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The impact of Covid-19 on families, children aged 0-4 and pregnant women in Tower Hamlets: Wave One Survey Findings

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Summary of key findings

Families in Tower Hamlets is an ongoing research project led by University College London into the impact of the Covid-19 pandemic on the lives of families with young children and pregnant women. This report is of initial findings from the 'first 500' respondents, who completed the survey between July and November 2020. We present findings in terms of seven main ethnic groups that broadly represent proportions in the local population: one third of the population identify as White British and White Irish; a further third identify as Bangladeshi; and a final third identify with a wide range of other ethnicities. There are marked differences within this group so we have used the categories: Other White; Asian Other; Somali; Black & Black Other; and Other ethnic group to illustrate the experiences of respondents.

With this lens of ethnicity, combined with analysis by household income, we can see certain clear patterns arising. Here, we focus on five main areas: family livelihoods; housing and environment; supporting children at home; health and social support services; and participants' own health and mental health. Subsequent outputs will present findings in more detail.

Livelihoods

Income precarity was escalating for survey respondents. The onset of pandemic related restrictions on employment and mobility was associated with a decline in employment and receipt of in-work benefits (decrease in 6 points to 60%) and an increase in unemployment and non-working self-employment (increase in 8 points to 40%).

Livelihood precarity was ethnically patterned: 46% of Bangladeshi respondents were unemployed/unemployed receiving benefits/ non-working self-employed in contrast to 25% and 39% of White and Other ethnicities. The financial benefits of employment were most fragile for Bangladeshi respondents, who were most likely to rely on income support and in-work benefits: 29% of Bangladeshi respondents were Universal Credit recipients in contrast 16% and 21% of White and Other ethnicities. All recipients of furlough were Bangladeshi or of Other ethnicities.

Housing

More White British/Irish (65%) and White Other (41%) respondents owned their houses outright or were buying with the help of a mortgage than other ethnic groups (e.g. Bangladeshi respondents: 6%). More Bangladeshi (87%) respondents rented than any other ethnic group (e.g. White British/Irish 21%). Nearly 20% of respondents reported that their home needed major repairs and 28% reported damp or mould in their home. Damp and mould was most frequently reported by the Bangladeshi group (37%) followed by Somali families (32%).

Supporting children at home

About half the children in the survey had attended nursery or other formal early childhood education service prior to lockdown in March 2020 but at the point of completing the survey just

over a third (41%) were attending. Most children were at home, being supported by parents, or other family members, for many more hours than was usual. Nearly all (90%+) children were read to, taught to the alphabet or to count on at least some days of the week. Those who were not helping children to learn to count, were slightly more likely to be from Bangladeshi (16%), White (16%) or Asian Other (16%)backgrounds compared to other ethnic backgrounds (White Other: 13%, Somali: 4%, Black: 11%, Other ethnicities: 12%). About half of families had access to outdoor space and around half of those whose children were 12 months and older said their children were physically active every day or most days. Most parents were confident in their abilities to support their children at home. More Bangladeshi families than others expressed concerns about their abilities in this regard. Most parents said they had reduced time for themselves during this time.

When exploring relationship quality we found more White respondents (52%) were affectionate to each other and coped emotionally together compared to other ethnic groups (White Other: 33%, Bangladesh: 33%, Asian Other: 42%, Somali: 13%, Black: 29%, Other ethnic background: 44%). More respondents from Black backgrounds (65%) tried to find practical solutions together, compared to other ethnic groups, when feeling stressed by the current coronavirus situation (White: 45%, White Other: 52%%, Bangladesh: 59%, Asian Other: 48%, Somali: 53%, Other ethnic background: 48%).

Health and support services

Access to health appointments for pregnancy and new babies was ethnically patterned. While three quarters of respondents had access to routine midwifery appointments, fewer among Asian other ethnicities (60%) and more among respondents from Bangladeshi respondents (69%), White respondents (82%) and White other respondents (69%). The same patterning held for other health appointments such as child development checks, but where health visitors were accessed, nearly all respondents said the help was highly valued.

Although similar percentages of respondents from White (32%) and Bangladeshi (46%) backgrounds reported receiving the support they needed from health visitors White respondents were more likely to access reviews and immunisations than other groups. For example, more White (77%) respondents were able to access a health visitor when needed, compared to Bangladeshi (39%) respondents. More Bangladeshi (48%) respondents and Asian Other (48%) respondents had difficulty accessing immunisations for their child at 12 months of age compared to White (73%) respondents and White other (77%) respondents.

Health, Mental Health and Social Support

While general health was on the whole rated as good or better, Bangladeshi families rated their health as less good than respondents from other groups. In relation to mental health, 30% of respondents reported symptoms consistent with mild depression across gender and ethnic groups. Just under a fifth (18%) reported moderate and 14 percent reported moderate-severe depression. A small number reported symptoms consistent with severe depression.

Just over one third (39%) of survey respondents had no symptoms of depression. One third reported experiencing mild depressive symptoms. Just under a fifth (19%) reported moderate and 12 percent reported moderate-severe depression. This means 31 percent of our sample experienced symptoms of moderate-to moderate-severe depression, compared to 19 percent nationally (ONS, 2020). A small number of respondents reported symptoms consistent with severe depression.

Mental health difficulties were more common and of higher severity among those on lower household incomes. Just over half (52%) of respondents had received some kind of support from outside the household such as from neighbours and wider kin and this was more common among White British and Bangladeshi respondents than respondents in other ethnic groups. Loneliness was an issue reported among all income groups.

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1. Introduction

Family life in Tower Hamlets has experienced an unprecedented economic and health shock in 2020 due to the Covid-19 pandemic and associated measures to control the spread of the virus. With its pre-existing stark income and health inequalities, Tower Hamlets was already a high-risk inner city area, placed in one of the richest global cities. This briefing reports the findings from just under 1000 respondents in a community survey of parents with children under five, and pregnant women, that took place between July and November 2020. The survey is part of a wider mixed methods study in the borough and follows the design of a parallel study taking place in Bradford, as part of the renowned Born in Bradford cohort studies. Both city locations are characterised by being highly ethnically diverse and vibrant communities. One of the aims of the study is to adopt an assets based approach that documents pathways to recovery that build on community strengths and help the borough adapt service provision to new needs and circumstances (Kretzmann & McKnight, 1996). A further context for this study is its location within the ActEarly programme, a UK Prevention Research Programme aiming to find ways to intervene early in children's lives to avert later adverse health outcomes (Wright et al., 2019).

Tower Hamlets, like everywhere in the UK, began its lockdown on 23 March 2020, with closure of nurseries and other preschool provision, schools, workplaces, non-essential shops and businesses and reduced health and social care provision, and restrictions placed on daily activities. From 1 June, schools, early childhood education and care (ECEC), and workplaces gradually reopened. Mobility restrictions were eased and replaced by localised restrictions at times of high rates of virus transmission. By early September there were escalating concerns about rates of transmission, and new restrictions began to be introduced, notably the 'rule of six' on 14 September which legally limited associating to six people, whether in or out of a household. By this point, rules had diverged across the four nations of the UK. In England, in a further response to escalating Covid-19 cases, a three tiered approach to restrictions came into force on 14 October, and Tower Hamlets, along with the rest of London, entered Tier 2, defined as 'high alert' on 17 October. At the time of writing, Tower Hamlets had 166 Coronavirus cases per 100,000 population over the previous seven day period, compared to 147 per 100,000 in London as a whole. These measures, aimed at preventing spread of the virus and consequent deaths, have had negative impacts on mental health and economic security and may have exacerbated existing inequalities and vulnerabilities.

1.1 Population profile

The population profile in Tower Hamlets is young, diverse and mobile. There are approximately 295,200 residents, of which about 43 percent were born outside the UK. The last census, in 2011, provides the most reliable population data, but is acknowledged to be out of date. According to this source, two thirds of the borough's population are from minority ethnic groups and it is the 16th most ethnically diverse local authority in England. Inward migration to the borough has taken place over decades; around a quarter of those born outside the UK arrived before 1991 (Tower Hamlets 2017). In recent years, Tower Hamlets has had the highest population growth of any local authority in England and this trend is projected to continue (ibid.), drawing in new residents through

international rather than internal migration. Most of the new arrivals came from Europe and over sixty percent were children or young adults up to the age of 30 (ibid.). Data from registrations for National Insurance numbers shows that new registrants in Tower Hamlets came predominantly from Italy, France, Spain, Romania and India and are mostly under the age of 35 (ibid.). The overall pattern is that about one third of residents are white British, one third are Bangladeshi in origin and one third are either non-British white or non-Bangladeshi BAME in origin (Tower Hamlets Council 2018).

In 2017, there were 22,200 children aged 0-4 resident in the borough, a 26% rise over the preceding ten years (Tower Hamlets 2018). Just over a quarter (27%) of households contain at least one child. Ethnic diversity is particularly pronounced among school aged children. Nearly two thirds (63%) of school children are from a Bangladeshi background; and Tower Hamlets children come from over 100 different countries in total. Recent data suggests nearly 1000 children are of Italian-Bengali heritage. About one third (34%) of residents use a main language other than English and about one in ten adults have low levels of proficiency in English; this is particularly the case among older women who are recent Bengali and Somali migrants (Tower Hamlets 2017).

About 30 percent of children in Tower Hamlets live in low income households compared to 19 percent in London and 17 percent in England (PHE fingertips data 2019). According to the Child Poverty Action Group, the child poverty rate after housing costs in Tower Hamlets is 53% (CPAG 2018) and the highest in London, and indeed the UK as a whole. The local deprivation score is 35.7 compared to 21.8 for England. Health indicators suggest that children are more at risk in Tower Hamlets, especially with regard to childhood obesity, and smoking prevalence in adults, than in London and England as a whole, but there is some protection through higher than average rates of breastfeeding by mothers in Tower Hamlets, less than average smoking during pregnancy and children's school attainment at GCSE is also better than average (PHE 2019).

In primary schools, three quarters (75%) of Tower Hamlets children have a main language which is not English, compared to 54% in London and 21% in England as a whole (Tower Hamlets Children and Families Strategy 2019-2024). Compared to other areas of London and England, there are disproportionately more children with special educational needs, and young people in the criminal justice system. Only about half of eligible two year olds access early education (ibid.).

1.2 Local impact of the Covid-19 pandemic

Early, borough led, scoping of the impacts of the Covid-19 pandemic, found that there were significant numbers of Covid-19 related deaths and infections, and that existing mental health difficulties including stress, anxiety, loneliness and grief were exacerbated by the reduction in support service provision at the time of lockdown. A second issue was the economic shock of lockdown on businesses and concomitant employment, leading to precarity and uncertainty for many, with government financed protections perceived as temporary. In relation to education and learning, the borough identified concerns about consistency and quality of home learning while schools were closed, and the potential exacerbation of digital and social inequalities in access to learning, with potential for longer term impacts on children's wellbeing and attainment. Alongside

these major concerns was a recognition that the pandemic lockdown enabled some positive changes to occur in the local environment and particularly with regard to community mobilisation and cohesion (Starkie 2020).

1.3 This report

This report focuses on survey findings in relation to livelihoods and employment, housing, supporting children at home, accessing health and social support services, and health including mental health among families with young children, and pregnant women, who responded to our survey. Respondents were predominantly women, mothers or mothers to- be, although there were 61 male respondents, either fathers or fathers to- be. We give a snapshot of their lives between 23 March and 30 November 2020.

1.4 The study

The study on which this briefing is based is a multi-method, three phase investigation of the impact of the Covid-19 pandemic on the lives of families with young children in Tower Hamlets taking place during 2020-2021. It starts from the position that recovery from pandemic will require harnessing all possible resources to support families with young children to avert lasting damage to health and development since health and equality are linked (Marmot 2020). It aims to provide new and detailed knowledge to support service delivery in the local authority, and to disseminate this widely, to promote economic regeneration, social cohesion and addressing polarised inequalities. The study is place based, aiming to inform and learn from its inner city location, where the intersections of household demographic characteristics are multiple, diverse and challenging to study or to describe simply. A location such as Tower Hamlets can be seen as an important exemplar for multiple issues faced in similar locations across the country. Our main conceptual focus is young children, including those about to be born, and the reports of parents and other community stakeholders about the social, health and economic consequences of the pandemic on children's and families' lives and livelihoods. We anticipate that ethnicity and income are interrelated and structure the experience of the pandemic. We also anticipate, following the results in Bradford on a similar sample, that rates of mental health difficulties are significantly elevated. We present results using these major variables.

Study objectives are to:

- understand how families, including those defined as vulnerable, deploy their interpersonal, economic and social resources to manage risks associated with living in lockdown restrictions and its aftermath
- provide new and detailed knowledge to support service delivery in the local authority to promote economic regeneration, social cohesion and address polarised inequalities
- seek evidence of localised adoption and potential of peer, familial and community mutual aid strategies that aid personal and structural recovery pathways as well as identifying need.

2. Study Design and Methods

2.1 Research design

The study is comprised of three main phases 1) a longitudinal community survey of parents with children under five, and pregnant women, in two waves approximately six months apart; 2) a longitudinal qualitative panel of 20 households sampled from the survey responses carried out in two waves six months apart and 3) a desk-based community assets mapping to ascertain how the local service landscape had changed during the summer of 2020. Ethical approval was awarded by the UCL Institute of Education Research Ethics Committee and by the Health Research Authority Research Ethics Committee.

2.1.1 Phase 1

For phase 1, in the absence of a community sampling frame, parents with children under 5, and pregnant women resident in Tower Hamlets were invited to complete an online survey about their household, the impact of Covid-19 on their family and what life has been like living through the coronavirus pandemic. Wave 1 of the survey took place between July-November 2020. Wave 2 of the survey was launched in February 2021 and will run until end April 2021. The target sample for wave 1 was 1600 respondents; a final sample of 992 was achieved.

Given the heterogeneity of the population of the borough, the survey aimed to represent major ethnic groups on the basis of 30% White British, 30% Bangladeshi and 40% 'Other' including Somali families.

The secure survey platform Qualtrics was used to administer the survey via weblink and QR code. Qualtrics is available in many languages commonly found in the borough (but not Somali). We also made provision for the survey to be completed by telephone.

Domains covered in the wave 1 survey included:

- Home and housing
- Financial situation including job security
- Food poverty and bills
- Mental health
- Physical health including exercise, drinking, smoking
- Accessing health services
- Childcare
- Community support (giving and receiving)
- Family life and home learning
- Work-life balance
- Relationships within the household
- Division of domestic labour
- Worries and concerns

2.1.2 Phase 2

The second phase of the research is a repeated longitudinal qualitative panel of 20 households purposively sampled from the Wave 1 survey to represent different household structures and types. This phase began in early 2021 via in-depth interviews conducted via videocall or telephone with up to 3 adults per household, including fathers and wider kin. We will recontact Wave 1 households for Wave 2 of the qualitative panel in September 2021. Our sampling strategy was carefully constructed to ensure representation of the following dimensions:

- Household type (single, couple, multi-generational)
- Income (low, moderate and high)
- Ethnicity (White, South Asian, Other ethnic groups)

The qualitative interviews will deploy supporting interactive activities and will focus on children's development in the context of family's everyday lives at this moment in time, how parents and kin support each other emotionally and practically, and how families are engaging in their communities during the Covid-19 era.

2.1.3 Phase 3

The main activity of the third phase of this study took place between July and September 2020, and was a desk-based community mapping exercise of the assets or services (broadly defined) for families with young children, using Internet tools (websites, Facebook pages) and with help from key individuals in voluntary sector organisations. The specific objectives of this phase of the study were:

- to establish a list of all relevant services and support aimed at families and children in the borough including both statutory provision as well as support from the voluntary sector.
- to closely map changes to support services available to families, including the emergence of new forms of support (e.g. mutual aid)
- to visualise findings using mapping techniques.

The mapping dataset was developed through a combination of website trawling all children's centre websites, and those of health centres, leisure facilities, faith-based organisation, and other support offers aimed at families with young children run by the council and the voluntary sector, including services aimed at supporting those in poverty e.g., welfare advice and employment. The dataset was reviewed as it was developed by key stakeholders in the borough including community researchers, voluntary sector representatives and public health. This work has developed into a community assets mapping project with Mapping for Change and local voluntary organisations.

2.1.4 Statistical analysis

This briefing paper presents statistical analysis of the full Wave 1 survey data set of 992 respondents. Descriptive statistics are presented on key demographics including ethnicity and household composition. Cross tabulations have been used to explore four key areas: i) livelihoods (income, employment and benefits), ii) housing and housing quality, iii) supporting children's

learning at home; and iv) social support, by ethnicity and gender. We report sample size and percentages and where appropriate with 95% confidence intervals in parentheses (in appendix). We conclude the analysis with a comparison between loneliness and mental health outcomes of the key areas mentioned above. Missing data is charted below as well as percentages of heavy data loss. We report two decimal points in tables and use a rounding convention in the text. Values of less than 5 are indicated by -.

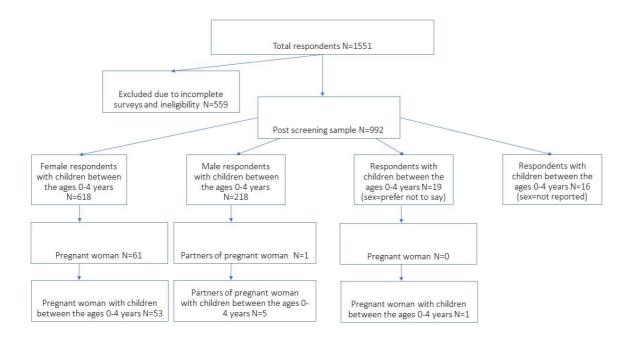
2.2 Recruitment and Survey Sample

A multi-pronged, opt-in recruitment strategy was adopted, in partnership with our stakeholders in Tower Hamlets, to recruit participants for the online survey. A borough wide social media campaign was launched to promote the study via official Tower Hamlets communication channels that included residents' magazines and newsletters, Tower Hamlets websites and associated social media feeds.

Invitations to participate were also sent out via the borough's child-facing services which spanned Clinical Integrated Services, such as Health visiting and Family Nurse Partnership, Children's Community Health Service, Primary Care and Barts Maternity Service; the Integrated Early Years' Services such as childcare teams, nursery and primary schools, children's centres and many other education and partnership services. Other sectors through which the study was promoted and sought to recruit participants included civil society organisations, voluntary and community-based organisations, housing associations and faith-based organisations. In addition, we arranged for a postcard to be sent to 6585 families with young children who were registered with the local authority dashboard – a database holding details of all those claiming a wide range of welfare benefits. In order to support the inclusion of non-English speaking Somali residents in the survey we worked with specialist voluntary organisation WIT to target recruitment on Somali participants in the later stages of the survey.

Figure 2.1 describes the status of survey respondents in terms of gender and parenting. Of 1551 respondents, 559 were excluded due to incomplete data, leaving 992, of which 618 respondents were female and had a child aged 0-4, 53 were pregnant and had a child under five, and 61 were pregnant women. In addition, there were 218 male respondents who had a child aged 0-4, 5 were partners of a pregnant woman and had other young children, and one was a partner of a pregnant woman.

Figure 2.1



2.3 Survey Sample Characteristics

The great majority (74%) of survey respondents were female, while 23 percent were male (Table 2.1a). The ethnic group categories used were those adopted by the borough; they reflect, but do not do justice to the very many cultural backgrounds represented in the borough. Just over a third (34%) of respondents were White British which slightly over-represents the proportion of White British households in the borough as a whole (31% in the 2011 census). Likewise, 36 percent were from Bangladeshi backgrounds, compared to 32 percent in the 2011 census..

Table 2.1a: Ethnicity and gender (borough ethnic groups)

	Ma	le	Fem	ale	Prefer n	ot to say		All icipants
	N	%	N	%	N	%		
White British	102	45.5	225	30.7	0	0.00	327	33.5%
White Irish	7	3.10	6	0.80	0	0.00	13	1.3%
Gypsy/Roma	-	-	0	0.00	0	0.00	2	0.2%
Any other White background	10	4.50	73	10.0	0	0.00	83	8.5%
Mixed: White and Black Caribbean	0	0.00	7	1.00	0	0.00	7	0.7%
Mixed: White and Black African	-	-	5	0.70	-	-	8	0.8%
Mixed: White and Asian	-	-	9	1.20	0	0.00	12	1.2%
Any other Mixed background	0	0.00	8	1.10	0	0.00	8	0.8%
Asian/Asian British: Indian	6	2.70	27	3.70	3	15.0	36	3.7%
Asian/Asian British: Pakistani	-	-	19	2.60	0	0.00	22	2.3%
Asian/Asian British: Bangladeshi	77	34.4	259	35.4	12	60.0	348	35.7%
Any other Asian background	-	-	7	1.00	-	-	10	1.0%
Black/Black British: Somali	-	-	25	3.40	-	-	28	2.9%
Black/Black British: Other African	-	-	11	1.50	0	0.00	15	1.5%
Black/Black British: Caribbean	-	-	5	0.70	0	0.00	6	0.6%
Chinese	-	-	15	2.00	0	0.00	17	1.7%
Vietnamese	0	0.00	-	-	0	0.00	3	0.3%
Any other ethnic group	-	-	16	2.20	0	0.00	17	1.7%
Prefer not to say	-	-	12	1.60	-	-	14	1.4%
Total	224	100	732	100	20	100	976	100.0%

Table 2.1b ethnicity and gender (compressed ethnic groups)

	N	Iale	Fe	male	Prefer n	ot to say	Te	otal
	N	%	N	%	N	%	N	%
White British/Irish	109	11.2	231	23.7	0	0.00	340	34.8
Other White	12	1.20	73	7.50	0	0.00	85	8.70
Asian: Bangladeshi	77	7.90	259	26.5	12	1.20	348	35.7
Asian Other	16	1.60	80	8.20	-	-	100	10.2
Somali	-	-	25	2.60	-	-	28	2.90
Black: Black Other	7	0.70	28	2.90	-	-	36	3.70
Other ethnic group	-	-	36	3.70	-	-	39	4.00
Total	224	23.0	732	75.0	20	2.00	976	100

We report findings in seven main ethnic categories. These are: i) White British/Irish; ii)Other White; iii) Asian: Bangladeshi; iv) Asian: Other; v) Somali; vi) Black: Other Black; and vii) Other ethnic group. We have used these condensed categories to allow for more meaningful comparison across groups that more closely mirror the distribution in the local population. We followed the ONS convention of combining White British and White Irish and refer to it below as 'White British/Irish'. We use 'White Other' to refer to all other White ethnicities. We summarise the Asian/Asian British Bangladeshi as 'Bangladeshi' and Asian Other covers all those of Asian backgrounds who are not Bangladeshi. There are three remaining groups: Somali; Black and Black other; and Other ethnicity (Table 2.1b).

Data on household composition is currently incomplete but to date we can see that around six percent of survey respondents lived in two adult households while a third lived in one adult households (Table 2.2). Around 14 percent of respondents from a Bangladeshi background lived in households with more than two adults.

Table 2.2 Household composition

	White															
	British/	Irish	Other	White	Bangl	ladeshi	Asi	an Other	Son		Bl	ack	Other	Ethnic grou	p	Total
		Column		Column		Column		Column		Column		Column		Column		Column
Number of children aged under 2	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Not reported	253	74.4%	54	63.5%	232	65.7%	66	64.7%	19	65.5%	19	51.4%	28	60.9%	671	67.6%
1	83	24.4%	30	35.3%	114	32.3%	34	33.3%	10	34.5%	17	45.9%	18	39.1%	306	30.8%
2	4	1.2%	1	1.2%	7	2.0%	1	1.0%	0	0.0%	1	2.7%	0	0.0%	14	1.4%
Number of children aged 2 to under 5	0	0.0%	0	0.0%	0	0.0%	1	1.0%	0	0.0%	0	0.0%	0	0.0%	1	0.1%
Not reported	119	35.0%	31	36.5%	141	39.9%	34	33.3%	11	37.9%	12	32.4%	26	56.5%	374	37.7%
1	205	60.3%	47	55.3%	186	52.7%	62	60.8%	15	51.7%	21	56.8%	18	39.1%	554	55.8%
2	16	4.7%	6	7.1%	26	7.4%	5	4.9%	3	10.3%	4	10.8%	2	4.3%	62	6.3%
3	0	0.0%	1	1.2%	0	0.0%	1	1.0%	0	0.0%	0	0.0%	0	0.0%	2	0.2%
Number of adults aged 18+																
Not reported	29	8.5%	13	15.3%	61	17.3%	19	18.6%	11	37.9%	7	18.9%	11	23.9%	151	15.2%
1	69	20.3%	31	36.5%	127	36.0%	49	48.0%	8	27.6%	20	54.1%	21	45.7%	325	32.8%
2	239	70.3%	40	47.1%	124	35.1%	30	29.4%	8	27.6%	9	24.3%	14	30.4%	464	46.8%
3 + adults	3	0.9%	1	1.2%	41	11.6%	4	3.9%	2	6.9%	1	2.7%	0	0.0%	52	5.2%
Number of people in the household*																
Not reported	3	0.9%	1	1.2%	4	1.1%	0	0.0%	1	3.4%	0	0.0%	3	6.5%	12	1.2%
1	7	2.1%	2	2.4%	17	4.8%	2	2.0%	1	3.4%	0	0.0%	3	6.5%	32	3.2%
2	53	15.6%	10	11.8%	27	7.6%	18	17.6%	4	13.8%	9	24.3%	6	13.0%	127	12.8%
3 + people	277	0.814706	72	0.847059	305	0.864023	82	0.803922	23	0.793103	28	0.756757	34	0.73913	821	0.827621
Total N for full sample:	340		85		348		100		28		36		39		976	

^{*}Number of people in the household reflects those who 1) reported their age 2) those who reported their name but no age

Table 2.3 shows that nearly 90% of respondents had a child under five, six percent were expecting a baby and a further six percent were both pregnant and had a child already.

Table 2.3 Parental stage of household respondent

	years of	nild under 5 age living at home	I am p	oregnant	5 years of with me a	hild under age living at home; I egnant	Т	otal
	N	%	N	%	N	%	N	%
White British/Irish	279	28.1	40	4.00	21	2.10	340	34.3
Other White	73	7.40	5	0.50	7	0.70	85	8.60
Asian: Bangladeshi	320	32.3	10	1.00	23	2.30	353	35.6
Asian Other	93	9.40	5	0.50	-	-	102	10.3
Somali	29	2.90	0	0.00	0	0.00	29	2.90
Black: Black Other	34	3.40	0	0.00	-	-	37	3.70
Other ethnic group	34 3.40 42 4.20		-	-	-	-	46	4.60
Total	870	87.7	62	6.30	60	6.00	992	100

3. Livelihoods: finances and employment

This section examines the financial livelihoods and household income strategies adopted by the families of Tower Hamlets as they experience the first wave of the economic and health shocks of the pandemic. It profiles how respondents earn their livelihoods and get by to sustain their well-being and that of their young children, children- to- be and wider families.

During July-November 2020 (the period of the Wave 1survey) 80 per cent income replacement from the national Coronavirus Job Retention Scheme furlough (to a ceiling of £2,500 a month), was available for employed respondents whose employers had to pause their active work. Although markedly more generous than welfare related benefits to the unemployed and sick, the design of furlough, with its requirement that employees needed to be in work by March 19th for a minimum of 3 weeks, is less favourable for insecure workers on irregular schedules such as zero hours contract or those working in the gig economy. Similarly, respondents who had been primarily self-employed in March, would not have been eligible for income support through furlough, but would have to use Universal Credit (UC), the UK's welfare "safety net".

Whereas income recovery through the furlough scheme gave individuals, of most income levels, a degree of financial continuity and security with its ceiling slightly higher than an average national wage (£30,000), UC is a significantly less generous scheme. In part recognition, a Covid-19 UC supplement of £20 per week was introduced nationally for new and existing claimants on 6 April 2020.

Even with the Covid-19 UC supplement survey respondents reliant on this benefit and living in a couple household, 25 years or over, with two children would be trying to get by on a maximum of £680.71 per month or £170.17 per week, excluding housing costs.

In Tower Hamlets, the pan-London historic pattern of rich and poor living side by side, has long been a feature, with proximity to the City of London wealth and linked jobs despite deep levels of chronic poverty (Tower Hamlets Fairness Commission, 2011). In the year prior to June 2020, 86% of male and 65% of female residents were economically active, representing more men than nationally and fewer women than nationally. Seventy percent of jobs were managerial and professional, considerably more than nationally (49%), while 11 percent were administrative and skilled trades (vs 20% nationally) and 11 percent were service jobs (vs 16% nationally). Only eight percent were operatives and elementary occupations (vs 16% nationally) (Nomis 2020).

3.1 Household Finances

Survey respondents began the pandemic with a great diversity in gross yearly household income ranging from less than £5,200 (7% of respondents) to £78,000 or more (12% of respondents) (Table 3.1).

Income polarisation is further displayed when income and ethnic diversity are closely examined (Table 3.1). No Bangladeshi, Somali, Black or other BAME respondent had a household income of £78,000 or above in contrast to16% of White, 29% of White Other and 23% of Asian Other respondents.

Table 3.1 Gross current household income by ethnicity

Current																
Household		Vhite				sian:						ck: Other	Oth	er ethnic		
income	Brit	ish/Irish	Othe	r White	Ban	gladeshi	Asia	n: Other	5	Somali		Black		group		Γotal
		Column		Column		Column		Column		Column		Column		Column		Column
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Less than																
£5,200	9	2.80	6	7.50	29	10.5	7	8.80	-	-	-	-	5	14.7	62	7.30
£5,200-10,399	7	2.20	0	0.00	56	20.2	10	12.5	5	20.8	6	19.4	7	20.6	91	10.7
£10,400-																
15,999	20	6.20	5	6.30	50	18.1	-	-	6	25.0	-	-	-	-	91	10.7
£16,000-																
20,799	35	10.8	5	6.30	33	11.9	5	6.30	-	-	5	16.1	-	-	89	10.5
£20,800-																
25,999	24	7.40	-	-	19	6.90	6	7.50	-	-	-	-	-	-	59	6.90
£26,000-																
36,300	20	6.20	5	6.30	24	8.70	6	7.50	-	-	5	16.1	-	-	66	7.80
£36,400-		20.5		400	4.0			10.5		0.00						4.50
51,999	99	30.7	11	13.8	19	6.90	10	12.5	0	0.00	-	-	-	-	143	16.8
£52,000- 77,999	55	17.0	14	17.5	9	3.20	7	8.80	0	0.00	0	0.00	_		87	10.2
£78.000 or	33	17.0	14	17.3	9	3.20	/	0.00	U	0.00	U	0.00	-	-	0/	10.2
more	50	15.5	23	28.8	_	_	18	22.5	0	0.00	0	0.00	_	_	99	11.7
Prefer not to	50	13.3	23	20.0			10	22.3		0.00		0.00			- //	11.7
say	_	_	7	8.80	34	12.3	7	8.80	_	_	_	_	5	14.7	62	7.30
·																
Total	323	100	80	100	277	100	80	100	24	100	31	100	34	100	849	100
Missing total	17	5.00	5	5.90	76	21.5	22	21.6	5	17.2	6	16.2	12	26.1	143	14.4
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

Bangladeshi respondents were far more likely to report the lowest levels of yearly household income 61% at less than £5,200 to £20,799 followed by Somali respondents of whom 46% reported these four lowest levels. This profile contrasts sharply when compared with the average UK household disposable income after taxes and benefits (pre-pandemic) of £30,800 (ONS 2020).

3.2 Managing work and benefits

Prior to March 2020 two-thirds (67%) of survey respondents were employed or on leave from employment with in-work benefits: 49% were employed, 8% were actively self-employed and 10% were on maternity/ parental leave (Table 3.2)¹. The remaining third (33%) were unemployed or not working despite a self-employed status. That is, employment activity was precarious for a significant minority of the sample at the start of the pandemic. Again, employment precarity was

¹ Employed refers to the following categories: Employed, Self-employed and working, maternity/ par leave (as an inwork benefit); Unemployed refers to: Unemployed, unemployed and not receiving benefits, self-employed not working.

ethnically patterned: 52% and 43% of Somali and Bangladeshi respondents were unemployed or non-working self-employed in contrast to 22% of White respondents. The financial benefits of employment were most fragile for Somali and Bangladeshi respondents, although across the sample pre-pandemic unemployment rates were high.

At the point of survey, employed levels had slightly dropped (to 60% of all respondents) and unemployment had slightly increased (to 40% of all respondents). Of those who were employed, a small proportion had moved to furlough (6%) and there was an uplift on those reporting being on maternity/ parental leave (13%). Unemployment remained ethnically patterned but with more deterioration for Bangladeshi respondents (increase in 9 points to 52%) than White respondents (increase in 2 points to 24%). Unemployment also increased by 2 points for Somalis to 54%. These findings need to be set against the national UK unemployment rate which was 4.5% at this time (ONS 2020).

In this income and employment context many respondents required some form of income support benefit to maintain livelihoods for their family (Table 3.3 to follow). Again an ethnic patterning is found with a 48% of White British/Irish respondents not requiring benefits, in contrast to 18% of Bangladeshi respondents and 16% of respondents from Black ethnicities (Table 3.3 to follow). 26% of Bangladeshi respondents were receiving Universal Credit in contrast to 16% of White British/Irish and 41% of Black respondents. The Covid-19 UC supplement of £20 per week is due to expire in September 2021.

Table 3.2 Employment status prior to March 2020 and now, by ethnicity

Employment	atus prior British/I				A	sian:					Blac	k: Other	Oth	er ethnic		
status prior	Brit	ish/Irish	Oth	er White	Ban	gladeshi	Asia	n: Other	9	Somali	1	Black	:	group	7	Γotal
to March		Column		Column		Column		Column		Column		Column		Column		Column
2020	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Employed Self employed	197	59.0	40	48.2	137	42.0	38	43.2	9	33.3	18	50.0	18	43.9	457	48.9
and working Self employed and not	29	8.70	8	9.60	20	6.10	8	9.10	-	-	-	-	-	-	76	8.10
working On Maternity or Parental	-	-	-	-	-	-	0	0.00	0	0.00	-	-	-	-	12	1.30
leave	36	10.8	10	12.0	28	8.60	9	10.2	-	-	-	-	5	12.2	91	9.70
Unemployed Unemployed and receiving	44	13.2	18	21.7	79	24.2	22	25.0	8	29.6	-	-	6	14.6	179	19.1
benefits	24	7.20	-	-	60	18.4	11	12.5	6	22.2	9	25.0	6	14.6	120	12.8
Total	334	100	83	100	326	100	88	100	27	100	36	100	41	100	935	100
Missing	6	1.80	-	-	27	7.6	14	13.7	-	-	-	-	5	10.9	57	5.70
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

Table 3.2 continued Employment status prior to March 2020 and now, by ethnicity

Current Employment Status		White ish/Irish	Oth	er White		sian: gladeshi	Acio	n: Other		Somali		k: Other Black		er ethnic group	,	Fotal
Employment Status	DIII	Column	Oil	Column	Dan	Column	Asia	Column	K	Column		Column		Column		Column
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Employed	148	44.2	28	33.7	90	27.7	28	31.5	7	25.0	15	41.7	-	-	320	34.2
Employed but not working (on furlough) On Maternity or	24	7.20	6	7.20	19	5.80	-	-	-	-	0	0.00	-	-	57	6.10
Parental leave	52	15.5	16	19.3	31	9.50	8	9.00	-	-	-	-	10	24.4	124	13.2
Self employed and working	30	9.00	5	6.00	15	4.60	7	7.90	-	-	-	-	-	-	62	6.60
Self employed and not working	-	-	-	-	6	1.80	-	-	-	-	-	-	-	-	14	1.50
Unemployed	50	14.9	20	24.1	88	27.1	27	30.3	10	35.7	-	-	12	29.3	210	22.4
Unemployed and receiving benefits	30	9.00	6	7.20	76	23.4	14	15.7	5	17.9	11	30.6	8	19.5	150	16.0
Total	335	100	83	100	325	100	89	100	28	100	36	100	41	100	937	100
Missing	5	1.50	-	-	28	7.90	13	12.7	-	-	-	-	5	10.9	55	5.50
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

Table 3.3 Benefits receiving currently, by ethnicity¹

		te: White ish/Irish	Oth	er White		Asian: ngladeshi	Λsia	n: Other		Somali		ck: Other Black		ner ethnic group	Total Participants	Total benefit compared to sample (%)
	2111	Column	- Oth	Column	241	Column	7 1016	Column		Column		Column		Column	Turticipuits	(70)
	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
Universal Credit	54	16	14	16	93	26	18	18	7	24	15	41	18	39	219	22
Working Tax Credit	46	14	-		78	22	8	8	12	41	5	14	4	9	154	16
Child Tax Credit	74	22	10	12	140	40	20	20	17	59	15	41	9	20	285	29
Jobseeker's Allowance	54	16	6	7	8	2	-	-	-0	-	-	-	-	-	66	6.7
Employment and Support Allowance	45	13	-		16	5	-		0		-		-		67	6.8
None of these	162	48	42	49	63	18	42	41	-		6	16	9	20	326	33
No recourse to public funds Prefer not to	8	2	12	14	10 26	3	8	8	0		-		-	9	42 40	4.2
say Total	- 447		83		434	/	100		39		49		4	9	40	4
Total sample per ethnicity	329		79		321		100		28		36		39		918	
Missing total	11		6		32				-		-		7		74	
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	

¹% per ethnic group = total respondents receiving said benefit in that ethnic group/total sample from that ethnic group

In this income and employment context many respondents required some form of income support benefit to maintain livelihoods for their family (Table 3.3). Again an ethnic patterning is found with a 48% of White British/Irish respondents not requiring benefits, in contrast to 18% of Bangladeshi respondents and 16% of respondents from Black ethnicities (Table 3.3). 26% of Bangladeshi respondents were receiving Universal credit in contrast to 16% of White British/Irish and 41% of Black respondents.

In this context of livelihood insecurity 22% of respondents had used a foodbank in the past 4 weeks, including 4% reporting four times or more over this period. 45% of respondents reported that food did not last and they didn't have money to get more, 22% reported not being able to afford to eat a balanced diet and 25% of respondents reported having to skip meals because there was not enough money for food.

Similarly in response to a general survey question asking respondents to list their three biggest worries, financial and employment related worries was ranked second, closely following the top ranked worry about COVID-19 health risks.

For example, one said:

Husband lost job, no help, and on maternity leave so reduced pay. Uncertainty of future.

3.3 Paid work and care responsibilities

Parents were asked to report on how easy or difficult it was to combine paid work with family care duties for the period prior to the onset of COVID-19 and during the pandemic and lockdown survey period (including care of children, domestic responsibilities, and home schooling). Responses were measured on a 5-point Likert-scale ranging from (1) very easy to (5) very difficult. Generally, working parents, particularly mothers, found reconciliation of work and family care harder under COVID, even when on furlough, although the numbers of fathers on furlough are too low for meaningful comparisons.

There was some ethnic patterning to these findings for working parents. When asked how easy or difficult it was to combine paid work with care responsibilities, more respondents from White Other, Bangladeshi, Somali and Black backgrounds found combining paid work with care responsibilities difficult-to-very difficult (White British: 39%, White Other: 53%, Bangladeshi: 49%, Asian Other: 38% and Black: 53%, Somali: 75%) compared to easier (White British: 11%, White Other: 10%, Bangladeshi: 18%, Asian Other: 14% and Black: 13%, Other ethnic groups: 50%) or felt it was neither easy nor difficult (White British: 50%, White Other: 37%, Bangladeshi: 33%, Asian Other: 48% and Black: 33%, Somali: 25%, Other ethnic groups: 50%).

In the sample, 209 women and 157 men, with a child under 5 years, were employed or actively self-employed at the point of survey. In addition 17 mothers and 3 fathers were employed but on furlough. When parents on furlough are excluded, we found that 43% per cent of mothers and 26 % of fathers report it was "quite" or "very" difficult to combine paid work with care responsibilities.

In response to a question about worries, managing work and financial matters was jointly ranked second across the whole sample, along with worries about the virus itself. Mental health concerns were ranked in first place. Responses to open ended survey questions reveal the relationship challenges faced by parents trying to combine work and care during the pandemic:

"Buying" time from my partner so that I can do more work while he looks after the children. This is a constant struggle. My work is more flexible so it is mostly me that has to flex to fit all the work and childcare in.' (mother)

'I struggle with working from home, there are too many responsibilities and distractions (childcare, chores) and I cannot concentrate and get work tasks done' (father)

'It is hard to look after newborn and working as NHS worker at the same time. Worries of bringing the virus home.' (mother)

4. Housing

Fifty six percent of survey respondents rented their home, compared to 13 percent who were buying their home with the help of a mortgage (Table 4.1). Borough data for Tower Hamlets, derived from the 2011 census, found that 73 percent of residents rent their home while 16 percent had a mortgage. This is the reverse of the UK as a whole, where 64 percent have a mortgage and 35 percent rent (Tower Hamlets 2015).

Among Bangladeshi respondents, there was a higher than average proportion of renters (87%). Renting was also most common among Somali (89%), and Other ethnic groups (78%). Among White British/Irish respondents, most common was owning their home outright (48%), renting (21%), and buying with the help of a mortgage (17%). In White Other respondents, 12% owned their home outright and 29% were buying with the help of a mortgage.

A small proportion, just under six percent, of respondents were in precarious housing, either living rent free or squatting or in temporary accommodation. 36 respondents were in temporary accommodation (Table 4.1)

Table 4.1 Housing by ethnicity

Do you (or your household) own																
or rent the home											Black	: Other	Othe	er ethnic		
you live in?	White Brit	tish/Irish	Other '	White	Asian: Ba	angladeshi	Asia	n: Other	S	Somali	В	lack	g	roup	7	Total
		Column		Column				Column		Column		Column		Column		Column
	N	%	N	%	N	Column %	N	%	N	%	N	%	N	%	N	%
Own it outright Buying with the	162	48.1	10	11.8	6	1.70	12	12.5	0	0.00	-	-	-	-	196	20.3
help of a mortgage Part own and part rent (shared	58	17.2	25	29.4	13	3.80	19	19.8	-	-	-	-	3	7.30	121	12.5
ownership)	33	9.80	7	8.20	5	1.50	5	5.20	0	0.00	-	-	-	-	53	5.50
Rent it	71	21.1	41	48.2	298	86.6	53	55.2	25	89.3	22	61.1	32	78.0	542	56.0
Live here rent free Temporary	6	1.80	0	0.00	7	2.00	-	-	-	-	-	-	-	-	18	1.90
accommodation	7	2.10	-	-	15	4.40	6	6.30	-	-	5	13.9	-	-	36	3.70
Squatting	0	0.00	-	-	0	0.00	0	0.00	0	0.00	0	0.00	-	-	-	-
Total	337	100	85	100	344	100	96	100	28	100	36	100	41	100	967	100
Missing	-	-	0	0.0	9	2.50	6	5.90	-	-	-	-	5	10.9	25	2.50
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

Duration in																
temporary											Black	: Other	Oth	er ethnic		
accommodation	White British	n/Irish	Other V	Vhite	Asian: Ba	ngladeshi	Asia	n: Other	5	Somali	В	lack	g	roup	1	Γotal
		Column		Column				Column		Column		Column		Column		Column
	N	%	N	%	N	Column %	N	%	N	%	N	%	N	%	N	%
Six weeks or less	-	-	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	-	-
Up to six months	-	-	-	-	-	-	0	0.00	0	0.00	0	0.00	0	0.00	-	-
6 -12 moths 12 months to 2	-	-	0	0.00	-	-	-	-	0	0.00	-	-	-	-	9	25.0
years	-	-	0	0.00	-	-	-	-	0	0.00	0	0.00	0	0.00	7	19.4
2 year or more	-	-	0	0.00	7	46.7	-	-	-	-	-	-	0	0.00	14	38.9
Not applicable	0	0.00	0	0.00	-	-	-	-	0	0.00	0	0.00	0	0.00	-	-
Grand total	7	100	-	-	15	100	6	100	-	-	5	100	-	-	36	100

One measure of overcrowding is the number of bedrooms for the size of household. We found that 162 respondents, 17 percent of the total, had just one bedroom. As a survey of families who are either expecting a child or already have one, this is likely to mean that more than two people were sharing the one bedroom. Nearly half (46%) the respondents lived in housing with two bedrooms. Further analysis is ongoing to assess the extent of overcrowding in this sample (Table 4.2).

Space was mentioned as a challenge while living with Covid-19. For example:

The challenges I have faced during lockdown is that I live in a studio flat with my 2 children, so there is hardly any space for them to play. Family and friends all live across London. So haven't really seen much of them. I am used to being out and about with my kids, keeping them busy and staying active but that has been impossible.

Feeling 'cabin fever'.

Small house, need space

We don't have the space at home to work whilst allowing our children be at home all day.

Table 4.2 Number of bedrooms by ethnicity

Number													0.4			
of bedrooms		Vhite sh/Irish	Othe	er White		sian: gladeshi	Acio	n: Other	c	omali		k: Other Black		er ethnic	т	otal
bedi oonis	Dilu	Column	Othe	Column	Dang	Column	Asia	Column		Column		Column	٤	Column	1	Column
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1	26	7.70	15	17.9	74	21.7	24	24.7	3	10.3	12	33.3	8	20.0	162	16.8
2	123	36.6	44	52.4	168	49.3	49	50.5	16	55.2	20	55.6	21	52.5	441	45.8
3	170	50.6	21	25.0	69	20.2	21	21.6	5	17.2	3	8.30	7	17.5	296	30.7
4	14	4.20	4	4.80	25	7.30	3	3.10	5	17.2	1	2.80	3	7.50	55	5.70
5+	3	0.90	0	0.00	5	1.50	0	0.00	0	0.00	0	0.00	1	2.50	9	0.90
Total	336	100	84	100	341	100	97	100	29	100	36	100	40	100	963	100

Table 4.3 Housing circumstances by ethnicity

Does your home need any major repairs doing to											Blacl	x: Other	Othe	er ethnic		
it right now?	White Br	ritish/Irish	Othe	r White	Asian: Ba	ngladeshi	Asia	n: Other	S	omali		lack		roup	T	otal
				Column				Column		Column		Column		Column		Column
	N	Column %	N	%	N	Column %	N	%	N	%	N	%	N	%	N	%
Yes	70	20.8	8	9.50	65	19.0	15	15.6	11	37.9	13	36.1	8	19.5	190	19.7
No	267	79.2	76	90.5	277	81.0	81	84.4	18	62.1	23	63.9	33	80.5	775	80.3
Total	337	100	84	100	342	100	96	100	29	100	36	100	41	100	965	100
Missing	-	-	-	-	11	3.10	6	5.90	0	0.00	-	-	5	10.9	27	2.70
Yes	70	20.8	8	9.50	65	19.0	15	15.6	11	37.9	13	36.1	8	19.5	190	19.7
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	1000	992	100
Do you have any												0.1	0.1			
damp or mould in vour home?	White Br	ritish/Irish	Othe	r White	Acian: Re	angladeshi	Δsia	n: Other	s	Somali		k: Other lack		er ethnic roup	т	otal
in your nome.				VVIIICE		inglucesin						IUCH		_		
Yes	76	22.6	18	21.4	127	37.1	23	24.0	9	32.1	11	30.6	9	22.0	273	28.3
No	261	77.4	66	78.6	215	62.9	73	76.0	19	67.9	25	69.4	32	78.0	691	71.7
Total	337	100	84	100	342	100	96	100	28	100	36	100	41	100	964	100
Missing	-	-	-	-	11	3.10	6	5.90	-	-	-	-	5	10.9	28	2.80
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100
Electrical appliances												k: Other	Othe	er ethnic		
working?	White Br	ritish/Irish	Othe	r White	Asian: Ba	ngladeshi	Asia	n: Other	S	omali	В	lack	g	roup	T	otal
Yes	294	87.8	76	90.5	285	83.3	86	89.6	21	75.0	25	69.4	32	78.0	819	85.1
No	41	12.2	8	9.50	57	16.7	10	10.4	7	25.0	11	30.6	9	22.0	143	14.9
Total	335	100	84	100	342	100	96	100	28	100	36	100	41	100	962	100

Table 4.3 continued Housing circumstances by ethnicity

Experience noise											Black	: Other	Oth	er ethnic		
from neighbours?	White Br	ritish/Irish	Othe	r White	Asian: Ba	angladeshi	Asia	n: Other	S	omali	B	lack	ş	group	7	Γotal
				Column				Column		Column		Column		Column		Column
	N	Column %	N	%	N	Column %	N	%	N	%	N	%	N	%	N	%
No	164	48.8	29	34.5	125	37.2	40	42.1	21	77.8	12	33.3	11	26.8	402	42.1
Yes - all the time Yes - now and	37	11.0	13	15.5	51	15.2	6	6.30	-	-	6	16.7	7	17.1	124	13.0
again	99	29.5	25	29.8	126	37.5	32	33.7	-	-	11	30.6	16	39.0	311	32.6
Yes - hardly ever	36	10.7	17	20.2	34	10.1	17	17.9	0	0.00	7	19.4	7	17.1	118	12.4
Total	336	100	84	100	336	100	95	100	27	100	36	100	41	100	955	100

Table 4.4 Shared facilities in home by ethnicity

	V	/hite: Vhite ish/Irish		ther ⁄hite		sian: gladeshi		sian: other	s	omali		ck: Other Black	et	ther hnic roup	Total Partici pants	Total compared to sample (%)
				Colu										Colu		
	2.7	Colum	.,	mn	2.7	Colum		Colu		Colu		Column		mn		
	N	n %	N	%	N	n %	N	mn %	N	mn %	N	%	N	%		
Kitchen Toilet and bathroom/s	21	6%	1	1%	26	7%	4	4%	0		1	3%	2	4%	55	6%
hower Clothes drying	27	8%	2	2%	26	7%	5	5%	0		1	3%	3	7%	64	6%
room	92	27%	0	0%	17	5%	6	6%	0		2	5%	3	7%	120	12%
Total Total sample per	140		3		69		15		0		4		8			140
ethnicity	340		85		353		102		29		37		46		992	340
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	

There were also difficulties with housing quality (Table 4.3). Nearly 20% of respondents reported that their home needed major repairs and 28% reported damp or mould in their home. These housing deficiencies were more commonly reported amongst Somali and Black Other respondents. Thirty eight percent of Somali and 36 percent of Black Other respondents reported their homes needed major repairs. Damp and mould was most frequently reported by the Bangladeshi group (37%) followed by Somali families (32%). According to the English Household Survey (2018), 5% of households with a child under 5 and 3% of all households have damp or mould. 47% of respondents experienced hearing noise from neighbours; this pattern was similar across ethnic groups (41%-56%).

About 15 percent of respondents said their major appliances were not in working order. Again, this was more likely among some ethnic groups: Black other (31%); Somali (25%); and Other ethnic groups. Although total numbers are small, it is worth noting that all the Somali, all the Black Other and nearly all those in the Other ethnic groups were renting their accommodation. Furthermore, more than half the sample had some noise from neighbours. Forty six percent of the sample said this was all the time or now and again.

Table 4.4 also shows that a small number of families were sharing their facilities with others not in the household, such as kitchen (6%), bathroom (7%) and clothes drying rooms (12%).

5. Supporting children at home

This section discusses the findings relevant to children's activities at home. During the period of fieldwork, schools and early childhood education services were open, during term time. Prior to fieldwork, educational provision had been closed, between 23 March and 1 June, except for children of key workers and vulnerable children. Between 1 June and end of summer term in late July, there was a gradual transition back to schools for children in year 6 and those in reception and year 1. Schools fully reopened in early September, with extended transition periods in some cases. Five children's centres in Tower Hamlets stayed open throughout lockdown and offered family support and play support via online sessions, and kept in contact with families considered vulnerable and those who were shielding. They also offered individual and group workshops to help prepare children for beginning school in September.

Among other early years settings, for example those in the private and voluntary sector, most closed during lockdown; only seven of 82 settings were open from 30 March. Places were offered to all the children of key workers and vulnerable children. Fifteen childminders were open and caring for key worker and vulnerable children. Services began to re-open from 1 June, and by the end of that month, 37 settings were catering for 788 children. By mid-October, there were 80 open settings (3 closed permanently, 2 new ones), and 2447 preschool aged children attended group settings and 167 children were cared for with 57 childminders.

5.1 Accessing Early Childhood Education and Care

About half (49%) the children in the survey, all preschool age, usually (i.e., pre 23 March 2020) attended nursery or other formal early childhood education facility but at the point of completing the survey just over a third (41%) were attending. Most children were at home, being supported by parents, or other family members, for many more hours than was usual.

Anxieties about Covid-19 and following official advice were among the reasons for supporting children at home rather than sending them to early childhood education provision:

We were eligible because my husband is an essential worker; however, the initial advice was to keep children at home if we were able, which we were since I am a stay-at-home mum.

Not a key worker, but anxieties about COVID

Nursery closed.

5.2 Home learning

We asked parents how they were supporting children's learning during this time. Reading to babies from birth is associated with cognitive and developmental benefits (Council on Early Childhood 2014). 56% of White respondents were reading to their child every day, and this was the case for

nearly half (and a quarter (28%) of Bangladeshi families (Table 5.1). Nearly all (94%) of children were read to on at least some days of the week.

Table 5.1 Reading to children, by ethnicity₁

How often has someone at home been																
reading to		White	041	XX 71-:4-		Asian:	4 : -	Oth		!!		ck: Other		er ethnic	,	C-4-1
your child?	N N	ish/Irish Col %	N	col %	N	ngladeshi Col%	Asia N	n: Other Col %	N	Somali Col %	N	Black Col %	N	group Col%	N	Col %
													Ė			/-
Every day	158	56.2	40	54.8	80	28.1	34	44.7	12	50.0	19	54.3	13	38.2	356	44.1
Most days	85	30.2 #	18	24.7	86	30.2	21	27.6	-	-	10	28.6	11	32.4	234	29.0
Some days																
,	33	11.7	10	13.7	90	31.6	16	21.1	8	33.3	6	17.1	9	26.5	172	21.3
Not at all	5	1.80	5	6.80	29	10.2	5	6.60		-	0	0.00		-	46	5.70
Total	281	100	73	100	285	100	76	100	24	100	35	100	34	100	808	100
Missing total	59	17.4	12	14.1	68	19.3	26	25.5	5	17.2	-	-	12	26.1	184	18.5
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

More than four fifths (81%) of respondents were helping children learn the alphabet. All ethnicities were doing this. Again, 21 percent of respondents did not answer the question.

Table 5.2 Helping children to learn the ABC by ethnicity

Has

anyone at home been helping your child to learn	,	White				Asian:					Bla	ck: Other	Oth	er ethnic		
the ABC?		tish/Irish	Oth	er White		ıgladeshi	Asia	n: Other	5	Somali		Black		group	,	Total
		Column		Column		Column		Column		Column		Column		Column		Column
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes	224	80.0	53	74.6	214	80.5	60	82.2	21	91.3	31	88.6	29	85.3	632	80.8
No	56	20.0	18	25.4	52	19.5	13	17.8	-	-	-	-	5	14.7	150	19.2
Total	280	100	71	100	266	100	73	100	23	100	35	100	34	100	782	100
Missing total	60	17.6	14	16.5	86	24.4	29	28.4	6	20.7	-	-	12	26.1	209	21.1
Grand total	340	100	85	100	352	100	102	100	29	100	37	100	46	100	991	100

Table 5.3 Teaching numbers/counting by ethnicity

Has anyone at home	!															
been teaching your child	v	Vhite			Δ	Asian:					Rla	ck: Other	Oth	er ethnic		
numbers/counting?		tish/Irish	Oth	er White		gladeshi	Asia	n: Other	S	omali		Black		group	7	Γotal
		Column		Column		Column		Column		Column		Column		Column		Column
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes	235	84.2	62	87.3	226	83.7	63	85.1	22	95.7	31	88.6	30	88.2	669	85.1
No	44	15.8	9	12.7	44	16.3	11	14.9	-	-	-	-	-	-	117	14.9
Total	279	100	71	100	270	100	74	100	23	100	35	100	34	100	786	100
Missing total	61	17.9	14	16.5	83	23.5	28	27.5	6	20.7	-	-	12	26.1	206	20.8
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

A large majority (85%) of respondents were helping children to learn to count. Those who were not helping children to learn to count, were slightly more likely to be from Bangladeshi (16%), White (16%) or Asian Other (16%) backgrounds compared to other ethnicities (White Other: 13%, Somali: 4%, Black: 11%, Other ethnicities: 12%). Again about a fifth of respondents did not answer the question. Missing responses may in part be due to household status of being pregnant and having no other children in the household (n = 62).

About a quarter (23%) of respondents were worried about their children's learning at home in response to an open ended question about worries. Some examples are:

I am worried about the fact that my 7 year old son is really struggling with reading and writing and it is difficult to keep my children occupied and safe when everything is closed

Worry about children's learning and falling behind

My children being hyperactive, bored, uninterested in learning and missing their school friends. They are also constantly bickering.

My son feeling left out of his friend group as they were invited back to nursery but he was not, due to limited capacity

60% of female respondents reported they spent more time carind for their child(ren) (including home schooling/homework support) more than their partner, compared to 14% of male respondents. Similar % of male and female respondents felt they did the same (female: 31%, male:40%). 46% of male respondents felt their partner did more than them, in contrast to 9% of female respondents.

Outdoor space

Nearly half (49%) of survey respondents said they had access to an outdoor space. Moreover, most children did some kind of physical activity, which we defined as running around, playing football, cycling, using playground equipment or similar. Among children aged 12 months and over, over half (53%) reported that their children did some physical activity every day or most days, while one quarter (27%) said this happened on one or two days a week. Twelve percent said their children never did any physical activity. One example of a current challenge was coping with a lack of outside space:

Not being able to take my son out or to his play groups has been difficult because we don't have a garden.

In response to a question about respondents' confidence in supporting learning at home most (73%) agreed or strongly agreed (Table 5.4). Twelve percent were not confident in their abilities. More White respondents (82%) reported confidence in supporting learning than Bangladeshi (64%). Men were marginally more confident than women (75% vs 72%).

Table 5.4 Confidence in supporting child in learning at home by gender and ethnicity

I feel confident in my ability to support my					Pref	fer not to		
children's learning at home		Male	F	emale		Say		Total
	N	%	N	%	N	%	N	%
Strongly Agree	47	23.0	182	31.4	-	-	232	29.0
Agree	106	52.0	234	40.3	9	56.3	349	43.6
Neither agree/disagree	36	17.6	88	15.2	-	-	126	15.8
Disagree	13	6.40	56	9.70	0	0.00	69	8.60
Strongly disagree	-	-	20	3.40	-	-	24	3.00
Total	204	100	580	100	16	100	800	100
Missing	20	8.90	151	20.7	-	-	175	17.9
Grand total	224	100	731	100	20	100	975	100

Table 5.4 continued Confidence in supporting child in learning at home by gender and ethnicity

I feel confident in my ability to																
support my																
children's	V	Vhite			A	Asian:					Bla	ck: Other	Oth	er ethnic		
learning at home	Brit	ish/Irish	Oth	er White	Ban	gladeshi	Asia	n: Other	5	Somali		Black		group	7	Fotal
		Column		Column		Column		Column		Column		Column		Column		Column
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly Agree	92	32.6	26	35.6	67	23.5	23	29.9	6	25.0	11	31.4	9	27.3	234	28.9
Agree Neither	139	49.3	24	32.9	115	40.4	35	45.5	15	62.5	15	42.9	10	30.3	353	43.6
agree/disagree	37	13.1	12	16.4	56	19.6	8	10.4	-	-	-	-	9	27.3	128	15.8
Disagree	11	3.90	8	11.0	34	11.9	8	10.4	0	0.00	5	14.3	-	-	69	8.50
Strongly disagree	-	-	-	-	13	4.60	-	-	-	-	0	0.00	-	-	25	3.10
Total	282	100	73	100	285	100	77	100	24	100	35	100	33	100	809	100
Missing	57	16.8	12	14.1	68	19.3	25	24.5	5	17.2	-	-	13	28.3	182	18.4
Grand total	339	100	85	100	353	100	102	100	29	100	37	100	46	100	991	100

Table 5.5 Belief in having the skills necessary to parent my child, by gender and ethnicity

I honestly believe I have all the skills								
necessary to be a good parent to my child	N	Iale	Fe	male		r not to Say	T	otal
	N	%	N	%	N	%	N	%
Strongly Agree	64	31.4	233	40.7	7	43.8	304	38.4
Agree	107	52.5	226	39.5	5	31.3	338	42.7
Neither agree/disagree	20	9.80	62	10.8	-	-	83	10.5
Disagree	12	5.90	40	7.00	-	-	53	6.70
Strongly disagree	-	-	11	1.90	-	-	14	1.80
Total	204	100	572	100	16	100	792	100
Missing	20	8.90	160	21.9	-	-	184	18.9
Grand total	224	100	732	100	20	100	976	100

Table 5.5 continued Belief in having the skills necessary to parent my child, by gender and ethnicity

I honestly believe I have all the skills necessary to																
be a good parent	1	White			A	Asian:					Blac	ck: Other	Oth	er ethnic		
to my child	Brit	ish/Irish	Oth	er White	Ban	gladeshi	Asia	n: Other	9	Somali		Black	:	group	7	Γotal
		Column		Column		Column		Column		Column		Column		Column		Column
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Strongly Agree	114	40.6	27	37.0	95	33.9	28	36.8	12	50.0	15	42.9	17	53.1	308	38.5
Agree Neither	133	47.3	39	53.4	108	38.6	33	43.4	10	41.7	10	28.6	8	25.0	341	42.6
agree/disagree	15	5.30	-	-	47	16.8	9	11.8	0	0.00	7	20.0	-	-	84	10.5
Disagree	17	6.00	-	-	25	8.90	-	-	-	-	-	-	-	-	54	6.70
Strongly disagree	-	-	-	-	5	1.80	-	-	0	0.00	0	0.00	-	-	14	1.70
Total	281	100	73	100	280	100	76	100	24	100	35	100	32	100	801	100
Missing	59	17.4	12	14.1	73	20.7	26	25.5	5	17.2	-	-	14	30.4	191	19.3
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

Relationship with child

We asked parents about the impact of the pandemic on their parenting strategies and closeness with their children. The most common responses, across ethnic groups, was to respond in terms of helping children to cope, carry out the tasks required including home learning, being close to children and sustaining adult authority and boundaries. However, between 8 and 13 percent of respondents scored themselves as not at all or not much on these four items (Table 5.7).

Table 5.7 Parents relationship with your child (or children)

On a scale of 1 to 5 (where 1 is not at all and 5 is very much), in the relationship with your child (or children), at this time, how capable do you feel of:

Helping your child or children to cope with the life changes that

the health emergency		White ish/Irish	Oth	ner White		Asian: ngladeshi	A aia	n: Other		Somali		ck: Other Black		ner ethnic	Т	otal
requires	DIII	ISII/II ISII	Oil	ier willte	Dai	igiauesiii	Asia	in: Other	,	Soman		ыаск		group	10	Colu
		Column		Column		Column		Column		Column		Column		Column		mn
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1 (not at all)	-	-	-	-	17	6.20	5	6.80	0	0.00	0	0.00	-	-	27	3.50
2	12	4.30	-	-	17	6.20	6	8.10	-	-	-	-	0	0.00	40	5.10
3	50	18.1	18	25.0	70	25.6	17	23.0	-	-	17	50.0	-	-	178	22.8
4	120	43.5	25	34.7	74	27.1	18	24.3	11	47.8	-	-	8	26.7	259	33.1
5 (very much)	91	33.0	27	37.5	95	34.8	28	37.8	7	30.4	12	35.3	18	60.0	278	35.5
Total	276	100	72	100	273	100	74	100	23	100	34	100	30	100	782	100
Missing	64	18.8	13	15.3	74	21.3	26	26.0	5	17.9	-	-	9	23.1	193	19.8
Grand total	340	100	85	100	347	100	100	100	28	100	36	100	39	100	975	100

Helping your child or children

to carry out all the tasks assigned to them including home education		Vhite sh/Irish	Oth	er White		Asian: ngladeshi	Asia	n: Other	S	Somali		ck: Other Black		er ethnic group	To	otal	
1	6	2.20	5	7.20	16	6.00	-	-	0	0.00	-	-	-	-	32	4.10	
2	26	9.40	-	-	31	11.6	9	12.2	-	-	-	-	-	-	76	9.80	
3	93	33.5	15	21.7	67	25.1	15	20.3	-	-	12	35.3	6	20.0	210	27.1	
4	90	32.4	20	29.0	73	27.3	21	28.4	12	52.2	10	29.4	5	16.7	231	29.8	
5	63	22.7	25	36.2	80	30.0	26	35.1	6	26.1	9	26.5	17	56.7	226	29.2	
Total	278	100	69	100	267	100	74	100	23	100	34	100	30	100	775	100	
Missing	62	18.2	16	18.8	81	23.3	26	26.0	5	17.9	-	-	9	23.1	201	20.6	
Grand total	340	100	85	100	348	100	100	100	28	100	36	100	39	100	976	100	

Table 5.7 continued Parents relationship with your child (or children)

On a scale of 1 to 5 (where 1 is not at all and 5 is very much), in the relationship with your child (or children), at this time, how capable do you feel of:

Being close to your child despite being seriously concerned about personal, family or professional issues		White British/Irish		Asian: Other White Bangladeshi Asian: Other						Somali		Black: Other Black		ner ethnic group	Total	
1	-	-	-	-	19	7.10	-	-	0	0.00	0	0.00		-	28	3.60
2	15	5.40	-	-	15	5.60	5	6.70	-	-	-	-	-	-	43	5.50
3	53	19.1	7	9.90	47	17.6	10	13.3	-	-	7	20.6		-	128	16.5
4	103	37.1	18	25.4	82	30.7	21	28.0	10	43.5	-	-	-	-	241	31.0
5	104	37.4	44	62.0	104	39.0	35	46.7	9	39.1	20	58.8	21	72.4	337	43.4
Total	278	100	71	100	267	100	75	100	23	100	34	100	29	100	777	100
Missing	62	18.2	14	16.5	81	23.3	25	25.0	5	17.9	-	-	10	25.6	199	20.4
Grand total	340	100	85	100	348	100	100	100	28	100	36	100	39	100	976	100.

Maintain a firm position when your child or children doesn't/don't keep to the rules or fails to comply with

or fails to comply with commitments		White British/Irish		Asian: Other White Bangladeshi				Asian: Other Somali			Black: Other Black		Other ethnic group		Total	
1	5	1.80	-	-	15	5.70	-	-	-	-	-	-	0	0.00	28	3.60
2	14	5.10	-	-	21	8.00	9	12.0	-	-	-	-	-	-	54	7.00
3	74	26.7	12	17.1	63	24.1	17	22.7		-	8	23.5	9	31.0	185	24.1
4	106	38.3	32	45.7	82	31.4	25	33.3	7	31.8	8	23.5	-	-	263	34.2
5	78	28.2	20	28.6	80	30.7	21	28.0	10	45.5	14	41.2	15	51.7	238	31.0
Total	277	100	70	100	261	100	75	100	22	100	34	100	29	100	768	100
Missing	63	18.5	15	17.6	87	25.0	25	25.0	6	21.4	-	-	10	25.6	208	21.3
Grand total	340	100	85	100	348	100	100	100	28	100	36	100	39	100	976	100

5.3 Parents' time for themselves and as a family

Supporting children who are primarily at home may be consequential for parents' time for themselves (Table 5.6). Just over half (54%) of respondents said they had much or slightly less time

for their own leisure interests compared to prior to lockdown in March 2020. The group most likely to have slightly more or much more time were White British/Irish. This was the case for both male and female respondents.

Table 5.6 Time for self by ethnicity

		White				Asian:						k: Other	Oth	ner ethnic		
	Brit	tish/Irish	Oth	er White	Ban	gladeshi	Asia	n: Other	5	Somali]	Black		group	1	Γotal
		Column		Column		Column		Column		Column		Column		Column		Column
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
I have much less																
time for myself	83	26.1	36	47.4	113	42.5	34	44.7	12	54.5	13	37.1	21	60.0	312	37.7
I have slightly less																
time for myself	43	13.5	14	18.4	51	19.2	14	18.4	-	-	-	-	5	14.3	134	16.2
I have just as much																
time for myself	76	23.9	15	19.7	58	21.8	14	18.4	-	-	9	25.7	6	17.1	180	21.7
I have slightly																
more time for																
myself	109	34.3	6	7.90	27	10.2	6	7.90	-	-	8	22.9	3	8.60	161	19.4
I have much more																
time for myself	7	2.20	5	6.60	17	6.40	8	10.5	-	-	-	-	0	0.00	41	5.00
	210	400		100		100		400		100		100	25	100	020	400
Total	318	100.	76	100	266	100	76	100	22	100	35	100	35	100	828	100
Missing	22	6.50	9	10.6	87	24.6	26	25.5	7	24.1	-	-	11	23.9	164	16.5
C1+-+-1	240	100	0.5	100	252	100	102	100	20	100	27	100	16	100	002	100
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

For some parents, family life under lockdown had positive benefits with strengthening relationships due to spending more time together as the quotes below illustrate:

Our overall domestic life is more settled and happier in some ways. We are all less busy, and our relationships are stronger within our household. We are enjoying more "slow/home" type activities together- e.g. tending houseplants, baking bread.

My husband is around all day as working from home, which makes life a lot easier with two small children.

Spending more time with my children has been a blessing.

It was ok at first being at home with the family getting some quality family time but there is only so long before you want some normality.

Relationship with partner

76% of respondents felt they had a good-excellent relationship with the spouse. 21% of respondents felt they had a very poor-to-average. More respondents from Black backgrounds (35%) had very

poor-to-average relationship with their spouse compared to other ethnic groups(White: 20%, White Other: 26%, Bangladesh: 20%, Asian Other: 28%, Somali: 22%, Other ethnic groups: 12%).

9% of respondents did not let their partner know that they felt stressed by the current coronavirus situation. Less Somali respondents (75%) reported that they felt stressed by the current coronavirus situation compared to other ethnic groups (White: 97%, White Other: 98%, Bangladesh: 84%, Asian Other: 86%, Black: 95%).

When asked what they did to cope with the current coronavirus situation just over half (51%) of respondents tried to find practical solutions together. Just under half (41%) were affectionate to each other and coped emotionally together and 8% tried something else. More White respondents (52%) were affectionate to each other and coped emotionally together compared to other ethnic groups (White Other: 33%, Bangladesh: 33%, Asian Other: 42%, Somali: 13%, Black: 29%, Other ethnic background: 44%). More respondents from Black backgrounds (65%) tried to find practical solutions together, comapred to other ethnic groups when feeling stressed by the current coronavirus situation (White: 45%, White Other: 52%%, Bangladesh: 59%, Asian Other: 48%, Somali: 53%, Other ethnic background: 48%).

6. Health and Social Support services

The extent of restrictions on health services between March-September 2020 was far reaching, with the potential to affect the care, support and connectedness parents and pregnant woman need. In line with the rest of the UK, health and social support moved to predominantly virtual delivery from 23 March, with restrictions on face-to-face interaction between patients and GPs, health visitors and midwives. Many support services closed, reduced their services or moved online.

In Tower Hamlets antenatal contact and new birth visits were continued during lockdown. Early indications were that contacts and immunisations were maintained with around 90 percent of mothers and pregnant women, with particular focus on those women considered vulnerable (Gilmour, p.c). The mode of delivery moved to telephone and digital consultations. For those women in 'compelling need', face to face appointments were offered in children's centres, under infection control regimes (ibid.). Routine child development appointments at 3-4 months, 8-12 months, 2-2.5 years and the heel prick test at 28 days continued to be available.

6.1 Support during pregnancy

Three quarters of respondents had access to routine midwifery appointments; fewer among Asian other ethnicities (60%) and more among respondents from Bangladeshi respondents (69%), White respondents (82%) and White other respondents (69%). Some White (29%) and Bangladeshi (39%) respondents experienced difficulties accessing whopping cough vaccines. Over half (63%) of Bangladeshi and White (77%) women did not have access to non-routine midwife appointments.

6.2 Access to routine health appointments for children

Less than one third of respondents who had had a baby since March 2020 reported having access to newborn hearing screening (32%) (Chart 6.1), new baby check (31%) (Chart 6.3), 6-8 week check (26%) (Chart 6.4), immunisations at 8 weeks (27%) (Chart 6.5), immunisations at 12 weeks (25%) (Chart 6.6) and immunisations at 16 weeks (22%) (Chart 6.7). There was ethnic patterning to this finding, with more White respondents reporting access to new baby checks than Bangladeshi or other ethnic groups. Respondents eligibility to answer these questions (having a baby since March 2020) was not independently verified). Table A, of the above findings is presented in supplementary materials.

Chart 6.1 Access to Newborn hearing screening

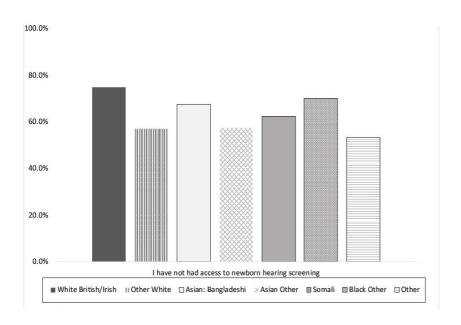


Chart 6.2 Access to bloodspot test by midwife

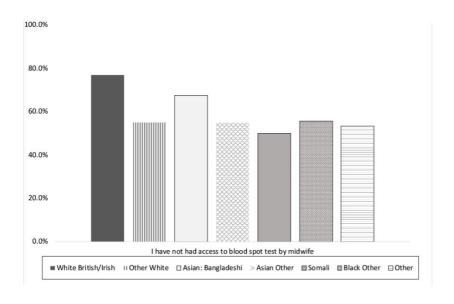


Chart 6.3 Access to Newborn baby check

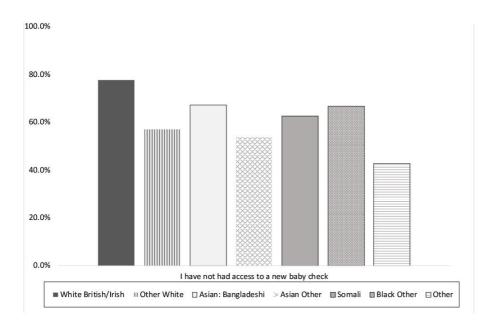


Chart 6.4 Access to 6-8 week baby check

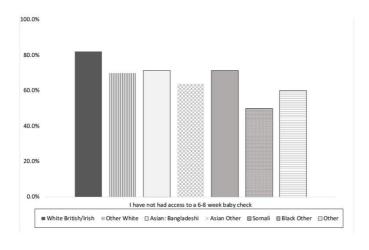


Chart 6.5 Access to 8 weeks immunisations for my baby

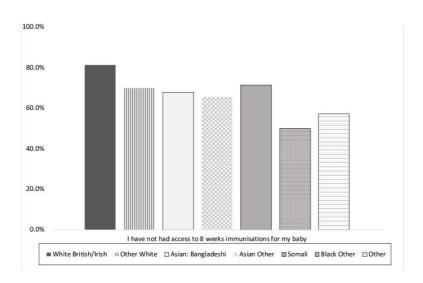


Chart 6.6 Access to 12 weeks immunisations

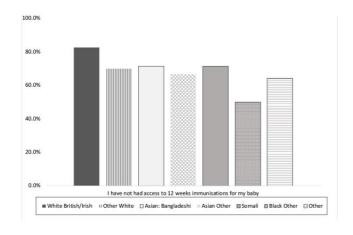


Chart 6.7 Access to 16 weeks immunisation

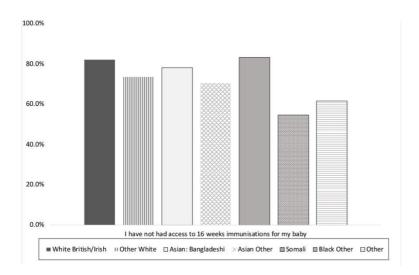


Table 6.1 shows that 59% of respondents were able access a health visitor when needed, while under a fifth (17%) had not and a just under a quarter (24%) had not tried. More White (77%) respondents were able to access a health visitor when needed, compared to Bangladeshi (39%) respondents. Over ninety percent had mostly or definitely received the support they needed. Finally, Table 6.1 also reports that under half of children were accessing routine health and development checks during this period. Forty six percent had accessed 8-12 month checks with a health visitor. A similar pattern of routine contact with health visitors, at 8-12 months, was reported for White (51%), White other (48%), Bangladeshi respondents (44%) and Asian other (43%) respondents. In contrast, more Bangladeshi (48%) respondents and Asian Other (48%) respondents had difficulty accessing immunisations for their child at 12 months of age compared to White (73%) respondents and White other (77%) respondents. Again, more White (71%) respondents children had 2 year checks compared to White other (38%), Bangladeshi (41%) and Asian other (46%) respondents. Although similar percentages of respondents from White (32%) and Bangladeshi (46%) backgrounds reported receiving the support they needed from health visitors White respondents were more likely to access reviews and immunisations than other groups.

•

Table 6.1 Health visitor support and child development checks

Were you able to access support from																
a Health		: White	041	**************************************		ian:		04	G.	1•		: Other		r ethnic	T.	V-4-1
Visitor?	N	sh/Irish %	N	r White %	Bangi N	adeshi %	Asian	Other %	N S01	nali %	N B	lack %	N gı	roup %	<u>1</u> N	otal %
		,,,		,,,		,,		,,,		,,		,,,		,,,		,,
Yes	80	<mark>76.9</mark>	9	39.1	25	38.5	14	60.9	-	-	6	75.0	8	61.5	144	59.3
No	9	8.70	5	21.7	18	27.7	-	-	-	-	-	-	-	-	40	16.5
Haven't tried	15	14.4	9	39.1	22	33.8	6	26.1	-	-	-	-	-	-	59	24.3
Total	104	100	23	100	65	100	23	100	7	100	8	100	13	100	243	100
Missing	236	69.4	62	72.9	288	81.6	79	77.5	22	75.9	29	78.4	33	71.7	749	75.5
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

Did you receive the support you																
needed (from HV)?		: White sh/Irish	Othe	r White		an: adeshi	Asian:	Other	Soi	mali		: Other lack		r ethnic oup	Т	'otal
	N	%	N	%	N	%	N	%	N	%		N	%	N	%	N
Definitely	25	31.6	-	-	15	45.5	-	-	-	-	-	-	-	-	51	33.6
Mostly	53	67.1	8	80.0	15	45.5	11	84.6	-	-	-	-	5	55.6	95	62.5
No	-	-	-	-	-	-	0	0.00	0	0.00	-	-	0	0.00	6	3.90
Total	79	100	10	100	33	100	13	100	-	-	6	100	9	100	152	100
Missing	261	76.8	75	88.2	320	90.7	89	87.3	27	93.1	31	83.8	37	80.4	840	84.7
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100

Table 6.1 continued Health visitor support and child development checks

Has your child had their routine health checks/immu nisations																
since lockdown in		: White	0.1			ian:			a			: Other		r ethnic		
March?	Britis	sh/Irish %	Othe N	r White %	Bang N	ladeshi %	Asian:	Other %	N Soi	nali %	N B	lack %	gı N	coup %	1 N	otal %
Routine contact				70	IN	70	N	76	IN	76	IV	76	IN	70	IN	70
Yes	41	50.6	10	47.6	55	44.0	15	42.9	6	54.5	6	40.0	8	50.0	141	46.4
No	40	49.4	11	52.4	70	56.0	20	57.1	5	45.5	9	60.0	8	50.0	163	53.6
Total	81	100	21	100	125	100	35	100	11	100	15	100	16	100	304	100
Missing	219	73.0	59	73.8	218	63.6	62	63.9	18	62.1	22	59.5	28	63.6	626	67.3
Grand total	300	100	80	100	343	100	97	100	29	100	37	100	44	100	930	100
Immunisations	at 12 mor	nths														
Yes	50	72.5	10	<mark>76.9</mark>	50	47.6	10	47.6	-	-	5	35.7	-	-	132	54.8
No	19	27.5	-	-	55	52.4	11	52.4	6	60.0	9	64.3	6	66.7	109	45.2
Total	69	100	13	100	105	100	21	100	10	100	14	100	9	100	241	100
Missing	231	77.0	67	83.8	238	69.4	76	78.4	19	65.5	23	62.2	35	79.5	689	74.1
Grand total	300	100	80	100	343	100	97	100	29	100	37	100	44	100	930	100
Child health rev	view at 2	to 2.5 years														
Yes	102	<mark>71.3</mark>	8	38.1	48	41.4	13	<mark>46.4</mark>	_	_	5	31.3	_	_	183	53.2
									7	70.0						
No	41	28.7	13	61.9	68	58.6	15	53.6	7	70.0	11	68.8	6	60.0	161	46.8
Total	143	100	21	100	116	100	28	100	10	100	16	100	10	100	344	100
Missing	157	52.3	59	73.8	227	66.2	69	71.1	19	65.5	21	56.8	34	77.3	586	63.0
Grand total	300	100	80	100	343	100	97	100	29	100	37	100	44	100	930	100

Some respondents mentioned worries about lack of support from maternity and child health services during lockdown. They included:

Being pregnant - not having health care professionals to speak about certain worries. My partner not being able to attend hospital appointments i.e., scans. Taking public transport worries me as people don't comply with wearing masks and authorities not taking action

Sleepless nights and anxiety. Going through pregnancy appointments alone as no one is allowed to accompany me

Wife have birth! Getting to the hospital, having to leave after the birth with baby in ICU. Not being able to see them for days.

Leaving work to go on MAT leave was stressful. Worried about giving birth during Covid and not being able to have visits from my husband after baby arrives and being alone in hospital during recovery.

Not being able to have a face to face meeting with the midwife

My anxiety is exacerbated by lockdown because the regular baby clinics are now unavailable. Thus I do not have regular interactions with health providers to ask questions on a casual basis as they come up, the anxieties build and I doubt myself.

Delayed access to standard baby check ups has made me feel more vulnerable. No 6 week appointment and 8 week delayed until 11 weeks.

Support over the phone is not the same. Appointments are reduced and access to help is very "cold" over the phone.

My daughter is turning two and her behaviour is difficult at the moment. I don't know if this is because of her age - i.e. to be expected - or because she is struggling with our circumstances. It is hard for me to get support or advice from others which is how I would normally cope with this type of situation. E.g. Health visitors (who we do not have any access to right now) friends & family (who we are seeing much less) or other parents at groups (since no groups are running). Parenting is a much more lonely task at the moment.

7. Health and Mental Health

We move lastly to consider the health and mental health of survey respondents. Mobility restrictions during the initial phase of lockdown meant that residents could only go out of the house for essential shopping and exercise once a day. Subsequently, on 13 June, 'support bubbles' were introduced that enabled two households to mix and to stay overnight in the homes of the other. Later, social mixing in restaurants and pubs was encouraged, and then withdrawn. Social and community life has been particularly adversely affected during the pandemic. In Tower Hamlets there is a vibrant community sector that became even more dynamic during lockdown.

We consider how these changes, as well as financial insecurities and social support have impacted mental health and loneliness below. We distinguish mental health from loneliness with loneliness as a perception of being isolated and alone rather than a physical manifestation of being alone.

7.1 General health

Nearly three quarters (76%) of respondents said their health was good, very good or excellent. There was little difference by gender, with the exception of more males (40%) than females (29%) reported their health as very good. 49% of Black respondents and 32% of Bangladeshi respondents reported their health as fair to poor, in contrast to other ethnic groups (Somali, 11%, Asian Other: 25%, White other 18%, White British/Irish 16%) (Table 7.1).

Table 7.1 Self-reported health by gender

					Prefe	er not to		
Health by gender	N	Iale	Fe	male	:	Say	All par	ticipants
Would you say your health								
is	N	%	N	%	N	%	N	%
Excellent	17	8.20	77	11.6	-	-	95	10.7
Very good	90	43.5	209	31.4	5	26.3	304	34.1
Good	54	26.1	213	32.0	9	47.4	276	30.9
Fair	26	12.6	109	16.4	-	-	137	15.4
Poor	18	8.70	57	8.60	-	-	77	8.60
Prefer not to answer	-	-	-	-	0	0.00	-	-
Total	207	100	666	100	19	100	892	100
Missing	17	7.60	66	9.00	-	-	84	8.80
Grand total	224		732		20		976	

Table 7.1b Self reported health by ethnicity

	V	Vhite			A	sian:					Blac	k: Other	Oth	er ethnic		
	Brit	ish/Irish	Oth	er White	Ban	gladeshi	Asia	n: Other	9	Somali]	Black		group	7	Γotal
		Column		Column		Column		Column		Column		Column		Column		Column
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Excellent	48	14.5	11	13.9	19	6.30	9	10.2	5	18.5	-	-	-	-	95	10.7
Very good	166	50.3	27	34.2	68	22.5	19	21.6	9	33.3	5	15.2	10	30.3	304	34.1
Good	62	18.8	27	34.2	119	39.4	38	43.2	10	37.0	9	27.3	11	33.3	276	30.9
Fair	26	7.90	12	15.2	66	21.9	14	15.9	-	-	9	27.3	7	21.2	137	15.4
Poor	28	8.50	-	-	29	9.60	8	9.10	0	0.00	7	21.2	-	-	77	8.60
Prefer not to answer	0	0.00	0	0.00	-	-	0	0.00	0	0.00	-	-	-	-	-	-
Total	330	100	79	100	302	100	88	100	27	100	33	100	33	100	892	100
Missing	10	2.90	6	7.10	46	13.2	12	12.0	-	-	-	-	6	15.4	84	8.60
Grand total	340		85		348		100		28		36		39		976	

7.2 Mental health

Nationally, the Covid-19 pandemic has influenced mental health (ONS 2020). O'Connor et al. (2020) found that women, those living in conditions of social disadvantage, and with pre-existing mental health conditions, experienced worsening mental health during the initial phases of lockdown. O'Connor et al. (2020) predict that the pandemic will lead to profound and long lasting effects on mental health and wellbeing.

We asked respondents to assess their mental health using the Patient Health Questionnaire depression scale (PHQ-8) (Kroenke, Strine and Spitzer, 2009) well as the General anxiety disorder (GAD-7) (Spitzer, Kroenke and Williams, 2006)².

Table 7.2 is discussed below. Respondents who did not answer 7 out of 8 questions in the instrument are excluded from analyses³.

Nearly half, 43%, of respondents did not experience anxiety. Nearly one third, 30%, experienced symptoms of mild anxiety, 17% experienced symptoms of moderate anxiety, 10% experienced

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² The PHQ-8 is an 8 item instrument with a 4 item scale (not at all, score=0, one or two days, score=1, more than half the days, score=2, nearly every day, score =3). A score of 0-4 = no depressive symptoms, 5 to 9 =mild depression, 10 thru to 14 =moderate depression, 15 -19= moderately severe depression and 20 to 24 =severe depression. The GAD-7 is a 7 item instrument with a 4 item scale (not at all, score=0, one or two days, score=1, more than half the days, score=2, nearly every day, score =3). A score of 5=Mild anxiety, 10 =moderate anxiety, 15 or more =severe anxiety.

³ Earlier reports of depression and anxiety, in the Interim report, used total scores including respondents who answered any number of items so the two are not strictly comparable.

symptoms of severe anxiety. More White, Bangladeshi and Black respondents experienced moderate anxiety (White: 20%, Bangladesh: 18%, Black 18%) than other ethnic groups (Other White: 13%, Asian Other: 13%, Somali:4%)

Just over one third (39%) of survey respondents had no symptoms of depression. One third reported experiencing mild depressive symptoms. Just under a fifth (19%) reported moderate and 12 percent reported moderate-severe depression. This means 31 percent of our sample experienced symptoms of moderate-to moderate-severe depression, compared to 19 percent nationally (ONS, 2020). A small number of respondents reported symptoms consistent with severe depression.

More respondents from Black and Black Other backgrounds reported experiencing symptoms of moderate depression (42%) compared to other groups (White British/Irish: 18%, White other: 14%, Bangladeshi 21%, Asian other: 15%, Somali: 13%, Other ethnic groups: 9.1%) (Table 7.2).

Table 7.2 Self reported depressive symptoms by ethnicity and gender 1

		Vhite ish/Irish	Oth	er White		sian: gladeshi	Asia	n: Other	S	Somali		k: Other Black		er ethnic group	7	Γotal
	N	Column %	N	Column %	N	Column %	N	Column %	N	Column %	N	Column %	N	Column %	N	Column %
No depression	127	39.0% (34%- 44%)	31	39.7% (29%- 51%)	92	32.2% (27%- 38%)	26	31.7% (22%- 42%)	16	66.7% (47%- 83%)	5	14.3% (6%- 29%)	15	39.5% (25%- 55%)	312	35.9% (33%- 39%)
Mild depressive symptoms	93	28.5% (24%- 34%)	27	34.6% (25%- 46%)	77	26.9% (22%- 32%	32	39.0% (29%- 50%)	5	20.8% (8%- 40%)	10	28.6% (16%- 45%)	11	28.9% (17%- 45%)	255	29.3% (26%- 32%)
Moderate depressive symptoms	61	18.7% (15%- 23%)	11	14.1% (7%- 23%)	58	20.3% (16%- 25%	12	14.6% (8%- 24%)	3	12.5% (4%- 30%)	14	40% (25%- 57%)	3	7.9% (2%- 20%)	162	18.6% (16%- 21%)
Moderately severe depressive symptoms	38	11.7% (9%- 16%)	6	7.7% (3%- 15%)	42	14.7% (11%- 19%)	10	12.2% (6%- 21%)	0	0.0%	5	14.3% (6%- 29%)	3	7.9% (2%- 20%)	104	12.0% (10%- 14%)
Severe depressive symptoms	7	2.2% (1%- 4%)	3	3.8% (1%- 10%)	17	5.9% (4%- 9%)	2	2.4% (1%- 8%)	0	0.0%	1	2.9% (.3%- 13%)	6	15.8% (7%- 30%)	36	4.1% (3%- 6%)
Total	326	100.0%	78	100.0%	286	100.0%	82	100.0%	24	100.0%	35	100.0%	38	100.0%	869	100.0%

^{1 95%} confidence intervals in () *2 participants' gender 'prefer not to say' **3 participants' gender 'prefer not to say'

Mental health is impacted by material resources. Respondents with more severe symptoms of depression were more likely to be in the lower income brackets while those with fewer symptoms were in the higher income brackets. Specifically, more low income respondents experienced symptoms of moderately severe depression (55%) compared to mid income (21%) and high income (6.7%)(Table 7.3).

Table 7.3 Mental health and household income

Mental health x finance	No depi	ression	Mild de	pression	Moder	ate depression	Modera	ately severe sion	Severe	depression	Total p	articipants
	N	%	N	%	N	%	N	%	N	%	N	%
Low income	11	70	1,	,0		70		70	1,	70	1,	70
(less than												
£20,799)	79	27.3	84	35.1	57	38.8	57	60.6	22	73.3	299	37.4
Mid-income												
(£20,800-												
£51,999)	122	42.2	74	31.0	40	27.2	22	23.4	-	-	261	32.7
High income												
(£52,000 and												
above)	66	22.8	64	26.8	40	27.2	7	7.40	-	-	180	22.5
Prefer not to say	22	7.6	17	7.10	10	6.80	8	8.50	-	-	59	7.40
,												
T-4-1	200	100	220	100	1.47	100	0.4	100	20	100	700	100
Total	289	100	239	100	147	100	94	100	30	100	799	100
									Mi	ssing total	70	8.10
									Gı	and total	869	

^{1 95%} confidence intervals in ()

Low income (Less than £20, 799); Mid income (£20,800-£51,999); High income (£52,000 and above)

Turning to social support, we asked respondents about help from outside the household, from family, neighbours or friends (Table 7.4). Just over half (51%) had received some kind of support. Between 51%-61% of respondents from the three groups (respondents with a child under 5 years of age, pregnant with no children, pregnant and has a child under 5 years of age) received support from friends, neighbours and family members outside of the household.

Table 7.4 Receiving support from outside the household, by ethnic group¹

		years of ag	nild under 5 e living with t home	I am	pregnant	5 years with me	child under of age living e at home; I oregnant	T	otal
		N	Col %	N	Col %	N	Con %	N	Col %
	White British/Irish	133	34.7	22	71.0	17	51.5	172	38.5
	Other White	28	7.30	0	0.00	5	15.2	33	7.40
	Asian: Bangladeshi	133	34.7	5	16.1	9	27.3	147	32.9
Yes	Asian: Other	39	10.2	-	-	-	-	44	9.80
103	Somali	18	4.70	0	0.00	0	0.00	18	4.00
	Black: Other Black	15	3.90	0	0.00	0	0.00	15	3.40
	Other ethnic group	17	4.40	-	-	0	0.00	18	4.00
	Total	383	100	31	100	33	100	447	100
	White British/Irish	132	36.1	18	64.3	-	-	154	37.2
	Other White	40	10.9	-	-	_	-	45	10.9
	Asian: Bangladeshi	122	33.3	5	17.9	10	50.0	137	33.1
No	Asian: Other	37	10.1	-	-	0	0.00	38	9.20
. 10	Somali	7	1.90	0	0.00	0	0.00	7	1.70
	Black: Other Black	16	4.40	0	0.00	-	-	18	4.30
	Other ethnic group	12	3.30	-	-	-	-	15	3.60
	Total	366	100	28	100	20	100	414	100
	White British/Irish	265	35.4	40	67.8	21	39.6	326	37.9
	Other White	68	9.10	-	-	7	13.2	78	9.10
	Asian: Bangladeshi	255	34.0	10	16.9	19	35.8	284	33.0
Total	Asian: Other	76	10.1	-	-	-	-	82	9.50
	Somali	25	3.30	0	0.00	0	0.00	25	2.90
	Black: Other Black Other ethnic	31	4.10	0	0.00	-	-	33	3.80
	group	29	3.90	-	-	-	-	33	3.80
	Total	749	100	59	100	53	100	326	100
						N	lissing	95	
						Gra	nd total	956	

^{1 95%} confidence intervals in ()
*1 'White British/White Irish' missing **17 'Asian/Asian British: Bangladeshi' missing ***13 'Other ethnicity' missing

								Mo	derately				
	Depression x	No de	epression		depressive nptoms	dej	oderate oressive nptoms	dej	severe pressive mptoms	de	Severe pressive mptoms	1	Fotal
			Column		Column		Column	-	Column	-	Column		Column
		N	%	N	%	N	%	N	%	N	%	N	%
	White British/Irish	42	34.1	62	39.0	35	41.2	31	48.4	-	-	171	38.3
	Other White Asian:	14	11.4	10	6.30	5	5.90	-	-	-	+	33	7.40
	Bangladeshi	37	30.1	48	30.2	30	35.3	24	37.5 (5	33.3	144	32.3
Yes	Asian: Other	12	9.80	23	14.5	-	-	5	7.80	0	0.00	44	9.90
	Somali Black: Other	10	8.10	5	3.10	-	-	0	0.00	0	0.00	17	3.80
	Black Other ethnic	-	-	5	3.10	6	7.10	-	-	-	-	17	3.80
	group	-	-	6	3.80	-	-	-	-	5	33.3	20	4.50
	Total White	123	100	62	100	85	100	64	100	15	100	446	100
	British/Irish	84	45.7	30	31.6	26	35.1	7	17.5	6	30.0	153	37.0
	Other White Asian:	17	9.20	17	17.9	6	8.10	5	12.5	0	0.00	45	10.9
	Bangladeshi	55	29.9	29	30.5	25	33.8	18	45.0	11	55.0	138	33.4
No	Asian: Other	14	7.60	9	9.50	8	10.8	5	12.5	-	-	38	9.20
	Somali Black: Other	5	2.70	0	0.00	-	-	0	0.00	0	0.00	6	1.50
	Black Other ethnic	-	-	5	5.30	8	10.8	-	-	0	0.00	18	4.40
	group	8	4.30	5	5.30	0	0.00	-	-	-	-	15	3.60
	Total	184	100	95	100	74	100	40	100	20	100	413	100
										N	lissing	10	
										Gra	and total	869	

Table 7.5 Social support by mental health (depression and anxiety)

Finally, we looked at the extent to which mental health symptoms (depression and anxiety) interacted with support available. Nearly three-quarters (72%) of those experiencing depressive symptoms received support from family and friends. Just over half (55%) of those without depressive symptoms received such support. The ethnic group most likely to receive such support were those from Asian Other backgrounds (52%), compared to other ethnic groups (Bangladeshi, 33%, White British/Irish 36%). Those least likely to receive support were those from White Other backgrounds (38%) (Table 7.5).

Table 7.5 continued Social support by mental health (depression and anxiety)

7.5.Aı	nxiety x support x						oderate	_			
	ethnicity	No	anxiety	Mile	d anxiety	a	nxiety	Seve	re anxiety		Γotal
			Column		Column		Column		Column		Column
	***	N	%	N	%	N	%	N	%	N	%
	White British/Irish	52	34.2	56	36.4	46	50.5	16	34.0	170	38.3
	Other White	17	11.2	7	4.50	-	-	5	10.6	33	7.40
	Asian: Bangladeshi	46	30.3	50	32.5	30	33.0	18	38.3	144	32.4
Yes	Asian: Other	18	11.8	19	12.3	7	7.70	0	0.00	44	9.90
	Somali Black: Other	10	6.60	6	3.90	0	0.00	0	0.00	16	3.60
	Black	-	-	9	5.80	-	-	-	-	17	3.80
	Other ethnic group	6	3.90	7	4.50	-	-	5	10.6	20	4.50
	Total White	152	100	154	100	91	100	47	100	444	100
	Write British/Irish	91	45.7	31	28.4	20	35.1	10	22.2	152	37.1
	Other White Asian:	16	8.00	17	15.6	6	10.5	-	-	43	10.5
	Bangladeshi	57	28.6	35	32.1	21	36.8	23	51.1	136	33.2
No	Asian: Other	20	10.1	11	10.1	-	-	-	-	39	9.50
	Somali Black: Other	5	2.50	-	-	-	-	0	0.00	7	1.70
	Black Other ethnic	-	-	9	8.30	-	-	-	-	18	4.40
	Other ethnic group	7	3.50	5	4.60	-	-	-	-	15	3.70
	Total	199	100	109	100	57	100	45	100	410	100
								N	dissing	11	
								Gr	and total	865	

Table 7.6: Loneliness by financial circumstances1

		or almost f the time	Some o	of the time	Most of	f the time		almost all		er not to nswer	Т	'otal
	N	Column %	N	Column %	N	Column %	N	Column %	N	Column %	N	Column %
Low income: less than £20, 799	75	30.1	109	32.3	54	52.9	29	61.7	-	-	271	36.6
Mid income: £20,800- £51,999	63	25.3	137	40.7	34	33.3	12	25.5	0	0.00	246	33.2
High income: £52, 000 and above	91	36.5	68	20.2	11	10.8	_	-	-	-	173	23.4
Prefer not to say	20	8.00	23	6.80	-	-	-	-	0	0.00	50	6.80
Total	249	100	337	100	102	100	47	100	5	100	740	100
									М	issing	138	14.4
1 95% confidence in									Gra	nd total	958	

1 95% confidence intervals in ()

Low income (Less than £20, 799) Mid income (£20,800-£51,999) High income (£52,000 and above)

Loneliness is defined as a perception of being isolated. Over half the sample, 523 respondents, reported they felt lonely during the past week. Of 102 respondents who felt lonely most of the time, 53% were from low income households, compared to a third from middle income households (33%) and 11% high income households (Table 7.6).

7.4 Loneliness and mental wellbeing

34% of respondents did not feel lonely. Fewer Somali respondents (23%) experienced loneliness some of the time, compared to other ethnic groups (White: 49%, White other: 48%, Bangladesh: 41%, Asian Other: 35%, Black: 55%). Between 58% and 78% of respondents from White, White other, Bangladesh, Asian Other and Black backgrounds experienced loneliness, in contrast to 36% of Somali respondents.

Respondents who felt anxious also experienced feeling lonely most of the time. Between 16%-31% of respondents experiencing mild, moderate anxiety and severe anxiety felt lonely most of the time. Almost a third of respondents who reported experiencing severe anxiety also felt lonely all or

almost all of the time (29%) By contrast, 3% respondents reported experiencing mild anxiety (Table 7.7) were lonely.

Incidence of feeling lonely 'some of the time' was similar across respondents experiencing varying levels of depressive symptoms: 44% of respondents who reported experiencing no depressive symptoms reported feeling lonely some of the time, in contrast to 56% of respondents experiencing mild depressive symptoms. Interestingly, between 23% to 32% of respondents who reported experiencing moderate to severe depressive symptoms reported feeling lonely most of the time, compare to 4% of respondents who did not report any depressive symptoms (Table 7.7).

Table 7.7 Depression and anxiety x loneliness

Depression x loneliness	None or almost none of the time		Some of the time		Most o	of the time		almost all he time		er not to aswer	Total		
	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	
No depression Mild depressive	142	50.7	123	43.9	11	3.90	-	-	-	-	280	100	
symptoms	70	29.5	132	55.7	27	11.4	5	2.10	-	-	237	100	
Moderate depressive symptoms Moderately	43	29.3	60	40.8	34	23.1	8	5.40	-	-	147	100	
depressive symptoms	10	10.8	32	34.4	30	32.3	21	22.6	0	0.00	93	100	
Severe depressive symptoms	-	-	5	16.7 (9	30.0	13	43.3	-	-	30	100	
Total	267	33.9	352	44.7	111	14.1	49	6.20	8	1.00	787	100	
										issing nd total	51 838	6.1	
Anxiety x loneliness	None or almost none of the time				Most o	f the time		All or almost all of the time		er not to swer	Tot	tal	
	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	N	Row %	
No anxiety	162	50.3	140	43.5	16	5.00	0	0.00	-	-	322	100	
Mild anxiety	61	25.3	134	55.6	39	16.2	7	2.90	0	0.00	241	100	
Moderate anxiety	37	27.2	51	37.5	29	21.3	16	11.8	-	-	136	100	
Severe anxiety	7	8.20	26	30.6	26	30.6	25	29.4	-	-	85	100	
Γotal	267	34.1	351	44.8	110	14.0	48	6.10	8	1.00	784	100	
									Missing		52	6.20	
									Gra	nd total	836		

8. Concluding reflections

This report of Wave 1 survey of Families in Tower Hamlets during the coronavirus pandemic has examined residents' material circumstances, perceptions and experiences at a particular moment in time, in a particular place, and in a particular life circumstance: having young children, or expecting a baby, during a public health emergency and associated severe economic shock. Survey respondents largely reflected the ethnic profile and income profile of the borough, although we took steps to increase the representation of some groups through targeted recruitment in the latter stages of data collection.

Wave 1 data shows a complex picture of intersectional inequalities for respondents. Our initial analyses highlighted the more severe adverse impacts for Bangladeshi, Other Asian families across nearly all dimensions examined. Employment and household income were ethnically patterned, as was housing circumstances and quality. Particular emphasis should be made to the higher than average (ONS, 2020) moderate-to moderate-severe depressive traits in TH, poor housing and less access to health and social care for families from Bangladeshi backgrounds. The vast majority of parents were supporting children's learning at home, although concerns about this were expressed and the resources for doing so, such as access to outside space, were limited.

However, in this report we have carried out descriptive analyses using seven ethnic groups which make the overall picture much more complex. While Bangladeshi families remain in a precarious position, some ethnic groups, such as Somali and Black Other are particularly vulnerable to income and housing inequality. Further analyses are required to refine our findings.

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Supplementary materials:

Table A: Newborn checks received/not received

f you had a baby since lockdown in March, have you been		110,00	<u> </u>	icers re												
able to access	e to access White		Asian: Other White Bangladeshi			Adam Other Great				Black: Other		Other ethnic		· -		
to	N	British/Irish N %		Other White N %		N %		Asian: Other		Somali N %		Black N %		oup %	Total N %	
Newborn hearin	g screeni	ing														
Yes	43	25.1	9	42.9	42	32.6	17	42.5	-	-	-	-	7	46.7	124	31.5
No	128	74.9	12	57.1	87	67.4	23	57.5	5	62.5	7	70.0	8	53.3	270	68.5
Total	171	100	21	100	129	100	40	100	8	100	10	100	15	100	394	100
Missing	169	49.7	64	75.3	223	63.4	62	60.8	21	72.4	27	73.0	31	67.4	597	60.2
Grand total	340	100	85	100	352	100	102	100	29	100	37	100	46	100	991	100
Blood spot by m	nidwife															
Yes	39	23.1	9	<mark>45.0</mark>	40	32.5	17	44.7	4	50.0	4	44.4	7	<mark>46.7</mark>	120	31.4
No	130	76.9	11	55.0	83	67.5	21	55.3	4	50.0	5	55.6	8	53.3	262	68.6
Total	169	100	20	100	123	100	38	100	8	100	9	100	15	100	382	100
Missing	171	50.3	65	76.5	230	65.2	64	62.7	21	72.4	28	75.7	31	67.4	610	61.5
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100
New baby check	ζ															
Yes	38	22.2	9	42.9	40	32.8	18	<mark>46.2</mark>	-		-	-	8	57.1	119	31.0
No	133	77.8	12	57.1	82	67.2	21	53.8	5	62.5	6	66.7	6	42.9	265	69.0
Total	171	100	21	100	122	100	39	100	8	100	9	100	14	100	384	100
Missing	169	49.7	64	75.3	231	65.4	63	61.8	21	72.4	28	75.7	32	69.6	608	61.3
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100
6-8 week check																
Yes	30	18.0	6	30.0	35	28.7	13	36.1	-	-	5	50.0	6	40.0	97	25.7
No	137	82.0	14	70.0	87	71.3	23	63.9	5	71.4	5	50.0	9	60.0	280	74.3

Total	167	100	20	100	122	100	36	100	7	100	10	100	15	100	377	100
Missing	173	50.9	65	76.5	231	65.4	66	64.7	22	75.9	27	73.0	31	67.4	615	62.0
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100
Immunisations at 8 weeks																
Yes	31	18.7	6	30.0	39	32.2	12	34.3	-	-	5	50.0	6	42.9	101	27.1
No	135	81.3	14	70.0	82	67.8	23	65.7	5	71.4	5	50.0	8	57.1	272	72.9
Total	166	100	20	100	121	100	35	100	7	100	10	100	14	100	373	100
Missing	173	51.0	65	76.5	232	65.7	67	65.7	22	75.9	27	73.0	32	69.6	618	62.4
Grand total	339	100	85	100	353	100	102	100	29	100	37	100	46	100	991	100
Immunisations	at 12 wee	ks														
Yes	28	17.3	6	30.0	34	28.6	11	33.3	-	-	5	50.0	5	35.7	91	24.9
No	134	82.7	14	70.0	85	71.4	22	66.7	5	71.4	5	50.0	9	64.3	274	75.1
Total	162	100	20	100	119	100	33	100	7	100	10	100	14	100	365	100
Missing	178	52.4	65	76.5	234	66.3	69	67.6	22	75.9	27	73.0	32	69.6	627	63.2
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100
Immunisations	at 16 wee	ks														
Yes	29	17.8	5	26.3	25	21.9	10	29.4	-	-	5	<mark>45.5</mark>	5	<mark>38.5</mark>	80	22.2
No	134	82.2	14	73.7	89	78.1	24	70.6	5	83.3	6	54.5	8	61.5	280	77.8
Total	163	100	19	100	114	100	34	100	6	100	11	100	13	100	360	100
Missing	177	52.1	66	77.6	239	67.7	68	66.7	23	79.3	26	70.3	33	71.7	632	63.7
Grand total	340	100	85	100	353	100	102	100	29	100	37	100	46	100	992	100