



**Children's
Neighbourhoods
Scotland**

The impact of COVID-19 on families, children and young people in South Lanarkshire December 2020

Children's Neighbourhoods Scotland

Acknowledgements

This report highlights the unequal impacts of COVID-19 and how these have been experienced by families, children and young people in high poverty neighbourhoods in South Lanarkshire, as reported by the local frontline staff during the early stages of the pandemic and first lockdown.

We are grateful to all those who took part in this research, especially given the work pressure they were under during the time of the fieldwork. Their participation provided a unique opportunity to gain insights into the experiences of families, children and young people, and the response of frontline services in South Lanarkshire during the COVID-19 lockdown.

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Summary

The COVID-19 pandemic has brought into sharp focus the inequalities affecting children and families in South Lanarkshire's high poverty areas, and how these have been heightened by the crisis. Children's Neighbourhoods Scotland (CNS) conducted new research on the perspectives of service providers in the third sector and public sector, including frontline professionals working in neighbourhoods and managers working at a strategic level across South Lanarkshire. These findings provide insights into the impacts of COVID-19 on children and families and how services have collaborated across sectors to respond to the urgent needs of communities and families during the pandemic.

Key findings

The socio-economic context of COVID-19

- Families, children and young people living in neighbourhoods with high levels of child poverty are more vulnerable to the negative economic and social effects of COVID-19. In rural areas, local area statistics can mask highly localised 'pockets of poverty'.
- COVID-19 has exacerbated the social and economic vulnerability of families, children and young people, with the greatest impacts in high poverty areas. Geographical isolation and reduced access to services in rural areas is an additional risk factor for families and children.
- Many families previously in work have fallen into financial hardship as a result of the pandemic. There has been a rapid increase in the number of people now on Universal Credit in South Lanarkshire.
- The COVID-19 pandemic has exacerbated the sense of isolation that was already felt by many rural residents with reduced access to public services and the cost and reduced availability of public transport.
- A lack of digital devices and not being able to afford broadband or mobile data restricted the ability of children to learn at home during lockdown especially in rural areas.

Family wellbeing

- In South Lanarkshire, families' experiences of lockdown were variable. For some, the closure of schools was challenging due to the loss of the sense of community and support that schools provide. However, some children found benefits in the shift to home-schooling, as it removed the pressure of attending school.
- Financial insecurity, furlough and unemployment, coupled with home-schooling, the additional costs and stress of occupying children at home and the uncertainty over schools and childcare added to the anxiety felt by parents.
- Due to the 'stigma' around poverty in rural areas, some families were reluctant to accept support from food banks and charities, although it has been suggested that the community response to the pandemic may have influenced attitudes towards poverty.

Service responses

- The response of third sector organisations in South Lanarkshire during this pandemic was described as '*absolutely phenomenal*'. Emergency food provision was organised within hours of lockdown being announced. Third sector organisations had to adapt rapidly and provide a different type of service to ensure that families were still receiving support under lockdown.
- Third sector organisations in South Lanarkshire were '*first responders*' - supporting families through the provision of food and other forms of practical support as well as responding to families' emotional needs and mental health concerns.
- Service professionals across sectors in South Lanarkshire worked hard to support communities suffering the worst effects of the crisis. This was evident in the community wellbeing helpline and the new coordinating groups set up to organise local service provision.

Collaboration

- In some high poverty rural areas in South Lanarkshire, initial take up of emergency food provision via the community wellbeing helpline was low. Local service providers worked in collaboration and re-designed food provision to overcome the stigma of poverty by providing mobile 'food larders'. Further research is needed into the barriers to accessing support in high poverty rural areas.
- The pan-Lanarkshire Resilience Planning Group included third sector representation, which was a positive step towards strategic partnership working between the public and third sector.
- At the onset of lockdown, community planning meetings ceased. This resulted in some community planning partners feeling '*out of the loop*' from discussions on the community response.
- The role of community planning officials and interface organisations will be key in facilitating an ongoing process of culture change and ensuring that the collaborative gains achieved through the COVID-19 response are sustained.

Recommendations

The findings from this study suggest the following recommendations and actions be taken forward:

- UK and Scottish Government action is needed to increase social security payments to families on low incomes, for example, by making the £20 Universal Credit uplift permanent, and closing the gap in digital inequality.
- Local authorities and the Scottish Government have a role in raising awareness of the lifeline provided by the third sector during this period and ensuring that local and national policy is developed collaboratively. The role of the third sector should be recognised and supported through a shared commitment to accessing additional funding to sustain local third sector organisations.
- Local authorities and their third sector partners should continue to facilitate a locally coordinated approach to food provision as part of the COVID-19 recovery, providing fresh and nutritious food and choice.

In response and recovery planning:

- Take action to reduce the stigma of food poverty by enabling people to be more actively involved in designing and delivering local food initiatives.
- Review and further develop the school and community-based support available for mental health.
- Explore ways to sustain the local action seen during the pandemic. Support and build grassroots agency and capacity within communities through an asset-based approach to community development.
- Recognise the key role of interface organisations and community planning officials in coordinating local action, sharing information, enabling and sustaining learning and collaboration.
- Ensure that cross-sector community planning processes are sustained and embedded as a key mechanism for COVID-19 response and recovery planning.

Glossary of terms

Asset-based approaches

Asset-based approaches value the skills, strengths and successes of individuals and communities, recognising the importance of achieving a balance between service delivery and community building, as well as meeting people's needs and nurturing their strengths and resources.

Community planning partnerships

Community planning partnerships (CPPs) bring together public agencies, the third sector and the private sector, to work to improve the local services and the lives of people who live and work in a defined geographical area. In Scotland, the CPP in each local authority area is required to publish the shared priorities of the partnership in a Local Outcomes Improvement Plan.

COVID-19 virus (also known as the Coronavirus)

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. COVID-19 is now a pandemic affecting many countries globally.

Furlough

Furlough is where an employee or worker agrees with their employer to stop work temporarily but stay employed.

Health and Social Care Partnerships (HSCPs)

Health and Social Care Partnerships (HSCPs) are the organisations formed as part of the integration of services provided by Health Boards and Councils in Scotland. Each partnership is jointly run by the NHS and local authority. There are 32 HSCPs across Scotland. HSCPs manage community health services and create closer partnerships between health, social care and hospital-based services.

Job Retention Scheme (JRS)

The Coronavirus Job Retention Scheme (JRS) is a UK Government programme which provides grants to employers to ensure that they can retain and continue to pay staff, despite the effects of the COVID-19 pandemic. It began on 20 April 2020 and was due to end on 31 October 2020. On the 5 November it was announced by the UK Government that the JRS would be extended until the end of March 2021. On 17 December the scheme was further extended until the end of April 2021. The JRS is also referred to as the 'furlough scheme'.

Key worker

A key worker or critical worker is an employee who is considered to provide an essential service. The term was used by the UK government during the COVID-19 pandemic to indicate parents whose occupations entitled them to continue sending their children to schools which were otherwise shut down by government policy.

Lockdown

A lockdown is a situation in which people are not allowed to enter or leave a building or area freely because of an emergency. On 26 March 2020, Scotland, England, and Wales introduced lockdown restrictions and on 28 March, Northern Ireland introduced measures. The first lockdown in South Lanarkshire occurred as part of the national lockdown in Scotland from March to July 2020. On 17th November, the Scottish Government announced that 11 local authorities, including South Lanarkshire, would move into the highest COVID-19 protection level from 20th November. All non-essential retail and hospitality venues closed but schools remained open.

Pandemic

A pandemic is defined as “an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people”.

Personal Protective Equipment (PPE)

PPE is equipment that will protect the user and/or people they come into contact with against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes respiratory protective equipment (RPE).

Public sector

These are organisations which the law declares must exist – local authorities, police authorities and others. Also known as statutory organisations.

Service user

Person receiving the services of a health authority or voluntary or independent organisation.

Shielding

Groups of people who are at the highest risk of severe illness from COVID-19 were advised by the Scottish government to take extra safety precautions during the peak of the pandemic. This was known as ‘shielding’.

Third sector

Non-governmental organisations which principally reinvest their surpluses to further social, environmental or cultural objectives. They include voluntary and community organisations, charities, social enterprises, cooperatives and mutuals. The term third sector is often used interchangeably with the term voluntary sector or voluntary and community sector.

Third sector interface (TSI)

Third sector interface organisations are organisations that ‘work behind the scenes’ to support frontline organisations that provide services direct to users. They are also known as third sector infrastructure organisations (TSOs). They are a coordination, development and advocacy and support body for voluntary and community organisations in a geographic area. Interfaces may be national, regional, sub-regional or local in their coverage.

Universal Credit

Universal Credit is the main working-age benefit that is replacing six 'legacy' benefits in the UK: Child Tax Credit, Housing Benefit, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Income Support, and Working Tax Credit. All those newly claiming for government assistance must apply for Universal Credit.

Voluntary and community sector

Umbrella term used to refer to registered charities, non-charitable non-profit organisations, associations, self-help and community groups. See also Third sector.

1. Introduction

The impact of the COVID-19 pandemic has been particularly stark for children, families and frontline workers, and those living and working in areas of significant disadvantage. As the pandemic has unfolded, organisations across South Lanarkshire have quickly adapted how they deliver their services and have found innovative ways to support the most vulnerable individuals and communities through the crisis. Children's Neighbourhoods Scotland (CNS) works with children and young people in high poverty neighbourhoods and was well-placed to capture the early lessons from this unprecedented public health emergency. This report presents the findings from the research conducted by CNS in South Lanarkshire.

The purpose of this research was to understand the impact of COVID-19 on families with children, and how local services and community organisations responded to this extremely challenging and rapidly changing context. The research sought to understand the experiences of children and families from the perspective of service providers and to explore how third and public sector services have worked together and adapted their services. The report discusses the vulnerability and wellbeing of families, adapting service provision to the 'new normal' and the nature of collaboration across sectors. It provides insights that can support COVID-19 recovery at local and national levels in Scotland, as well as recommendations for longer-term public service reform.

Since April 2020, CNS has shared real-time evidence from our research on the impacts of COVID-19 with local and national policy makers. This report forms one of a series of resources including insight papers and briefings which are available on the [CNS website](#).

This report is structured as follows:

- Section 1 introduces the research
- Section 2 describes the research methodology and interview participants
- Section 3 presents the findings from the research in four sub sections: *the socio-economic impacts of COVID-19; family wellbeing; local service responses; and collaboration between services*
- Section 4 presents a discussion of the findings and study conclusions.

A Glossary of key terms and abbreviations used in this report can be found on pages 7-9 to assist the reader.

2. Research approach and methodology

This exploratory research was a mixed methods case study (see Appendix 1 for study aims and objectives). The research included qualitative interviews with service providers working in high poverty areas¹ and analysis of secondary statistical data. The selection of statistical data was informed by the Scottish Public Health Observatory's (ScotPHO) framing of community vulnerability and emerging findings from the qualitative interviews.

From June to September 2020, 10 qualitative interviews were conducted with service providers in South Lanarkshire, working across a range of services including youth work, family support, befriending, education services, health improvement, and community planning. Four interviews were conducted with managers working at a strategic level across the local authority area and six interviews were conducted with local third sector and public sector professionals (Table 1).

Table 1: South Lanarkshire Research Participants

Research participants (pseudonyms)	Service Area	Role	Sector	Neighbourhood/ Authority wide remit
Leah	Children and families	Front line	Third sector	Local
Sandra	Children and families	Front-line	Third sector	Local
Finn	Youth and community work	Front line	Public sector	Local
Monica	Youth and community work	Front line	Public sector	Local
Audrey	Education	Front line	Public sector	Local
Linda	Community engagement	Front-line	Public sector	Local
Ruth	Children and families	Strategic	Third sector	Authority-wide
Carrie	Education	Strategic	Public sector	Authority-wide
Rachel	Community engagement	Strategic	Public sector	Authority-wide
Gemma	Health improvement	Strategic	Public sector	Authority-wide

Semi-structured interviews were conducted by phone or on Zoom video conferencing software and lasted approximately 45-60 minutes. All interviews were audio recorded and transcribed. Analysis was conducted using NVivo analysis software for qualitative research. Themes were identified on the basis of the emerging data and previous research conducted in Glasgow². The analytical framework was revised for the rural context of South Lanarkshire and additional codes added to include geographical isolation and the stigma of poverty.

The decision to interview frontline professionals was on the basis of their well-established and trusting relationships with children and families in high poverty areas. In this way, research on the experiences of families and service responses during lockdown was achieved without risk of causing harm or difficulty to the families themselves. The research met the highest standards of ethical research

¹ The neighbourhoods have not been named to protect the anonymity of research participants.

² See childrensneighbourhoods.scot/home/covid-19/

conduct, research integrity, data management and data protection, as approved by the University of Glasgow.

The research design included a purposive sample that sought to represent a range of key services working with children and families. Research interviewees were selected on the basis of service area, role, sector, neighbourhood or authority-wide perspective (Table 1). Research participants were recruited via CNS stakeholders rather than contacting organisations directly. Recruitment was limited by the number of research participants that could be contacted during a time of intense pressure on local services, when many staff were already overstretched and working overtime.

The voices and perspectives represented in this report are those of service professionals. Research participants are anonymised, and pseudonyms assigned to ensure confidentiality. Services and organisations are categorised by sector (public or third sector) (Table 1).

3. Findings

This section presents the findings from the CNS research on the impacts of COVID-19 on children, young people and families in South Lanarkshire. The first sub-section describes the socio-economic impacts of COVID-19 and how families have experienced financial distress, geographical isolation and digital exclusion. The second sub-section outlines service providers' accounts and perceptions of the impact of lockdown on family wellbeing. The third, covers local service responses and, the fourth, presents the evidence on coordination and collaboration between services.

3a. The socio-economic impacts of COVID-19

The COVID-19 pandemic is likely to exacerbate inequalities already prevalent in South Lanarkshire. In this sense, COVID-19 can be described as a 'syndemic pandemic' – the unequal impacts are linked to pre-existing inequalities and social determinants of health, as well as chronic diseases (Bambra et al., 2020). In addition, new vulnerabilities have arisen as a result of both the economic shutdown and the lockdown measures put in place to stem the transmission of the virus. The evidence reveals that low income, disability, poor health and geographical isolation have emerged as key risk factors for negative socio-economic impacts from COVID-19.

This section details the pre-existing and emerging vulnerabilities to the negative impacts of COVID-19 in South Lanarkshire and the socio-economic impacts of the crisis on families and children.

Poverty and inequality in rural areas

The South Lanarkshire local authority area includes towns and rural areas, some of which are geographically isolated. Statistics on poverty and deprivation in Scotland in small-area geographies are usually captured using the Scottish Index of Multiple Deprivation (SIMD), which aims to identify concentrations of multiple deprivation across Scotland. While this data source adequately captures the scale of deprivation in urban or more densely populated areas, the SIMD has been found to be inadequate in rural areas (Skerratt et al., 2014; Glass et al., 2020). This is primarily because rural deprivation is more dispersed than in urban areas and therefore differences *within* larger data zones in rural areas are not as easily captured by SIMD. The Scottish Government recommends that for larger data zones in rural areas other data is used alongside SIMD to identify households in poverty (Scottish Government 2017).

The inadequacy of existing measures of deprivation in Scotland are well-known to public sector officials in rural areas. A local official interviewed for this study noted that the diversity of communities is a reason why some indicators may be insufficient. Expensive housing can be co-located near streets with concentrations of low-income housing, which then '*masks*' the poverty in an area. The SIMD does not pick up these highly localised 'pockets of poverty' (Skerratt et al., 2014), therefore, this study draws on a variety of data sources.

The vulnerability of high poverty neighbourhoods to COVID-19

There are two broad types of vulnerability to the negative impacts of COVID-19: clinical and social. Clinical vulnerability refers to overall population health and demands on clinical services. Social vulnerability refers to the social and environmental conditions that are likely to increase exposure to COVID-19 such as poverty and long-term stress which can reduce immunity, increased exposure to the disease for low income workers in public-facing jobs and overcrowded housing conditions (Bambra et al., 2020; ScotPHO 2020).

In 2016, 16% of dependent children in South Lanarkshire were living in low income families, just below the national average. In high poverty areas, child poverty rates were 24% to 36% (HMRC 2016). Families living in areas with a higher proportion of children in low income families³ have increased clinical vulnerability to COVID-19. Poverty is associated with poorer population health outcomes and higher prevalence of diseases such as diabetes, obesity and chronic lung diseases (BMA 2017). In South Lanarkshire, some high poverty neighbourhoods have rates of Chronic Obstructive Pulmonary Disease (COPD)⁴ double the local authority average (see Appendix 2). The level of COPD hospitalisations is a significant risk factor for COVID-19 fatalities (ScotPHO 2020).

Medical data from the last eight months shows that people under the age of 16 have less severe characteristics of the disease, have a lower risk of infection and have a low risk of fatality due to COVID-19 (Swann et al., 2020). Children and young people are therefore much more vulnerable to the social and economic impacts of the COVID-19 crisis than to the disease itself, both in the short term and the longer term.

In addition to unequal levels of exposure to the virus, the wider impacts of the pandemic are also unequal. Socio-economic and geographical inequalities are predicted to increase in the coming months as the full impact of the COVID-19 economic crisis is realised (Bambra et al., 2020). Three key areas of socio-economic vulnerability in South Lanarkshire were identified by our research: financial distress, geographical isolation and digital exclusion. These are discussed below.

Financial distress

During the first COVID-19 lockdown in 2020, many families in South Lanarkshire turned to Universal Credit (UC) for emergency support, some for the first time. As lockdown began there was an upsurge in claims to UC. In South Lanarkshire⁵; in the weeks commencing 26 March and 2 April, over 3,000 people made a claim to UC and over 1,000 people a week made claims throughout April. By July, UC claim counts had returned to pre-crisis levels (DWP 2020; Weakley 2020). Overall, in South Lanarkshire, between March and October 2020 around 12,000 people began receiving UC, a 70%

³ Referred to here as 'high poverty areas' or 'neighbourhoods'.

⁴ Chronic Obstructive Pulmonary Disease (COPD) is the name for a group of lung conditions that cause breathing difficulties, including conditions such as chronic bronchitis.

⁵ The Department for Work and Pensions reports on claims to Universal Credit based on postcode area. The postcode area that contains South Lanarkshire is the Motherwell area (postcodes beginning with 'M'). The majority of the Motherwell postcode area is comprised of North Lanarkshire and South Lanarkshire, with small parts of West Lothian and Dumfries and Galloway.

increase. This increase in the UC caseload is in addition to the people already receiving benefits⁶ that have not yet moved on to UC.

In South Lanarkshire, approximately 15% of children are in receipt of free school meals (Scottish Government 2018). Interviewees in this research described families who were previously *'just coping'* or on *'the verge'* of poverty as struggling to afford basic necessities. This added to the distress and uncertainty of unemployment and furlough as well as delays in the payment of UC: *'They've either lost their job, and all the anxieties around that, or are trying to get [...] Universal Credit and having to wait'* (Ruth, third sector).

Geographical isolation

Several interviewees suggested that the COVID-19 pandemic had exacerbated the sense of isolation that was already felt by many rural residents: *'It's like everything's stopped'* (Leah, third sector). The cost and availability of public transport was also raised as a concern, particularly since bus services had been reduced further during the lockdown:

They're so poorly connected, and it costs a fortune as well, just to get from there to [town][...] So that's a huge problem. That makes them really quite isolated, and they've felt it, my families. A few of them have said they've definitely felt it more than ever during COVID (Audrey, public sector).

The ramification of reduced public transport during the lockdown period was illustrated by the case of a family that took the bus to the nearest town to go shopping for essential supplies and had to wait for five hours until the bus arrived for their journey home. They received a warning from the Police because they were out of their home for longer than the allocated time.

Geographical isolation posed challenges for families trying to ensure they had enough food supplies. In one village, the local shop had limited fresh produce and was more expensive than supermarkets: *'what they were saying was that their money was not going as far either, because all they had was that shop'* (Audrey, public sector).

Digital exclusion

A number of interviewees felt that the biggest challenge facing families was digital exclusion. As well as low-income families having limited access to devices and struggling with the cost of broadband (Bynner et al., 2020), 'data poverty' was considered particularly problematic in rural areas with reduced internet availability. Although only 5% of premises in South Lanarkshire are without broadband access there are distinct pockets of the local authority where over a quarter of premises do not have reliable internet access (SIMD 2020).

⁶ Legacy benefits are the six benefits that are being replaced by Universal Credit: Child Tax Credit, Housing Benefit, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, Income Support and Working Tax Credit. Those who have been claiming these benefits and who have not had a change in circumstances have not yet migrated to Universal Credit, a process of 'managed migration' that the DWP aims to complete for all those on legacy benefits by 2023.

Data and device poverty restricted the ability of children to learn at home. The experience of remote schooling was highly variable and relied on access to digital devices and broadband as well as the ability to pay for materials for school activities. A frontline worker in the third sector explained that her organisation applied for funding for tablets so that children were able to access the internet, but questioned why it was left to the voluntary sector to provide such devices. Council interviewees highlighted the lack of clarity regarding the national support available for digital devices and broadband.

3b. The wellbeing of families, children and young people

This section describes the perceptions of service providers on the impact of lockdown on family wellbeing in relation to adult mental health; the pressures of childcare and home-schooling; disruption to normal routines; child wellbeing and welfare; and the stigma of poverty.

Adult mental health and wellbeing

As previously discussed, financial insecurity was associated with unemployment, furlough, and rapid increases in UC claimants. Families living in rural areas faced the additional challenge of reduced public transport, the increased costs of food, and geographical isolation. For those who were working or planned to continue to work, the demands of home-schooling and childcare increased the cost and stress of having children at home. One service provider described the interlinked nature of these different services as akin to ‘a Rubik’s cube’ - when there is a change to one service such as education or childcare, there are impacts on other areas of life such as employment and mental health.

Some of the local service providers interviewed for this research worked with parents that had pre-existing vulnerabilities such as financial insecurity, addictions, or child welfare concerns: ‘I’ve had folk phoning at ten o’clock at night, really stressed, [they] don’t know what they’re doing. Mums who are late thirties, self-harming’ (Monica, public sector). Concerns were raised that families were more vulnerable to domestic abuse and that recovery journeys had been disrupted: ‘Their recovery, I would say, has been put back quite considerably through this’ (Ruth, third sector).

Pressures of childcare and home-schooling

The loss of childcare support and normal routines during the lockdown period contributed to increased financial distress for some parents:

She’s got a 20% cut off her income. She’s trying to home-school at the moment, and she understands [...] that’s the way the world is. But what she’s saying is [that] ‘I’m expected to be back at my work, and I need to go back to my work, or I won’t be able to pay my rent. But I won’t be eligible for any childcare because I’m not a key worker. So, I’m going to have to take unpaid leave half the week’ (Carrie, public sector).

In addition, there were the pressures of home-schooling, with many parents lacking the confidence to support their children’s learning at home: *That’s been a real pressure in terms of them feeling really inadequate, really concerned about how they can support their own children (Ruth, third sector).*

Interviewees gave varied accounts on the success of remote learning provision from local schools. Many schools made significant efforts to provide interactive and creative learning at home and some families who were proactive in contacting their school had positive experiences:

Some families [...] are great at contacting the school and the children are doing their work and [...] the teachers marking it as they're doing it [...] and they're feeding back that they've got that really close contact (Monica, public sector).

However, in other cases, communication from schools to parents was seen to be inconsistent and service providers from across the public and third sector were concerned that some children did not fully engage with online learning. An education service provider explained that those who did register with Google Classroom did not necessarily use the online platform '*whenever it came to the actual engagement with that, and with the learning, it was minimal, absolutely minimal*' (Audrey, public sector).

Disruption to normal routines

Interviewees reported that families had quite varied and different experiences of lockdown, with some families reporting positive experiences while others found it more challenging. The closure of schools was considered to be particularly difficult for those families who relied on the sense of community and support that schools provide. Schools were said to offer a '*secure base*':

And that has been taken away without any warning. So, they are missing the human contact. They're missing the familiar faces. [...] They're missing the whole structure and routine of getting up, going to school and seeing people that, beyond their family, have got their wellbeing at heart (Carrie, public sector).

Despite the challenges, in some cases, families benefitted from the slower pace of life associated with lockdown and with the ability to spend valuable time together. Some interviewees reported that families of children with additional support needs found benefits in the shift to home-schooling, as it removed the pressure of attending school for children who find it challenging:

Some of the parents have said that my child with the additional needs has been far easier to manage during this period than my other child, whose routine has been disrupted and is missing her friends more (Monica, public sector).

Other evidence has shown that some children with additional support needs struggled with the loss of routine and face-to face contact with support workers (Bynner et al., 2020) suggesting mixed evidence on the impacts of lockdown on the wellbeing of children. More generally, parents and education professionals were concerned about the transition back to school for all children.

Child wellbeing and welfare

It was suggested that the lack of routine had resulted in young children becoming increasingly ‘wary’ or ‘subdued’ on the one hand, and on the other hand exhibiting challenging behaviours which parents were struggling to manage: *‘They’re just embarrassed by the children’s behaviour and [...] don’t want to go back out with the kids’ (Sandra, third sector)*. Concerns were also raised about risky behaviours and the mental health of young people *‘they were talking about, quite serious things, self-harm’ [...] (Finn, public sector)*. It was pointed out that the direct impact of the pandemic on children and young people was not fully known: *‘We still don’t know how many of our children and young people have had losses or bereavements. Even natural loss is harder in these times because people can’t go to funerals as normal’ (Leah, third sector)*.

Further concerns were raised about children’s welfare with the temporary loss of trusted adults in schools and other settings. Third sector organisations continued to monitor and respond to the child or adult protection concerns which emerged during the lockdown period. One frontline worker estimated that her organisation had dealt with 15 cases which required safeguarding intervention.

Stigma of poverty

Some interviewees emphasised the complex nature of rural poverty and the existence of pockets of ‘hidden deprivation’ (see Section 3a). It was suggested that there are a range of issues in the Clydesdale area including a ‘stigma’ around poverty and people internalising the idea that they themselves were to blame:

If you’re in Hamilton, it’s perhaps more acceptable to be poor, because people around about you are. Down in Clydesdale, it’s less so, because people round about you are not necessarily in the same place (Rachel, public sector).

The nature of small villages where ‘everybody knows everybody else’, was considered to heighten the potential for people to feel judged for accepting support during the pandemic: *‘that might be pride, it might be not wanting the neighbours to see’ (Finn, public sector)*. In some cases, families who were entitled to support from social work refused the offer of daily meals delivered to their door because they did not want their neighbours to know their circumstances:

They used the excuse that they didn’t like the food. I think it was an excuse, because it’s the same food that the kids are getting at school every day, and they take it then. I think it’s embarrassment at the stigma attached to somebody coming to your door with food every day (Monica, public sector).

The alienation normally felt by those experiencing poverty may have lessened, with some families that were already in poverty feeling that *‘we are not the only ones now’ (Leah, third sector)*. Despite the stigma of poverty, interviewees suggested that the pandemic, and the community response to it, may have helped to shift opinions:

They're [saying that] we are all struggling here. We all need to support each other. Whatever kind of judgemental aspect they would have had, has been left to one side (Rachel, public sector).

Frontline workers expressed the hope that this sense of 'community coming together' would continue.

3c. Service responses - adapting to the 'new normal'

Rapid transformation of local service provision

With the announcement of lockdown, the landscape of voluntary and community sector service provision transformed overnight:

We had a very depressing day [...] when it became apparent what was starting to unfold. [...] By the end of that day, we had over 1000 [groups, activities] that had stopped across South Lanarkshire, on our board. And we had about four or five on the other side that were still continuing (Rachel, public sector).

After the initial shock of the lockdown announcement, the focus of attention became supporting the third sector to keep going. The Council's Community Engagement Team and the local TSI began conversations with community groups on what might be possible. There was a desire from local groups to continue to operate if they could but key issues to overcome included PPE and the vulnerability and age of volunteers.

The third sector and the local authority worked together to overcome the challenges and organised a local service response at speed: *'We were able to pull together very quickly'* (Linda, public sector). Key actions included setting up a community wellbeing helpline (before the national helpline was established); using food funds from national government to purchase resources; and setting up communication mechanisms across the local authority area. Coordination work included monitoring resources, volunteers, space and equipment and the capacity of local organisations. Priority was given to accessing resources and setting up new protocols and processes to ensure the safety of volunteers and members of the public. The pace of change and the amount of new information shared between services in the initial months was described by one interviewee as *'overwhelming'*.

The community wellbeing helpline received calls from people who were clinically vulnerable as well as anyone else in South Lanarkshire who needed support. A call to the helpline went through to a call centre and was then transferred to an officer who would then phone the individual, talk through their needs and gain their consent to pass their details on to *'the local responders'*. These were local third sector organisations that would then respond by doing shopping, delivering food, picking up prescriptions or providing some other service.

Callers to the helpline who were furloughed, waiting for UC and suddenly in financial hardship were described as *'embarrassed at having to use the service'*. Call handlers helped them to overcome their reluctance to receiving support:

As soon as you mention the food bank then people were initially [saying] “no, no, no, I don’t want to take from somebody that doesn’t have anything”. So, a big part of my role was [to say] “well, unfortunately everybody’s in the same boat just now” (Linda, public sector).

The community response in Clydesdale included 28 individual COVID-19 groups including ‘pop up’ groups (self-organising groups) and well-established third sector organisations. Local food banks supplied a variety of food and access to fuel and phone top ups. Bags were made up by volunteers and then delivered directly to people in their homes. The provision of hot meals from Food Hubs, initially provided to elderly people and people who were shielding, was also extended to vulnerable families.

Emotional support and mental health

After the initial focus on food and practical needs, the attention of local services shifted to emotional needs and mental health support. Third sector organisations maintained contact with individuals and families through regular phone calls, text messaging and zoom calls. Youth work organisations set up online competitions, activities and spaces to talk. Third sector organisations also continued to provide support to the vulnerable parents they usually worked with, however, these organisations quickly reached capacity. A third sector manager highlighted the importance of supporting the wellbeing of staff during this time: *‘The big challenge was in terms of making sure that our staff were well looked after because they were dealing with very harrowing situations’ (Ruth, third sector).*

The importance of supporting children and young people’s mental health through contact with key professionals outside the family was also recognised. A helpline was set up by the Educational Psychology Service and teachers passed by homes and waved at the children as a way of communicating support to families during the lockdown period: *‘Head teachers walked round the area and [...] knocked on doors, waved through windows, made phone calls’ (Carrie, public sector).*

Education services and remote learning

School childcare hubs were set up for the children of key workers and the most vulnerable children. Eligible children were identified through a multi-agency approach between education and social work. This approach did not reach all vulnerable families, only those known to these agencies as in need of support.

The Education Department relied on the knowledge and judgement of headteachers to monitor and support their pupils and their local school community. The department issued equity packs⁷ as a way to alleviate the additional costs of home-schooling although officials were aware that this type of additional support would not be financially sustainable over the longer term. There was a sense of frustration at the bespoke nature of home-schooling and the gap in digital provision at a national level. One interviewee argued that there was need for a standard national online curriculum:

⁷ Packs issued by the Education Resources department of the local authority which included basic learning materials such as pens, paper and games.

If I was on level two [...] I would just go back on there on a Monday and I would work my way through. A bit like BBC Bitesize [...] And again, I know it's not ideal and learning is to be bespoke, but I would learn more doing that than I would trying to scrabble about with egg boxes. And this is the risk, when we're leaving [the curriculum] to interpretation (Carrie, public sector).

New service users

From March to August 2020, households of all types began receiving Universal Credit (UC) in greater numbers and the composition of the caseload changed. Around 2,100 more households with children were in receipt of UC in South Lanarkshire in August compared to March. Single adults without dependents make up the majority of those in receipt of UC. In August 2020, 10% of the caseload in South Lanarkshire were couples with child dependents, and single parents with child dependents accounted for 23% of the caseload (see Appendix 3 for additional information on households on UC by family type).

An additional challenge for local employability services was responding to the needs of new UC claimants and managing expectations. Interviewees described many of the new UC claimants as having no prior experience of unemployment. Often their expectations of support did not align with the services available:

It's challenging for them to, first of all acknowledge that they need assistance, and secondly, because they've been in different places, they have expectations of services working in ways which the public sector can't necessarily do (Rachel, public sector).

Looking to the future there was a recognition that there were many families who were still in employment but may soon be in need of support as the full economic impact of the pandemic becomes apparent. Interviewees were concerned that people vulnerable to the social and economic effects of the pandemic would 'fall through nets':

This needs to continue, we need to keep [...] the access to the food available. We need to have these in more local areas. We need to get over the hurdle of the stigma of food banks for people to actually engage. [...] There's lots of talk round about how we continue to support people (Linda, public sector).

Community participation

Service providers highlighted that the crisis had renewed a 'sense of community'. The community response was more inclusive and less reliant on the ideas and initiatives of a few community leaders. This was indicated by the number of pop-up groups that emerged and the volunteering work organised at a street level.

I think people have engaged more locally. I think people now know their neighbours. People know what's more going on in their local area and are being responsive to the needs that are coming up from the local areas (Linda, public sector).

A number of interviewees reflected on the emotional and moral sense of the need to act and to work together. The emergency response had given people greater agency to speak up and voice their opinions:

So, people feel more empowered to be able to have a voice and to say, well yeah, I think this worked well in the community, and to be listened to (Linda, public sector).

The upsurge in community participation ‘ties perfectly in with the Community Empowerment Act’ but its strength lay in the feeling that this was not being imposed on local people top-down. The energy and momentum had come from within the communities themselves. A future challenge was how to maintain the momentum of volunteers and sustain the feeling of social solidarity. ‘How do we keep the positivity in the communities so that we can make sure that we’re all united in making a difference?’ (Linda, public sector).

3d. Collaboration

Community planning

In South Lanarkshire the TSI was involved in strategic planning with the directors of public services through representation on the pan-Lanarkshire Resilience Planning Group. At the same time the established mechanism of cross-sector collaboration - the Community Planning Partnership - was suspended. An interviewee felt that the suspension of community planning was a lost opportunity for communication at a crucial stage of coordination and planning:

Now, in the normal world, I would say we’re really quite closely linked through the community planning structures. But what was strange to me was in that first few weeks there was just nothing, and I felt really out of the loop actually [...] So it kind of siloed things [...] And I found myself chasing people to say, what’s happening about this, because we could support you with this, we could deploy some staff to help you with this or we’re doing a bit of x, y and z around deliveries and how does that link with what you’re doing? So, it felt to me personally not very joined-up at the start. And I think that was just the absolute pace of things (Gemma, public sector).

Prior to the pandemic local officers sought to develop new locality networks in line with the Community Empowerment Act 2015:

There was a need for intermediate structures in South Lanarkshire. Something that bridged the gap between small community led planning, and neighbourhood planning areas, and the CPP [Community Planning Partnership] Board; that gave a voice, at a locality level; that pulled issues together (Rachel, public sector).

During the pandemic this ‘locality planning’ approach aligned with the practical and urgent need to organise a joint response to the pandemic at a local level. Initially, the larger voluntary sector organisations were invited to attend locality network meetings but local officials and the TSI soon

expanded the membership of locality networks to include smaller, locally embedded charities and community groups.

Local collaboration and changing perceptions

During the lockdown, new collaborations developed between public sector officials and local third sector organisations and community groups to meet the needs of communities. Locality networks enabled a targeted, place-based response to the pandemic with different service models adapted to the needs of different populations. In areas where there was a stigma attached to using food banks, new approaches to food provision were designed such as pop-up larders, food pantries and community hubs.

11 neighbourhoods in Clydesdale adopted a ‘community larder’ approach to food provision. This was achieved mainly through a partnership between a well-established third sector organisation with a focus on supporting the health of families and children and the local authority. Food was supplied by the local authority and delivered to a local authority building where staff from the third sector organisation were present: ‘There was one door in, one door out, and the food was all set up on tables, so people were able to go in and collect what they wanted’ (Linda, public sector).

The community larders engaged new families in some high poverty areas, however, numbers remained low in some areas:

The lack of engagement from these areas with the wellbeing line became very, very evident. So, we weren’t sure if there was a fear of people contacting the council’s line in case they were going to be asked about their rent, their council tax [...] But it became very, very evident to us that these areas, where there was high deprivation and large, large families, weren’t engaging (Linda, public sector).

This resulted in the idea of a ‘mobile larder’ - a van driven by staff from the third sector organisation. The van brought ready-made bags of food and other provisions for people to collect and provided information and advice on benefits and financial support. In this way local services took a collaborative approach to food provision and tailored the response to meet individual and local needs.

Interviewees described how the community response had led to signs of a change in perceptions from the public sector regarding the value of working in partnership with the third sector. Although there were risks that when the lockdown ended, services would ‘revert back’ to siloed ways of working. One interviewee noted that a more fundamental culture change would be challenging: ‘In the recovery document, for [the] Council [...] the mention of the third sector was very poor. It just didn’t recognise, at all, the impact, and the potential’ (Ruth, third sector).

4. Discussion and conclusion

This report has examined the experiences of families and children in South Lanarkshire and the ways in which services sought to mitigate the worst effects of the pandemic from the perspective of service providers. This section of the report returns to the original research questions posed by this study and reflects on the insights gained for public service reform and COVID-19 recovery.

What are the key challenges that families living in poverty have faced during the COVID-19 pandemic?

Families that were *'just coping'* and managing on low incomes pre-pandemic, have now fallen into poverty. The lockdown resulted in loss of income through unemployment, delays in UC and furlough payments, increased costs, lack of access to affordable food and the pressures of children spending more time at home with less external support from key professionals. For people recently unemployed, service providers identified challenges with managing the expectations of the services available and difficulties with overcoming the stigma of using food banks (see also Purdam et al., 2016). It is anticipated that this situation is likely to worsen in the months to come.

COVID-19 has shone a light on the nature of pre-pandemic inequalities and the extent to which individuals and families, particularly those in high-poverty areas, are more vulnerable to its social and economic impacts. Government policies of self-isolation and social distancing exposed the disadvantage faced by those reliant on public transport in rural areas where there is a lack of healthy and affordable food available locally. Learning for children and young people during lockdown was affected by the availability of digital devices, reliable broadband, and the bespoke nature of remote education.

How have children, young people and their families reacted to and coped with social distancing and isolation?

This research found that the COVID-19 lockdown increased the stress of poverty, social and geographical isolation. The experience of lockdown was variable across families. Heightened stress in some children and young people was associated with long periods at home and the loss of the *'secure base'* of school. The burden of such stress weighed more heavily on some families than others. The removal of the pressure of attending school helped some children, including those with additional support needs, to be more relaxed and settled. Other children appeared *'wary and subdued'* or exhibited challenging behaviours. And some young people engaged in risky behaviours and self-harm. Despite the efforts of third sector organisations in South Lanarkshire to maintain contact and respond to the needs of children and young people, the full emotional and psychological impact of lockdown was difficult to assess.

Service providers interviewed for this research were concerned for parental mental health. Many parents did not have the capacity or confidence to home-school their children and trying to meet those expectations created additional stress. Service professionals reported increased levels of anxiety, self-harm, stalled or reversed addiction recovery, and increased risk of domestic abuse during lockdown. There was an increase in child and adult protection referrals. Previous research has also

shown that high levels of family stress increase the likelihood of domestic violence, alcohol and substance abuse and untreated mental health problems (Schonkoff 2020).

The vulnerability associated with living in high-poverty rural areas was compounded by geographical isolation and the stigma of poverty, including the fear of being judged for receiving help from a food bank or other charity. Yet, despite this, the pandemic lockdown meant that those already experiencing poverty were *'in the same boat'* as many other people. They may have experienced a sense of social solidarity, if only momentarily.

What is the impact of the COVID-19 pandemic on children and young people's learning, health and wellbeing?

The interviewees in this study anticipated that the first COVID-19 lockdown would have a negative impact on learning and widen the gap in educational attainment. Research strongly supports that the gap in educational performance by background widens during school breaks and this may account for two thirds of the attainment gap by age 14 years (Alexander, Entwisle & Olsen, 2007). A survey of 4000 parents in the UK conducted by the Institute of Fiscal Studies found that private schools and state schools in more affluent areas had greater access to interactive digital learning than other state schools (Andrew et al., 2020). Reliance on digital learning during lockdown is likely to have widened the educational attainment gap and disadvantaged the poorest students.

The mental health and wellbeing of young people were key concerns for service providers in South Lanarkshire. Academic research demonstrates that home confinement during a health pandemic can have profound and enduring effects on the mental health and wellbeing of children and young people (Sprang & Silman, 2013; Wang et al., 2020). In April, a survey conducted by Youthlink Scotland (2020a) showed that young people across Scotland were feeling very worried about their education and their future. A follow up survey has shown that employment and finances are key concerns for young people (Youthlink Scotland 2020b) and they are seeking information on financial support, mental health and the future of schools and exams.

What supports worked well for children and families and where could improvements be made?

The *'can do'* attitude of frontline workers in South Lanarkshire during the pandemic was striking. Despite numerous challenges they found a way to keep food supplies and other service provision going during lockdown. In the short-term this was essential to help families through the immediate crisis, although in the longer-term this level of activity may be difficult to sustain. The switch to on-line and telephone support and the organisation of local food provision across a diverse range of organisations was remarkable. Local services not only provided food, but also designed a range of activities on-line and offline to help families children and young people keep active, positive and engaged, although this relied on families having the digital devices and broadband service to participate.

How have different service providers responded to the COVID-19 pandemic? Which responses aimed to meet the needs of families and children living in poverty?

Trusting relationships between frontline third sector workers and families in South Lanarkshire were critical to identifying issues and providing support to families. When the UK went into lockdown, many of these services provided emergency food. As such, third sector organisations adopted the role of ‘local responders’. Over time, local third sector organisations expanded their support to address other practical needs such as digital access and emotional support.

Many statutory services suspended or reduced their services with the announcement of lockdown. The local authority worked with third sector organisations to organise food provision. With lockdown, community planning, the formal mechanism for strategic planning across sectors, was suspended. The shutdown of formal community planning meetings suggests that community planning is still regarded as additional, rather than essential to, strategic planning (Escobar et al., 2018; Weakley and Escobar, 2018). However the TSI was engaged in the pan-Lanarkshire Resilience Planning Group. A ‘Chief Officers group’ of third sector organisations continued to meet and collaborate throughout this period.

What were the key challenges that services faced in responding to the COVID-19 pandemic?

During the early stages of lockdown there were logistical challenges and operational issues for local authorities and third sector partners to overcome, as well as new national government guidance and public health briefings to interpret and act upon. The focus of attention was understandably on the most immediate and critical issues, establishing the community wellbeing helpline and organising food deliveries. The suspension of formal community planning meetings resulted in some community planning partners feeling ‘out of the loop’ without an avenue to link into the community response work. The absence of community planning at the early stages of the pandemic was regarded as a missed opportunity for sharing resources and joint working.

The focus of the collaborative effort in South Lanarkshire was on the coordination of food supplies and deliveries between the council and third sector organisations at a local level. This did not go as far as full-service integration but did include sharing resources, buildings, vehicles and supplies, regular communication across agencies and sectors, shared learning and co-design of local services. The collaboration between the authority and the third sector organisations during the early stages of the pandemic clearly demonstrated interdependence and enhanced capability through working together.

Himmelman (2002) describes organisations that truly collaborate as those that have a ‘*willingness to enhance each other’s capacity for mutual benefit and a common purpose*’ (Himmelman 2002:3). This willingness was evident in the locality networks in South Lanarkshire. There were strong indications of increased trust and cooperation in the coordination of emergency food provision and other support to vulnerable families. Yet, the extent to which this collaborative work fundamentally changed the nature of the relationship between the local authority and the third sector remains uncertain. It was the view of one interviewee that the essential role of the third sector in the COVID-19 emergency

response and recovery planning was not fully recognised in the policy documents produced by the Council.

The crisis brought multisector partners together with the shared objective of protecting and supporting communities, but it is uncertain whether this collaborative momentum will be sustained over the longer-term.

What are the key priorities for service providers to support the next phase of recovery from the COVID-19 pandemic?

In education, a key priority raised by one interviewee was to avoid the '*deficit model*' - the assumption that the experience of lockdown had been a wholly negative experience for children and families. Across other service areas, interviewees highlighted the risk of creating '*new dependencies*' by providing support that was not financially sustainable in the longer-term. This was aligned to an argument for greater autonomy within communities, encouraging more local self-help and asset-based approaches. The wider evidence supports the need across all service areas to promote asset-based approaches and collective resilience (Seaman et al., 2014). In the context of COVID-19 recovery, Harkins (2020) recommends that vulnerable populations and groups are engaged in the design and implementation of community recovery initiatives.

While there is strong evidence of the rise in social security claimants and projected rises in child poverty the financial situation for local authorities across Scotland is extremely difficult. After a decade of cuts to public sector budgets, the issue of local finance and devolved decision-making over budgets, remains a key challenge and priority for COVID-19 recovery. At the same time, the wider evidence predicts that without action to support those most vulnerable to the negative socio-economic effects of the pandemic, health inequalities will increase (Douglas et al., 2020; Bambra et al., 2020). This research demonstrates that there will be an ongoing need to prioritise mental health services and provide a local infrastructure of mental health support.

Conclusion

One in four children in Scotland are living in poverty (Scottish Government 2020). This figure is likely to increase with predictions from the Child Poverty Action Group and the Trussell Trust (2020) that an additional 300,000 children and 1.7 million adults will be living in poverty by 2021. Child poverty has profound effects on the life chances and opportunities of children and young people in employment, learning and health. Given the current context, the Scottish Government's targets for reducing child poverty by 2030 look challenging⁸. There will be pressure on the government to take difficult fiscal decisions and use its tax raising powers to reduce child poverty.

The pandemic has brought deep-rooted inequalities in labour markets, social security systems, education systems and digital access into sharp focus. The impact has been most acute in areas with high levels of pre-pandemic disadvantage. Without action to provide direct support to those who were

⁸ The Child Poverty (Scotland) Act 2017 sets out targets to reduce the proportion of children in poverty by 2030. For more information on the tackling child poverty delivery plan see www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/.

already in poverty, as well as families who have recently fallen into poverty, social, economic and health inequalities are likely to widen (Bambra et al., 2020; Bynner et al., 2020).

Despite the enforced isolation of lockdown, in South Lanarkshire this crisis has been a catalyst for a renewed sense of community and social solidarity. Local communities have self-organised and third sector organisations have deployed their staff in a monumental effort to help people through these unprecedented times. The evidence presented in this report suggests that this collective effort from the third sector may have mitigated some of the worst social effects of the pandemic on families, children and young people in South Lanarkshire.

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Appendix 1: Study aim and objectives

Aim: Collect empirical evidence to inform national and local policy and practice about service responses to and experiences of families, children and young people living in high poverty settings to the COVID-19 virus pandemic.

Specifically, the study will:

Objective 1: To conduct an exploratory research study of service responses to the COVID-19 pandemic in CNS sites.

Objective 2: To conduct an exploratory research study of the experiences of children and their families to the COVID-19 pandemic in CNS sites.

Objective 3: To generate policy and practice briefings to influence national and local policy and practice.

Research Questions

(A) Families and children's experiences

- What are key challenges that families living in poverty are facing during the COVID-19 pandemic?
- What supports are working well for families and their children and where could improvements be made?
- How are children, young people and their families reacting to and coping with social distancing and isolation?
- What is the impact of the COVID-19 pandemic on children and young people's learning, health and wellbeing?

(B) Service response and delivery

- How have different service providers responded to the COVID-19 pandemic?
- Which responses aim to meet the needs of families and children living in poverty?
- What are the key challenges that services have faced in responding to the COVID-19 pandemic?
- What are the key priorities for service providers to support the next phase of recovery from the COVID-19 pandemic?

Appendix 2: COVID-19 social and clinical vulnerability indices, South Lanarkshire high poverty areas

Table A2.1. The 20% of Intermediate Zone areas in South Lanarkshire with the highest proportion of children living in low income families . The selected indicators are part of the Scottish Public Health Observatory's COVID-19 vulnerability index.

	Social Indicators			Clinical Indicators		Demographic Indicators
Intermediate Zone	Children in Low Income Families (%)	Income Deprived (%)	Employment Deprived (%)	COPD Hospitalisations (Rate/100,000)	Emergency Patient Hospitalisations (Rate/100,000)	Pop 75+ (%)
Fairhill	36%	29%	17%	560.26	14052.6	7%
Strutherhill	35%	27%	18%	541.86	11679.78	6%
Burnhill & Bankhead North	32%	23%	15%	625.6	9530.49	10%
Low Waters	30%	22%	17%	490.55	10952.02	11%
Hillhouse	30%	25%	17%	761.7	10380.55	7%
Whitehill	30%	23%	15%	762.27	9908.24	7%
Hareleeshill	29%	20%	14%	484.61	10437.99	10%
Vicarland & Cairns	27%	21%	16%	493.74	9639.1	9%
Douglas, Coalburn & Rigside	26%	20%	16%	309.38	9815.34	13%
Burnbank Central & Udston	26%	26%	20%	638.54	10762.15	6%
Spittal	26%	23%	16%	468.88	9661.95	8%
Fernhill & Cathkin	26%	21%	15%	512.55	9787.19	6%
Blantyre South & Wheatlands	25%	21%	16%	421.73	10277.35	9%
Shawfield & Clincarthill	25%	21%	18%	318.39	9242.48	12%
Carluke North	24%	18%	14%	334.07	10520.88	10%
Lesmahagow	24%	16%	12%	331.38	7982.88	10%
South Lanarkshire LA	16%	13%	10%	343.07	8626.29	8%

Appendix 3: Households on Universal Credit in South Lanarkshire

Table A3.1. Households on Universal Credit in South Lanarkshire

Households on Universal Credit, South Lanarkshire by Family Type (March - August 2020)								
	March 2020 (r)	% of caseload, March	April 2020 (r)	May 2020 (r)	June 2020 (p)	July 2020 (p)	August 2020 (p)	% of caseload, August
Single, no child dependant	9,266	58%	12,482	13,968	14,466	14,823	15,158	61%
Single, with child dependant(s)	4,913	30%	5,311	5,539	5,635	5,755	5,848	23%
Couple, no child dependant	579	4%	1,313	1,543	1,534	1,485	1,434	6%
Couple, with child dependant(s)	1,355	8%	2,294	2,594	2,615	2,577	2,518	10%
Total	16,112		21,406	23,639	24,250	24,634	24,960	

Source: DWP Stat Xplore. r = revised figure; p = provisional figure as of December 2020



Children's Neighbourhoods Scotland

This report is published by Children's Neighbourhoods Scotland.

About us

A children's neighbourhood is an initiative that brings together people, resources and organisations in a neighbourhood area, so that all of those things can work together towards better lives for the children living there.

Children's Neighbourhoods Scotland is a collaborative centre, developed by Glasgow Centre for Population Health, Policy Scotland and Robert Owen Centre at the University of Glasgow.



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