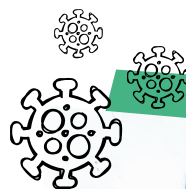


Impact of Covid

Common Challenges

Different groups experienced the pandemic differently

The pandemic has [exacerbated existing inequalities](#). It hit at a time when significant inequalities between different family income brackets already existed and were in fact [widening](#) due to years of austerity. This meant that families already experiencing poverty or other adversities were less resilient to the shock of the pandemic. [Pre-pandemic exposure](#) of young children and babies to both poverty and other adverse circumstances increased their vulnerability to the impact of the pandemic. While the furlough scheme aimed to protect jobs and families, for families who were on the breadline, an income reduction of 20% could not be buffered. Other families experienced poverty for the first time.



Additionally, certain family groups are at significantly higher risk of experiencing poverty, and often these were groups that were particularly impacted by the pandemic both financially and due to losing access to the support services they needed. For example, the Scottish Government recognises six family types that are at higher risk of experiencing poverty:

- single parent families
- families with a child under one
- families with three or more children,
- Black and Minority Ethnic (BAME) families
- families with a disability or Additional Support Needs (ASN)
- families with a mother under 25 years.



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Data from the rest of the UK also identifies that families falling into these categories are more likely to experience poverty.

There is clear evidence that the wellbeing of [some groups of children](#) was particularly affected, such as children with SEND (Special Educational Needs and Disability), those who are ethnically minoritised, those eligible for Free School Meals (FSM), as well as those with long term physical health conditions or a disability.

Where one or more members of a family have a health condition or a disability:

- Families have a more urgent and more frequent need to access services which were paused or were only offered remotely.
- Delayed access to services contributed to a delay in diagnoses and interventions.
- Existing interventions and health and educational support were disrupted.
- Children with SEND or ASD were least likely to benefit from remote learning, thus leading to a greater loss of learning.
- There was a higher risk of serious illness and death when catching COVID-19, which increased fear and worry and isolated such families even further. This meant children were less likely to access early education and childcare, school, or health services that may have been available.
- Parents may have had to give up their job to care for children with medical or developmental needs, reducing family incomes and putting strain on family relationships.
- Children and parents with long-term conditions could not access the support they needed, resulting in lower income and poorer mental wellbeing ([CEYRIS](#)).



The difference in experience of the pandemic is multifaceted, and [there were multiple drivers](#): families from these groups were more likely to lose income or employment, to fall ill with COVID-19 due to the nature of their work, more likely to be victimised in interactions outside their home, less likely to access the support they need, and more likely to experience bereavement or additional caring responsibilities.

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Coupled with this was an increase in poverty levels as a direct impact of pandemic measures, with many families experiencing poverty and food insecurity for the first time and without the guidance of support services. Food bank use increased and many lost employment or experienced a reduction of income, which was more than already stretched family budgets could withstand.

Unequal housing and living conditions contributed to this too: overcrowding is much more common in low-income households, access to garden spaces is unequally distributed and spaces to play and learn also tend to be more restricted in families on low incomes. Similarly, access to local green spaces is unequal: this meant that families experiencing poverty were less likely to have local access to green spaces and less likely to have the means to travel to access them. The movement of families in urban areas, where poverty is higher, was particularly limited leading to pressures on urban green spaces.



Even the most vulnerable babies in neonatal units experienced severe adversity brought on by the pandemic. In general, low birthweight and premature birth rates are higher in families experiencing poverty for a multitude of reasons. Parents were subject to the same limitations as visitors and suffered from restricted contact with their babies. Inhibiting contact negatively impacts on the provision of breastmilk which protects against serious and potentially fatal complications in sick and very premature babies (Brown 2021). Fathers were at times entirely prevented from visiting their baby. The harm such measures caused is significant and in contradiction to an array of evidence that corroborates that the mother and baby dyad should not be separated. Restrictions on fathers during the pandemic also indicate that the role of the father is easily overlooked.

A lack of face-to-face visits by health visitors and social services also meant that where there may have been safeguarding and child protection concerns, support services relied on the information provided remotely by parents and may not have seen or adequately listened to the voice of babies and young children when assessing whether they were in a safe or potentially harmful environment.

All these examples demonstrate that the pandemic disproportionately impacted on the most vulnerable groups in society, particularly babies, young children, new parents, families experiencing poverty, families with health issues or a disability and other vulnerable groups.

