



University of Essex



# The impact of COVID-19 on families and services in Southend

## Final report July 2020

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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 six 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 areas<sup>1</sup>. Early figures on COVID-19-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 1 March and 31 May 2020 show that in the most deprived areas of England the mortality rate for COVID-19 was 128.3 per 100,000 population, but in the least deprived areas it was just over half that at 58.8 per 100,000<sup>2</sup>. In addition, evidence suggests that certain social groups may be particularly detrimentally affected by COVID-19, including multigenerational families in crowded housing<sup>3</sup> and certain minority ethnic groups<sup>4</sup>.

According to the latest available figures for total number of COVID-19 cases by lower tier local authority (up until 19<sup>th</sup> July 2020) the rate was 379.3 per 100,000 population

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<sup>1</sup> Public Health England (2019) Health Profile for England: 2019. Chapter Five, Inequalities in Health. Available at: <https://www.gov.uk/government/publications/health-profile-for-england-2019>

<sup>2</sup> Office of National statistics (2020) Provisional counts of the number of deaths and age-standardised mortality rates involving the coronavirus (COVID-19) in England and Wales. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deaths-involvingcovid19bylocalareaanddeprivation>

<sup>3</sup> Kenway P and Holden J (2020) Accounting for the Variation in the Confirmed COVID-19 Caseload across England: An analysis of the role of multi-generation households, London and time. London, New Policy Institute.

<sup>4</sup> Platt L and Warwick R (2020) Are some ethnic groups more vulnerable to COVID-19 than others? Institute for Fiscal Studies. Available at: <https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/>

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for Southend-on-Sea. This compares to Leicester, which had the highest rate of 1,289.1 per 100,000, and Torridge (in Devon), which had the lowest rate of 77.8 per 100,000<sup>5</sup>.

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 has been undertaken and is detailed below.

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<sup>5</sup> Gov.uk (2020) Coronavirus (COVID – 19) in the UK (last updated on Sunday 19<sup>th</sup> July 2020 at 3.58pm). Available at: <https://coronavirus.data.gov.uk/>

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## Research overview

The aims of the research 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.
- The impact of the COVID-19 pandemic and lockdown restrictions on local children's services and wider community organisations.
- 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.

There have been two phases to this research. Phase one informed a preliminary report and involved surveys with parents and focus groups with practitioners. Phase two involved interviews with parents and leaders in key organisations in Southend. Insights from both of these phases have been combined into this final report.

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## Key Conclusions

Findings highlight the changes, challenges, adaptations and positive experiences among organisations and families in Southend during the pandemic. Specific conclusions and implications drawn from the research are:

1. The COVID-19 pandemic has 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. Improvements in community relations and support have been experienced during the pandemic. Services that facilitate community engagement and communication may be particularly beneficial in the aftermath of the pandemic.
5. Domestic abuse has occurred and may have increased but this has been largely 'hidden'. This is one aspect of wider concerns about there being a small, 'inaccessible' population of families experiencing serious hardship.
6. Parents indicate a preference non-interactive forms of delivery for receiving additional support that is specific to the COVID-19 pandemic, such as written materials.
7. Organisations and services in Southend have continued supporting families within lockdown restrictions through the use of online communications and virtual service delivery.
8. Organisations are likely to continue using online communications and virtual service delivery after the pandemic, with preferences expressed for a 'mixed' approach incorporating both online and 'face-to-face' methods.
9. Virtual and remote service provision may be proving effective. Strategies need to be implemented to support this provision over the longer term.

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10. Improvements in multi-agency and cross-organisational working have been experienced during the pandemic. Organisations should work together to identify the positive aspects of partnership working that have occurred so that these can be taken forward.
  11. Organisations are concerned about reduced referrals to and/or use of services during the pandemic and future challenges relating to decreased budgets and increased need for services.



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## Executive Summary and Conclusions

Organisations and services in Southend have continued to work with families and children by rapidly adapting their work to incorporate online communications and virtual service delivery, while retaining elements of face-to-face service delivery where needed and feasible. Challenges have included ensuring that services reach the most vulnerable families and responding to the changing needs of children and families during the lockdown. Organisations have also implemented new ways of working that have been experienced as beneficial and which professionals and practitioners expressed a clear wish to continue after the pandemic.

There have been a wide range of challenging and positive experiences among families in Southend. At the 'worst end', COVID-19 may have exacerbated or contributed towards food poverty and other difficulties accessing food, domestic abuse 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.

The overall picture for families, services and organisations has been one of challenge, pressure, rapid adaption, and sometimes, opportunities. However, the situation continues to evolve and the longer-term impact of the pandemic on Southend's communities will require ongoing monitoring.

### **Conclusion 1: The COVID-19 pandemic may have adversely affected the mental and emotional wellbeing of parents in Southend.**

- Parents have experienced lowered emotional wellbeing, including an exacerbation of pre-existing mental health difficulties.
- Social isolation during lockdown has reduced individuals' access to informal support and relationships that facilitate wellbeing.
- 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.

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- 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 development, 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 benefits from having their partner 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, development and academic abilities.

**Conclusion 3: Many parents are experiencing a range of improvements in family 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 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.

**Conclusion 4: Improvements in community relations and support have been experienced during the pandemic.**

- These include improvements that relate to offers of help and support. A sense of 'togetherness' and 'community spirit' and have been experienced and witnessed by families and professionals and practitioners working in the community.

- 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 5: Domestic abuse has occurred and may have increased but this has been largely 'hidden'.**

- Professionals and practitioners across a range of services identify concerns about domestic abuse and the hidden nature of this problem, emphasising the lesser likelihood of this being recognised by professionals due to decreased contact with services.
- Statistics showing a decrease in referrals for high-risk domestic abuse and a decreased reporting of domestic abuse to police are concerning for professionals who interpret these as indicative of changes in reporting, as opposed a decrease in instances.
- Lockdown circumstances may have worsened the impact of domestic abuse on children by increasing the amount of domestic abuse they witness.
- Concerns about domestic abuse 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<sup>6</sup>.
- 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"<sup>7</sup>.
- Concerns about the hidden nature of domestic abuse are one aspect of wider concerns about there being a small, 'inaccessible' population of families experiencing serious hardship.

**Conclusion 6: Parents indicate a preference for non-interactive forms of delivery for receiving additional support that is specific to the COVID-19 pandemic.**

- Overall parents indicate a preference 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.

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<sup>6</sup> Jacobs N (2020) Home Office preparedness for Covid-19 (Coronavirus): domestic abuse and risks of harm within the home (parliamentary publication)

<https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/321/32105.htm>

<sup>7</sup> Williamson, E. Lombard, N. and Brooks-Hay, O. (2020) 'Coronavirus murders': media narrative about domestic abuse during lockdown is wrong and harmful. Available at <https://theconversation.com/coronavirus-murders-media-narrative-about-domestic-abuse-during-lockdown-is-wrong-and-harmful-137011>

- 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.

### **Conclusion 7: Organisations and services in Southend have continued supporting families within lockdown restrictions through the use of online communications and virtual service delivery.**

- Organisations and services in Southend have altered their service delivery in response to COVID -19 restrictions. As has also been found in relation to children's early intervention services across the UK, responses have "been characterised by innovation and rapid adaption"<sup>8</sup>.
- Service delivery has involved the use of online communications and virtual delivery methods. It has also involved supporting staff in new ways, including the provision of PPE and making informed assessments of home working arrangements.

### **Conclusion 8: Organisations are likely to continue using online communications and virtual service delivery after the pandemic, with preferences expressed for a 'mixed' approach incorporating both online and 'face-to-face' methods.**

- Overall, the experience of using online communications and virtual service delivery was positive, and all organisations described intending to retain elements of these after the pandemic.
- However, it was recognised that some aspects of 'face-to-face' work need to be retained, and that a mixed approach would be most effective.
- Examples of instances where online staff communications and virtual service delivery were identified as beneficial include meetings whereby attendees were from disperse geographical areas or agencies and where families find these methods more accessible.
- Areas whereby 'face-to-face' delivery need to be retained were identified as those involving relationship building and when practitioners need a 'full picture' of someone's circumstances or to undertake an assessment.
- As Wilson and Waddell<sup>9</sup> also found, there were concerns raised about the suitability of online service delivery for some children and families.

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<sup>8</sup> Wilson H and Waddell S (2020) *Covid-19 and early intervention - Understanding the impact, preparing for recovery*. Early Intervention Foundation. Available at: <https://www.eif.org.uk/report/covid-19-and-early-intervention-understanding-the-impact-preparing-for-recovery>

<sup>9</sup> See footnote 8.

- Over the longer term, more extensive use of online communications may alter the ways in which services connect with each other and may assist multi-agency working.

**Conclusion 9: 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 impacted families. However, focus group findings suggest that, from practitioners' perspectives, these have generally been well received and engaged with.
- The implementation of virtual service delivery over the longer-term may have support from parents. However, it is vital to remember that "There is little or no evidence yet of the impact of these rapid changes in delivery models on outcomes for children and families"<sup>10</sup>.
- 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<sup>11</sup>.
  - 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<sup>12</sup>.
  - 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<sup>13 14</sup>.

**Conclusion 10: Improvements in multi-agency and cross-organisational working have been experienced during the pandemic.**

- Organisations identified instances of improved working relationships and joint decision making, which they attributed to the urgency of the situation.

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<sup>10</sup> Martin J, McBride T, Masterman T, Pote I, Mokhtar N, Oprea E and Sorgenfrei M (2020) Covid-19 and early intervention. Evidence, challenges and risks relating to virtual and digital delivery: Summary. Early Intervention Foundation, London. Available at: <https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery>

<sup>11</sup> See footnote 10.

<sup>12</sup> See footnote 10.

<sup>13</sup> See footnote 10.

<sup>14</sup> Dittman C, Sanders M, Farruggia S, Palmer M and Keown L (2014) Predicting Success in an Online Parenting Intervention: The Role of Child, Parent, and Family Factors. *Journal of American Psychology*. Vol. 28, No. 2, 236–243.

- Similar benefits have also been identified in relation to children's early intervention services across the UK more broadly<sup>15</sup>.
- Over the longer term, it would be beneficial for organisations to work together to clearly identify the positive aspects of partnership working that have occurred during the pandemic so that these can be taken forward.

**Conclusion 11: Organisations are concerned about reduced referrals to and/or use of services during the pandemic and future challenges relating to decreased budgets and increased need for services.**

- Organisations expressed concern that the full extent of the impact of the pandemic on families and children is not yet known.
- They also expressed concern about reduced contact with services, including a reduction in detection of new cases and changes in use of services.
- Individuals were also concerned about the exacerbation of pre-existing health and education inequalities resulting from COVID – 19.
- They expected that there may be an increased need for services and support over the longer term and expressed concern about delivering this in a context of needing to recoup spending.

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<sup>15</sup> See note 8.

# Methodology

This report is based on preliminary findings from three research methods undertaken with three different groups. These were online focus groups with front line practitioners, a survey with parents, and qualitative interviews with parents and key persons (service leaders/managers in local organisations). Our data were collected from 4<sup>th</sup> May 2020 until 1<sup>st</sup> July 2020. It is necessary to contextualise the timing of the research, and the time periods in which each of the methods were conducted, in relation to the different 'stages' of lockdown in the UK. The table below outlines these stages:

DATE	CHANGE IN LOCKDOWN RESTRICTIONS
<b>23<sup>rd</sup> March</b>	UK lockdown announced
<b>10<sup>th</sup> May</b>	Some restrictions were lifted (people allowed to return to work if unable to work from home, unlimited outdoor exercise allowed).
<b>1<sup>st</sup> June</b>	Schools re-opened for children in reception, year one and year two of primary school.
<b>13<sup>th</sup> June</b>	'Support bubbles' were allowed for lone-adult households

The specific time periods in which the individual methods were conducted are outlined in the description of each method that follows.

## Focus groups with practitioners

A total of nine front line practitioners<sup>16</sup> 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?

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<sup>16</sup> All practitioners who participated in focus groups were ABSS-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 ABSS.

Focus groups were conducted between 30<sup>th</sup> April and 13<sup>th</sup> May, and therefore reflect the experiences of practitioners during the strictest period of lockdown. 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. The survey was live for the whole breadth of the research period, and was completed by participants between 4<sup>th</sup> May and 1<sup>st</sup> July. A total of 50 families responded. Full details of the survey respondents can be found in the Appendices.

All but one respondents were female (n=49), and 88% were White/British (n=44). Respondents' ages ranged from 20 to 59, with 64% (n=32) in the 30–39 age bracket. There were no respondents from 'young parent' age groups (i.e. younger than 20 yrs). Nearly all (n=46) currently had at least one child age 0–4 in their household. 41 respondents lived with a partner. 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.

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

Ward	No. of Respondents
Kursaal	9
Milton	10
Shoeburyness	11
Victoria	4
West Shoebury	1
Westborough	3
Non-ABSS ward	12
Total	50



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Ten respondents had responsibility for one or more children (aged 0–18) with a special educational or learning need, while three had responsibility for one or more children with mental health/emotional/behavioural difficulties and two for children with a serious medical need. Two respondents had a child/children receiving support from social services.

Seven respondents suspected they have had (or currently have) COVID-19, but none had been diagnosed. Six reported that another member of their household has had suspected COVID-19. In three households this included a very young child (0-4). Just over half of respondents (n=28) had used an ABSS service within the previous two years.

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 (30%) of individuals who are engaged in A Better Start Southend 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.

## Interviews with parents

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Survey respondents were asked to leave their name and contact details if they were interested in taking part in further research. These individuals were invited to participate in a qualitative interview, and a total of five parents, all of whom were female, agreed and took part. Interviews were conducted over video platform ('Zoom') or by phone between 5<sup>th</sup> June until 25<sup>th</sup> June. Interviewees had therefore lived through the whole period of the strictest phase of lockdown, and some restrictions had been lifted when they took part.

Most interviewees (four) were aged 30 – 39, and one was 40 – 49. One interviewee was 'Black/Black British', and all others (four) were 'White'. Most interviewees (four) lived in A Better Start wards (two in Kursall, one in Milton, and one in Shoeburyness), and one lived in Southchurch. Interviewees had between one and three children and all had at least once child who was age 5 or younger. Three interviewees had a child (or children) who were very young (between 18 months and 30 months). Four

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interviewees lived with a partner, and one was a single parent<sup>17</sup>. Most interviewees (four) were in paid employment at the time of the interview. One had been furloughed, two were working from home, and one was a key worker who was still working outside of the home (in a care home).

## Interviews with key persons

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Qualitative interviews were also conducted over Zoom with four 'key persons', all in leadership/managerial roles in local organisations. The interviews took place between 29<sup>th</sup> May until 1<sup>st</sup> July, meaning that at least some restrictions had been lifted. Two of these interviewees were involved in leading children's services, with one working primarily with children's services and social care, and one in children's public health. In these cases, interviews were conducted to gain insight into the impact of COVID-19 on children's services, the adaptations services have made, and potential longer-term consequences for services and service users. The third key person was a professional whose managerial role involved working with individuals who have experienced high-risk domestic abuse<sup>18</sup>. This individual was interviewed specifically for their insight into matters related to domestic abuse during the COVID-19 period. The fourth key person was a member of the police, and this interview was conducted to provide insight into wider community responses and challenges.

## Report structure

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The detailed findings that follow are organised into two parts: organisations and services, and family impacts and experiences. Within each section, findings are presented according to the thematic areas outlined below:

### **Part one – Organisations and services:**

- Changes to local organisations and services.
- Organisations' support of staff.
- Experiences of online working and virtual service delivery.

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<sup>17</sup> It is noteworthy that the single parent was interviewed shortly after the 'support bubble' announcement had been made.

<sup>18</sup> High-risk domestic abuse cases are those where "there are identifiable indicators of serious harm. The potential event could happen at any time and the impact would be serious" (Gov.UK (2019) *Guidance: Risk assessment of offenders*. Available at <https://www.gov.uk/guidance/risk-assessment-of-offenders>). Serious harm is "A risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible" - Offender Assessment System (National Offender and Management Service (2006) Risk of Harm Guidance and Training Resources. Available at: <http://nomsintranet.org.uk/roh/index.htm#startcontent>)

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- Professionals' perceptions of local services and support in the community.
  - Organisational challenges post COVID – 19.

**Part two - Family impacts and experiences:**

- Perceptions and experiences of local community responses and services.
- Challenges and difficulties experienced by families.
- Benefits experienced by families.
- Perceptions of what will help.

Lastly, findings from our primary research are contextualised with considerations of findings from the UK COVID-19 Social Study run by University College London<sup>19</sup>. This is a panel study of over 90,000 respondents focusing on the psychological and social experiences of adults living in the UK during the COVID -19 pandemic. The data used relates to the survey responses collected up until 11<sup>th</sup> July 2020.

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<sup>19</sup> Fancourt D, Bu F, Wan Mak H and Steptoe A (2020) COVID-19 Social Study. Week 1 and 16 (21 March and 11 July 2020). University College London. Available at: <https://www.covidsocialstudy.org/results>

# Detailed findings

## Part one - Organisations and services

### Changes to local organisations and services

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All organisations and services represented in this research<sup>20</sup> reported that they had continued service delivery (either in full or partial form) during the pandemic by adapting how they communicated internally and with service users/beneficiaries. This included the use of online communication platforms (e.g. Zoom, Microsoft Teams) and social media and staff working from home.

During focus groups, practitioners working in ABSS services explained that they were working from home (either mostly or entirely) and providing an adapted version of their service through online platforms and telephone calls. One ABSS 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, ABSS 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 in this respect. For some ABSS services, new work was taking place in order to specifically address COVID-19 related issues, such as providing resources for families to undertake activities with children. One ABSS 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.

The key person in public health explained that their services had mostly continued with the introduction of online consultations. They explained that much of the work public health organisations were undertaking involved responding to statements made by the Prime Minister, whereby these 'gold level' commands are implemented at a local level, sometimes on very short timescales and involving repurposing of staff. This key person also explained that the pandemic has brought about *"changes to healthcare like never seen before"* involving *"monumental shifts of thought processes"*. They highlighted the uniqueness of the situation in terms of how staff

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<sup>20</sup> Via the key person interviews and focus groups with ABSS practitioners.

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were impacted both personally and professionally, such that they were dealing with significant changes in their workplace and personal worries relating to the virus.

The key person in children's services explained that work has focused on *"making sure that our services are safe and that vulnerable children and young people that we know of already are supported"*. This has involved risk assessing all known cases in children's care and SEND (special educational needs and disabilities) and making informed judgements about how to maintain contact. In some cases, social workers have maintained contact with clients via online applications (e.g. Zoom and Whatsapp), while others have continued face-to-face visits. Services have also adapted their work with the courts, using remote court sessions and fewer physical appearances. Staff have also been working from home where possible.

The key person working with victims of domestic abuse (DA) explained that the work she and her teams undertook had not changed during the pandemic, apart from that it was now being undertaken remotely. This meant that all 'case conferences' and meetings were conducted online rather than face to face.

The key person in the police explained that their work has involved ensuring that staff are safe and that they retain the key focus of policing, *"which is to keep people safe, help people and catch criminals"*. They explained that this has been consistent throughout the whole period. They also explained that they had examined who were essential staff to have at the police station, and who was able to work from home, in order to allow for social distancing in the workplace. Their aim has been to keep those with a frontline role at work as far as possible so that they remained visible in the community and were able to deliver the national police approach. This approach is the '4 E's'; Engage, Explain, Encourage and Enforce<sup>21</sup> with 'enforce' being *"very much a last ditch effort really where everything else failed"* in Southend.

This key person also described how the demand on their service has changed during the pandemic. Where calls coming in to the force control room would usually be related to the night-time economy or anti – social behaviour for example, during the pandemic these have been about individuals not adhering to lockdown rules, such as by using public space in unallowed ways. This has impacted on the nature of policing

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<sup>21</sup> See Police Federation (2020) *Guidance issued on new police powers* at <https://www.polfed.org/news-media/latest-news/2020/guidance-issued-on-new-police-powers/> for further context.

in the community, because it has involved engaging with members of the public to address behaviour that would ordinarily be considered entirely acceptable and even encouraged, such as families using local parks as a space to spend time together.

In addition, the police member explained that during the pandemic, the police force have made more extensive use of online communications across three different areas: internal communications within the police, communication with partners, and communication with the Southend community. They have also continued with their multi-agency meetings, including those relating to town centres around Southend. The key person explained that, despite retail being closed, individuals still congregate in these areas in part because services are located there. Ensuring these meetings still happen, and that relevant information sharing agreements are in place, ensures that there is continued information sharing, which they considered to be key during the period. They stated:

*“we’ve done our very best as a partnership to keep communicating and sharing that information so we can piece together that jigsaw”.*

## Organisations’ support of staff

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The key person in public health highlighted the anxiety and worry staff had experienced during the pandemic. They explained that during the first few weeks, there had been a constant flow of new information coming into organisations, and that while some staff had *“taken it in their stride”*, others were *“panic stricken”* and some were even *“tipping into a mental health crisis themselves”*. They explained that staff support varied across individual services, and that additional mechanisms had quickly been put in place, including a COVID-19 staff helpline. In addition, they described how public health organisations were responding to the recognition that BAME communities were experiencing a more adverse impact from COVID-19 by undertaking individualized risk assessments for BAME members of staff. This key person also explained that their region had not had major problems with the supply of personal protective equipment (PPE) but that ensuring that the correct equipment reached the correct teams involved a lot of work, which had become *“a well-oiled machine supporting all the teams”*.

The key person in children’s services explained that early in the pandemic, staff had been *“worried and scared and nervous”* and were frequently enquiring about PPE provision. The organisation had responded by being clear to staff that in most

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circumstances in children's social care PPE was not needed (because intensive personal care is not being provided). Instead methods such as hand washing and sanitising, maintaining social distance, and not putting oneself at risk were emphasised. However, staff visiting families who had declared COVID – 19 symptoms, were supplied with PPE. The key person explained that staff anxiety was relieved by this reassurance.

In addition, this key person explained that during the return to normal, they will be clear with staff about taking responsibility, social distancing, washing hands and using sanitizer. They described how judgements will be made about who will return to work (rather than working from home) based on both their role and their individual circumstance. For some staff, such as those who are isolated or living in a bedsit, working remotely has been very difficult, and so they may be encouraged to return to work sooner.

The police key person explained that as an organisation, they have ensured that adequate PPE is in place, and that staff know that processes are in place regarding any vulnerabilities they may have that means they need to shield, and for reporting any symptoms.

Both the key person in the police and in children's services explained that staff sickness levels have been lower than usual during COVID-19. They offered different explanations as to why this might be the case. The police key person suggested that it may be *"commitment and willingness to battle on through the [...] crisis"* or the impact of practices such as washing hands. The key person in children's services suggested that it is perhaps because people felt more able to work from home even when unwell than they would if they had to travel in to work. They also explained that many staff were not taking leave due to not having anywhere to go, and that the organisation was encouraging them to because they did not want them to *"burn out"*, and because it would not be possible to have all staff taking leave together post-lockdown.

A practitioner involved in delivering an ABSS service explained that they had had excellent support from ABSS during the pandemic. They stated that ABSS have *"been incredibly supportive to us as providers"* and that they have done this by *"working with us"* to keep the vast majority of programmes on track, being more flexible about controls, keeping in touch and keeping delivery partners updated, and by trusting providers.

## Experiences of online working and virtual service delivery

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All four key persons explained that their organisations had used online communication platforms during the pandemic. This involved using platforms such as Microsoft Teams for staff meetings and appointments with service users (such as health-related consultations). All explained that online communication would likely continue after the pandemic for some areas of their work because it has been beneficial. These areas of work included meetings involving staff members who are not based in the same geographical area and appointments with families / children when there was no need to be physically present (e.g. to conduct an assessment). Key persons felt that the switch to online communications had been more practical (for both staff and families) and that in some cases this increased participation (in appointments and meetings), but that there is still a need for 'face to face' contact in some circumstances.

The key person in DA reported that using MS teams for multi-disciplinary staff meetings had been beneficial because people were more able to *"dip in and out"* as needed. Hence, there was representation from a wider range of agencies at these meetings than is ordinarily the case. Similarly, in the police key person described a multi-agency meeting involving different representatives from across the community, whereby attendance doubled with the use of an online platform.

The key person in public health explained that the 'reset' work their organisations are involved in will involve an examination of which aspects of their virtual consultations they will retain. Their organisation intends to distribute service-specific online questionnaires to parents to get their feedback on how virtual consultations have worked for them. They also felt that using Microsoft Teams for staff communications had been beneficial for practical reasons and helped staff to feel more interconnected. However, their view was that occasional face-to-face get togethers will continue to be necessary for some team building purposes. They also felt that the length of online communications needs to be monitored to look after the health and wellbeing of staff.

The key person in children's services explained that some young people had engaged better with their social workers through online platforms and that it's *"just a more efficient method"*. However, they recognised that social workers also need to



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see people in person, especially because it is not possible to fully assess the individual's surroundings online. Regarding work with the courts, they described undertaking *"standard, pre-court planning"* online as *"really effective"*, apart from in particularly 'uncomfortable' or difficult cases, or where translation was needed. They expressed a need to be careful about going *"too far"* in the reliance on remote contact. This key person explained that they did not want to lose what had been learned from implementing online communications but saw doing *"too much of it"* as a risk.

In the police, online communications have been used for internal communications, communications with partners (including multi-agency meetings) and communication with the Southend community. The first two have involved conducting meetings using platforms such as Microsoft Teams. For the latter, police have used Facebook live events to hold question and answers sessions for the general public, and they did this every day at the start of the pandemic. The purpose was to ensure an *"open flow of information"*. The key person explained that he had originally been concerned that relying on social media and virtual platforms would *"cut out a section of the community"*, but that the opposite has happened. They described how conducting this over Zoom rather than in person has increased attendance, including from sections of the community that have not ordinarily attended, and they viewed this positively. Indeed, they cited the embracing of technology that has occurred across services as an example of good practice during the pandemic and stated that it will *"absolutely"* remain after the pandemic, and that *"without a shadow of a doubt it is far more efficient"*. They explained that unlike phones, online video communications allow people to 'read' non-verbal signs. However, similar to others, he also saw a continued role for 'face-to-face' communications, particularly in terms of relationship building.

Many frontline practitioners in ABSS services spoke positively about their experiences of providing support online and identified aspects that they wished to continue post-COVID-19. 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. While overall there was a sense that distanced-working strategies were effective, it was recognised that it was also more tiring and difficult than usual, and there were limits to what could be achieved. The use of online service provision by ABSS is addressed further in the later section 'families use of ABSS services during the pandemic'.

One parent interviewee reflected on the possibility of ABSS services continuing online sessions beyond the pandemic and explained that she would value online content. Using the example of the HENRY course, which she had previously attended and found helpful, she explained that her husband would have benefited from being involved and that online content would have allowed him to be. While she had shared information from the course with him, she felt this *“would have been more powerful coming from the person delivering the course”*. Moreover, she felt there are occasions when online content would make access easier.

## Professionals’ perceptions of local services and support in the community

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Practitioners perceived that 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 Southend Coronavirus Action Helpline<sup>22</sup> – understood as an important element of collaborative working in the community.
- ✓ Early help/early intervention teams – understood 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) - described as doing essential work, due to children with an ASD diagnosis particularly struggling.
- ✓ Safe Steps (charity working with people affected by DA) – described as helpful for signposting.
- ✓ ABSS partners (e.g. family action, ‘Let’s Talk’) - described as having undertaken some very effective work.

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

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<sup>22</sup> The Southend Coronavirus Action Helpline was launched on 1<sup>st</sup> April 2020 by Southend Borough Council in collaboration with numerous third sector partners. Residents who need help call the helpline and the case is referred to a triage team who decides who can help and refers the case on. More information about the helpline is on page 36.

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The key person in the police reflected on the local 'Black Lives Matter' event of around 600 people that occurred during the pandemic, and the positive sense of community within this. They explained that it was a gathering more than a protest, and that they were *"really proud"* of what they observed, as there was a *"family atmosphere"* and although it was not observed everywhere, people tried hard to observe social distancing. They stated that *"the atmosphere and the method that it was carried out with spoke volumes"*.

In line with the view expressed in focus groups that local services were undertaking effective work, one interviewee spoke positively about the support that was available in Southend, both in general and during the coronavirus period:

*"Southend is one of the most supportive areas that I've lived in. The health visitors, or my GP, or children's centres, we have had to use food banks a couple of times. And we actually went the other day to one, SAVS did a referral for us, and I've had the essential living funds. So, the support in those elements is fantastic."*

However, while one practitioner explained that the collaborative element of responses by local services had been extremely helpful, 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, there was recognition of difficulties in the way services were running under lockdown restrictions. The adaptations local services have made to follow social distancing guidelines meant that contacts between them were *"less instant"*. Some focus groups also reported a lack of awareness among families of the community help that was available. 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 it should have been (all residents). It was also recognised that the combination of new lockdown-related challenges and an inability to access all services in the ordinary way was problematic for some families.

Two key persons explained that within their organisations, there have been more effective working relationships and joint decision-making processes. The key person

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in children's services explained that there had been effective work happening across the voluntary sector, children's centres, and A Better Start. They reported that this has been the case even where previous working relationships have not been effective. They noted that the urgency of the situation and the need for organisations to get immediate support to families has facilitated this because it has prevented *"overthinking"* and questioning *"who should be doing what"*. The key person hoped that these effective relationships will continue.

The key person in DA reported that the *"focused work"* that has occurred during the pandemic has been beneficial. They described a COVID-19-specific task and finish group that has been more coordinated and involved more consensus than similar groups ordinarily do and understood that such groups are usually less well coordinated due to all parties being very focused on their own roles.

## Organisational challenges post COVID-19

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Two key persons described their concerns about budgets. The key person in public health explained that the cost improvement pressure after the pandemic *"is going to be huge"* because COVID-19-related spending will need to be recouped against the backdrop of the longer-term *"health and wellbeing fallout"*. They expect that services will only go back to *"any sort of complete normality"* once there is a vaccine, which is itself a situation that their services will need to respond to. This key person is also challenged with organising the delivery of a vaccine in schools with increased targets in Autumn, and is working with a team to assess different models for doing so.

The key person in children's services also expressed financial concerns. They explained that there were already overspends pre-COVID, and that post-COVID there will be an increase in demand (and hence more spending) across a number of service areas. Both key persons shared their concerns about longer-term health and education inequalities being accentuated by COVID-19. The key person in children's services also described potential issues around socialisation, including getting children back into school and nursery, highlighting how additional support may be needed in these areas.

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## Part Two – Family impacts and experiences

### Families' use of ABSS services

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Practitioners in the focus groups generally felt that families were making good use of ABSS services during the pandemic. Practitioners reported that families seem to have been open to engaging in new ways of communicating and that parents have been *"more accessible"*. It was suggested that pre-COVID, 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 clients is fundamental was surprised at how effective this relationship building had been during the pandemic and how engaged families were. However, a practitioner in another service reported a lower than expected number of referrals during the pandemic.

One interviewee spoke about their experiences of ABSS services during the pandemic. They explained that they *"haven't really known as much about how things (services) changed"*, despite following ABSS and/or specific ABSS programmes on social media. They explained that they had not seen much of an online or social media presence, and that it seemed *"a bit hit and miss as to what was out there"*.

### Families' use of health and statutory services

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Key persons and practitioners were concerned that there have been changes in people's use of health and social care services and support systems, in terms of not accessing these or not being 'picked up' by them in the same ways as pre-COVID.

The key person in children's services expressed concern that potential new cases will not have come to light due to agencies (such as schools) not referring in the same way. They stressed that they will not know the extent to which this is the case until lockdown eases. Moreover, they expect that there will be a spike in referrals and additional caseloads for social workers after lockdown because more direct intervention will be needed. They also expressed concern that some families could have used COVID-19 symptoms to avoid engaging with a practitioner.

Related to this, a practitioner in the focus groups explained their view that the true impact of the pandemic on families cannot currently be known. Their biggest concern has been not seeing vulnerable families and children. There was a discussion

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in the focus group about the problem of some families being unreachable, especially if they do not have the technology to access support online. There was concern that there are people *"suffering in silence"* because they do not have the required communication links and are not seen in community organisations in the way they ordinarily would be.

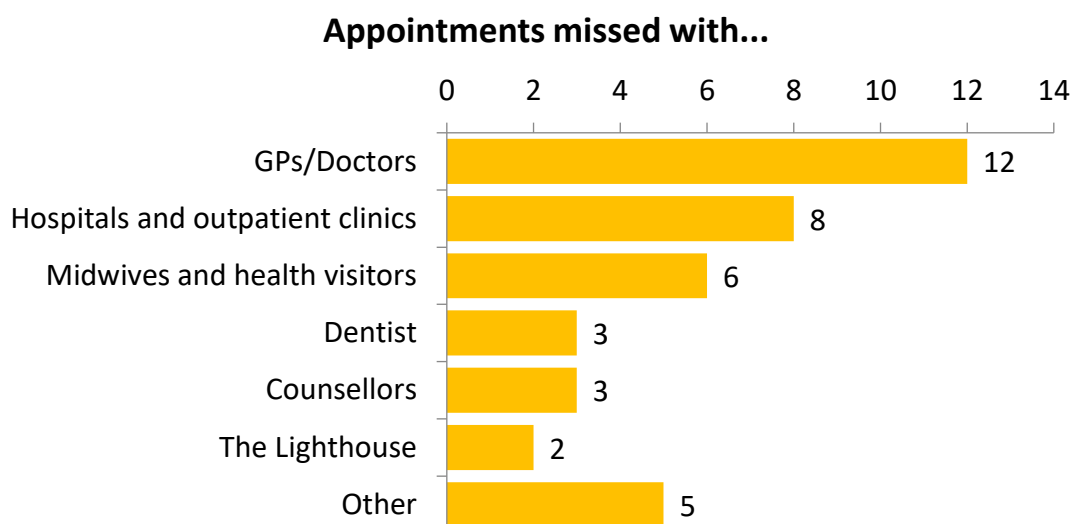
The key person in public health explained how one of the main impacts of the pandemic on their services has been families choosing not to continue with routine interventions for their child due to protecting them or shielding. They stated that paediatric wards have been *"so empty"*, and that there has been some concern and evidence suggesting adults have not been presenting with conditions that they otherwise would have done due to a fear of contracting COVID-19 in GP practices and hospitals. There is an expectation that people will present with these conditions later, and a time that is symptomatically very late.

This key person also explained that GPs have been in a *"constant state of flux"*. They stated that there has been evidence that a larger than usual percentage of babies have not attended practices for vaccination, despite support being provided to primary care and community clinics to enable them to deliver vaccinations with social distancing. Further, there is concern about changes in vaccinations leading to an outbreak, although they explained that because pre-COVID levels were very low, this should not be the case.

Practitioners in focus groups perceived 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, in their view, parents' use of A&E for their children and immunization appointments have continued as normal.

It was 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.

Survey respondents were asked whether they have found it more difficult than usual to attend health/wellbeing related appointments themselves or for their child, whether this was in person or online. Half (n=26) indicated that they had. These appointments included those with GPs/doctors (including one participant who had missed a postnatal check), midwives and health visitors, hospitals and outpatient clinics, counsellors, dentists, the Lighthouse<sup>23</sup> and CAFCASS<sup>24</sup>.



One parent who was interviewed was in the early stages of pregnancy. She had been concerned about whether the care and support she would receive throughout her pregnancy would be as good as usual. She had previously had a miscarriage but did not get the additional early scan she thought she would usually have had because of this. She also explained that her visits with midwives would be reduced, and that more of her appointments will happen over the phone. In addition, having heard from other pregnant friends under different hospital trusts, it seemed that other areas were handling the situation in different ways, and this created a sense of unease:

*"It's another layer that makes everything feel a bit disjointed and like maybe no one is really in control. Even though I'm sure people at the appropriate level in all of these different areas are making decisions for the right reasons. It's difficult to know what to expect."*

<sup>23</sup> 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.

<sup>24</sup> CAFCASS is the Children and Family Court Advisory and Support Service which represents children in family court cases in England.

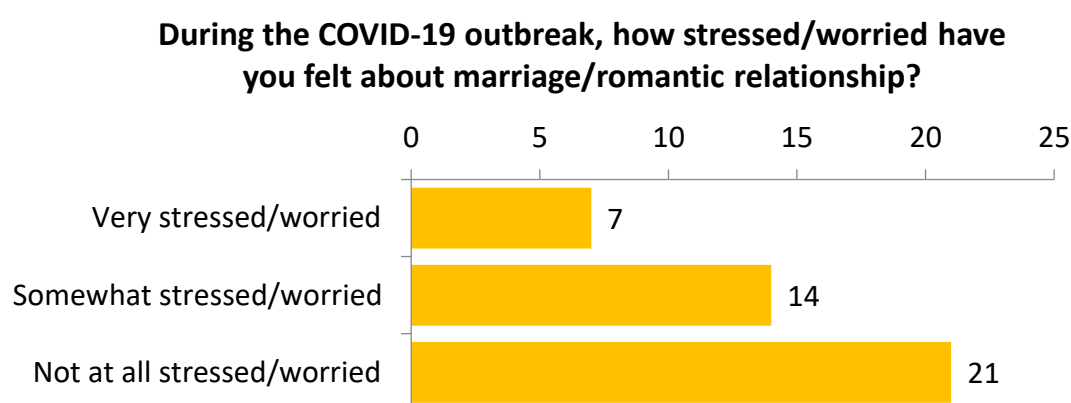
## Challenges and difficulties experienced by families

Findings from the survey and interviews with parents and focus groups with practitioners suggest that families have experienced a range of challenges and difficulties during the pandemic. These include those that relate to relationship stress, accessing food and medication, mental health and wellbeing, children's needs and schooling at home, employment and income, and social distancing.

Findings relating to each of these areas are presented below. It is noteworthy that among practitioners, 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.

### Relationship stress

Survey findings show that 7 out of 42 respondents<sup>25</sup> indicated that they were 'very stressed/worried' about their marriage or romantic relationship, and 14 indicated that they were 'somewhat stressed/worried'. Therefore, half reported some extent of stress or worry.



Four of the interviewees lived with a partner, and two of these described how a pre-existing concern in their relationship with their partner was exacerbated by the lockdown situation. One interviewee (who had three children and had been shielding) explained that her partner had needed to take on extra work in order to financially provide for the family. This meant that he had spent a lot of time away

<sup>25</sup> Not all participants responded to this question (no response N=8).



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and this put a strain on their relationship. The pandemic worsened this because he had taken up accommodation away from home so that he could work without bringing the virus home to his family. The other interviewee described how lockdown had put added pressures on the relationship with her partner, which was already under strain. At the time of the interview, they were negotiating ending the relationship.

In the focus group, some practitioners described having 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 a young mum lives in family homes where tensions are present or lives alone. The practitioner, and the team that they worked with, had also been increasingly concerned about domestic abuse. Where this was the case, families were linked with domestic support services (see also next section).

## Domestic abuse

Concerns about DA were raised during focus groups. One practitioner explained how DA was a “*massive concern*” for their service and shared their concern that the channels through which practitioners might ordinarily come into contact with individuals experiencing DA were currently “*closed off*”.

The key person in DA was involved in multi-agency working with high-risk cases<sup>26</sup>, where there is an immediate risk of serious harm. Figures for Southend show that in March and April 2020, compared to the same period in 2019, there was a 30% drop in referrals for high-risk DA. However, comparing the whole period of lockdown from 23<sup>rd</sup> March until 26<sup>th</sup> June suggests that high-risk referral figures appear to be “*catching up*” and “*will be on par for very similar figures by the end of June*”<sup>27</sup>. The key person shared their views on the decrease in reported cases. Their understanding was that a lot of domestic abuse had gone unreported because it is much harder for a victim to report an abuser in lockdown due to them being constantly present. They

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<sup>26</sup> See footnote 18 for definitions of high-risk DA.

<sup>27</sup> Information provided by email communication, 25<sup>th</sup> June 2020.

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described how one avenue that is sometimes open to victims to get help is to do this when taking children to school, but that this avenue was not been available when schools closed. However, they also noted that it could also be the case that if someone is not living with the abuser, it may make it harder for them to then attend the address and be abusive.

The key person also explained that ordinarily, 70% of high-risk domestic abuse cases are referred from police. However, during the fortnight prior to their interview, there had been an increase in reports to other agencies and individuals had used the local commissioning service more than the police. They explained that this was likely a result of communications from services at the beginning of lockdown, which were shared in anticipation of an increase in DA and/or restricted opportunities for victims to report DA. These communications advertised that services were still accessible, and were shared via social media, websites and posters in supermarkets.

The key person had discussed with colleagues the discrepancy between their own referral rates (which had seen a decrease during lockdown) and the national increase in calls to domestic abuse helplines during the same period. Their personal suggestion was that people reporting to national abuse helplines had been involved in domestic conflict more so than high-risk domestic abuse. They also described how there is a generally held view among practitioners that there is likely to be a spike in domestic abuse reporting post lockdown and that there are plans being implemented to manage this.

The key person explained that they have not seen any changes in the nature of domestic abuse during COVID-19. However, they have dealt with a case where the perpetrator was using the lockdown situation to control the victim (i.e. because the victim cannot leave the house) and victims have reported domestic abuse being worse after the abuser lost their job or since spending so much time together at home.

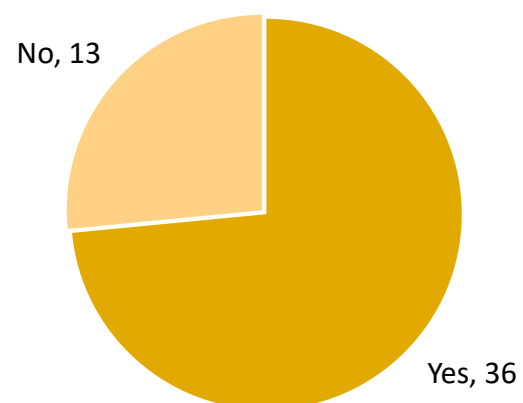
The key person also reflected on the impact of DA during lockdown on children, describing how they are likely already anxious about COVID-19 and may now also be witnessing domestic abuse during the day, without "*escaping it*" by attending school or seeing friends or grandparents. Moreover, they explained that DA victims are unlikely to be able to emotionally support the child and meet their needs if they are overwhelmingly focussed on coping with, and managing the risk of, abuse on a daily basis.

The key person in the police also described the reduction in reports of DA to the police during COVID-19, but, like others, emphasised what they called the *“hidden harm behind closed doors where people are confined to premises”* and unreported domestic abuse. They expressed that *“identifying that hidden harm and what’s going unreported is the priority”*.

### Accessing food and medication

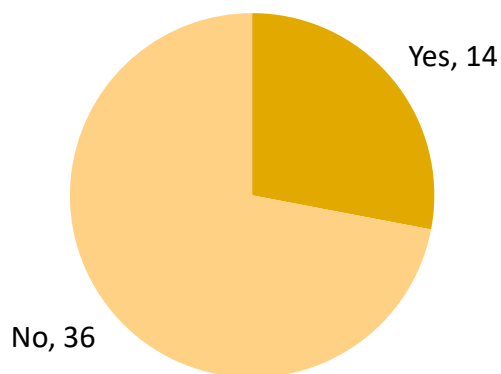
Almost three quarters of survey respondents indicated that they had found it more difficult to access food during the pandemic (see chart). The reasons given were usually a lack of availability of food items in shops (including specialist items), shops being too busy, and being unable to access online food deliveries. Responses indicate that these issues were particularly a problem for those who could not 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, this was not the first time they had done so. 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 food?**



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.



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

Interviewees did not discuss any particular problems accessing food or medication, apart from having to be *“strategic”* in order to access online shopping. One interviewee also described finding ‘social distancing’ difficult in supermarkets.

Occasional cases of food poverty were described by a small number of practitioners in focus groups, and some had had contact with families who were relying on food parcels. Practitioners attributed difficulties accessing food to both financial struggles and self-isolation/other practical difficulties. Practitioners also discussed the national 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

### *Calls to Southend Coronavirus Action helpline*

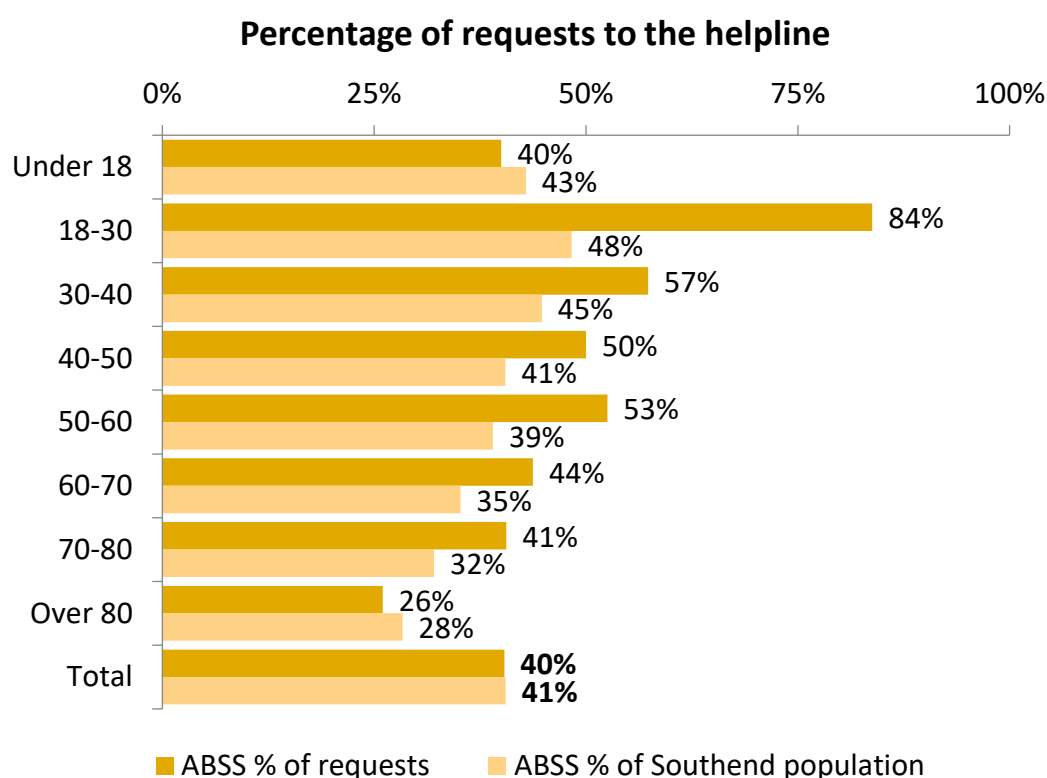
It is relevant here to consider data relating to the Southend Coronavirus Action Helpline. The helpline was launched on 1<sup>st</sup> April 2020 by Southend Borough Council in collaboration with numerous third sector partners and was advertised on social media as a way for those who were shielding at home to get help. Residents who need help call the helpline, and their personal details and details of the request are entered in management system before the case is referred to a triage team. That team decides who can help with that request and refers the case on.

Data extracted from the helpline system shows that 40% of the calls to the helpline about food parcels, help with accessing money, help with gas and electric or help with counselling were from residents living within one of the six ABSS wards. This is

in line with the population of Southend, where 41% of all residents live in these six ABSS wards<sup>28</sup>

Calls about....	All ABSS localities	All Southend	% ABSS of all Southend
Food parcel/Govt food parcels	296	746	40%
Help with accessing money	16	35	46%
Help with gas and electric	14	25	56%
Help with counselling	2	9	22%
Total of calls above	<b>328</b>	<b>815</b>	<b>40%</b>
All calls received about any issue	<b>1189</b>	<b>2922</b>	<b>41%</b>

However, when analysing the calls by age compared to the population, there was a higher proportion of calls about these four issues from residents in ABSS wards in a younger age group. 84% of calls about these four issues from people aged 18-30 were from residents living in the six ABSS wards while 57% of calls from those aged 30-40 were from residents of ABSS wards. Those in a younger age group are mostly likely to have young families. However, this age group could also include individuals impacted by job losses during the lockdown but who may be single and/or not have children.



<sup>28</sup> ONS Mid-2018 Population Estimates for 2018 Wards in England and Wales.

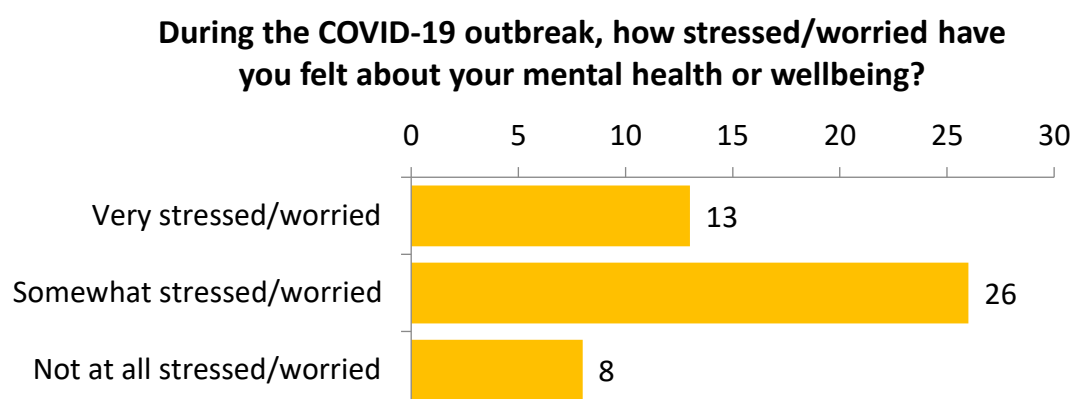
## Health and wellbeing of parents

In the survey, 10 respondents indicated that they had a diagnosed medical condition or disability, seven of whom felt that this had worsened during the pandemic. Most of these seven respondents had depression or stress and anxiety, sometimes in addition to physical conditions. Explanations of why their problems had worsened included:

*"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 (83%) indicated that they were 'somewhat' or 'very' stressed/worried.



Three of the five interviewees described a struggle with anxiety and/or their mental wellbeing during lockdown. Two of these explained that their pre-existing struggles with anxiety had worsened during lockdown. One, who lived with a partner and two children (aged 8 and 4), identified a number of factors that had contributed to this, including a loss of her usual forms of social support, working from home and the risk of being redeployed at work. She explained that she had had to stop spending one night a week at her mums house because she was vulnerable and had also had to stop seeing her friends:

*"I [ordinarily] do lots of other things like going to see friends to keep the talk going, they're like my own therapy. It's not the same over the phone".*

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The other interviewee who had experienced exacerbated anxiety was a single mum to an 18 month old. She found being furloughed from her part time job difficult because it ordinarily helps both her and her son to spend some time away from each other. She also felt anxious about leaving the house due to concerns about the virus, which were worsened by others not adequately socially distancing. Anxiety about leaving the house was not a new experience for her, but had taken on a new form during the pandemic. At the time of the interview, she had recently begun therapy following a long period on a waiting list.

A further interviewee was struggling due to having to stop work and isolate. Doing so reminded her of the recent career break she had taken for childcare reasons when she felt her life had come to a standstill, and she missed going out and being active.

Practitioners in focus groups explained their views 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 they gave 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.

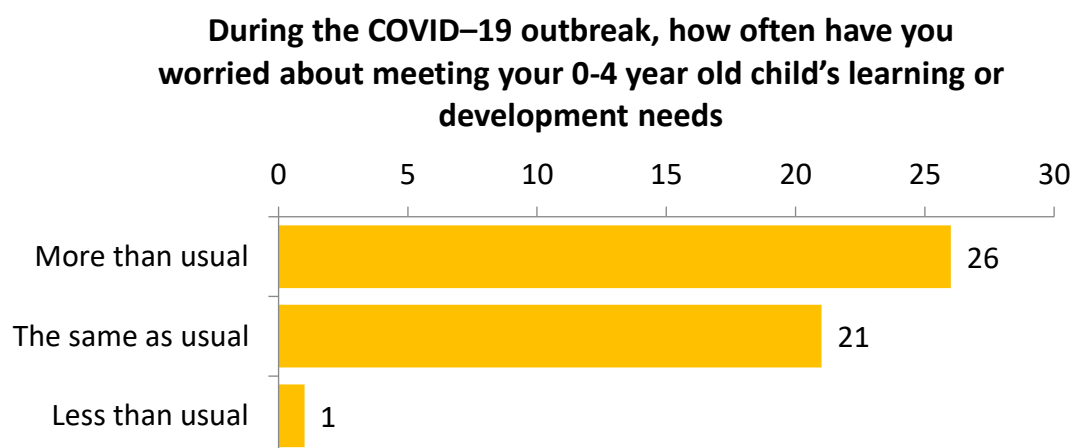
*“(A concern is) parent isolation, having adult contacts. Even if it's when you're at school, having a chat in the playground really, dropping the kids off. That's been a really big thing [...] the parents we work with [...] are very used to being in those social groups and supporting each other”*

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.

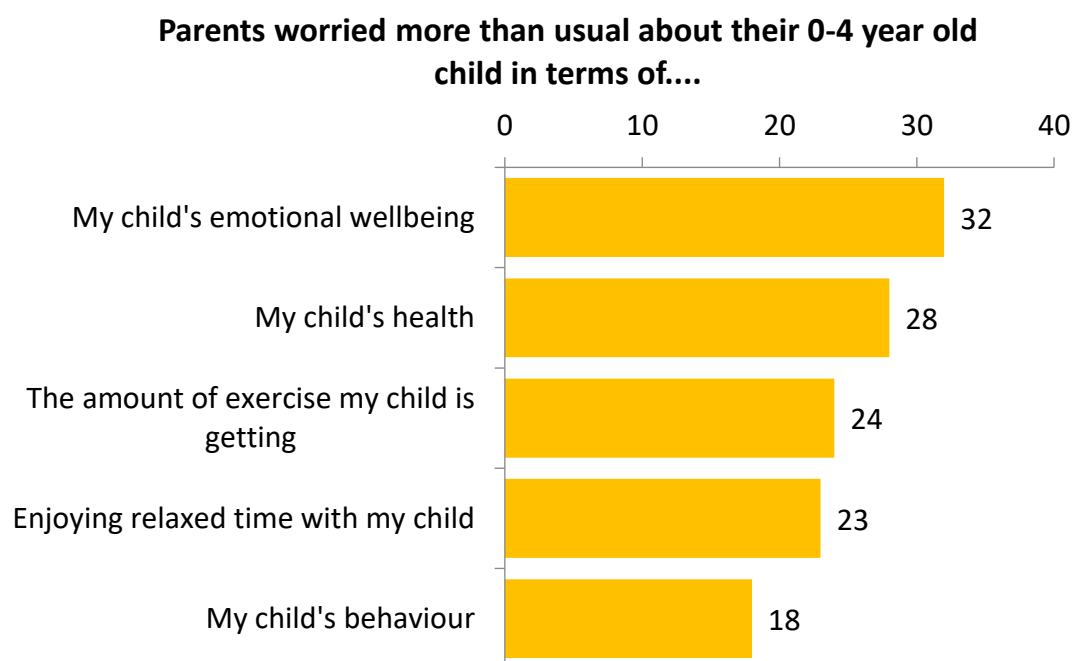
Findings from across all three methods suggest that the emotional and mental wellbeing of parents during the pandemic is a concern for many families, and that there has been a reduced capacity for informal support (from friends and family) to alleviate this in the usual way.

### Children's needs and development

In the survey, just over half of respondents indicated that, for their child/children aged 0–4, they were 'more worried than usual' about their learning or development needs.



Two thirds of parents were concerned 'more than usual' about the emotional health of children age 0–4, while over half were more concerned than usual about their child's health, the amount of exercise their child is getting and enjoying relaxed time with their child.





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All three interviewees who had children who were younger than school age (between 18 months and 30 months) explained that being unable to take their child/children to play groups and other structured activities and/or nursery during lockdown had been a source of worry and concern.

An interviewee who was a single parent to an 18 month old explained that she had begun to feel sad and anxious after about four weeks in lockdown. She worried about her son *"missing out on integration with other children and adults"*. She went on to explain that while her son is usually very sociable, she noticed that he had *"declined a little bit"* when they recently met a new childminder. Another interviewee described how prior to lockdown, her son had been doing very well at nursery and progressing well in his physical and verbal skills. She had been concerned about not being able to *"keep that momentum going"* during the lockdown. She had also experienced guilt seeing other families on social media doing *"these amazing activities"* that she did not have the time or resources to do, and this had added to her worries about her son's development. At the time of interview, her child was attending nursery again and she felt that this was the right place for them to be.

In the focus groups, 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.

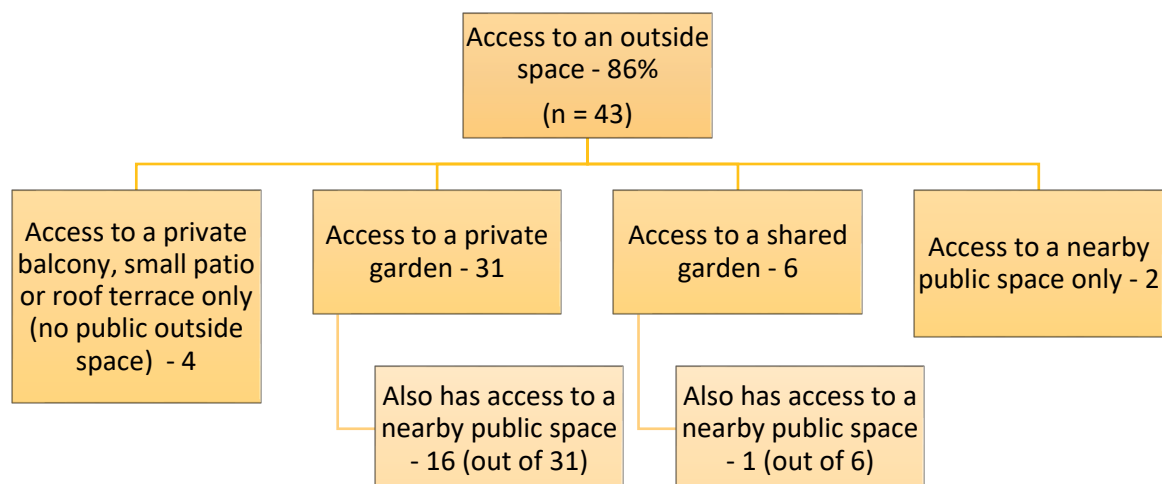
One practitioner described working with parents who were struggling with their children's 'fussy eating'. This practitioner understood this in terms of a broader change in behaviour in the children during lockdown, which also included the child being more clingy. The practitioner attributed these behaviours 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"*.

### *Children's living conditions*

Related to the issue of children's wellbeing, is their living conditions and access to outside space during lockdown. Most respondents (86%, n = 43) reported having

access to outside space, including 31 (62%) who had a private garden. A small number of respondents (n = 7) reported not having any access to outside space.

#### Respondents access to outside space

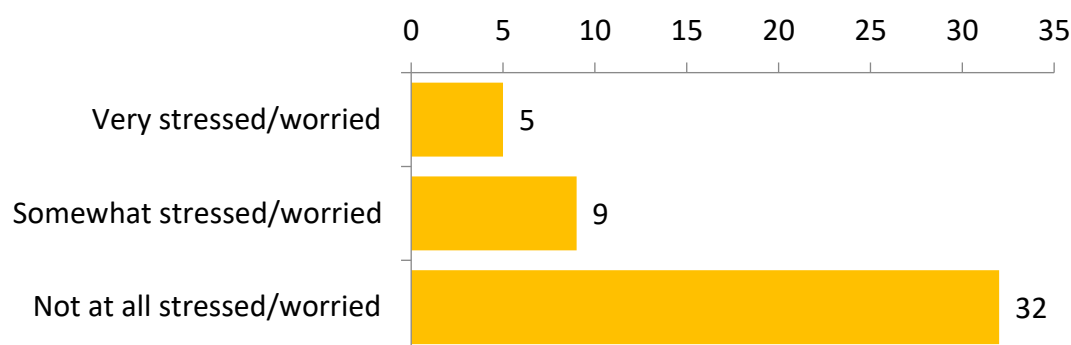


It may be that those without private access to outside space found it difficult to spend time outside with very young children during lockdown. This was a concern raised by a practitioner in a focus group, who discussed parents' finding it difficult to spend time outside with very young children due 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. It was also raised by an interviewee with an 18 month old child. She found it difficult to manage being in a public space with her child because she felt she was constantly telling them 'no', and that it was easier to keep themselves at home. She explained that she was unable to make use of the more 'relaxed' government guidelines that allowed groups of up to six to meet so long as they were socially distanced:

*"When you've got rules in place that you can't go within two metres of someone, how can you get an eighteen-month-old to do that?"*

When asked how stressed/worried participants felt about their living conditions (which could include concerns about access to outside space), 70% (n=32) indicated that they were not at all stressed/worried, and 30% that they were 'somewhat' stressed/worried (n=9) or 'very' stressed/worried (n=5).

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



All interviewees had private gardens that their children used regularly during lockdown and most explained that this was a “*great help*” or that they considered themselves ‘lucky’ to have a garden because of its importance during lockdown. For one interviewee who was shielding and for another who struggled to leave the house due to anxiety, the garden had been especially important as the only way that their child/children was able to spend time outside. Some interviewees described their reliance on spending time outside away from the house with their children, such as by going on daily walks nearby or driving to somewhere for picnics where it was not too busy.

### Schooling at home

In the survey, eight respondents indicated their level of concern about their child/children aged 5–18, and nearly all of these (n=7) stated that they were ‘more worried than usual’ about their child’s learning or schooling needs.

The two interviewees whose children were at school (one had children ages 8 and 4, and one had one child aged 7 and two aged 5) described the difficulties they experienced in relation to schooling. The former, who was working from home along with her partner and was also home schooling her two children, described trying to keep a schedule with them to avoid them becoming “*hyper*”. She explained how difficulties in this area exacerbated her pre-existing anxiety:

*“You feel like you suddenly become a teacher, every morning before I start work I’m sitting there doing their schoolwork for the whole day [...] It’s a lot of change. I don’t even understand half of the work that they get given from the school, so I don’t know how to sort that, because we were taught very different. It’s completely changed everything and heightened stresses. I have anxiety issues anyway, and trying to meet targets all the time, it’s really stressful”.*

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The other interviewee who was shielding at home, explained how her children were missing their friends, and that school work had been a challenge, especially because her daughter struggles to remain focused. This interviewee was from a non-Western country, and she explained that this caused her difficulty with home schooling because she had been taught in a different and she was concerned about confusing her children.

These experiences of home schooling were also reflected in practitioners' observations. Focus groups recognised home schooling as a struggle for some families. Practitioners discussed how 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:

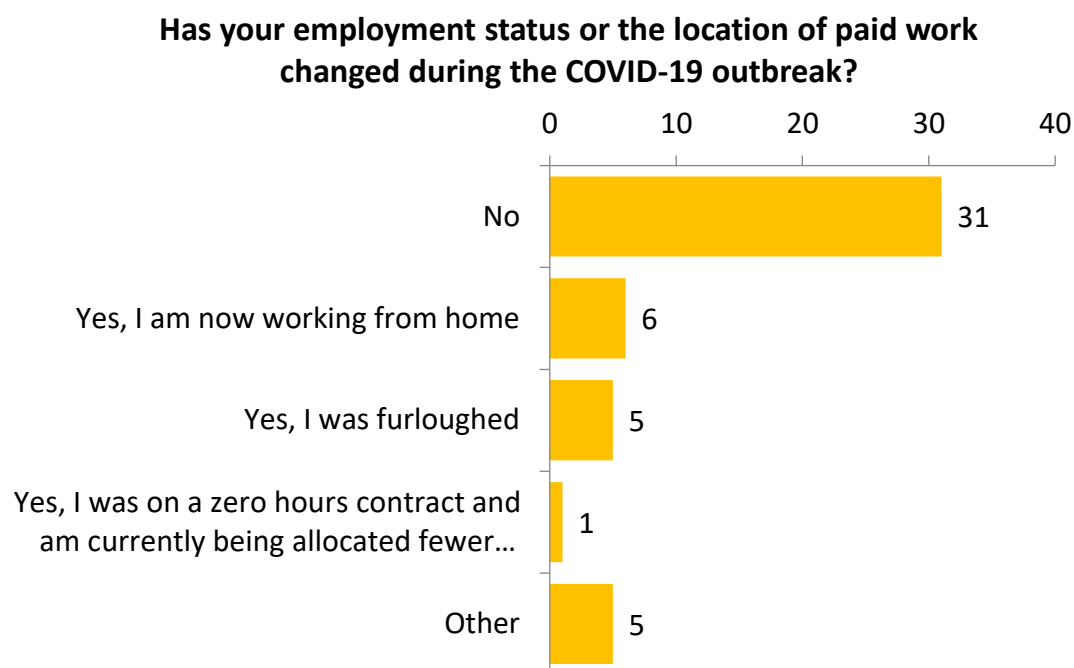
*"[The pandemic] is going to massively impact on the kids learning and I think the parents are struggling in that sense, because they kind of feel that they should be a teacher to their children [...] there is no [...] resource for parents on how to teach their kids. They feel like they're letting their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

However, practitioners also noted that there are also many families who were not concerned about schooling at home, and some who were *"really embracing it"*. They 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.

## **Employment and income**

Among the 50 survey respondents, 31 were in paid employment (some of whom were also volunteers, attending university or on maternity leave) at the time of completing the survey, and 19 reported being a homemaker/full time parent. Two thirds reported that their employment status and the nature of their work had not changed during the pandemic. Of the 17 for whom this had changed, six reported that they were now working from home, five that they were furloughed, and six had

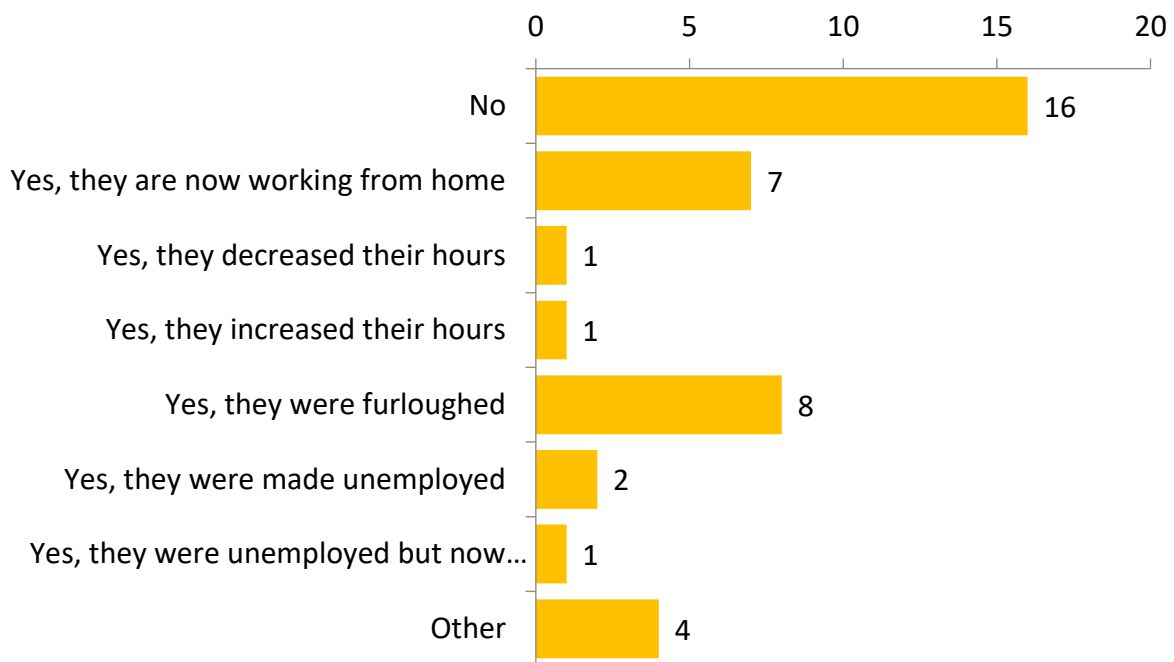
experienced other changes, such as taking maternity leave early or working fewer hours.



27 of the 50 respondents reported that either they or a member of their household is currently working as a key worker. Half of these households had someone who works in health or social care, and a quarter had someone who works in education and childcare.

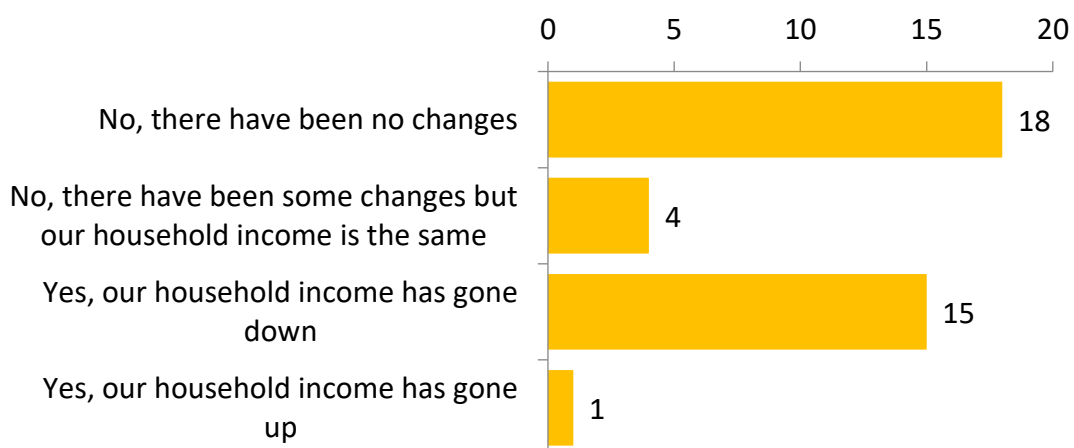
41 respondents reported that there is another adult in their household who contributes to household income. 31 of these adults were in full time employment and five were self-employed. For many, the other adults' employment status had not changed during the pandemic although seven were now working from home. Eight had been furloughed and two 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?**

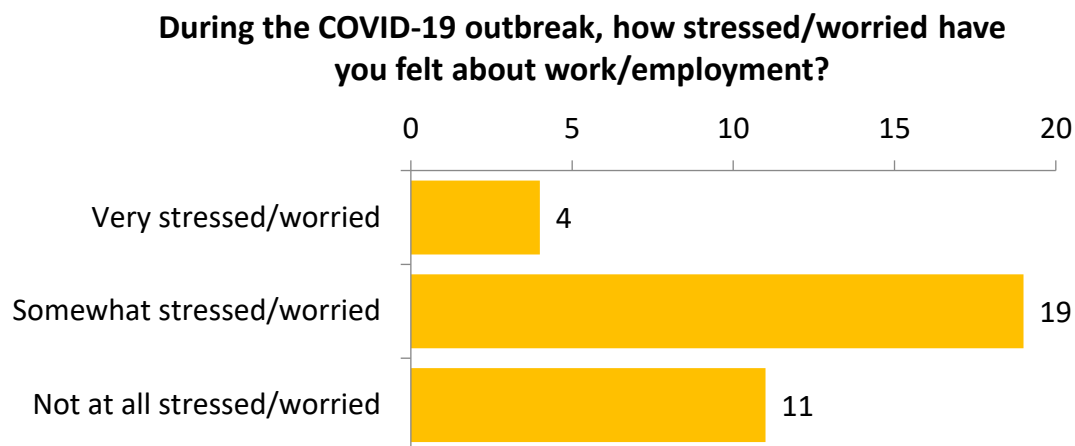


Of the 50 respondents, 19 indicated that their household income had decreased during the pandemic, and nine stated that they had put in a new claim for benefits. While seven of those who had applied for new benefits said that the application process was not at all difficult/challenging, one said it was somewhat difficult/challenging and one said it was very difficult/challenging. 11 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 six indicated that they may experience some problems paying for essentials, and two that they definitely will.

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



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.



None of the interviewees described experiencing any overwhelming financial difficulties as a result of the pandemic. However, two did refer to struggles in this area. One was an interviewee with three children, who described how the financial pressures of being a family of five meant that her partner had to work a lot and missed out on family time. However, this was a pressure that was not specific to the pandemic. Another, who was a single parent who had been furloughed from her part time job, had experienced a drop in income. She described having to use strategies such as shopping at a cheaper supermarket in person to manage this.

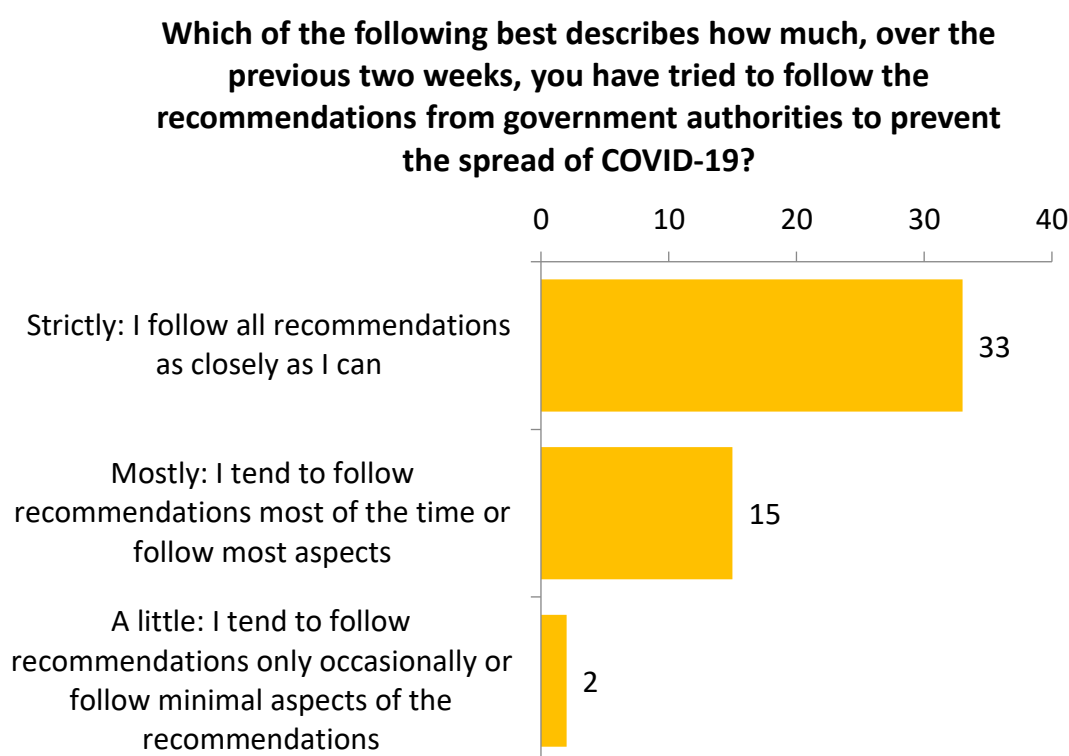
Overall, in line with findings from the survey, practitioners' perceptions were that there had not been a significant impact on individuals' income or employment among the families they worked with, apart from in a small number of cases. It was reported that mothers on maternity leave were not problematically 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.

## Social distancing

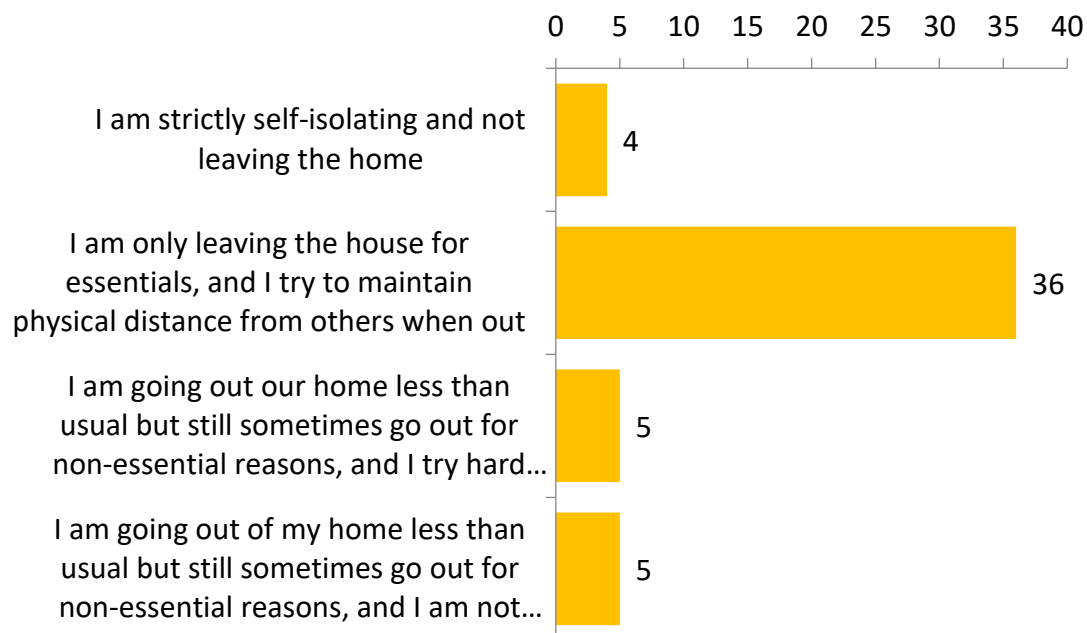
When asked about their adherence to government guidelines such as those relating to handwashing and social distancing, nearly all survey respondents (n=48) reported that they either 'strictly' or 'mostly' adhered to these. However, while no one reported that they disregard these entirely, a very small number stated that they follow guidelines only 'a little'.



In addition, just under three quarters (n=36) 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 10 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<sup>29</sup> (van der Mortel, 2008).

All five interviewees described adhering to government guidance and social distancing, and some were self-isolating entirely (due to a shielding condition) or leaving the house very minimally due to anxiety about the virus. One interviewee described her experiences of leaving the house with her 18 month year old son:

*"We go out and then I'm constantly watching to make sure that I'm keeping space from other people, that he's in the buggy safe with me, so I know he's safe. But one day in particular we went for a little stroll along the seafront, and I found a really nice bit of wall, popped ourselves down sort of thing, sat there and within ten minutes there was people really close, and sitting on the wall near me. And I'm like, right, we're going home. People just seem to not care"*

<sup>29</sup>van de Mortel T (2008) Faking It: Social Desirability Response Bias in Self-report Research. Australian Journal of Advanced Nursing 25 (4): 40 – 48.

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Some interviewees were more comfortable with being in public spaces, but still showed preferences for these being 'less busy' places where they were able to distance effectively.

Overall, practitioners in focus groups felt that there is a wide spectrum of behaviour among families in terms of social distancing. A few 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.

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 do not 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-19 information.

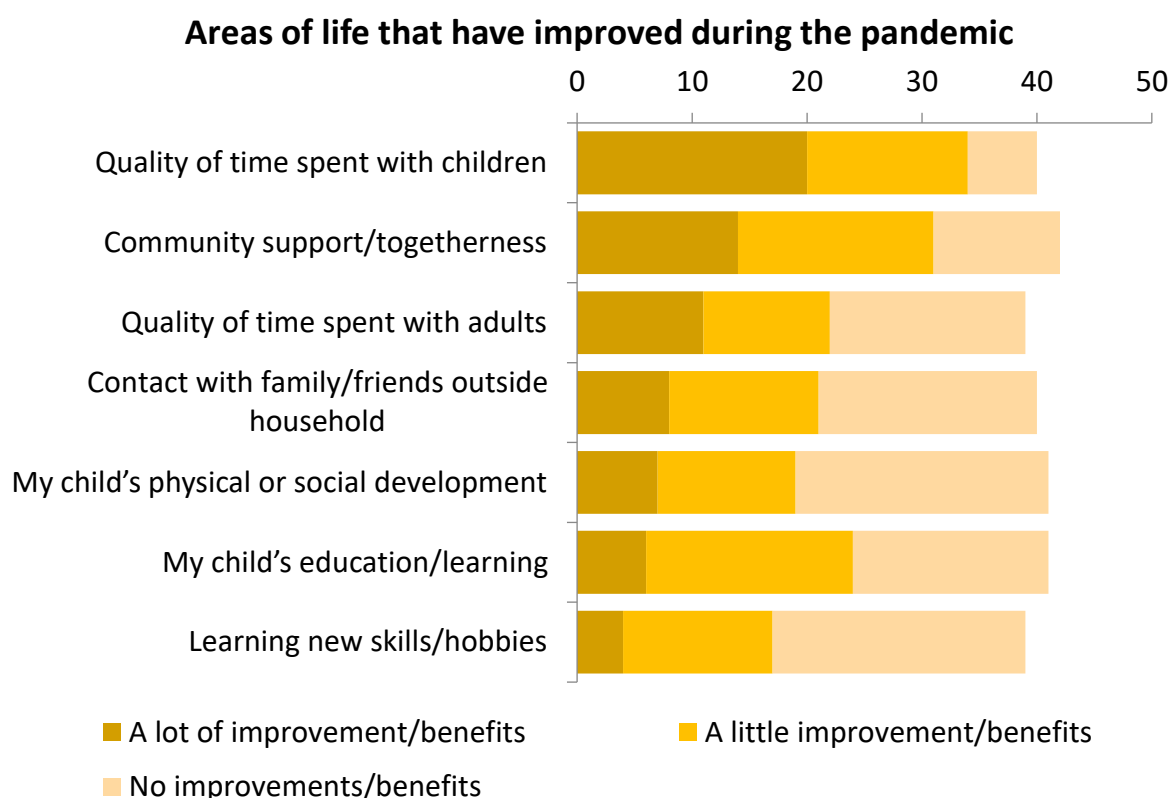
*"A challenge for our young people has been is to get consistent information [...] we've had some that said it was just like the flu and they don't watch the news they don't read anything. And a lot of them are getting their information from their families [...] then we've got others who have completely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

## Benefits experienced by families

Of the respondents to the ABSS survey who completed the relevant questions, all identified at least one area in which they had experienced a little or lot of improvement during the pandemic, and most indicated two or more areas.



**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	20	14	6
Community support/togetherness	14	17	11
Quality of time spent with adults	11	11	17
Contact with family/friends outside household	8	13	19
My child's physical or social development	7	12	22
My child's education/learning	6	18	17
Learning new skills/hobbies	4	13	22

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These responses included brief descriptions of *how* the area of life in which there had been the most benefits had 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:

*"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 or community-related benefits. 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."*

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

Four of the interviewees described having benefited in some way from additional time together as a family. Two explained that the extra time they had had with their children had been positive. One spoke of the increase in *"bonding time"* through getting the children more involved in daily tasks, such as making dinner together. Another explained that the three months she had spent in lockdown with her son were extremely valuable, despite her worries about the developmental impact of him missing out on nursery:

*"He amazes me daily, and he shows me he's learnt something else. On that side of it it's been an amazing three months. I don't want this to be our life, that's the thing. But yeah, it has been nice spending time with him and seeing all these little quirks that he's learned. He's funny, he makes me laugh"*

Two other interviewees described enjoyable time together as a whole family, or a beneficial shift in family roles. Regarding the latter, one interviewee explained that

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her partner had benefited from being involved in aspects of daily life looking after their children that he was not ordinarily involved in due to work, and that because he is now working from home rather going away for work for periods during the week, he is enjoying *"being able to see the whole piece"*.

Four interviewees described benefits in terms of community support during the pandemic. Three of these explained that neighbours would look out for each other more, such as by offering to pick up items when going to the shops. Two also cited the 'clapping for the NHS' events as inciting a feeling of community spirit and being a chance to see and wave to neighbours they had not seen previously.

One interviewee who was shielding and who had had support from neighbours, her local church, and a mother and baby group she used to attend, explained:

*"That community spirit, calling and checking up on each other. Before, we didn't have that. Once you might see that person on the street, oh hello, is everything OK? And now, for you to pick up the phone, just call them, check up on them, have a bit of a chat, it has really been good."*

Another interviewee described her wish to support others in her community:

*"There could be people that live over the road or live next door that just need something. I think that's been really lovely, and it's paying a bit more attention when I go to the shops [...] making sure that you do make contact with people, obviously at a distance, but I think sometimes that can make someone's day, they might not have anyone. I think it's been really good, really positive"*.

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"*

Practitioners generally understood that families had benefited from spending additional time together as a family. More specifically, practitioners suggested that

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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).

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-19 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.

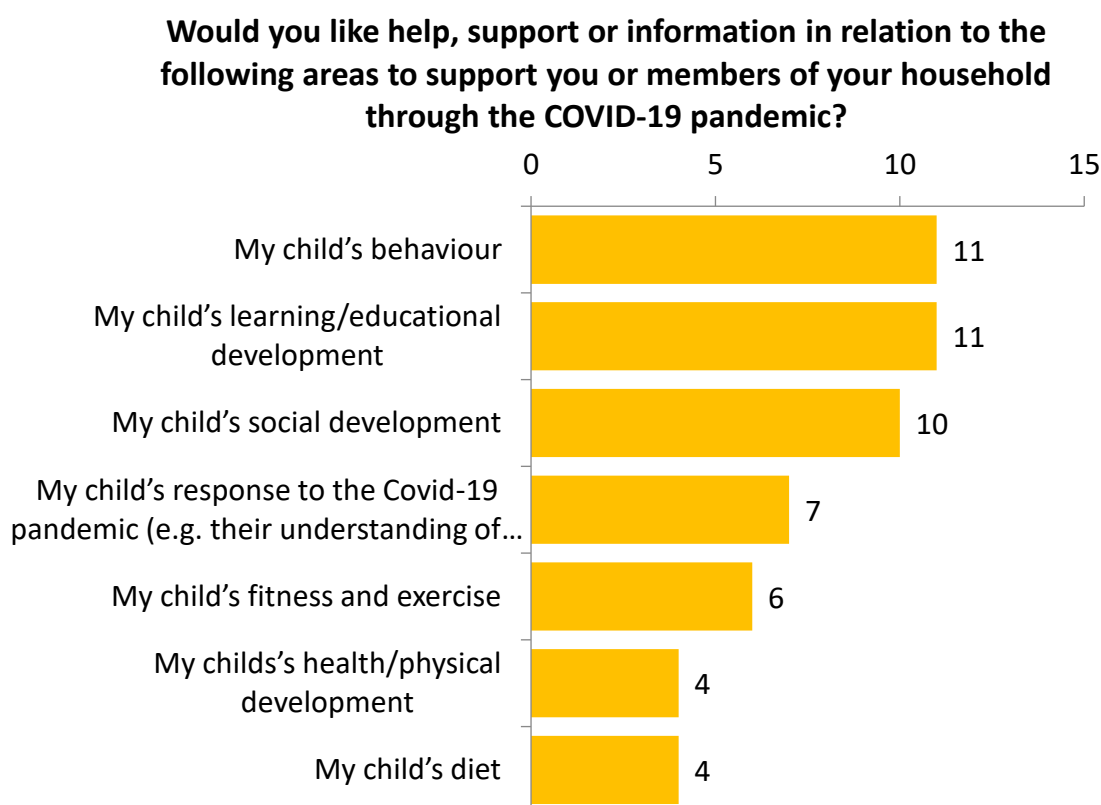
Examples of specific families who had had positive experiences were given by a range of different practitioners. These included:

- 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 depths*" 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.

## Perceptions of what will help

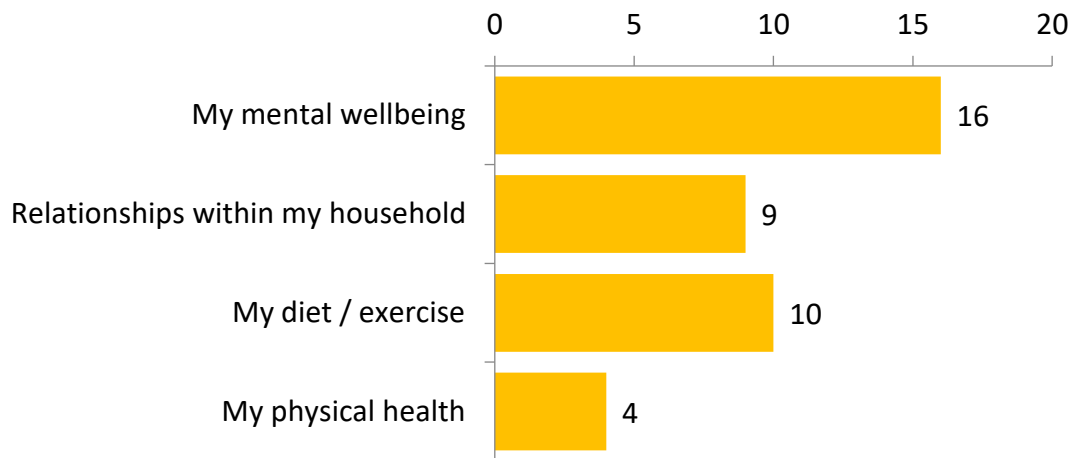
Of the 50 survey respondents, nine indicated that they had already accessed help, support or information in relation to their own or a child's health/wellbeing for reasons related to the pandemic. This included breast feeding support, counselling/mental health services, ABSS, the Southend Borough council COVID-19 helpline, a child's teacher, official online sources (e.g. NHS), parent networks (e.g. NCT group), and an ABSS parent champion.

30 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, learning or social development.



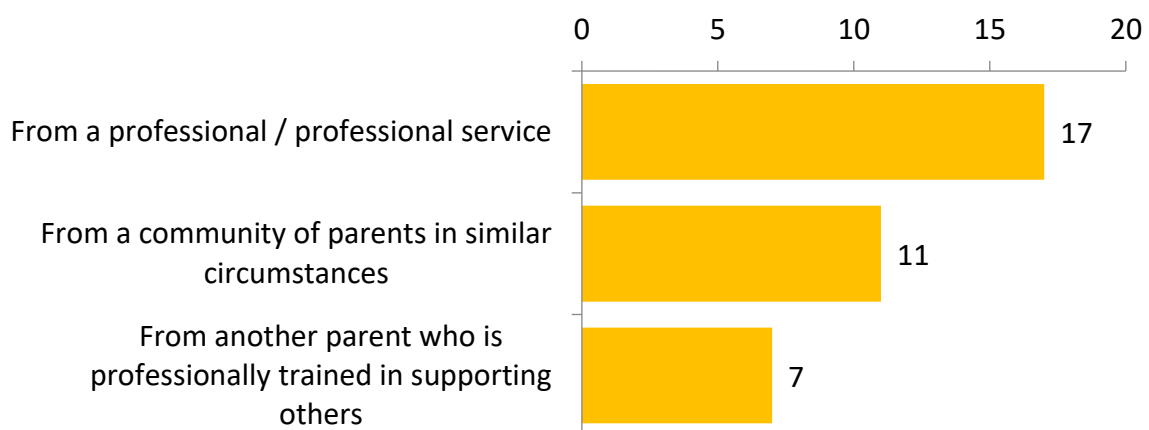
24 respondents indicated at least one area concerning themselves in which they would like help, support, or information during the pandemic. Most commonly, this was their own mental wellbeing.

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



20 respondents who indicated at least one area in which they would like help, support or information (in relation to their child or themselves) identified who they would like to receive this from (with some selecting more than one option). Over three quarters (n=17) indicated that they would like support from a professional or professional service, just over half (n=11) from a community of parents in similar circumstances, and a third (n=7) from another parent who is professionally trained in supporting others.

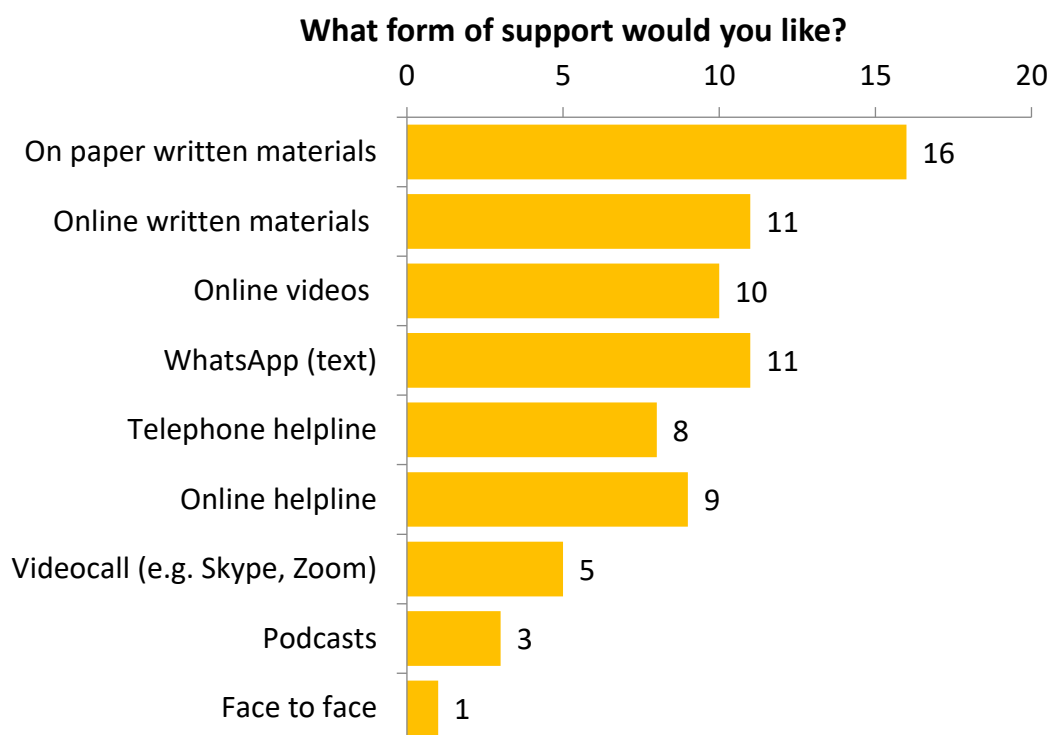
**From whom would you prefer to receive help, support or information?**



Most of the respondents who indicated wanting help, support or information in at least one area also identified their preferred form for this (n=22). 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.



This desire for non-interactive support was expressed by one interviewee who was the mother to two children under three. She explained that she would value reassurance that being in lockdown had not had an adverse impact on her children. She also explained that she finds it difficult to fit in appointments in the current circumstances, and for this reason it would be helpful to have written material *“around what might ‘not normal’ look like”*. She then explained that it would be useful to have this information provided, and to then be able to follow up with a one-to-one with people to discuss if needed.

Another interviewee explained that she had been concerned about her child’s learning and development while he was off nursery, and that it would have been helpful to have had a reliable source to find what to do with him. She explained:

*“a lot of the online learning stuff for children and people has been directed at home schooling and I completely understand why that is but I do feel like it’s a bit, little people are slightly more of an afterthought”*

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Moreover, she explained that while she is aware that there was a lot of information “out there”, it had been difficult to know “*what’s the best thing to do.*”

One interviewee described having previously attended a ‘mothers on their own’ group that had been extremely valuable to her, but that had unexpectedly ended, leaving her feeling let down. She explained that she would benefit from having similar group again, and felt that single parents had been largely “*forgotten about*” during the pandemic:

*“They’ve (government) changed the rules from yesterday. They are aware that it’s hard for people on their own and single parents, but should it really have took three months for them to think of something? So yeah, it’s been challenging.”*

Moreover, this interviewee explained that a “*check-in*” would be helpful, such as someone calling, asking how she is and whether she needs anything.

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 the pandemic. 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.”*

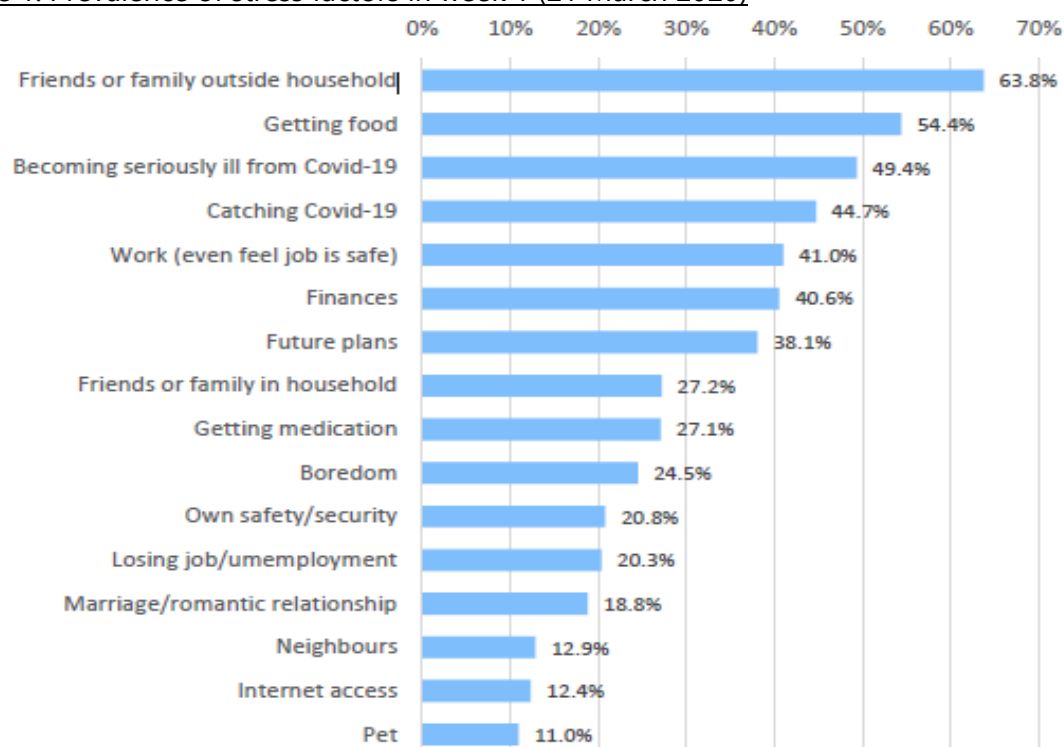
In one focus group there was a discussion of the need for organisations to recognise people’s current priorities, and how these have changed during the pandemic. It was suggested that this needs to be held in mind when seeking to meet organisational targets, and that this would involve not ‘pushing’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

## UK COVID-19 social study

This section uses data from the UK COVID-19 Social Study run by University College London over a 16 week period from 21<sup>st</sup> March up until 11 July 2020<sup>30</sup> It discusses findings in relation to A Better Start parent communities and the research findings reported above, providing further context for our research. The UK COVID-19 Social Study is a panel study of over 90,000 respondents focusing on the psychological and social experiences of adults living in the UK during the Covid-19 pandemic.

Participants in week one of the UK COVID -19 study were asked to report which factors were causing them stress. As shown in figure one below, the biggest stress factor was worry about friends or family outside of the household. Just under 55% of participants were worried about getting food and 50% reported stress relating to COVID -19 ( both catching COVID -19 and becoming seriously ill from COVID -19). Worries about finance were affecting 41% of people, while worries about unemployment were affecting around 20%.

Figure 1: Prevalence of stress factors in week 1 (21 March 2020)



<sup>30</sup> Fancourt D, Bu F, Wan Mak H and Steptoe A (2020) COVID-19 Social Study. Week 1 and 16 (21 March and 11 July 2020). University College London. Available at: <https://www.covidsocialstudy.org/results>

The study then analysed stress factors among different socio-demographics. Researchers found that women reported a higher number of stress factors than men (figure 2a below). Younger participants (aged between 18-30) reported a higher number of stressors than those in older age categories (figure 2b below). Respondents experiencing mental illness reported higher numbers of stressors (illustrated in figure 2c) and those on lower incomes reported higher stressors compared to those on higher incomes (figure 2d).

Figures 2 a and b: Number of stressors by gender and age

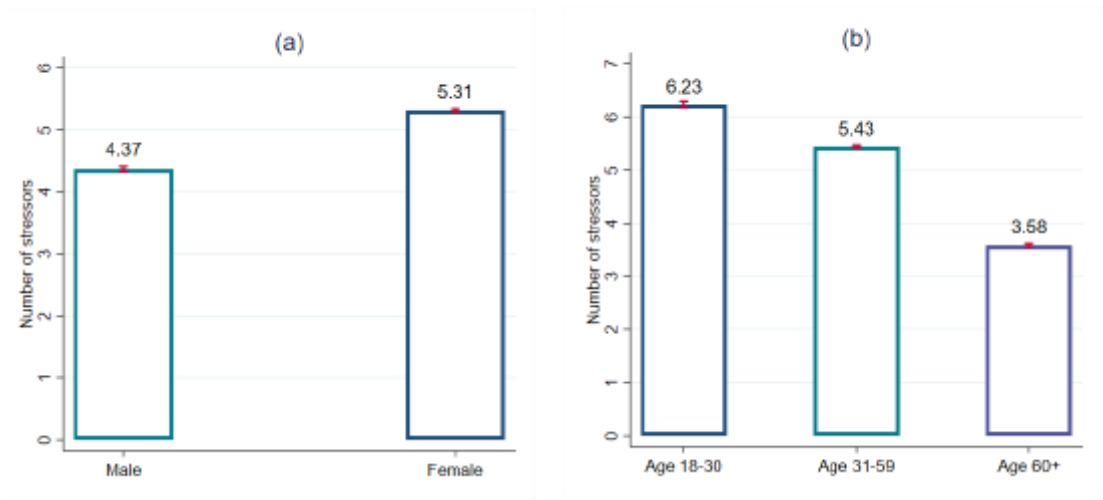


Figure 2c: Number of stressors by condition      Figure 2d: Number of stressors by income

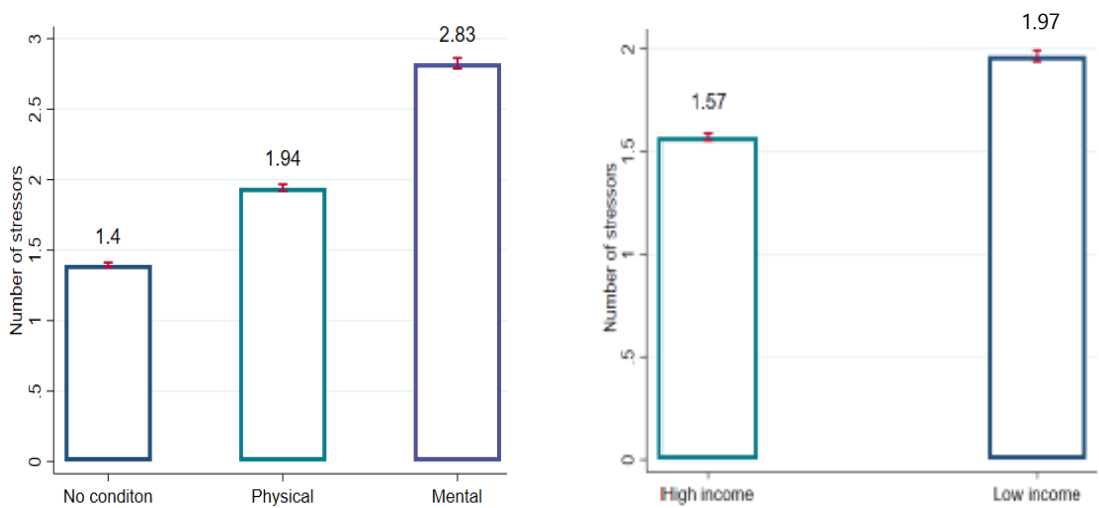
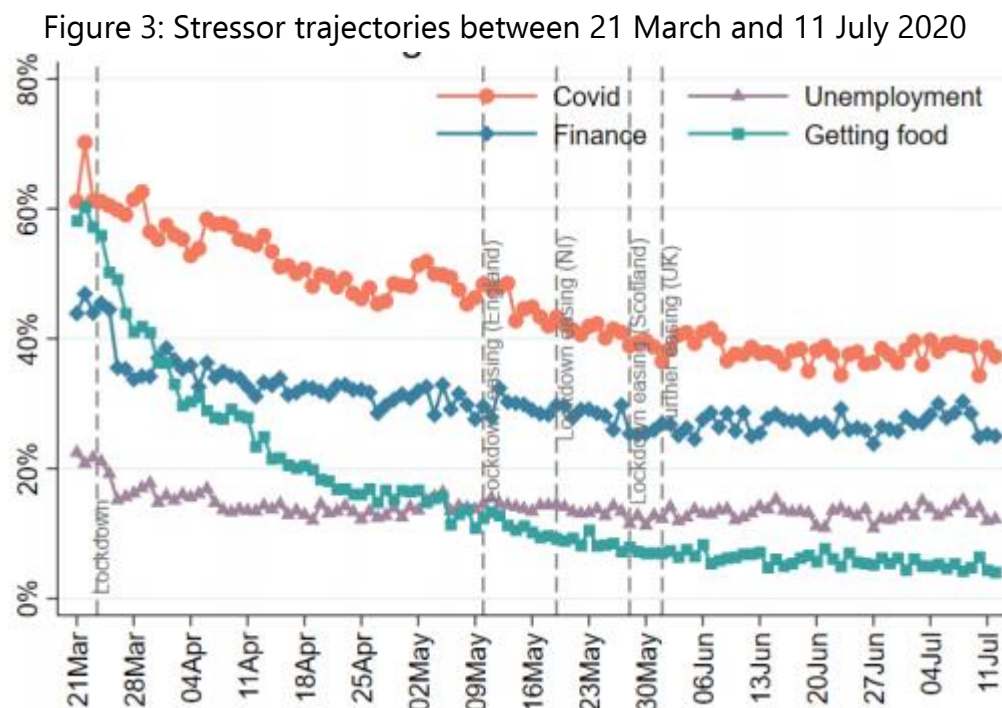


Figure three below shows how stressors in relation to COVID-19, unemployment, food and finance changed over time between 21 March and 11 July. The downward trajectory indicates how stressors reduced as lockdown measures eased. The UCL [study](#) pages show changes over time for each of the stressors indicated in figure one (above).



Respondents in the UK COVID -19 study were also asked about their levels of depression and anxiety<sup>31</sup>. Figure four below illustrates depression and anxiety trajectory rates between 21 March and 11 July 2020. They indicate a downward trend suggesting that depression and anxiety symptoms reduced as lockdown measures eased. Depression is highest in younger people aged between 18 to 29, those living alone, those with lower household income, people living with children, and people living in urban areas (figures 5 – 7 below show rates of depression for the latter three groups). [Anxiety](#) trajectory rates followed a similar pattern.

<sup>31</sup> The study uses the Patient Health Questionnaire (PHQ-9) and Generalised Anxiety Disorder assessment (GAD-7) which are standard instruments for diagnosing depression and anxiety in primary care. There are 9 and 7 items respectively with 4-point responses ranging from “not at all” to “nearly every day”, with higher overall scores indicating more symptoms. Scores higher than 10 can indicate major depression or moderate anxiety.

Figure 4: Depression and anxiety overall

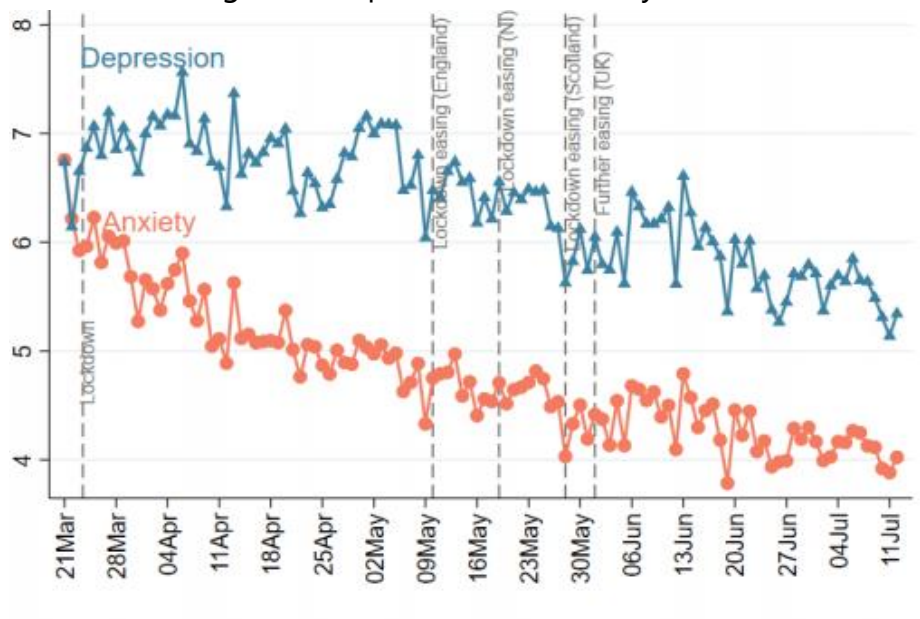


Figure 5: Depression by household income

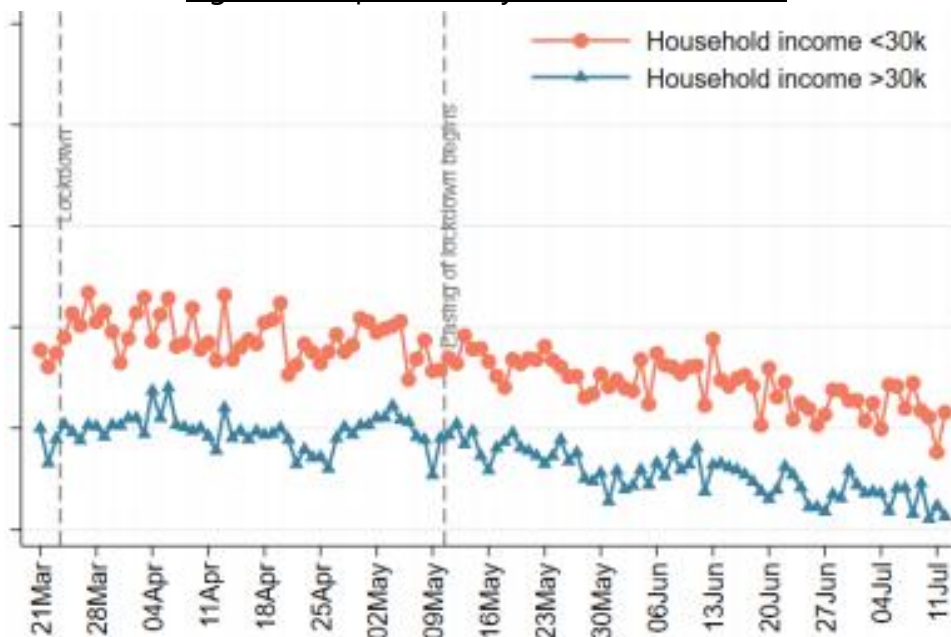


Figure 8: Depression by living with children

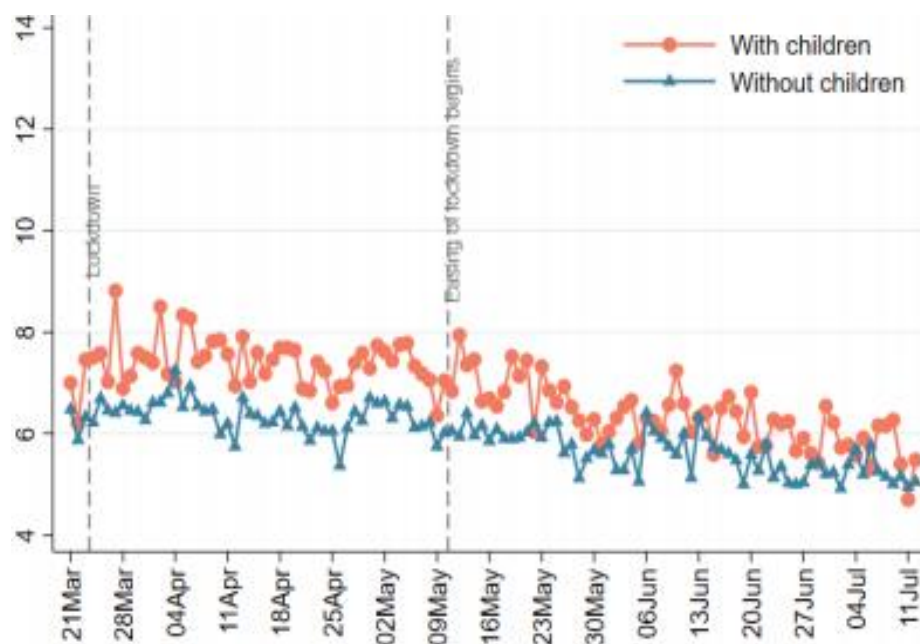
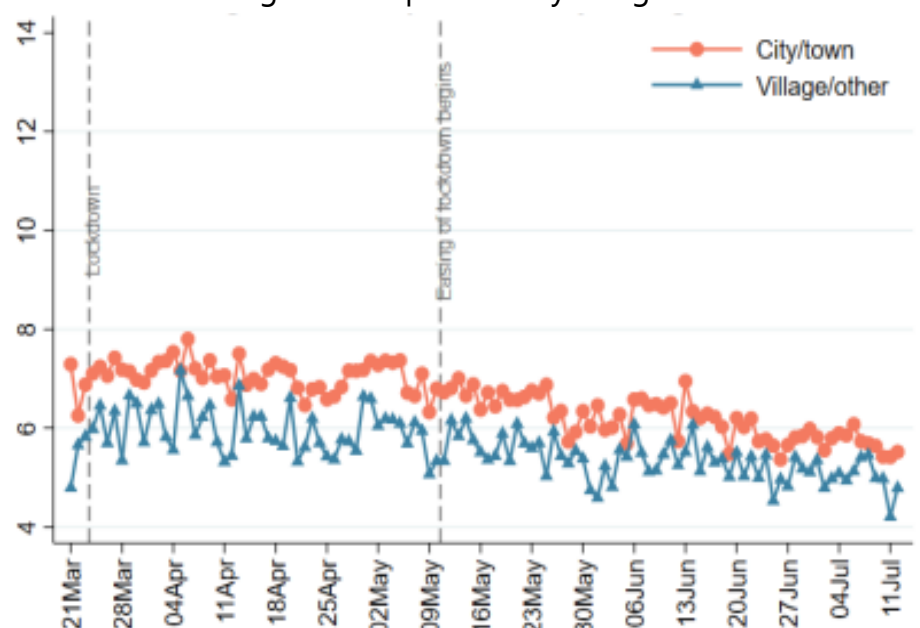


Figure 8: Depression by living area



These findings suggest that parents living in ABSS wards may be particularly likely to experience worsened anxiety and depression, given that they live with children in an urban area and tend to be on lower household incomes. That people with a diagnosed mental illness have experienced particular stress and worry during this time is reflected in



our findings, whereby it seems that individuals diagnosed with anxiety have especially struggled with concerns about the virus, work and managing worries about children.

Respondents to the UK COVID -19 study were asked to rate their life satisfaction during the study using the Office for National Statistics (ONS) wellbeing scale, which asks them about how satisfied they are with their life using a scale from 0 (not at all) to 10 (completely). They were also asked to rate to what extent they felt happy during the past week using the ONS wellbeing scale on a scale from 0 (not at all) to 10 (completely).

Whilst life satisfaction was lower amongst people with children during lockdown (figure9), this difference has disappeared as lockdown has eased. It remains lowest in younger adults, people living alone, people with lower household incomes, people with diagnosed mental health conditions, and people living in urban areas (figure 10). However, life satisfaction is still noticeably lower than for the past 12 months (where usual averages are around 7.7), and wellbeing more generally appeared to have decreased substantially in the weeks preceding lockdown.

Figure 9: Life satisfaction by living with children

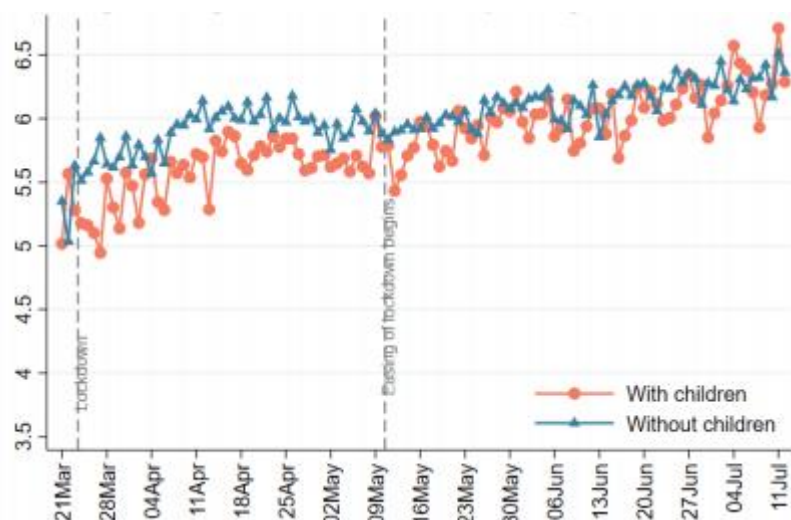
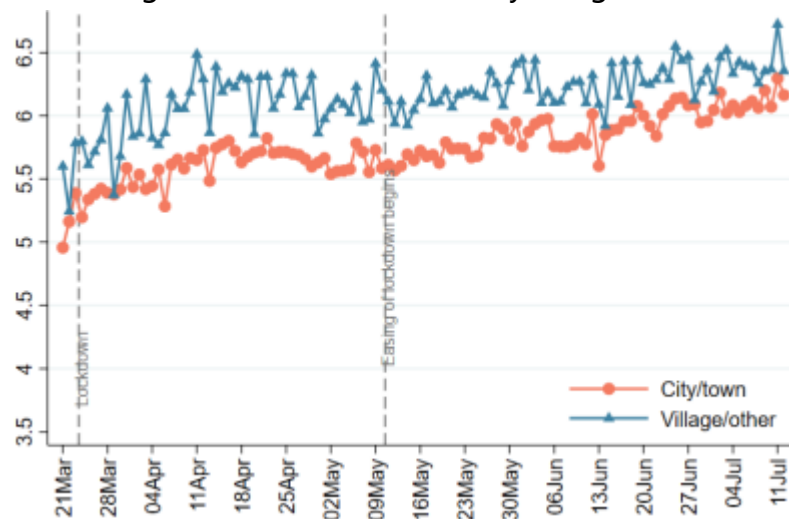




Figure 10: Life satisfaction by living area



Happiness (only collected since 21<sup>st</sup> April) was relatively stable across the second part of lockdown, but increased slightly as lockdown restrictions began to be lifted. Happiness levels have been lowest across lockdown amongst younger adults, those living alone, those with lower household incomes (figure 11), people with diagnosed mental health conditions, and people living in urban areas (figure 12).

Figure 11: Happiness by household income

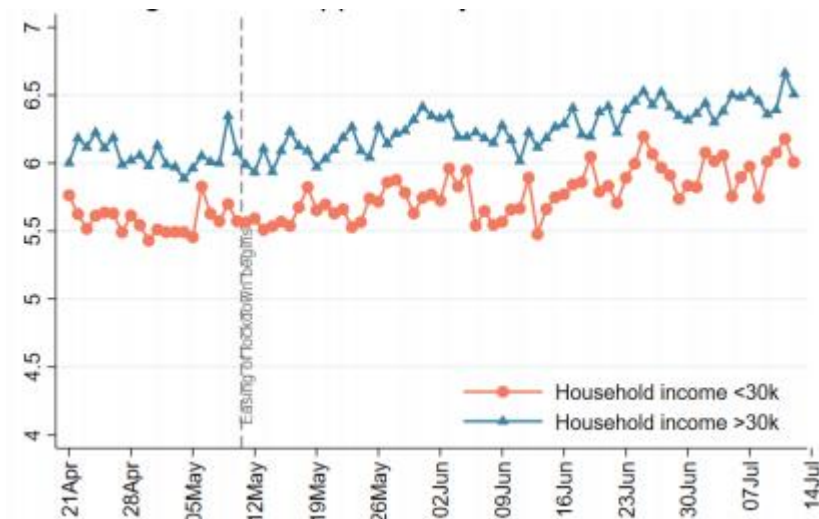
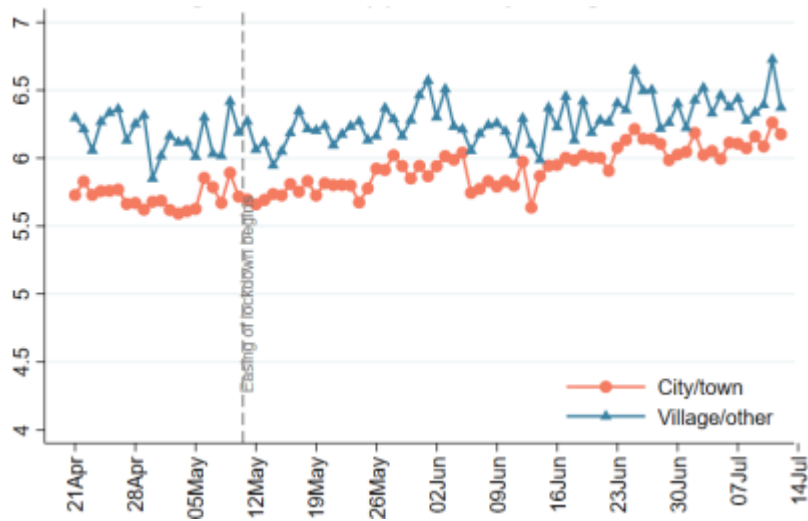


Figure 12: Happiness by living area



These findings suggest that parents living in ABSS wards may be less happy than other populations and may have lower life satisfaction scores. However, it seems that life satisfaction may be increasing as lockdown has eased and given that the differences between those with and without children have decreased, this suggests that aspects of family life that have been a cause of decreased satisfaction may have improved. This could relate to, for example, being able to spend more time outside with children again, being able to visit others and some children returning to nursery/school.

# Appendices

## Appendix I: Demographics

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### Gender, ethnicity and age

All but 1 of the 50 respondents 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	44
Black/Black British	2
White European	2
Asian/Asian British	1

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

Age bracket	No. of respondents
20-29 years	10
30-39 years	32
40-49 years	7
50-59 years	1

## Appendix II: Age of respondents' children and ward

### Age of children

Almost all respondents (n=46) had at least one child age 0–4. Two of the others indicated that they had one or two children in the 5–10 age range, but both 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. The remaining two did not indicate the ages of their children.

### ABSS Wards

A second inclusion criterion was living in an ABSS ward.

38 respondents specified the ABSS ward in which they lived. Of the 12 remaining, most reported that they lived in 'Southend' more generally including Leigh on Sea, St Lukes and Southchurch. 4 of these 12 respondents had used an ABSS service within the last two years.

Among the 38 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	9
Milton	10
Shoeburyness	11
Victoria	4
West Shoebury	1
Westborough	3

## 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
1	2
2	5
3	10
4	11
5	11
6	3
7	4
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	31
Shared garden	6
Private balcony, small patio, or roof terrace	4
Nearby public space (park, woods)/other green space in easy walking distance	19
Shared balcony, small patio, or roof terrace	1
Other	3

## 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	33
Mostly: I tend to follow recommendations most of the time or follow most aspects	13
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 strictly self-isolating and not leaving the home	4
I am only leaving the house for essentials, and I try to maintain physical distance from others when out	36
I am going out 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	5
I am going out of my home less than usual but still sometimes go out for non-essential reasons, and I am not trying hard to maintain physical distance from others when out	5
I am living my life as normal and I am not self-isolating	0

## Appendix V: Employment status

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

Employment status	No. of respondents
Homemaker/full time parent	19
Full time employment	9
Part time employment	9
Part time employment but furloughed	3
Self employed	1
Volunteer	7
On maternity leave	6
Unemployed and seeking work	1
Student	1