

Housing and environment for young children during the pandemic: *Families in Tower Hamlets* community survey and panel findings

Problems with the quality and affordability of housing in urban areas are common and predate the Covid-19 pandemic. But there has been an increase in housing insecurity during this time. Use of temporary housing is one indicator: in 2020, the housing charity Shelter reported that 253,000 people in England were living in temporary accommodation, that is, they had asked their council for accommodation because they were homeless. This was the highest rate in 14 years (Shelter 2020). Another indicator of difficulties with housing is overcrowding. There are various difficulties with measures of overcrowding but the English Housing Survey assesses that around three percent of households are overcrowded (Department for Levelling Up Housing and Communities 2021). Suleman et al. (2021) report that overcrowding is a particular concern in rented properties. They state: ‘in 2019/20, the rate of overcrowding in the private and social rented sectors in England was at its highest recorded, with 9% of social renters and 7% of private renters living in overcrowded accommodation’ (Suleman et al., 2021 p27). Furthermore, overcrowding is much more common among low-income families, who are in themselves likely to have health vulnerabilities (WHO 2018), and overcrowding is also linked to mental health difficulties (Office of the Deputy Prime Minister, 2004), as well as adverse family dynamics, both of which were anticipated to rise during the pandemic (Bibby, Everest and Abbs, 2020).

Housing precarity overall is related to adverse impacts on health and wellbeing during the Covid-19 pandemic. Elevated risks associated with overcrowding include risk of virus transmission, especially in multi-generational (Sage, 2020) and larger households (Suleman et al., 2021). Compliance with public health mandates to control virus transmission is also more difficult in overcrowded or temporary accommodation (ibid., Rosenthal et al., 2020), putting inhabitants at higher risk of infection and mortality (Sage 2020; Rosenthal et al., 2020). This is in addition to the role of housing insecurity in physical and mental health risks for children (Simsek et al., 2021). Mitigation measures such as a ban on bailiff evictions and offering to house homeless people helped those at the margins of housing security in England until early 2021 (Wilson 2021).

Marmot et al. (2020) point out that the risks of mortality due to Covid-19 are cumulative: being male, older, and from a minority ethnic background, with an underlying health condition, working in a higher risk occupation and living in deprived area and in overcrowded housing all led to much higher rates of mortality and reflect lifetime experience. Poor housing quality also has an impact on health, particularly for children under five (Rosenthal et al. 2022); for children and adults with underlying health conditions, living in damp conditions raises the risk of respiratory illnesses such as asthma and COPD which in turn raise the risk of having more serious COVID-19 symptoms (Marmot et al. 2020). Requirements to stay at home in poor quality housing potentially exacerbates the ‘risk of poor outcomes from Covid-19 as well as an increased risk of other poor health outcomes compared with people experiencing social distancing in good quality housing’ (ibid. p29).

Little has been written about housing and child wellbeing during the Covid-19 pandemic. What we can say is that in the East London borough of Tower Hamlets, the conditions for adverse outcomes via housing noted above were in place at the start of 2020. More than half the borough’s children lived in conditions of poverty when

housing costs are taken into account (Tower Hamlets Poverty Review 2021). Because housing costs are so high, accommodation tends to be small, with limited indoor space for children growing up (e.g., to exercise fine and gross motor skills), and with restricted choice for families about where and how they live, and with pressure to move out of the borough (ibid.). Commonly voiced issues for residents raised during the borough’s poverty review were affordable, decent housing, overcrowding, rent arrears and evictions. Moreover, the pandemic had stimulated an upswing in claims for support with housing costs. By December 2020, 2853 households were in temporary accommodation, and in May 2021, more than 9,000 out of the 21,246 households on the housing register were overcrowded (no information on the proportion of these households with children) (Tower Hamlets Poverty Review 2021 p36).

Study data sources

This paper is one a series of five thematically organised short reports presenting results from the UKRI-ESRC funded Families in Tower Hamlets study (2020-2022). In this paper, we focus on housing and environment for families with young children, and pregnant women, living in Tower Hamlets during the Covid-19 pandemic. The study data drawn upon consists of a longitudinal community survey in two waves and a qualitative panel in two waves. The first survey wave (July – November 2020) had 992 respondents of whom 620 took part in the second wave (February – April 2021). The Wave 1 participants were recruited via general local authority communications channels and specifically targeting low-income families through postcards sent to all those on their database of housing benefit recipients. The sample broadly matched the borough in terms of the major ethnic groups, with just over a third White British/Irish, and a similar proportion were from a Bangladeshi background (full details in Appendix 1).

Wave 1	Male		Female		Prefer not to say		Total	
	N	%	N	%	N	%	N	%
White British/Irish	109	11.2	231	23.7	0	0.0	340	34.8
Other White	12	1.2	73	7.5	0	0.0	85	8.7
Asian: Bangladeshi	77	7.9	259	26.5	12	1.2	348	35.7
Asian Other	16	1.6	80	8.2	4	0.4	100	10.2
Somali	1	0.1	25	2.6	2	0.2	28	2.9
Black: Black Other	7	0.7	28	2.9	1	0.1	36	3.7
Other ethnic group	2	0.2	36	3.7	1	0.1	39	4.0
Total	224	23.0	732	75.0	20	2.0	976	100

Table 1: Gender and ethnicity of survey respondents, Wave 1

By Wave 2, participants were more likely to be White British/Irish and there were fewer respondents from South Asian backgrounds. They were also more likely to be of higher income. To generate a longitudinal sample, participants in Wave 2 were ‘matched’ to their Wave 1 record.

Survey items were about child and family health, parental quality of life, including financial security, housing, couple relationships, access to health and education, and community engagement. Survey questions on housing were asked in Wave 1 and those who had moved were asked them again in Wave 2. We have combined housing

data from Wave 1 and Wave 2 surveys and do not show change over time on these items. Additional questions in Wave 2 were about perception of enough living space and the impact of this.

The second data source is a qualitative household panel (QP) which consisted of interviews with 33 mothers and fathers in 22 households selected to represent a range of household structures, ethnicities and household income. Wave 1 QP interviews took place in January - March 2021; Wave 2 follow up interviews were conducted October-December 2021 with 27 mothers and fathers in 18 households.

The analyses carried out here focus on housing and environment in relation to housing quality and its impacts on health and wellbeing. Measures of housing quality are i) overcrowding, and ii) self-report on topics such as need for repairs, presence of vermin, electrical appliances in good working order and damp or mould. We are interested in the role of income and ethnicity in structuring experiences of housing. By income we are referring to self-reported household income as either low (under £20,799), medium (£20,800 – £51,999) or high (£52,000 and above). Due to the complexity and distribution of ethnic groups in the sample, we have collapsed ethnic groups into three: White British/Irish; South Asian (including Bangladeshi, Indian, Pakistani); All (all respondents).

Measuring overcrowding is contested and broadly defined both nationally and globally. In our analyses overcrowding was calculated by dividing number of bedrooms in the household by the total number of household members (Whitaker et al., 2021). Persons per bedroom (PPB) was used because we did not have the age and gender of every household member nor the number of rooms excluding kitchens and bathrooms. While not standard, this is a reasonable approach (Cable and Sacker 2019) given the available data and closest to the validated persons per room (PPR) measure. Like the PPR, if the PPB > 2, the household was considered overcrowded. PPB is one measure of household composition used by the ONS Census 2011, so the measure is comparable.

Mental health data were collected using standardized measures of depression [Patient Health Questionnaire depression scale: PHQ-8] (Kroenke et al., 2009) and anxiety [General anxiety disorder: GAD-7] (Spitzer et al., 2006). The PHQ-8 is an 8-item instrument with a 4-item scale (not at all, score = 0, 1 or 2 days, score = 1, more than half the days, score = 2, nearly every day, score = 3). A score of 0–4 = no depressive symptoms, 5–9 = mild depression, 10–14 = moderate depression, 15–19 = moderately severe depression, and 20–24 = severe depression. The GAD-7 is a 7-item instrument with a 4-item scale (not at all, score = 0, 1 or 2 days, score = 1, more than half the days, score = 2, nearly every day, score = 3). A score of 5 = mild anxiety, 10 = moderate anxiety, and 15 or more = severe anxiety. The PHQ-8 and GAD-7 have been used across populations and paradigms to measure depression and anxiety. In this study, we use the standard of a score of 10 or above to indicate moderate or severe, referred to here as ‘clinical’ levels of depression or anxiety that might warrant specialist help being sought.

Main findings

Where respondents lived did not change much over the study period (only 33 moved homes between survey waves). At Wave 1, over half (56%) of survey respondents rented their home while one third (32.8%) were buying with a mortgage or owned their house outright. A few families (n=55) were in temporary accommodation or living rent free (56.9 per 1000). Only the White British/Irish parents owned or were buying their homes in line with the national pattern (65%); a large majority (84%) of the South Asian respondents were renting their homes (Table 2).

Among those who were renting, this was most commonly from a social landlord such as a housing association (48%) while nearly a quarter (25.9%) were renting from a private landlord and a further 26.1% said ‘other’ type

of rental. Respondents from South Asian background were less likely than White British/Irish families to be renting in the social sector (45.3% vs 57.4% (but much missing data on type of landlord)).

Wave 1	White British/Irish		South Asian		All respondents	
	N	%	N	%	N	%
Own home or buying with help of a mortgage	220	65.3	29	7.3	317	32.8
Shared ownership	33	9.8	7	1.8	53	5.5
Rent home	71	21.1	335	84	542	56
Rent free living	6	1.8	8	2	18	1.9
Temporary or squatting	7	2.1	20	5	37	3.8
Total	337	100	399	100	967	100

Table 2: Housing status by ethnicity

Housing size and quality was ethnically patterned. In the Wave 2 sample of 620 households, over half (59%) White British/Irish parents had three bedrooms or more, compared to 27% of South Asian families and 40% for the total sample. Fourteen percent of families lived in one-bedroom apartments. Approaching half (45.7%) of all families said there was not enough living space. This was particularly the case for low-income families (60.5%), and less so for mid-income (37%) and high-income (27.4%) households.

During the pandemic, the home was very important as a location for daily life. At Wave 1 (2020), among low-income families, nearly half (47.6%), were not in paid work and a small proportion (9.1%) were working from home. At Wave 2 (2021) 29.6% were working from home. At Wave 1, nearly half (48.5%) of respondents in high-income households were working from home (which rose to 57.3% at Wave 2), and a quarter (28%) were not in paid work. Among mid-income households, 41.5% were working from home at Wave 1 and this reduced to 25.9% at Wave 2. Nearly a quarter (23%) of mid-income respondents were not employed. Reliance on the home environment was especially the case for South Asian families, almost three-quarters (73%) of whom were either not in paid work (53.9%) or were working from home (19.1% at Wave 1, 28.9% at Wave 2), compared to 59.1% of White British/Irish survey respondents (19.7% not in paid work; 39.4% working from home at Wave 1, 34.3% at Wave 2). Where there was a second earner in the respondents' household, White British/Irish second earners were much more likely to be working from home (61.1% at Wave 1, 37.4% in Wave 2) than South Asian (29.8% at Wave 1, 27.3% at Wave 2).

During this time, the home became a multi-use site for all members of the family, with work and play, school, eating and sleeping taking place in close confinement, and where adverse health and wellbeing risks might be anticipated, particularly for South Asian and low-income families.

Housing quality and child wellbeing

Three housing domains are known to be relevant to child wellbeing: i) physical hazards in the quality of the indoor environment which can have an impact on children's physical health and risk of accidents; ii) whether the layout and size of the space supports children's needs for playing, socialising and mobility; and iii) whether the

housing is secure and stable enough to call it a 'home' for a reasonable amount of time or whether it is temporary (Ucci 2020).

Physical hazards

Physical hazards for children were common and more prevalent among low-income households. A fifth (21%) of households said their home needed major repairs; nearly a third (30.6%) had damp or mould, and around a sixth had trouble with vermin (17.8%) or had large electrical appliances not in good working order (14.8%). Damp and mould (46.2%), the presence of vermin (30.7%), large electrical appliances not in good working order (26.1%) and the need for major repairs (34.7%) were all more commonly reported among households with an annual income of less than £20,799. Housing quality difficulties were also more common among survey respondents from South Asian backgrounds than White British/Irish backgrounds. About half of survey households had noise from neighbours; 13% of those on low and 29% on medium household incomes reported this was all the time.

Nearly two thirds (64.4%) of those who are renting (from both social and private landlords) had damp or mould in their home. This compares to less than ten percent (9.6%) who lived in a shared ownership property or who own their house (9%) or were buying with a mortgage (10.6%).

Fit to needs

At Wave 1 survey, the median number of people per household was three (range 1-9), and the median number of bedrooms was two (range 1-5). About one quarter (26%) of survey families were living in **overcrowded accommodation**, rising to nearly half (48%) of South Asian households, but only 7.8% of White British/Irish households. One quarter (25.1%) of low-income households were overcrowded, reducing to 16.3% of mid-income and 10.3% of high-income households.

In the QP (Wave 2, Autumn 2021), 11/18 households reported serious overcrowding, as measured by adults and children sharing a bedroom or adults sleeping in the living space.

The Wave 2 survey asked about a perception of enough living space. Nearly half (45%) of respondents thought there was not enough, rising to two thirds (65.1%) of South Asian respondents and 60.5% of low-income respondents. Over a quarter (27.4%) of high-income households also reported there was not enough living space reflecting the particular characteristics of the highly urbanised borough.

For those who said there was not enough living space, the impacts were considerable. As Figure 1 shows, over three quarters of respondents with insufficient living space said there were impacts on privacy for adults (82.6%) and children (76%), they felt trapped (78.6%) and there was no space for children to play (80.5%). Feeling there was not enough space also caused arguments amongst family members (65.4%), limited opportunities for children to do homework (64.1%) and there were problems with storage of smaller (62.7%) and larger (60.1%) items. Over 80 percent (81.9%) of those who felt there was not enough living space and said they felt trapped in their home were on a low income, compared to two thirds (67.6%) of those on a higher income.

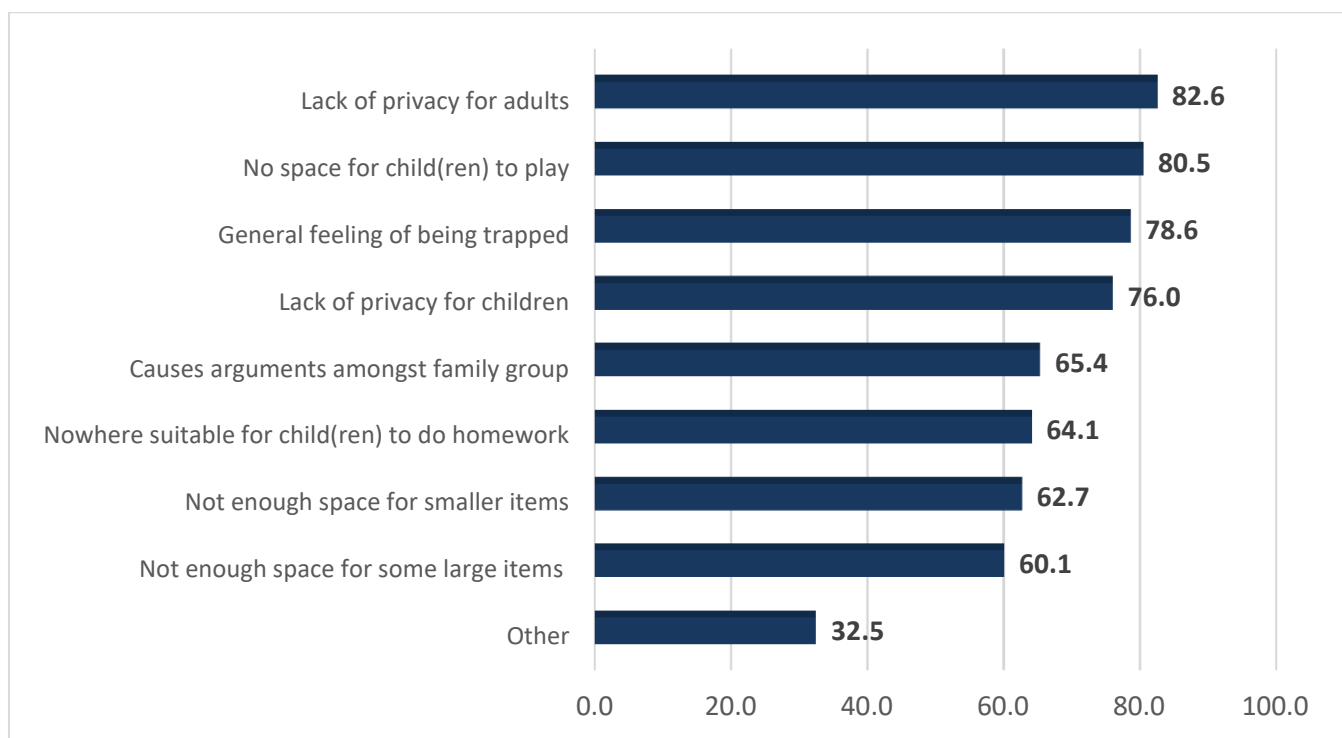


Figure 1: Impacts of ‘not enough living space’ on families (data item source: Pleace et al.2008)

In the QP (Wave 1), 10/22 households reported struggles with not having enough space in the home which had made life during the pandemic lockdowns even more difficult. Four of the 10 were not low income. Space difficulties were particularly acute for some, such as, this single parent who lived with her two children and her sister in a 1-bed 2nd floor flat:

“When my daughter she go to school, I close the bed and he [18 month old son] has like 2 metres to play there....I’m sleeping with my sister in [one] room with the baby – we sleep all three in one bed....during the day we have just this 6 metres that he’s going between that and our bed, only that’s the place that he have to play. That’s it”.

Half (51%) of survey households had no **outdoor space** for their family’s use. At Wave 1, among those that did have outdoor space, most (79.6%) thought it was safe for children to play in. This was more common among those from mid (86.3%) and high (81.9%) income than low (71.5%) income households. This means the outdoor space available to children was highly restricted: in addition to the half of households with no outdoor space, one in five households had no space safe for children.

Among the QP households, almost a third (8/22) were living in overcrowded conditions **and had no access to safe shared or private outside space**. This was particularly important during pandemic lockdowns. Several families (7 of which 6 were mid- or high-income) talked about the benefit of having shared or private outdoor space that was suitable for their children to play in and how important this was particularly when space inside the home was restricted but less available during winter weather. During lockdowns the impact of lack of space inside was compounded by the difficulties of seeing or meeting neighbours when they lived on upper storeys.

Security and stability

Very few survey families were in insecure housing (temporary accommodation or squatting), so most homes offered children some stability and security. However, among lower income households on the borough’s dashboard of 36,800 households, seven percent were in temporary accommodation (TH Poverty Review background papers 2021); our survey under-represents their experience. About 7000 ‘Dashboard’ households

were in rent Council Tax arrears of whom a large majority were working age adults and many had children (ibid., p47).

In our survey, at Wave 1, over a third (36.7%) of respondents were worried about paying the rent and a fifth (22%) of being evicted at wave 1. Worries about paying the rent rose to over half (53%) among those from a South Asian background and over a quarter (28.5%) worried about being evicted. The extent of worry about rent declined between survey waves from 37% to 34% and about being evicted from 22 to 21%.

Impact of overcrowding and housing quality on child and adult wellbeing

Two indicators of child wellbeing were whether respondents' 2-5 year old had seemed nervous or clingy in new situations in the past six months and whether they had complained of headaches, stomach aches and sickness over the same period, both asked at Wave 2. Very similar proportions of children aged 2-5 in overcrowded and not overcrowded housing were clingy or nervous in the past six months. Forty one percent of those who were overcrowded and 44 percent of those not overcrowded said their 2-5 year old child had been sometimes been nervous or clingy, while 18% and 17% said this was 'often' the case. Physical illnesses such as stomach aches and headaches among 2-5 year olds were also equally found among those who were overcrowded (43.3%) and those who were not (40.3%). However, when looking at the number of bedrooms (rather than the measure of overcrowding), households with fewer bedrooms were more likely to have children with complaints about headaches, stomach aches and sickness (47% of one and two bed households vs 30.7% of households with three or more bedrooms) and to have children who seemed nervous or clingy (65.8% of one and two bed households vs 40.9% of three plus bed households).

Survey parents' mental health was poor relative to national norms during 2020 (e.g., 35% of mothers and fathers had 'clinical' levels of depression vs 21.6% in the population as a whole. See Briefing on Families' World for more details). Among those respondents who had poor housing quality (electrical appliances not in good working order, home needing major repairs, presence of damp or mould, having trouble with vermin in the home, and not having usable outdoor space) a disproportionate number also had poor mental health as measured through anxiety or depressive symptoms at 'clinical' levels (Table 3).

The only item where housing quality was not so linked to anxiety and depression was having usable outdoor space. There was little change between survey waves. Of particular concern is the proportion of respondents' reporting a child of 2-5 years being nervous and clingy among those with poor housing quality (Table 3). It would appear that poor housing quality is more important than being overcrowded in terms of association with child wellbeing.

Housing quality and adult/child wellbeing (%)	Clinical – level anxiety Wave 1 Cross-sectional sample	Clinical – level anxiety Wave 1 Longitudinal Sample	Clinical – level anxiety Wave 2	Clinical – level depression Wave 1 Cross-sectional sample	Clinical – level depression Wave 1 Longitudinal Sample	Clinical – level depression Wave 2	Child wellbeing – nervous and clingy aged 2-5 Wave 2
Are all your large electrical appliances (e.g. washing machine, fridge) in good working order? (No)	40.8	42.5	41.9	53.3	53.8	48.9	78.4
Does your home need any major repairs doing to it right now? (Yes)	44.7	48.8	43	53	58.5	47.2	70.9
Do you have any damp or mould in your home? (Yes)	37.3	40.9	35.1	45.6	47.9	36.7	72.9
Do you have trouble with any vermin (mice or other rodents, cockroaches, etc) in your home? (Yes)	45.6	49	48	56.7	63.6	52	83.1
Does your home have an outdoor space which you and your family can use? (No)	24	24.1	25.6	33.2	34.3	29.6	53.2

Table 3 Housing quality indicators by ‘clinical’ level (scores above 10) anxiety and depression at Wave 1 and Wave 2 (cross-sectional and longitudinal samples), and child being nervous or clingy

Impact of overcrowding on adult wellbeing

On standardised measures of depression and anxiety, there was little association with overcrowding. Respondents who were living in overcrowded and not overcrowded conditions were equally likely to experience moderate-severe depressive traits (29% each, Table 4). Among those living in overcrowded conditions, 40% had mild depressive symptoms compared to 27.6% for those living in not overcrowded homes.

Wave 2	Not overcrowded		Overcrowded		Total	
	N	%	N	%	N	%
No depression	199	43%	36	30.8%	235	40.5%
Mild depressive symptoms	128	27.6%	47	40.2%	175	30.2%
Moderate depressive symptoms	68	14.7%	18	15.4%	86	14.8%
Moderately severe depressive symptoms	51	11%	12	10.3%	63	19.0%
Severe depressive symptoms	17	3.7%	4	3.4%	21	3.6%
Total	463	100%	117	100%	580	100%

Table 4: Whether overcrowded by depressive symptoms (Wave 2)

Table 5 (below) shows change in depressive symptoms over the two survey Waves in four groups: no change, decrease in number of symptoms, increase in number of symptoms and no depressive symptoms. From Wave 1 to Wave 2 40% of respondents who were living in overcrowded accommodation reported a decrease in the number of depressive symptoms while 24% reported an increase. For those who were not overcrowded, 33% reported a decrease and 21% an increase. This indicates a lessening of reported depression for around one third of survey respondents over 2020-2021. Because the Wave 2 sample was linked to Wave 1 participants, changes over time are not an artefact of changes in the sample but may describe circumstances for a more White/British and higher income sample of residents (see Tables in Appendix for sample descriptors for each Wave).

Group	Not overcrowded		Overcrowded		Total	
	N	%	N	%	N	%
A: No change in depressive symptoms	99	21.9%	21	18.3%	120	21.2%
B: Decrease in number of depressive symptoms	150	33.2%	46	40.0%	196	34.6%
C: increase in number of depressive symptoms	95	21.0%	28	24.3%	123	21.7%
D: no depressive symptoms at either wave	108	23.9%	20	17.4%	128	22.6%
Total	452	100%	115	100%	567	100%

Table 5: Change in depressive symptoms from Wave 1 to Wave 2 by whether overcrowded

In terms of anxiety, Table 6 shows there was a slight association between overcrowding and mild anxiety at Wave 2 (early 2021) (32.8% were overcrowded while 25.7% were not overcrowded). But differences in anxiety scores between those overcrowded and not overcrowded were on the whole marginal and among the

overcrowded 41.4% did not have symptoms of anxiety. Among those who had moderate-severe anxiety, equal proportions were living in overcrowded and not overcrowded conditions (24.8% not overcrowded; 25.9% overcrowded).

Wave 2	Not overcrowded		Overcrowded		Total	
	N	%	N	%	N	%
No anxiety	224	49.6%	48	41.4%	272	47.9%
Mild anxiety symptoms	116	25.7%	38	32.8%	154	27.1%
Moderate anxiety symptoms	69	15.3%	19	16.4%	88	15.5%
Severe anxiety symptoms	43	9.5%	11	9.5%	54	9.5%
Total	452	100	116	100	568.00	100

Table 6: Whether overcrowded by anxiety symptoms (Wave 2)

Furthermore, stress attributable to the Covid-19 situation was only slightly more among those who lived in overcrowded conditions (62.8% of respondents living in overcrowded accommodation said they were somewhat, quite or very stressed by the Covid situation compared to 60.4% of those who were not overcrowded).

It would appear that families were protecting their children and themselves as best they could from health impacts of overcrowding. Further work is needed to explore whether some ethnic groups, e.g., South Asian, are better able to protect against the risk of mental health difficulties in overcrowded households than others.

Living in the neighbourhood

The neighbourhood is a vital part of urban living and the quality of the neighbourhood affects life expectancy and health (Marmot et al. 2020). Two in five (40.5%) survey parents thought their neighbourhood was an excellent or very good **place to bring up children** at Wave 2. There was a social gradient to this, as higher income households were much more likely to rate their neighbourhood as good or excellent (high-income 54.8%; mid-income 50.5%) compared to low-income households (27.6%). Families on a low income most commonly reported that their neighbourhood was fair or poor (42.8%). Among White British/Irish parents this rose to 57% but only a quarter (25.8%) of South Asian parents viewed the neighbourhood as excellent or very good. More information is needed to understand this finding. It is possible that South Asian respondents, as generally more likely to be lower income, lived in poorer or less safe neighbourhoods compared to White British/Irish parents.

Nearly one third (31.1%) of respondents rated the neighbourhood as fair or poor. Those who were overcrowded were more likely to rate their neighbourhood as fair or poor (43.9%) compared with those who were not overcrowded (26.4%). Some QP members reported increased neighbourliness under the pandemic associated lockdowns. One father said:

“the lady next door... we never spoke to her before ... you know you say hello but you would never have a conversation, and all of a sudden she’s chatting to us, like if you ever need anything please knock on my door. Yeah, or if you need anything at the shop just let us know and we’ll bring it back to you, you know. Which is lovely, really nice, you know. I think that’s changed for the better. I’m happy with that to be honest”.

Others said that their already had good relations with neighbours had been sustained or extended during the pandemic:

“So everyone knows each other quite well. .. our neighbours to the right and then the right again have been particularly helpful...Our neighbours, most of them have been here since they were children. So it is nice that way”.

Having lived in the same place for quite a while was cited as a reason for why good relations had been able to develop. However, other parents reported less interaction and neighbourliness during the pandemic, that due to fears of the virus people kept themselves to themselves and interacted less.

“QP member: like we spend more time indoors, and I think they [neighbours] are doing the same. Because even you know the front door neighbours...we didn't have almost no contact with...they are doing more or less living in the same way, stay with their family indoors.

Interviewer: So is that the same since the pandemic started?

QP member: No it's different...before the pandemic we could see them like with making picnics, their relatives used to come to visit them and you know enjoyed their life. And even ourselves we used to stop and have a chat, talking you know, socialise a bit. Since the pandemic start all this stopped”. (253 Male)

Five QP members had experienced poor relations with neighbours due to noise, anti-social behaviour, or post being stolen as this mother explained.

“when the postman comes they leave the post sometimes on top of the letter box rather than bringing it to the flat, and recently post is being stolen. It started off with I had a food delivery, and that was stolen. Then I had various things from Amazon stolen – and lots of the neighbours have as well...So it's not a nice feeling to have thinking that someone's stealing things.”

A few panel households had very negative views about or experiences of their neighbourhood and one mother was so concerned she did not allow her children out by themselves:.

“I have tried to let him [son] out a couple of times but I mean what happens is like I let him out to play football and the boy that he was playing football with two years ago is now the local drug seller. So if I'd have continued to let my son play out that's what he'd be doing...That's why I really want to get out of London. I don't want to be here when he's at an age where I can't stop him from going out. Right now I can stop him and he can hate me for it, but it's just tough.”

Social isolation in the community

Being lonely was very common among survey respondents. On a self-report measure, about two thirds said they were lonely some, most or all of the time during the previous week in each wave of the survey (Wave 1 65%; Wave 2 70.4%). At Wave 1, feeling lonely was slightly more common among White British/Irish (68.4%) than South Asian (62.8%) households. There were clear differences by income. High-income survey respondents were least likely to have been lonely some, most or all of the time (58%) compared to three-quarters of middle income and low-income respondents (Table 7).

Wave 1, %	Up to £20,799	£20,800 - £51,999	£52,000 and up
None or almost none	18.9	23.6	42
Some, most or all of the time	78.9	76	58
Prefer not to answer	2.3	0.5	0
Total	175	191	131

Table 7: Feeling lonely in the past week by income

Survey respondents living in smaller households (1 or 2 people) were more likely to report being lonely some, most or all of the time (71.4%) than those in larger households but only those living in households of 7+ saw substantial reductions in rates of loneliness (58%). Similarly, having more people (7+) one can count on in times of need was associated with less loneliness (50%) compared to fewer (1 or 2) people (76% reported loneliness). Living close to one's support network was also associated with less loneliness. Those who had more people (7+) within a short walk they could count on were less likely (53.3%) to be lonely than those who had fewer (3-6 people, 73.5%; 1-2 people 71.1%) supportive people nearby. These findings suggest that neighbourliness is an important factor in mitigating the impact of loneliness.

Among those who recently had a baby, just less than half (46.5%) said they felt **part of a community of new parents**. But 70.7% of all parents and 80% of the White British/Irish parents also said they **wished they knew more mums and dads of new babies** suggesting that family support in the early days of parenting might be an important enhancement to community life especially where there is high population mobility and less established kin networks.

A few QP members reported feeling isolated in their neighbourhood. One mother described this as:

“So we don’t actually know people here much...our next door neighbours they moved last year...when we came here last year it was ... year before last year ... it was empty, now they started bringing people. So it’s all new people, new neighbourhood, so we don’t really know much about it like...I feel isolated, yeah it’s true”.

While most (62%) survey respondents had three or more **people they could count on** in times of need, during restrictions and lockdowns in 2020 and 2021, over half of survey respondents were **unable to access the support they needed from family and friends**. This was particularly the case for White British/Irish respondents (Wave 1 64%, Wave 2 62.6%) and less so among those from South Asian (Wave 1 52.9%, Wave 2 42.3%) backgrounds. It is possible that South Asian families were embedded in more solidaristic and less mobile networks than White British/Irish families. However, while nearly a quarter (Wave 2 22.9%) of respondents had experienced a bereavement of a family member due to Covid-19, this rose to almost a third (32.5%) of South Asian families compared to 19.3% among White British/Irish families.

A few QP members reported that they were actively looking to move out of London following their experiences during the pandemic, especially feeling unsafe in the local neighbourhood due to anti-social behaviour, drug use, crime, young people taking over parks/playgrounds. They wanted to move somewhere where their children could be freer, while another household referred to the high cost of living as a key reason for moving.

Green spaces

Access to green space was a key issue during the pandemic, especially for the health and wellbeing of those who did not have outdoor space of their own.

Over 80 (Wave 2 84%) percent of survey respondents said they made regular visits to green spaces. But there was ethnic patterning to this: nearly 93% (92.6%) of White British/Irish respondents used parks and other green spaces regularly but only 72.3% of South Asian families did so.

Over half (12/22) QP households referred to the importance of local parks, playgrounds and public outdoor spaces (and reported positive experiences of these places) during lockdowns as these two mothers described:

"I try and get out every single day if I can. Like if I don't go outside and if he [son] doesn't get sunlight he doesn't sleep as well, so it's an absolute necessity to go outside...we've got local parks ten a penny round here. You know you've got big parks like Victoria Park, and we can drive to Epping Forest if we want. There's plenty to do round here".

"Luckily we live virtually on the doorstep to Mudchute Farm...So literally it takes two minutes and we're at the farm. So it's like we walk through the farm to go to Asda, so it's like we're so lucky that it's there. So that's where I walk the dog...there's a park called St John's Park just up from us where there's tennis courts, then there's Millwall Park which has a big playground ... So even though I live in a flat just with a balcony there is a lot of outdoor space".

During winter lockdowns getting outside was especially important as this father said:

"we live in an area that we have one, two, three ... three parks around, so mainly we go to those place...when we go we try to find the quiet hour, even walk during the evenings, like dinner time or before dinner time to avoid to have too many contact with people outside there...I even take them for a walk on the streets you know, just to get out a bit".

However, a sixth (Wave 2 16%) of all survey respondents and over a quarter (27.7%) of South Asian respondents were going out less or not at all during the pandemic. Very few (7.4%) White British/Irish respondents did not go out or went out less. A quarter (25%) of those on a low income did not go out or went out less, while this was the case for 14.5% of those on middle income and only 5.2% of higher income households. White British/Irish respondents were much more likely to be satisfied or very satisfied with the parks and green spaces than those from South Asian backgrounds (72.3% vs 49.5%). Living in overcrowded accommodation did not appear to make much difference to the rate of going out. While half (50%) of overcrowded households visited green spaces two or more times a week, this was the case for 58% of not overcrowded households. Moreover, a majority of panel households who made use of public outside space did not live in overcrowded conditions (8 out of 12).

Findings that outside public spaces were less appealing to, and used less by, some ethnic groups, such as South Asian families, than others is of concern and should be explored further.

Conclusion

Housing and environment provided the context for families' lives during the pandemic mandated lockdowns. Overall, for families with young children in Tower Hamlets, there was income and ethnic patterning to most dimensions of housing and environment, with higher income and White British/Irish parents on the whole faring better than average. However, the social gradient in findings was stark, with more affluent families able to afford better quality housing, enjoy more access to the outdoors and were less likely to be lonely, all factors that promoted resilience during the pandemic. Of particular concern were findings in relation to housing quality and wellbeing of children and adults; a high proportion of those with nervous or clingy 2-5 year olds also had poor

housing quality, and a clear majority of those who were overcrowded also had some symptoms of depression or anxiety or both. Some issues transcend the pandemic. New parents especially wanted to be better connected to other people in their position suggesting policy action is needed to foster hyper-local communities. Access to space both indoors and out was a key issue for families during the pandemic especially for those in overcrowded conditions, and this was not restricted to those on low income. But overall parents were doing very well in supporting their children's wellbeing especially among those living in overcrowded conditions. South Asian communities appeared to be particularly good at informal social support but had less access to outdoor spaces and were less advantaged in other ways.

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Appendix One

Research Design and Methodology

The study consisted of two waves of a **community survey** of parents of children under five or expecting a baby and two waves of a **qualitative household panel**. **Survey Wave 1** with 992 valid responses took place July–November 2020 and **Survey Wave 2** took place February – May 2021. Wave 2 respondents were matched to Wave 1 and there were 620 valid responses making a longitudinal sample with a response rate of 62.5 percent. See Tables 1 and 2 (below) for sample characteristics. Non responders to Wave 2 were more likely to be low income and non-White British/Irish. The community Survey used Qualtrics, an online and phone based multi-language survey tool, and was promoted through borough communications channels with support from specialist voluntary organisations to recruit members of under-represented groups. Data items were drawn from parallel studies (e.g., Born in Bradford, Dickerson et al., 2020; International Network of Leave Policies and Research, Yerkes et al., 2020; Understanding Society). After data cleaning, 'prefer not to say' and 'don't know' responses were excluded from analyses. In instances of multiple answers 'yes most of the time', 'yes all the time' data were collapsed. Using SPSS, descriptive tables, were used to inform this briefing for 1) the wave 1 sample and 2) the longitudinal samples (see tables below). Ethnicity is described in terms of 'White British/Irish', 'South Asian' (including Bangladeshi, India, Pakistani), and 'All' (total sample including all ethnic groups). We use 'N' to denote the number of responses to any one item; there is missing data in relation to some variables, particularly in relation to service use and access.

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The **Qualitative Household Panel (QP)** members were drawn from the survey and selected to represent ethnic diversity, household structure and income diversity. Wave 1 Panel interviews with 1-3 adult household members in 22 households took place February-April 2021 and Wave 2 interviews October-November 2021. Panel interviews were fully transcribed and coded using Nvivo by team members with cross-referencing to moderate interpretation. The steps of thematic analysis were used to establish analytic themes. Miro boards were used to display coded data and create relationships between dimensions of the themes. In this report, 'few' refers to three or under cases, 'some' refers to four-seven cases, half refers to 11 cases and 'most' refers to more than half the cases.

In this briefing paper we refer to **survey** findings and **Qualitative Panel (QP)** findings to refer to the community survey and the qualitative household panel respectively.

HH Income	Parental status	WB/I		SA		All	
		N	%	N	%	N	%
Low (<£20,799)	Parent U5	60	84.5	169	91.4	304	91.3
	Pregnant	3	4.2	2	1.1	5	1.5
	Both	8	11.2	14	7.6	24	7.2
	Total	71	100	185	100	333	100
Mid (£20,800-£51,999)	Parent U5	124	86.7	63	85.1	234	87.6
	Pregnant	11	7.7	6	8.1	18	6.7
	Both	8	5.6	5	6.8	15	5.6
	Total	143	100	74	100	267	100
High (>£52,000)	Parent U5	76	72.4	20	80.0	142	76.3
	Pregnant	24	22.9	3	12.0	31	16.7
	Both	5	4.8	2	8.0	13	7.0
	Total	105	100	25	100	186	100
Total					786	79.2	
Missing (ethnicity or income not stated)					206	20.8	

Appendix Table 1 Wave 1 survey sample (n = 992) parental status, income bracket and ethnic group

HH Income	Parental status	WB/I		SA		All	
		N	%	N	%	N	%
Low (<£20,799)	Parent U5	45	86.5	96	90.6	175	90.2
	Pregnant	1	1.9	1	0.9	2	1.0
	Both	6	11.5	9	8.5	17	8.8
	Total	52	100	106	100	194	100
Mid (£20,800-£51,999)	Parent U5	104	87.4	44	86.3	179	88.2
	Pregnant	10	8.4	4	7.8	14	6.9
	Both	5	4.2	3	5.9	10	4.9
	Total	119	100	51	100	203	100
High (>£52,000)	Parent U5	56	68.3	11	78.6	102	75.0
	Pregnant	23	28.0	1	7.1	25	18.4
	Both	3	3.7	2	14.3	9	6.6
	Total	82	100	14	100	136	100
Total					533	86.0	
Missing (ethnicity or income not stated)					87	14.0	

Appendix Table 2 Longitudinal Sample Wave 2 (n=620), parental status, income bracket and ethnic group

Research team

Claire Cameron, Hanan Hauari, Katie Hollingworth, Margaret O'Brien, Lydia Whitaker, with Charlie Owen, Sarah O'Toole, Francisco Zamorano Figueroa, Marcella Ucci and Diana Margot Rosenthal. Thomas Coram Research Unit, UCL Social Research Institute, 27-28 Woburn Square, University College London. Co-Is: Andrew Hayward (UCL), Marcella Ucci (UCL), Helen Bedford (UCL), Josie Dickerson (BIHR).

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