

“When will it end? Will it end?” Findings of the First 1000 Participants in the Born in Bradford Covid-19 Parents Survey

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on behalf of the Bradford Institute for Health Research COVID-19 Scientific Advisory Group
(<https://www.bradfordresearch.nhs.uk/c-sag/>).

Executive Summary Version 2.0 18.06.2020

This summary presents preliminary findings of the impact of Covid-19 on families in the Born in Bradford cohort. This report is to aid local policy and decision makers in their planning of the response to Covid19.

It is important to note that although representative of the families in Bradford, these findings are from early responders and those who completed the survey online or by phone. These findings may change once the full sample are analysed. The findings from the full sample will be prepared in July 2020.

Further Information

www.bradfordresearch.nhs.uk/c-sag/

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C-SAG First 1000 BiB Covid-19 survey Executive Summary V2.0 18/06/2020

EXECUTIVE SUMMARY OF KEY FINDINGS

1. *Background*

There are concerns that lockdown measures implemented to contain the Covid-19 virus may be increasing health inequalities, with adults and children from deprived and ethnically diverse backgrounds most likely to be affected. This paper presents preliminary findings of the impacts of the COVID-19 lockdown on parents in the Born in Bradford (BiB) research studies. Parents had children in pre-school, primary and secondary school age groups. The parents had engaged in recent data collection before the Covid-19 pandemic. This allowed us to identify changes from before Covid-19 to the Covid-19 lockdown period.

2. *Key findings*

Participant Demographics

1,146 adults in the Born in Bradford cohorts participated between 10th April - 6th May 20. **46%** of participants were of Pakistani heritage, **37%** were White British and **21%** were from other ethnic backgrounds.

50% of respondents lived in the most deprived decile of material deprivation in England.

Living Circumstances

2 in 5 families lived in overcrowded homes.

1 in 4 families live in poor quality housing (e.g. mould/damp, vermin problems, major repairs needed). Families living in private rented accommodation were more likely to live in poor housing conditions. Those living in poor housing conditions were twice as likely to be in poor health compared to those living in good housing.

1 in 4 reported living with someone clinically vulnerable to Covid-19, and families of Pakistani heritage are more likely to live with a vulnerable person.

1 in 3 households had self isolated at some time, the most common reason for this was to protect a vulnerable person.

Mental Health

Mental health was measured using the validated assessment tools PHQ-8 and GAD-7. Compared to before the pandemic, more people had poor mental health during lockdown.

2 in 5 respondents had depression

2 in 5 respondents had anxiety.

The risk of becoming depressed during lockdown was higher for those who were struggling financially, and for White British respondents.

Financial Impact

1 in 3 families are worried about the job security of the main earner

1 in 4 are worried about paying the rent/mortgage

1 in 4 couldn't afford to buy the food they needed.

1 in 10 had severe financial and food insecurities, reporting being worried about losing their home and having to skip meals because there wasn't enough food.

67% of main earners who are self-employed and not working are worse off now than before the Covid-29 pandemic.

49% of main earners who are furloughed are worse off now than before the Covid-pandemic.

The Wider Impact of Financial Insecurity and Poor Mental Health

Struggling financially and/or having depression or anxiety were repeatedly associated with other negative outcomes. These two groups were more likely to have health anxiety, do less physical activity, be less confident in supporting their childrens' home learning, have a poor relationship with their partner and be socially isolated.

Physical Health

2 in 5 participants who smoked or drank alcohol reported smoking/drinking more during lockdown.

1/2 of respondents reported doing less exercise during lockdown, with

1 in 10 are doing no exercise at all.

The increase of negative health behaviours in addition to living in poor housing conditions with a lack of access to safe green space puts people at risk of developing, or worsening of existing, co-morbidities such as diabetes, hypertension and respiratory illnesses. These co-morbidities are of note here due to the increased risk of worse outcomes of the Covid-19 virus.

Health Anxiety and Service Access

2 in 5 participants reported worrying about their health most or all of the time. Participants were more likely to worry about their health if they lived in a household with a clinically vulnerable person, if the household had self-isolated at some point, if they were financially insecure, employment insecure or lived in poor quality housing.

16% of children who were eligible for a school place during lockdown took this up. The main reasons were because childcare was available at home, and because of fears their child might catch the virus.

Social Support and Isolation

15% said it was difficult or very difficult to get practical help from friends, family or neighbours. 'Other' ethnic groups (23%) were most likely to find it difficult to get support. A lack of social support was also more common in those who were struggling financially (29%). 1 in 3 parents reported feeling lonely some of the time and 1 in 10 and felt lonely most or all of the time. Participants most likely to feel lonely all of the time were: in poor health (29%); struggling financially (21%); unemployed (20%); moderately / severely depressed or anxious (both 54%). There were no differences by ethnicity.

1 in 5 parents lacked confidence in their ability to support their child's learning at home.

1 in 10 reported an average/poor partner relationship. The main issues reported were no communication, arguments / regular disagreements. A very small number (N=13) reported severe conflict in the relationship.

3. Recommendations

1. There is an urgent need for policy makers and commissioners to consider how to better support vulnerable families to enable them to manage financially and avoid them becoming homeless and living in debt and food poverty. These interventions will do more than just reduce poverty, they have the potential to improve the health, wellbeing and relationships in these families.
2. There is a need to provide support for a large proportion of people who are now suffering from depression and anxiety, enabling services for severe cases and preventative interventions for those with mild symptoms to stop these getting worse.
3. There is a need to develop methods to reassure and encourage vulnerable families to access health and education services with immediate effect to stop health inequalities becoming worse.
4. Interventions to address social isolation need to target those at most risk. This appears to include families from small ethnic groups in Bradford (clustered together as 'other' ethnicities).
5. The need to shield clinically vulnerable people and contain the Covid-19 virus using lockdown measures needs to be balanced against the increasing and severe health inequalities that the lockdown has caused and the long-term impacts that this may have on future generations' physical and mental health, their education and life chances.

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