more 'clingy'. The practitioner attributed these behaviours to factors such as a change in routine and the child having fewer opportunities to be independent (e.g. at nursery). However, this practitioner felt that their work with these families had been 'positive', and that on the whole most families "have been OK".

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.

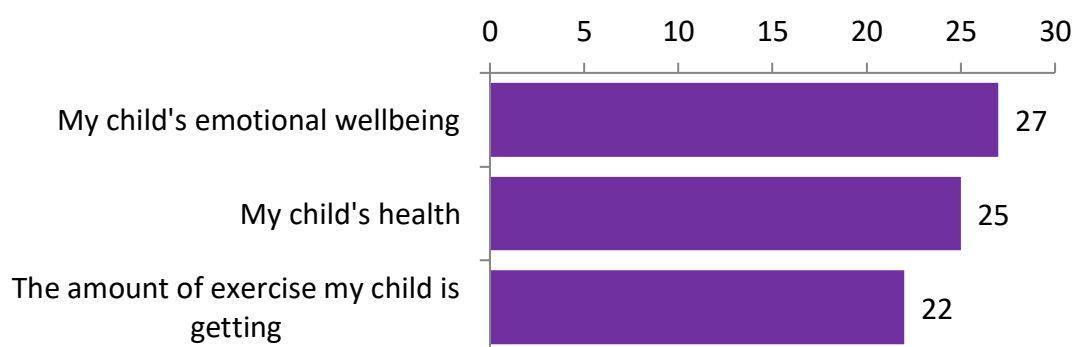
During the COVID–19 outbreak, how often have you worried about meeting your 0-4 year old child's learning or development needs



7 respondents indicated their level of concern about their child/children age 5–10, and nearly all of these (6) stated that they were 'more worried than usual' than their child's learning or schooling needs. This supports practitioners' observations that schooling and learning issues were a significant source of concern for some families.

Other areas of concern regarding the needs of children age 0–4 were: the child's emotional wellbeing, the child's health and the amount of exercise the child is getting.

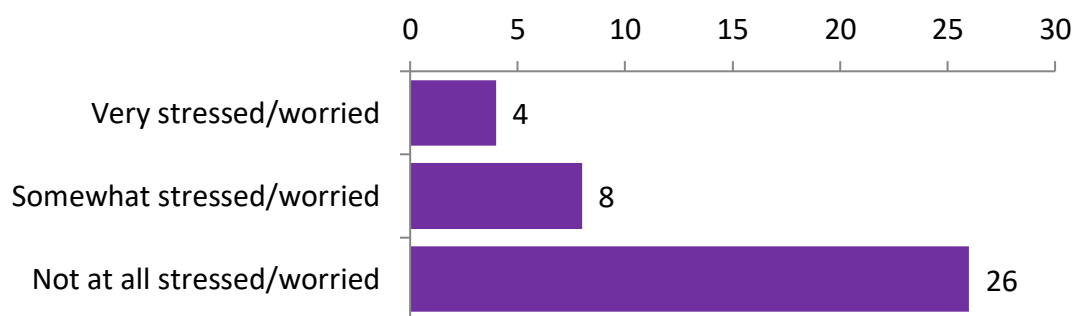
Parents worried more than usual about their 0-4 year old child in terms of...



Regarding the use of outside space, just over half (26) of survey respondents reported having access to a private garden, and a further 3 reported access to a private balcony, small patio or roof terrace. 23 had access to a shared or public space, such as a shared garden or local green space. 2 respondents indicated that they had no easy access to any private or public outside space. It may be that those without access to a private outside space have found it difficult to spend time outside with children, for the reasons discussed in the focus group,

When asked how stressed/worried participants felt about their living conditions (which could include concerns about access to outside space), around two thirds indicated that they were not at all stressed/worried.

During the COVID-19 outbreak, how stressed/worried have you felt about your accommodation/living conditions?



Employment and income

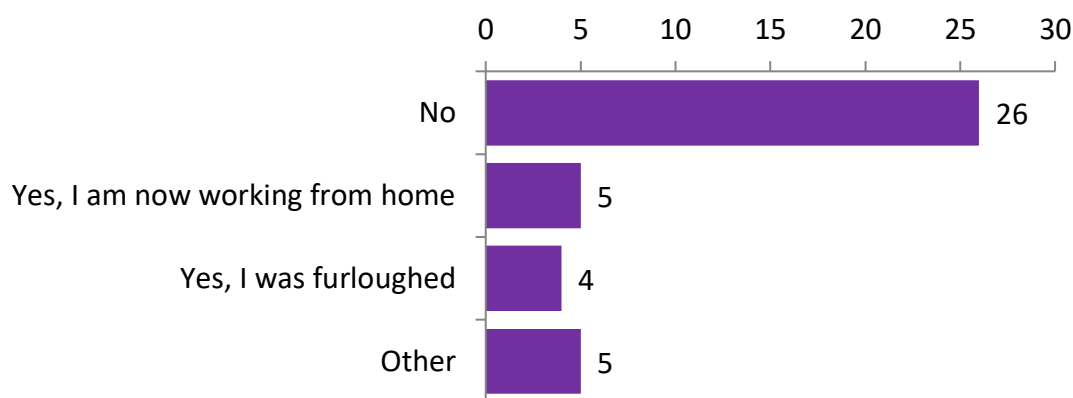
Overall, practitioners' perceptions were that there had not been a significant impact on individuals' income or employment among the families they worked with, apart from in a small number of cases. It was reported that mothers on maternity leave were not problematically affected, and nor were those on universal credit. For some practitioners, these groups accounted for the majority of individuals they worked with. One practitioner reported how among 'young mums', there was concern initially when partners were unable to access any work (due to being on zero hours contracts or working for family), but that they have since accessed universal credit.

Another practitioner described how many of the mothers they had contact with had an employed partner who had been furloughed and were on less pay. They explained that this led some families to struggle because they were not always "smart with money". Other examples included families who had lost opportunities to make a

small business (e.g. selling products from home), and a woman who had had to stop work as a carer due to her daughter having serious health complications.

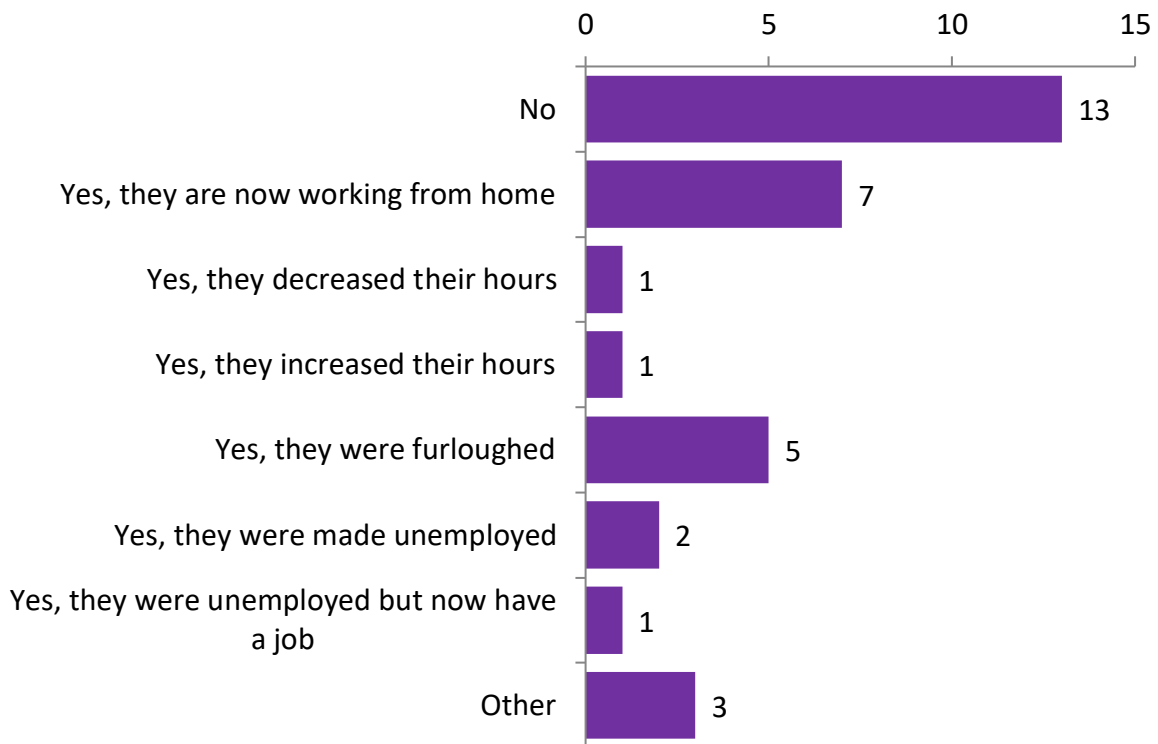
Among the 40 survey respondents, 24 were in paid employment (some of whom were also volunteers, attending university or on maternity leave) at the time of completing the survey, and 16 reported being a homemaker/full time parent. Over half reported that their employment status and the nature of their work had not changed during the pandemic. Of the 14 for whom this had changed, 4 reported that they were furloughed, 5 that they were now working from home, and 4 had experienced other changes, such as taking maternity leave early.

Has your employment status or the location of paid work changed during the COVID-19 outbreak?



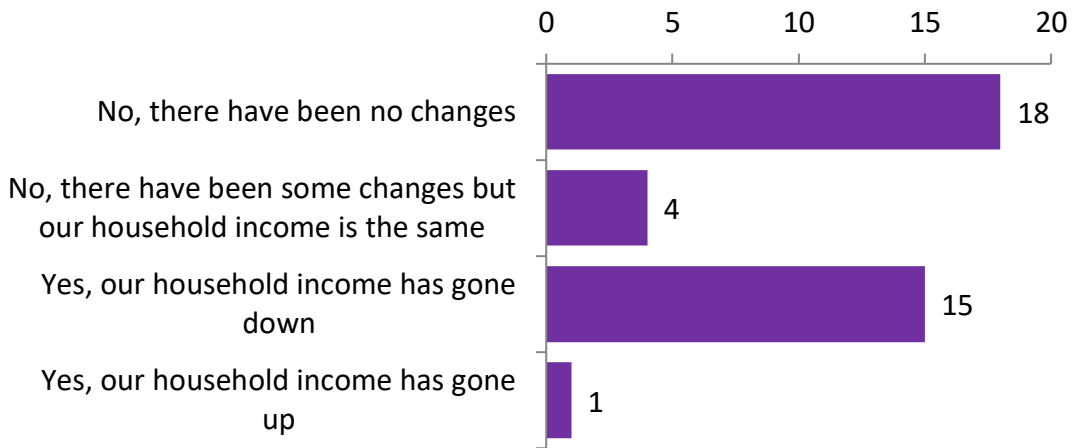
33 respondents reported that there is another adult in their household who contributes to household income. For many, the other adults' employment status had not changed during the pandemic although 7 were now working from home. 5 had been furloughed and 2 had been made unemployed (among other changes).

Did the other adult's employment status or the location of any paid work they do change during the coronavirus outbreak?



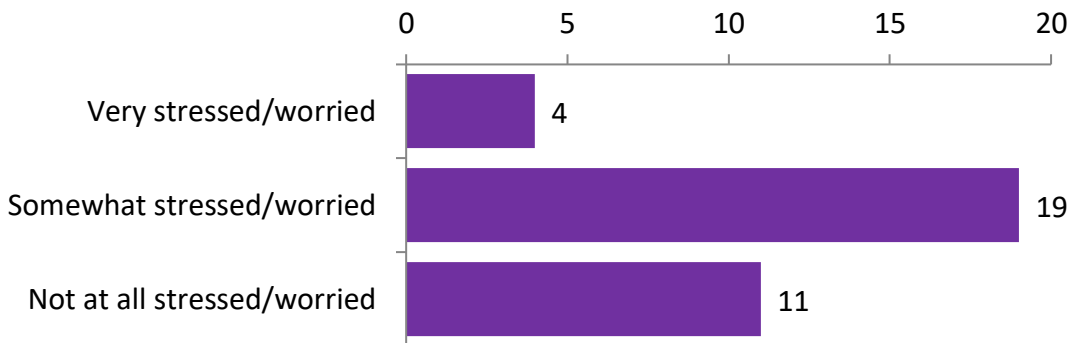
Of the total 40 respondents, 15 indicated that their household income had decreased during the pandemic, and 5 stated that they had put in a new claim for benefits. 8 of the respondents who reported a decreased income indicated that they were not experiencing any problems paying for essentials such as food and rent, but 6 indicated that they may experience some problems paying for essentials, and 1 that they definitely will.

Overall, have any recent changes in employment in your household because of COVID-19 affected your household income?



In line with the insights from practitioners, the survey findings suggest that there may be a proportion of families who have been negatively impacted financially by the pandemic, and an increasing number claiming benefits. However, only a small number of respondents stated that they were 'very worried/stressed' about work/employment. Around half were 'somewhat stressed/worried', and the remainder were not at all stressed/worried.

During the COVID-19 outbreak, how stressed/worried have you felt about work/employment?



Social distancing

A few practitioners suggested that not all families appeared to be adhering to social distancing guidelines, although the majority did seem to be. Reasons for this were suggested, including a tendency for individuals to rely heavily on support from extended family. However, there were also examples given of individuals who were

distancing to an 'extreme', and not leaving the house at all. Practitioners felt that there is a wide spectrum of behaviour among families in terms of social distancing.

One practitioner described how the young parents in their service had not been getting reliable and consistent information about 'lockdown' (and the pandemic more generally). They explained that this group tends to not watch or read the news, that they don't have access to all information platforms (often due to not having up-to-date phones) and that they rely on hearsay, word of mouth, and family members for COVID information.

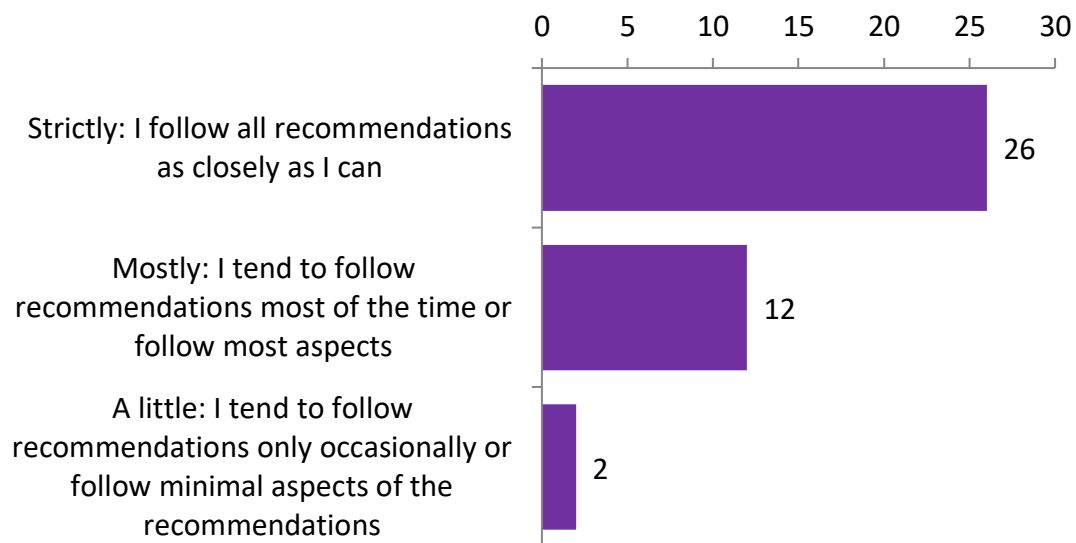
"A challenge for our young people has been is to get consistent information [...] we've had some that said it was just like the flu and they don't watch the news they don't read anything. And a lot of them are get them are getting their information from their families, when perhaps their families haven't got the up to date information. And then we've got others who have completely misconstrued the information that they have been reading about and have been seeing"

Another practitioner pointed out how this contrasted to the older age groups that they work with, in that they seemed to be overwhelmed by receiving too much news, via media and a range of different services:

"A lot of the families that we work with [...] do have a lot of mental health issues and anxiety. What I have found talking to my families is they have too much information [...] through social media, the news and all these different services they're involved with has sent them all this stuff and they actually become overwhelmed by it all. And it's almost too much help."

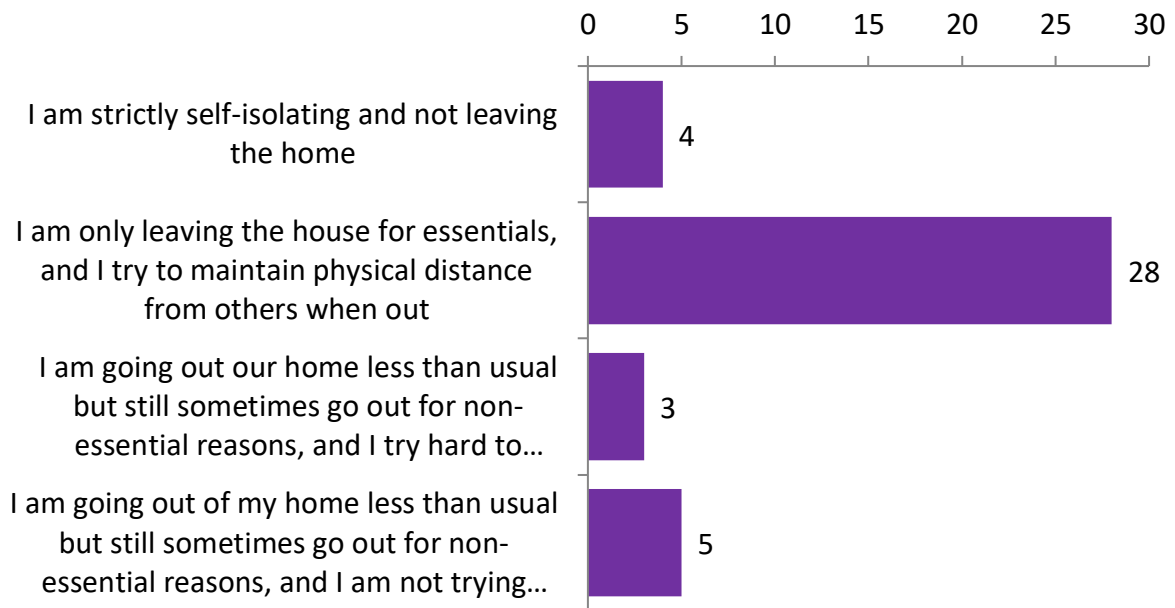
Most survey respondents (38) reported that they either 'strictly' or 'mostly' adhere to government guidelines, such as those relating to social distancing and handwashing. However, while no one reported that they disregard these entirely, a very small number stated that they follow guidelines only 'a little'.

Which of the following best describes how much, over the previous two weeks, you have tried to follow the recommendations from government authorities to prevent the spread of Covid-19?



In addition, just over two thirds reported that they only leave the house for essentials, and try to maintain physical distance from others when out. A small proportion stated that they are 'strictly self-isolating', while 8 respondents indicated that they sometimes leave the house for non-essential reasons.

Which of the following best describes how much, over the previous two weeks, you have tried to follow the recommendations from government authorities to prevent the spread of Covid-19?



However, it is noteworthy that self-reporting of social distancing behaviours may not be an accurate representation of 'actual' behaviour, given that this may be considered a moral, and therefore 'socially sensitive' issue (van der Mortel, 2008).

Benefits experienced by families

A practitioner in one focus group stressed the importance of recognising positive aspects of people's experiences during this time, and what they have achieved:

"I think it's easy for us all try and find a problem to solve, and I think that one thing that is missing from this discussion is the positives that have happened. You know, what are the parents doing that is incredible, given the current situation. There's so many things in the community - positive things"

There was a generally held view among practitioners that many families had benefited from spending additional time together as a family. More specifically, it was suggested that for those with young babies it has been beneficial to spend time together as a family without the stress of going to work (for those who are furloughed), whereas families with more than one child of different ages were finding the situation challenging.

A practitioner working in speech and language services reported mostly hearing positive feedback from parents during the lockdown. They explained that parents of children with delayed language have appreciated the time spent with their children with less rushing around, and that they feel more in control (as opposed to the therapist). Parents have also reported that their child's language has improved as a result. (However, this was not the case for those diagnosed with ASD – see above).

There were reports from one practitioner of babies breastfeeding more frequently due to families spending more time together and being in closer contact. There was also a report of instances of mothers switching from combination feeding to purely breastfeeding due to concerns about accessing formula milk. There was a discussion of the positive impact of individuals breastfeeding in terms of bonding for the mother and baby, and it was reported that some women had described breastfeeding during this time as 'calming'. It was also suggested that people learning about antibodies to COVID in breastmilk is a possible reason for individuals wishing to continue breastfeeding.

One practitioner who was involved in organising an online business course for parents reported that the families that they had had contact with did not report any

particular worries or challenges and seemed fairly relaxed. However, this practitioner also recognised that this likely reflects the fact that it is those in better circumstances who would be partaking in such a course in the first instance.

Examples of specific families who had had positive experiences were given by a range of different practitioners. These included:

- Young mums being very creative and resourceful finding ways to entertain their children indoors.
- A particular family who had previously been a concern for a practitioner being resourceful, communicating well and finding 'hidden depth' during this time.
- A family whereby a woman who has four children found that they have become closer during this period and the family is more relaxed.
- Young families experiencing role changes. Where male partners were not usually at home for their baby's 'bed time routine' due to the nature of their work (e.g. night workers, factory workers), they now were, and this has been a benefit to some families.

Of the 37 respondents 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.

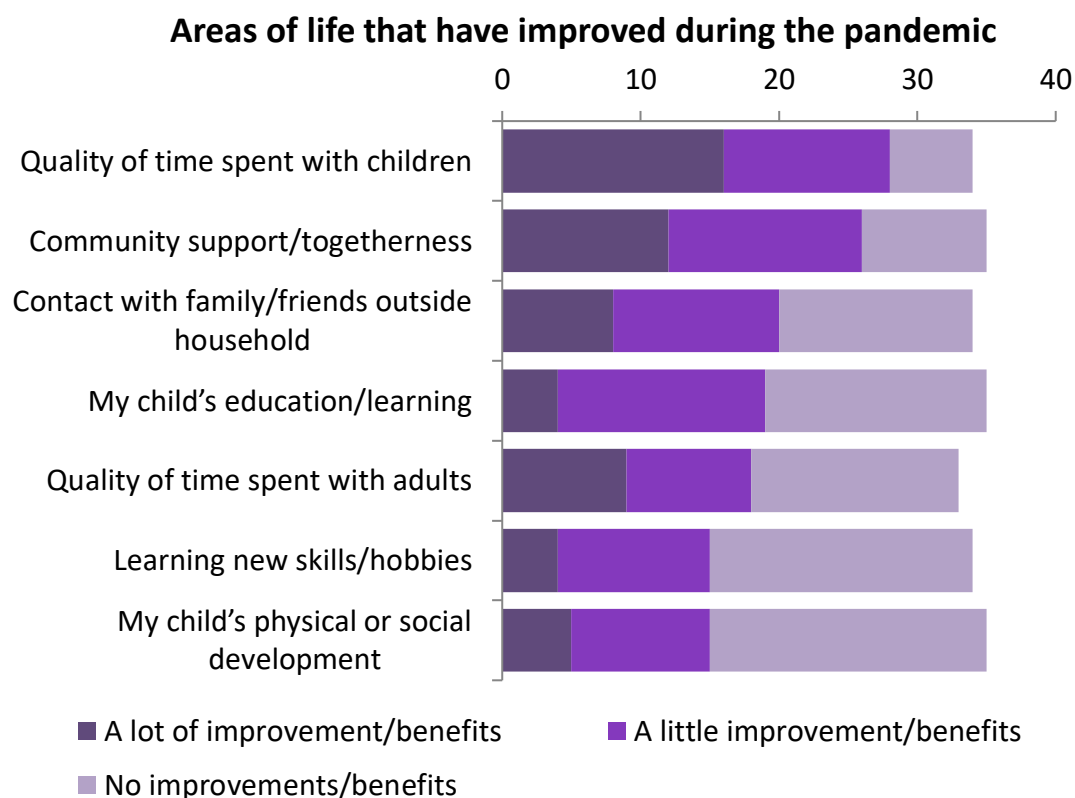


Table 1: Areas of life that have improved during the pandemic

	A lot of improvement or benefits	A little improvement or benefits	No improvements or benefits
Quality of time spent with children	16	12	6
Community support/togetherness	12	14	9
Contact with family/friends outside household	8	12	14
My child's education/learning	4	15	16
Quality of time spent with adults	9	9	15
Learning new skills/hobbies	4	11	19
My child's physical or social development	5	10	20

These responses had brief descriptions of how a particular area of life (the one in which there had been the most benefits) had most improved during the pandemic. Most respondents described improvements in spending more time with children, having a partner at home and/or spending time together as a family. For example:

"Think it's been really beneficial to have quality time with my children without all the added outside pressure to keep up with expectations."

"...My child having her father and mother in the home for more time."

"...my husband cannot work due to lockdown, therefore he has taken on the primary care giver role, and now understands the frustrations and challenges that come with this role."

Some also described improvements in their child's learning and development. Examples include:

"My children have improved in their academic skills from 1:1 daily input"

"...My sons speech has improved and my daughter seems more confident in her own abilities."

Some respondents also described community-related benefits:

"A sense of community has now enabled our whole street to communicate via Whatsapp and to help those in need down the street..."

Perceptions of what will help

Practitioners suggested that a 'loosening' of the normal rules and structure in terms of the threshold for accessing and remaining with a service would be beneficial during this time. One practitioner explained that there is a need to focus on the positive aspects of family life, and what families can do and are doing, rather than treating the situation as a 'problem to be solved'. They advocated for an informal, relaxed, friendly response in which parents are asked what they want to do, and what support they need to do this. It was also suggested by some that having a clear access point for up-to-date information, which is accessible via a range of platforms, would be beneficial as the lockdown ends and as any 're-peaks' in the virus occur:

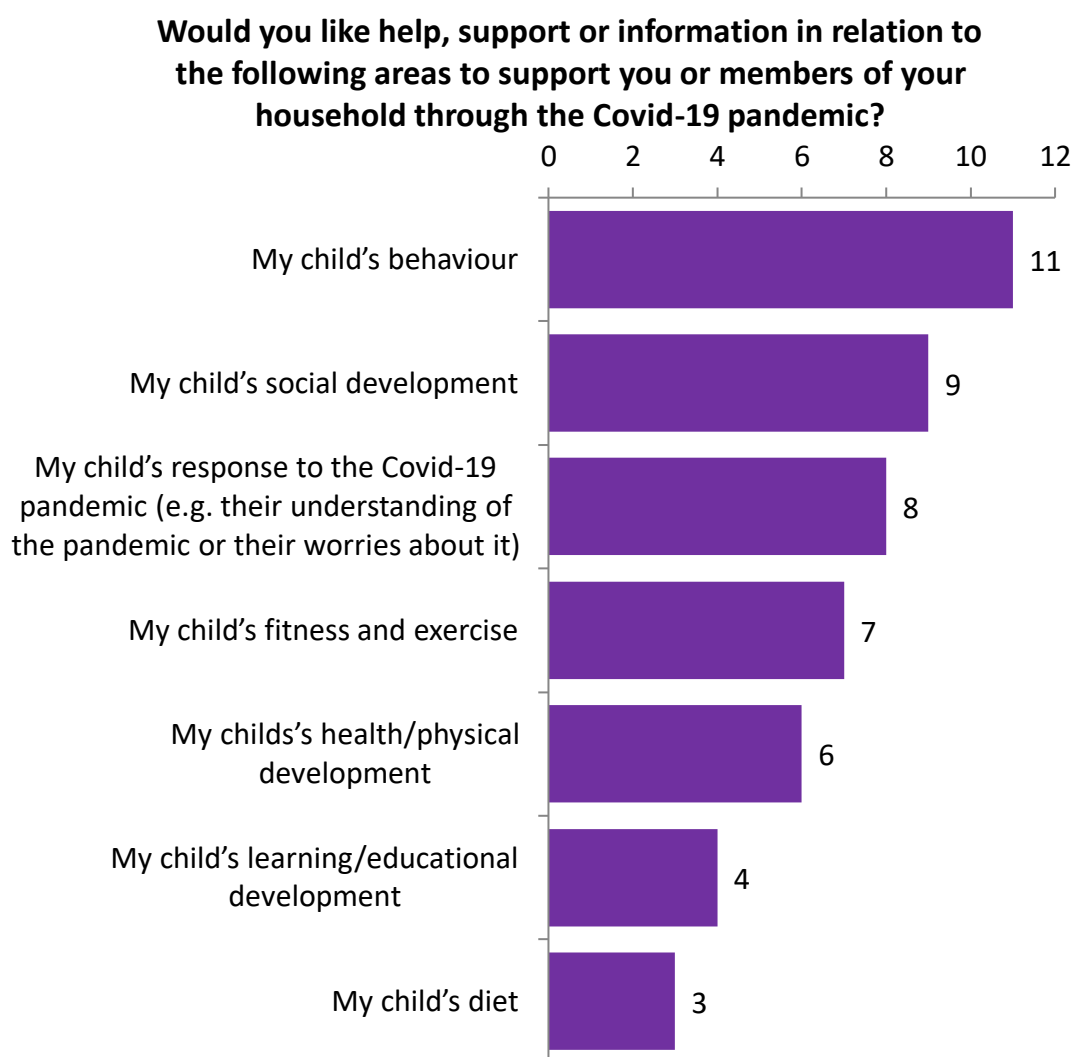
"I think it would be more helpful to just let them know there's one number they can ring if they've got a question to ask [...] rather than try and send them there if it's this, go there if it's that [...] it's too much."

In one focus group there was a discussion of the need for organisations to recognise people's current priorities, and how these have changed during the pandemic. It was suggested that this needs to be held in mind when seeking to meet organisational targets, and that this would involve not 'pushing' aspects of their organisation onto families that they might ordinarily do.

Specific suggestions for practical service responses offered by practitioners included providing activity packs for children which include the resources they need to undertake activities, for example craft projects. It was suggested that this could support families using practical tasks with their children and that accessing resources can be a problem for those who cannot afford them or cannot leave the house. A book delivery service was also suggested. (Here, it is worth noting that there are local organisations delivering these resources and activities to children).

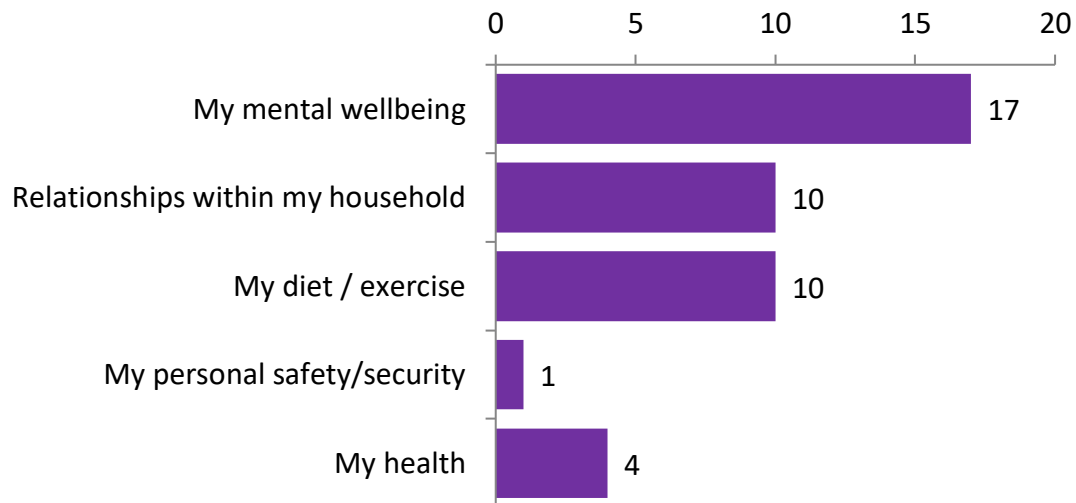
8 survey respondents indicated that they had already accessed help, support or information in relation to their own or a child's health/wellbeing for reasons related to the COVID-19 pandemic. This included breast feeding support, counselling services, ABSS, the Southend Borough council COVID-19 helpline, a child's teacher, official online sources (e.g. NHS), parent networks (e.g. NCT group), and an ABSS parent champion.

20 respondents indicated at least one area concerning their child (or children) in which they would like help, support, or information during the pandemic. Most commonly, this was regarding their child's behaviour or social development.



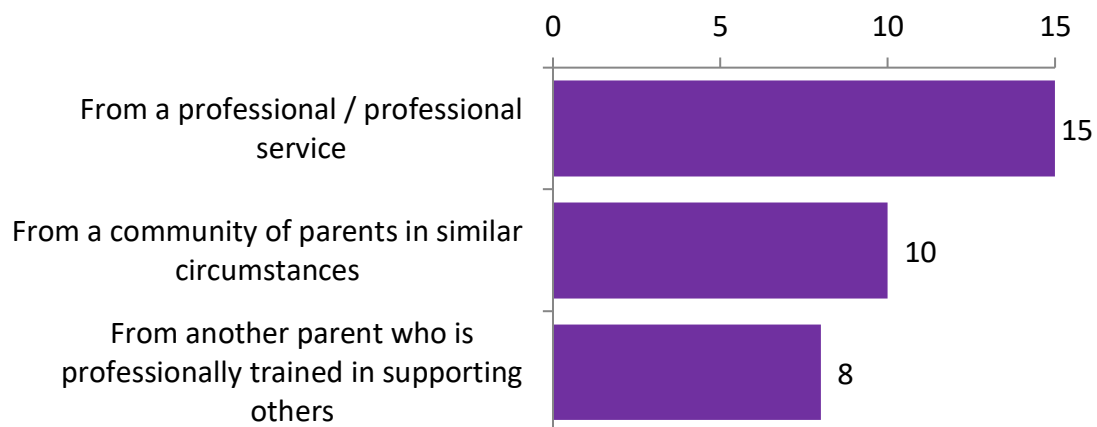
20 individuals indicated at least one area concerning themselves in which in which they would like help, support, or information during the pandemic. Most commonly, this was their own mental wellbeing.

Would you like help, support or information in relation to the following areas to support yourself through the Covid-19 pandemic?

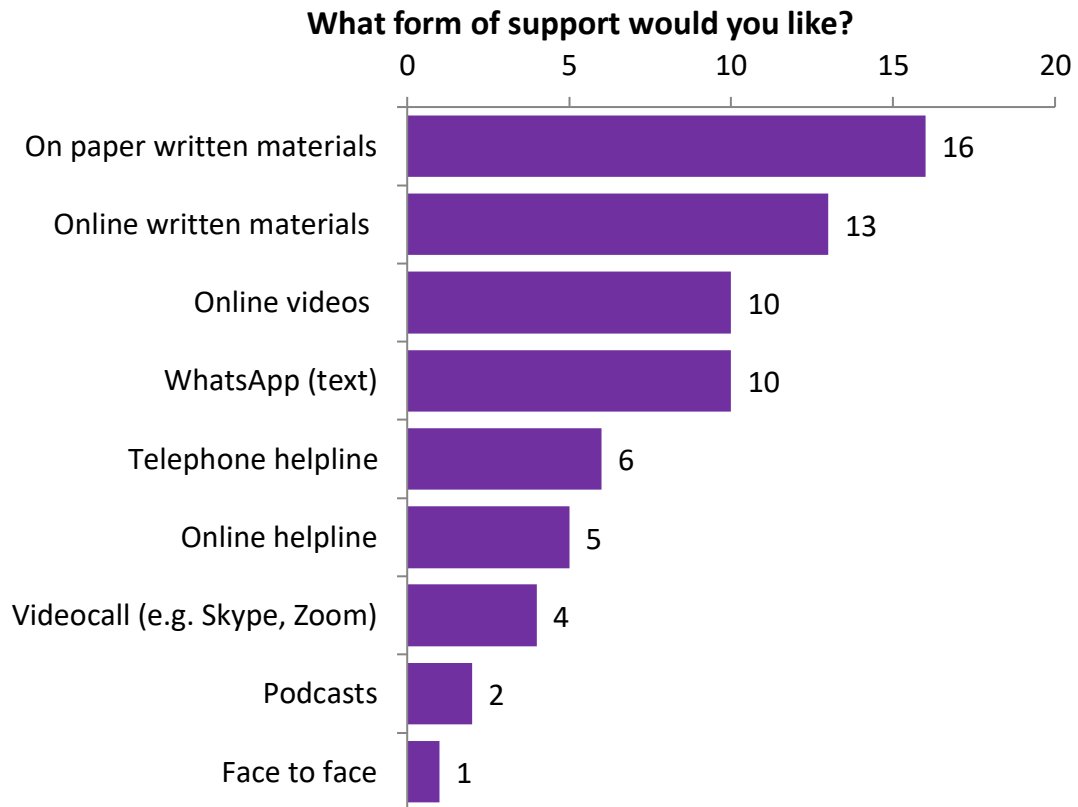


19 respondents who indicated at least one area (relating to a child or themselves) in which they would like help, support or information identified who they would like to receive this from (with some selecting more than one option). Around three quarters indicated that they would like support from a professional or professional service, just over half from a community of parents in similar circumstances, and just under half from another parent who is professionally trained in supporting others.

From whom would you prefer to receive help, support or information?



Most of the respondents (19) who indicated wanting help, support or information in at least one area also identified their preferred form for this. Paper and written materials were the most commonly indicated preferred form, followed by online videos and WhatsApp messaging. Overall, there was a stronger preference for non-interactive forms of support.



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Appendices

Appendix I: Demographics

Gender, ethnicity and age

All respondents (40) were female. Most were White British and just over half were aged 30-39.

Table 2: Responses to question 'What is your ethnic group?'

Ethnic category	No. of respondents
White/British	37
Black/Black British	2
Asian/Asian British	1

Table 3: Responses to question 'How old are you?'

Age bracket	No. of respondents
20-29 years	9
30-39 years	24
40-49 years	7

Appendix II: Age of respondents' children and ward

Age of children

An inclusion criterion for completing the survey included having a child age 0–4.

Almost all respondents (37) had at least one child age 0–4. The remaining 3 all indicated that they had one or two children in the 5–10 age range, but had used at least one A Better Start service within the previous two years, suggesting that these children had only recently transitioned out of the 0–4 age bracket.

ABSS Wards

A second inclusion criterion was living in an ABSS ward.

33 respondents specified the ABSS ward in which they lived. Of the 7 remaining, 2 reported that they lived in 'Southend' more generally (1 of these respondents had used an ABSS service). 1 respondent lived in St Lukes, 2 in Southchurch, 1 in Great Waking and 1 in Leigh on Sea. However, the individual in Leigh on Sea and 1 who lived in Southchurch had used an ABSS service within the previous two years, suggesting that they may have recently moved.

Among the 33 who specified the ABSS ward in which they lived, there was at least one from each ward, although the overall distribution was not even.

Table 4: Responses to question 'Which ward is your house in?'

ABSS ward	No. of respondents
Kursaal	8
Milton	8
Shoeburyness	10
Victoria	3
Westborough	3
West Shoebury	1

Appendix III: Households

Table 5: Responses to question 'How many rooms are in your house (not including bathrooms or toilets)?'

Number of rooms*	No. of respondents
2	4
3	9
4	8
5	8
6	3
7	3
8	3
9	1

*excludes any toilets/bathrooms

Table 6: Responses to question 'Do you currently have access to any of the following spaces for your child to play or relax outside?'

Space	No. of respondents
Private garden	26
Shared garden	6
Private balcony, small patio, or roof terrace	3
Nearby public space (park, woods)/other green space in easy walking distance	16
Shared balcony, small patio, or roof terrace	1
Other	3
None of the above	2

Appendix IV: Adherence to government recommendations

Table 7: Responses to question 'Which of the following best describes how much, over the previous two weeks, you have tried to follow the recommendations from government authorities to prevent the spread of Covid-19? (e.g. following advice about maintaining social distance, washing hands, and responding to symptoms)'

Extent of following recommendations	No. of respondents
Strictly: I follow all recommendations as closely as I can	26
Mostly: I tend to follow recommendations most of the time or follow most aspects	12
A little: I tend to follow recommendations only occasionally or follow minimal aspects of the recommendations	2
Never: I don't follow recommendations at all	0

Table 8: Responses to question 'Which of the following best describes how much, over the previous two weeks, you have been self-isolating? (By this we mean keeping physical distance from others and staying in your home)'

Self-isolation	No. of respondents
I am living my life as normal and I am not self-isolating	0
I am going out of our home less than usual but still sometimes go out for non-essential reasons, and I try hard to maintain physical distance from others when out	3
I am strictly self-isolating and not leaving the home	4
I am going out of my home less than usual but still sometimes go out for non-essential reasons, and I am <u>not</u> trying hard to maintain physical distance from others when out	5
I am only leaving the house for essentials, and I try to maintain physical distance from others when out	28

Appendix V: Employment status

Table 9: Responses to question 'What is your current employment status?'

Employment status	No. of respondents
Homemaker/full-time parent	16
At university	1
Volunteer	6
In full-time employment	8
In full time employment and furloughed	1
In part-time employment (20 hours a week or less)	10
In part time employment and furloughed	2
On maternity leave from full or part time employment	3