The impact of COVID-19 on families, children and young people in Glasgow
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Children's Neighbourhoods Scotland

Acknowledgements

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How to cite this report

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Summary

The COVID-19 pandemic has brought into sharp focus the inequalities affecting children and families in Glasgow's high poverty neighbourhoods, 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 local neighbourhoods and managers working at a strategic level across the city. The 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 messages

Glasgow city context

- Families, children and young people living in Glasgow neighbourhoods with high levels of pre-existing poverty and social deprivation are more vulnerable to the negative social and economic effects of lockdown and the extended period of recovery. These impacts include increased income insecurity, greater reliance on the benefit system and weaker labour market attachment.
- Reduced access to health and social care services experienced during lockdown is likely to have long-term health impacts on some families and children living in areas of social deprivation.
- Many families previously in work have fallen into financial crisis as a result of the pandemic. There has been a rapid increase in the number of people now on Universal Credit across Glasgow and there are concerns that many of these new families in poverty are not known to public services.

Family wellbeing

- Families who in normal circumstances are under constant financial pressure have had the additional costs of looking after children at home alongside experiencing delays to government financial support such as Universal Credit or furlough payments.
- The interlinked nature of different stressors on families has been highlighted by this crisis. Financial insecurity, furlough and unemployment, coupled with home-schooling, the pressures of childcare, and the uncertainty over schools reopening and availability of childcare has added to the anxiety felt by parents.
- The length of social isolation may have long-term effects on mental health and wellbeing. Service professionals are concerned about the need to support families to reconnect with their communities, teachers, health professionals and other key workers.

Service responses

- The positivity, energy and 'can do' attitude of third sector organisations during this pandemic was striking. 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. This change occurred across all service areas.
- Service professionals across sectors demonstrated their compassion and energy to help communities in Glasgow suffering the worst effects of the crisis. This was evident in the willingness of volunteers redeployed from other services to support the Glasgow Helps helpline and the additional work and responsiveness of officers in the public sector.

Collaboration

- Many third sector workers recognised the historic significance of the COVID-19 pandemic and that the response required building a new form of solidarity. Existing tensions with other organisations were set aside and organisations demonstrated what could be achieved by working together.
- Despite responsive operational partnership working, the potential for a cross-sectoral approach to emergency response planning and recovery between the public and third sectors planning was not fully realised. The third sector were not fully recognised as providing essential public services during this emergency, despite receiving referrals from the public sector, providing local intelligence and practical support to families.

Future priorities

- Without action to provide direct support to those who were already disadvantaged, as well as families who have recently fallen into poverty, social, economic and health inequalities are likely to be exacerbated.
- A return to face-to-face contact with services requires forward planning and risk assessment, as well as the implementation of policies on workplace cleaning, face coverings and physical distancing measures. For many organisations, a blended online and digital approach to service delivery will be required over the longer-term.
- Key priorities for service providers should be to focus on understanding the needs of families by designing 'right size' interventions. New families in crisis will need support in the short-term to access and navigate public services and outreach to connect to the support available. The public sector needs to be agile and redeploy services in response to these emerging needs.
- Community-based mental health provision, should be prioritised, particularly given the long waiting lists for NHS services. Wellbeing-focused activities delivered by trusted local organisations could prevent mental health conditions worsening and reduce pressure on statutory services.
- The pandemic and lockdown resulted in an upsurge in volunteering and community mobilisation. Some service providers were keen to sustain this momentum by encouraging more local self-help and community-led action. The wider evidence supports the need for a move to asset-based approaches building on these strengths for collective resilience (Seaman et al., 2014). In the context of COVID-19 recovery, it is important that vulnerable communities and groups are engaged in the design and implementation of community recovery initiatives (Harkins 2020).
- During the pandemic third sector organisations were the 'primary engagers' who provided support to families and children, often extending their service provision to other family members and other areas of the city. At the frontline they provided essential services and were quick and agile in their response to the crisis. There is a need for greater recognition of the remarkable contribution of community and voluntary organisations. This could be achieved by statutory services re-allocating resources to sustain local organisations and strengthening partnership working.
- A new type of strategic partnership is required between the public and third sector – including a shared mechanism for strategic emergency planning and a shared digital infrastructure to enable and support collaborative working.

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.

Child and Adolescent Mental Health Services (CAMHS)
CAMHS are the NHS services that assess and treat young people with emotional, behavioural or mental health difficulties.

Grant funding
Funding given to an organisation, generally in anticipation of it being applied for an agreed purpose. Grants allow the flexibility to respond to the needs of service users, free from the constraints of needing to generate a trading profit or meet pre-determined contract specifications.

Community links practitioners
Non-clinical social practitioners embedded in general practices who aim to address the socioeconomic and personal circumstances that affect patients' health and wellbeing.

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 and 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 will end on 31 October 2020. 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. In the UK, health is a devolved matter, which means that Scotland, England, Wales and Northern Ireland are responsible for their own policies in relation to public health. On 26 March 2020, Scotland, England, and Wales introduced lockdown restrictions and on 28 March, Northern Ireland introduced measures.

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". A true influenza pandemic occurs when almost simultaneous transmission takes place worldwide (see www.who.int).

Personal Independence Payment (PIP)
A social security payment designed to help with the extra costs of long-term ill health and disability. PIP replaces Disability Living Allowance.

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.

Safeguarding
Is a process of ensuring that vulnerable people and children are protected from being abused, neglected or exploited.

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 is 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 Glasgow 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 Glasgow.

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 in Glasgow, adapting service provision to the 'new normal', the nature of collaboration across sectors and identifies priorities for future planning. It provides insights that can support the next phase of COVID-19 recovery at local and national levels in Scotland, as well as recommendations for longer-term public service reform.

A Glossary of key terms and abbreviations used in this report is presented on pages 6-8 to assist the reader.

Research approach and methodology

This exploratory research was a mixed methods case study of Glasgow, which included interviews with service providers in three high poverty neighbourhoods[1] and analysis of secondary statistical data (see Appendix 1). From April to June 2020, 15 qualitative interviews were conducted with service providers, working across a range of services in the public and third sectors including housing associations, childcare providers, volunteering, education services, social work and child protection, culture and leisure, community planning; and third sector organisations and interfaces. Seven interviews were conducted with managers working at a strategic level across the city and eight interviews were conducted with local third sector organisations and frontline professionals (Table 1).

Secondary statistical data was used to contextualise the research and illustrate new inequalities as they emerged from the qualitative interviews. The selection of statistical data to present was informed by the Scottish Public Health Observatory's (ScotPHO) framing of community vulnerability in the initial stages of the study and emerging areas from the qualitative interviews as data became available (e.g. Universal Credit) (see Appendix 2).

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, with the exception of one interview. Analysis was conducted using NVivo analysis software for qualitative research. Themes were developed on the basis of the emerging data. An initial analytical framework was developed based on the first four interviews. This framework was then revised, and additional

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

codes added. An initial six themes were revised down to four overarching themes: child and family wellbeing, changing service provision, collaboration and future priorities.[2]

The decision was taken to interview frontline professionals with established and trusting relationships with children and families in high poverty neighbourhoods in order to understand the breadth of experience of service delivery during lockdown. This was achieved without risk of causing harm or difficultly to families at a time of high anxiety. The research met the highest standards of ethical research conduct, research integrity, data management and data protection, as approved by the University of Glasgow.

The voices and perspectives represented in this report are those of service professionals. Research participants are anonymised and to ensure confidentiality services and organisations are categorised by sector (public or third sector); and neighbourhoods in terms of their broad geographical area – Glasgow North West, Glasgow North East, Glasgow South, Glasgow City.

The research design included a purposive sample that sought to represent the range of services working with children and families in high poverty neighbourhoods in Glasgow. Research interviewees were selected on the basis of service area, role, sector, neighbourhood or citywide perspective (Table 1). Research participants were recruited via CNS stakeholders rather than contacting organisations direct, to avoid adding to the large volume of COVID-19 related emails that organisations were already receiving. Recruitment was limited by the number of research participants that could be contacted during a time of intense pressure on public services, when many staff were already overstretched and working overtime. The research team adjusted to conditions on the ground and to the availability of research participants, which varied at different stages of the pandemic.

All neighbourhood level interviewees were third sector workers. Third sector organisations had direct, face-to-face contact with families through deliveries of food and other provisions to their homes during the lockdown period. Frontline public services, that continued, provided some direct face-to-face contact with families included: social workers, for high priority cases only; and teachers, who provided childcare in Hub schools for the children of key workers and vulnerable children.

Recruitment of frontline workers for interviews was limited by reliance on CNS stakeholders to gain access to interviewees and the low capacity of frontline public sector staff to participate in research during the lockdown.

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[2] The analytical themes for the initial analysis were child vulnerability, changing service provision, funding, collaboration gains, collaboration barriers, future priorities. Funding was found to cut across other themes and the dynamics collaboration gains and barriers were considered as a single theme in the final analysis

Table 1. Breakdown of interviewees by role, sector and geographical remit.

Research participants (pseudonyms)	Service Area	Role	Sector	Neighbourhood/ city wide remit
Shirley	Children and families	Frontline	Third sector	Neighbourhood
Joanne	Children and families	Frontline	Third sector	Neighbourhood
Theresa	Children and families	Frontline	Third sector	Neighbourhood
Melanie	Youth work / play	Frontline	Third sector	Neighbourhood
Tim	Youth work / play	Frontline	Third sector	Neighbourhood
Frances	Housing	Frontline	Third sector	Neighbourhood
Louise	Health and social care	Frontline	Third sector	Neighbourhood
Lesley	Health and social care	Frontline	Third sector	Neighbourhood
John	Third sector interface-generic	Strategic	Third sector	City
Sarah	Third sector interface-children and families	Strategic	Third sector	City
Jill	Volunteering	Strategic	Third sector	City
Kirsty	Social work/ child protection	Strategic	Public sector	City
Rowan	Public administration/ funding	Strategic	Public sector	City
Alistair	Culture and leisure	Strategic	Public sector	City
Mary	Education	Strategic	Public sector	City

Despite the challenges of conducting research during a pandemic, researching the impacts of COVID-19 policy during lockdown gave CNS the opportunity to feed real-time evidence into policy making. Rapid intelligence sharing included publication of insight papers and briefings, shared with national and local decision makers and available on the CNS website: childrensneighbourhoods.scot.

The following section describes the pre-existing neighbourhood vulnerabilities and emerging economic and social impacts of the pandemic at a Glasgow City level, including the rise in Universal Credit claimants across the city. This section describes the nature of vulnerability to pandemics in high poverty neighbourhoods in Glasgow, where this new economic crisis overlays pre-existing vulnerabilities caused by poor health and economic hardship.

2. Glasgow city context

This section provides statistical information on the pre-existing and emerging vulnerabilities to the negative impacts of COVID-19 in Glasgow. It foregrounds and introduces issues that are explored in further detail through interviews with research participants.

The impacts of COVID-19 are likely to exacerbate inequalities already prevalent in Glasgow, particularly as the country faces a prolonged period of social and economic recovery. Harkins (2020) identifies communities and population sub-groups with additional vulnerability to the COVID-19 crisis as including socioeconomically disadvantaged communities, disabled people, black and minority ethnic groups, and people experiencing homelessness[3]. In this way COVID-19 is a syndemic pandemic - the inequalities exacerbated by COVID-19 are linked to pre-existing health inequalities and related to the social determinants of health as well as chronic diseases (Bambra et al. 2020). Therefore, it is important to understand the social and clinical vulnerability to the pandemic.

In addition, new vulnerabilities have arisen across Glasgow as a result of both the economic shutdown and the lockdown measures put in place to stem the transmission of the virus. Recent data on Universal Credit highlights the number of individuals accessing means-tested benefits as a result of this crisis. The evidence on the social impact of COVID-19 reveals that domestic violence, digital access, and mental ill health emerged more prominently as risk factors during the lockdown. These issues are introduced below and are discussed in subsequent sections of this report.

Community vulnerability

In mid-March 2020, ScotPHO developed a vulnerability index[4] that conceptualises community vulnerability to COVID-19 in terms of clinical vulnerability (population health and demands on clinical services) and social vulnerability (social factors likely to modify the impact of COVID-19) (see Appendix 2). This index predicts that in neighbourhoods with high levels of clinical vulnerability, a larger proportion of the population will be in the 'shielding' group, due to higher levels of risk of severe illness from COVID-19 and poorer overall health. The clinical vulnerability of parents and extended family members directly impacts the lives of children and young people. Two indicators of clinical vulnerability are considered below.

Chronic Obstructive Pulmonary Disease (COPD) is the name for a group of lung conditions that cause breathing difficulties, including conditions such as chronic bronchitis. The level of COPD hospitalisations has been found to be a significant risk factor for COVID-19 fatalities (ScotPHO 2020). The rate of COPD hospitalisations in high poverty neighbourhoods in Glasgow is up to two times higher that of the Glasgow local authority area rate. Data on emergency patient hospitalisations[5] is one way to assess population health and is used as a measure of health system performance. High poverty neighbourhoods have emergency hospitalisation rates that are approximately 40% higher than the rate for the Glasgow local authority area. Families and children in these neighbourhoods were already experiencing poorer health, and there is emerging evidence that reduced access to preventative,

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[3] For a broader discussion of definitions of vulnerability see the CNS publication 2020: Vulnerability and Resilience (forthcoming).

[4] This report uses the ScotPHO vulnerability index to frame this discussion of vulnerability. The data shared in this section is guided by indicators used to create the ScotPHO index. Please see Appendix 2 for technical notes on this index and its use in this report. Appendix 2 also includes community vulnerability rankings from ScotPHO for the CNS research neighbourhoods (Table 2.1) and vulnerability indicator information for 28 neighbourhoods in Glasgow (roughly 20% of intermediate zones) with a high proportion of children living in low income families (Table 2.2). Appendix 2 also includes full indictor descriptions for all statistics used to discuss clinical and social vulnerability.

[5] A proportion of these admissions are for 'primary care sensitive' conditions (PCSCs) – conditions for which it has been hypothesised that the risk of emergency admission can be reduced by high-quality primary care. Rates of emergency admissions for PCSCs are commonly used as a measure of health system performance.

routine and emergency care during the lockdown period may have longer-term negative effects on health.

In 2016, 27% of dependent children in Glasgow were living in low income families, compared to the national average of 17%. In high poverty neighbourhoods, 24% to 42% of children were living in low income families. 2020 SIMD data for Glasgow reports the percentage of the working age population receiving social security due to unemployment or long-term ill-health or disability ranged from 15% to 30%. Together, these figures indicate an already challenging context of social and economic insecurity and child poverty in these neighbourhoods before lockdown in March 2020 and before the full impact of the COVID-19 economic crisis will be realised in the coming months.

As the crisis unfolded additional aspects of social vulnerability that were not originally predicted by the ScotPHO index have been identified that are unique to this crisis and to the policy of national lockdown as a public health intervention. These include: domestic violence and child abuse; mental ill health for children, young people and adults; housing quality and overcrowding; digital exclusion; populations with no recourse to public funds; health inequalities related to race and ethnicity; challenges faced by unpaid carers and food insecurity have all come to the fore. In high poverty neighbourhoods, some of these new vulnerabilities have added to pre-existing challenges.

New families in poverty

Alongside the challenges for families and children in high poverty neighbourhoods already interacting with the benefits system, the economic crisis also plunged many new families into poverty. The economic shutdown disproportionately impacted those in lower-waged work and in key sectors such as hospitality and tourism, and it is likely that many sectors will not recover to pre-COVID-19 levels of activity for many months (Resolution Foundation 2020a, 2020b). In recognition of these challenges, in March 2020 the UK government introduced financial support to employers through the Coronavirus Job Retention Scheme (JRS) to support employees who were no longer able to work due to lockdown. However not all workers were eligible for the JRS scheme (such as people who were self-employed), and many were made redundant. These populations, along with those on low furlough wages may therefore need to access Universal Credit, the main form of social assistance for new low-income claimants (Resolution Foundation 2020b).

Recent data on Universal Credit (UC) demonstrates the scale of new financial distress as a result of the crisis. In Glasgow, as in Scotland overall, there was a peak of new claims for UC in early April, when weekly claims were four times that of pre-COVID-19 levels. There were around 17,500 new entrants to the UC caseload between 9 March and 9 April, an increase of 348% from the previous month (Weakley and Waite, 2020). These figures illustrate the first 'peak' of new claimant households in Glasgow – levels that are likely to remain elevated for months to come.

Pre-lockdown, Glasgow was already the local authority in Scotland with the largest number of people on UC. This number increased from 37,380 in March to 52,933 in early April 2020, a 40% increase (Weakley and Waite, 2020). Considering these increased claimant numbers alongside the families currently receiving legacy benefits [6] not yet moved on to UC (not included in this count), it is anticipated that local public services and the third sector will experience increased demand for

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[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.

support from families now unable to afford essentials while on UC.[7] There is also a concern that these 'new' claimants – some of whom live in high poverty areas and some of whom do not – are not yet known to public services. This issue is discussed in more detail in Section 6.

The pre-existing socioeconomic and health inequalities in high poverty neighbourhoods along with the sharp spike in 'new' families in poverty illustrates an even more challenging context for public services and third sector organisations. Inequalities have been exacerbated by lockdown – as presented in subsequent sections of this report – and are likely to be long lasting as we enter the recovery phase.

The following sections describe the experiences of low-income families and children at the sharp end of the economic and health crisis, and how public and third sector organisations have been responding to these needs, the nature of collaboration, and priorities for future planning.

Quotations are used in the remainder of the report to explain how the service providers interviewed for this research made sense of the situation. In particular, it is helpful to illuminate the perspectives that motivated their actions and to see how people positioned themselves and the role of their organisation in relation to broader socioeconomic processes.

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[7] Research with UC claimants has consistently noted that levels of UC are not adequate to support most household types and issues with benefit design negatively impact certain types of families in need. See House of Lords, 2020 for more about these issues nationally and Robertson et al 2020 for these issues specifically in Glasgow.

3. The wellbeing of families, children and young people

This section of the report shares the findings from qualitative interviews with service providers in Glasgow during lockdown. The first part of the section describes the socioeconomic impacts from COVID-19 and how families have experienced financial insecurity; digital exclusion; and housing inequalities (see Appendix 3). The second part outlines service providers' accounts and perceptions of the impact of lockdown on family wellbeing.

Socioeconomic impact

From 'just coping to 'financial void'

Service professionals interviewed in this research emphasised that the increase in financial insecurity caused by the crisis has been disproportionately felt by families reliant on lower paid and precarious work, those who are self-employed, and those claiming benefits. Pre-existing poverty in Glasgow has left some families extremely vulnerable to the effects of the crisis.

> *We know that people were already struggling, in terms of how they manage on very limited incomes. We know that other people, other families, are going to be falling in now, to living in poverty, because of people losing their jobs, they're being furloughed, people who have been self-employed, or have really insecure employment status, for instance, the hospitality industry. So, we know that that's going to increase stress for parents (Kirsty, public sector, Glasgow City).*

As a result of workplaces closing, being on furlough and having to give up work due to childcare responsibilities, parents were suffering a loss of or a significant reduction in income. Families could no longer cope with costs that they were previously (only just) able to manage. Increased food and fuel costs as a result of children being home, and the loss of free school meals, coupled with a reduced income were considered by interviewees to be catastrophic for families who were barely managing before the crisis.

> *The financial fragility of a lot of these families has really been exposed by COVID. I think a lot of people who are only just about coping, a number of them have been suddenly plunged into financial voids (Sarah, third sector, Glasgow City).*

Government policies not going far enough

Government policies to protect those who had lost income due to the COVID-19 crisis such as Universal Credit and the Job Retention Scheme (JRS) were regarded as insufficient to meet the immediate needs of some families. One third sector worker explained that *'lots of the parents are self-employed and getting no income at all at the moment',* because many self-employed workers were not eligible for the Self Employment Income Support Scheme[8]. In other cases, such as the boxed example below, parents were furloughed but not paid due to delays in payment from the UK Government's JRS. Interviewees also highlighted that others were struggling to survive on the 80% of salary that the furlough scheme offered, because their employers did not top this up. Not being able to work overtime, which many parents previously relied on to top up their income, was a further problem. With a 5 week wait period for Universal Credit, several interviewees expressed concern that government financial support was not processed quickly enough.

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[8] Analysis by the Institute for Fiscal Studies estimated that approximately 2 million self-employed workers in the UK would 'slip through the net' with this scheme, because of eligibility criteria such as starting their business before April 2019.

> Parent A is a single mum with three children. She normally works part-time and has been furloughed. Her employer (a small company) has said they are unable to pay her until they receive the money from the Government's furlough scheme. As a result, she has lost £115 per week income. During lockdown the family are home all the time and she estimates that her food and fuel bills have increased by at least £20 each. The family were already experiencing in-work poverty prior to lockdown and her 'net position' is now £150 lower.

Uncertainties around the future of the JRS and what will happen to workers when that support is no longer available were raised as concerns, particularly for those working in sectors where there is likely be less future work available. One frontline worker described the situation of a parent working in hospitality. In order to comply with social distancing requirements there would be smaller numbers of customers which will mean fewer shifts: *'That's…so that 80 per cent could go down further' (Frances, third sector, Glasgow South).*

Alongside ongoing problems with the shift to universal credit, the COVID-19 crisis has increased the financial distress of families who were previously thought to be 'just coping'. The clinical and social vulnerabilities discussed earlier have left some families and communities extremely exposed to economic shock, especially those in the social security system, those in precarious, low income jobs, disabled people, those suffering long-term ill health and families living in high poverty neighbourhoods. In addition, a new cohort of families with no previous experience of the benefits system now found themselves in an extremely vulnerable financial position, reliant on UC and JRS. Support did not take account of the increased costs of food and fuel associated with having all family members at home for a long period of time during lockdown.

Education and digital exclusion

Most interviewees said that the 'digital divide' had significant effects on children's learning during lockdown and the potential for home schooling. Service providers from across the public and third sector were concerned that children's participation in learning during lockdown was inhibited by a lack of access to basic resources, such as phones, tablets or laptops, or the cost of the internet. Third sector workers reported that some families were sharing one device for multiple purposes - school work, social contact with friends and parents doing their own work.

> *So they perhaps have an iPad in the house, or a laptop in the house, but if there's a parent and three children in the house, and perhaps only one or two devices, then you know, that's not going to work. (Joanne, third sector, Glasgow South).*

Some interviewees noted that although the local authority had planned to disseminate digital devices (iPads) to all school pupils in Glasgow city, this programme had not yet been fully rolled out. However, even if families had access to digital devices, the cost of the internet was an additional barrier to access.

> *Some of the schools have actually started sending out homework exercises by post because I think they'd assumed that people would be able to access digitally, and they can't. If Glasgow had managed to complete its programme of giving every kid a tablet […] that might have helped a bit, but even then, we've got households that are lacking broadband access and only have very small data packages on their phones (Sarah, third sector, Glasgow City).*

Most interviewees identified digital access as a key concern. A few highlighted the implications of digital inequality on home schooling and educational attainment.

Housing inequality

In some high poverty neighbourhoods in Glasgow the rate of household overcrowding is over 30% (for example Govanhill West and Drumchapel North).[9] Overcrowded households make it easier for the virus to be transmitted, and a recent study (Barker 2020) has found a correlation between COVID-19 mortality rates and areas with issues of overcrowding. People on low incomes are also more likely to live in overcrowded households and to have people over the age of 75 years living with them (in multigenerational households) where the risk of mortality is higher (Barker 2020).

The majority of third sector research participants reflected that the experience of lockdown differed greatly depending on housing situation. They were concerned that lack of private outdoor space combined with the inability of children to go out and play in the street, was impacting on family wellbeing. Similarly, not having enough rooms for family members to spend time on their own.

> *Young people who have very high energy levels and running round the living room in a small house that's jam packed with other young people isn't going to be helpful to everybody else. But if you don't have a garden then it's very difficult for a young person to burn off that energy. (Jill, third sector, Glasgow City).*

One participant described the inherent social isolation of poverty and how the pandemic and lockdown in a small and cramped conditions, created additional fear and isolation:

> *Isolation, you know, the isolation of it. Poverty, you know that whole poverty. Feeling trapped […]. Now we are adding being trapped in a tenement building, a flat, scared (Theresa, third sector, Glasgow South).*

Some frontline third sector interviewees explained that having been in regular contact with families, they found that parents were tired and frustrated trying to keep children entertained and engaged in healthy and constructive ways. This was particularly challenging for parents who were also expected to work from home and juggle their work with childcare. Lockdown and the lack of space from other family members in the household was considered to have put a huge amount of pressure on families.

This section has focused on the socioeconomic impact of the COVID-19 pandemic and lockdown. Before going on to explore how services managed to respond to support families, the next section outlines the impact of the crisis on family wellbeing.

Impact on family wellbeing

Adult mental health

New evidence shows that the crisis and lockdown is having distinct impacts on the mental health of children and their families (Banks and Xu, 2020). Communities with high levels of mental health problems in the adult population are likely to see these issues exacerbated making the household

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[9] See Appendix 3, Figure A4.1 in this report and Children's Neighbourhoods Scotland – Migrant Families and the impacts of Covid 19 report (forthcoming).

context for children more challenging. In Glasgow, 18% of males and 25% of females have common mental health problems respectively.[10]

Many of the families who engaged with the local service providers interviewed for this study had pre-existing vulnerabilities such as financial insecurity, health and wellbeing, or child protection concerns. As such, they were more vulnerable to the mental health effects of the crisis and lockdown. Going out to visit families on a regular basis, third sector workers observed that after the first couple of weeks, when the initial rush to organise food provision had settled, families were in greater need of emotional support. This was illustrated through a report of one parent's experience who initially appeared 'upbeat' and hopeful that she would be able to cope:

> *By week three, going out, you could see a distinct difference in mum. […] Her mood had dropped quite significantly, and she was clearly much more worried about the implications moving forward. And that was resulting in her becoming much more stressed with the children, as well. And, she knew that herself. So, she stood for much longer to talk to us at that point, I think, because, she needed to (Joanne, third sector, Glasgow South).*

Parents' confidence, skills and resources to support children's learning at home
Parents were described by many third sector workers as 'really struggling' with home-schooling, in part because of practical reasons including lack of digital access (as previously discussed), lack of time, especially if caring for younger children and working from home: *'For those of them that are still working trying to juggle work and childcare and home schooling – it is a big ask' (Sarah, third sector, Glasgow City).* Families with children with additional support needs, and children with autism were also said to be *'struggling'.* Interviewees also mentioned the low confidence of some parents in their intellectual ability to support their child(ren)'s learning during lockdown, adding to the stress and pressure on mental health.

After lockdown the Scottish Qualifications Authority announced that young people would be expected to complete and submit coursework that would be assessed. This decision was later withdrawn, however this announcement suggested that there was an assumption, at least initially, that families would be able manage home schooling for assessment. For one education official, the expectation that children would have the necessary learning environment for assessment, was very worrying:

> *[I]f you're a child in a family without that kind of [social] capital, you are […] plummeting at a vast rate of knots (Mary, public sector, Glasgow City).*

Children have experienced significant disruption to their normal routines, such as changes to their sleep patterns, and this was also felt to impact on their wellbeing and their ability to learn. One third sector interviewee, Melanie, suggested that moving away from the formal curriculum during this time would be advantageous: 'c*hildren should be left to play and learn life skills'*. The parents she supports were feeling too much pressure from schools and she said that parents felt that this pressure impacted on their relationship with their children during lockdown. She added that many parents are very worried about the reopening of schools because of concerns about their safety.

Accounts of the experiences of families under lockdown highlighted the interlinked pressures of trying to juggle working from home, with childcare, home-schooling and digital access. This was a challenge for all families, but most participants felt that families in poverty had fewer resources to cope with these pressures and there were significant additional pressures on families looking after children with

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[10] Percentage with common mental health problems, defined as a score of 4 of more on the General Health Questionnaire (12 item version) (GHQ12) (ScotPHO). See Appendix 3 for more detail.

additional support needs. For families experiencing financial distress and disability, home-schooling was particularly challenging.

Social relationships, support networks and digital exclusion
All interviewees stressed that the loss of social relationships and support networks, both formal and informal, placed an additional burden on families during lockdown. Not being able to see their friends or to go out was challenging for children and young people. Some children were described as *'withdrawn'* and *'teary'* because they were missing their friends, and one interviewee in child protection suggested this was particularly difficult for adolescents given the importance of peer relationships at that developmental age.

Frontline third sector workers highlighted that some young people had experienced disruption to semi-formal relationships and support networks, such as volunteering and befriending services, as a result of lockdown. One interviewee explained that in-person befriending visits had to cease, and although telephone and online contact had continued, this was difficult. Some children and young people are reliant on their parents to use digital devices and may be losing out on valuable support from mentors or befrienders because for financial reasons, or for reasons of their own safety, they do not have access to their own devices.

Inequality in access to the internet was raised as a concern, not only for home schooling, but also in terms of being able to access information and maintain relationships during lockdown. Frontline workers perceived that a lack of or shortage of suitable devices and the cost of the internet has been a barrier for families in terms of being able to or to connect via social media or use the internet to access services such as online shopping and participate in a group session on Zoom: *'some of our families don't have access to even some of the most basic resources for them to participate'* (Joanne, third sector, Glasgow South).

Parents have struggled with the loss of face-to-face contact with key workers, friends and family. The everyday interactions which previously gave parents the opportunity to speak about any issues or concerns relating to their children were no long available:

> *The support networks are gone. So, you know, being able to even come into our nursery, drop your child off and have that conversation with your key worker is gone. Even though we're doing it on a phone call, it's not the same […] They can't even go and see gran or, you know, their sister or anything like that (Theresa, third sector, Glasgow South).*

One participant explained that around 68-70% of the families her service works with are single parents and around 64% families experience in-work poverty. Single parents with children at home were especially vulnerable to loneliness during the lockdown period due to the loss of informal and formal support networks. Parents (especially single parents) often rely on grandparents or other family members for childcare, allowing them to go to work, so the loss of this social support affected household income, exacerbating the financial distress described earlier. This disruption to social relationships and the social isolation described by the organisations interviewed in this study raises issues regarding the long-term psychological effects of lockdown and the challenge of how to reconnect families to services once lockdown is over.

Access to public services
A third sector manager suggested that lockdown has exacerbated barriers for families accessing statutory services. She explained that families often need the support of third sector workers to navigate the *'system'*, because *'families fear authority at times'*. In normal times, this organisation would support families by helping them to interact with health professionals and accompanying them

to appointments, but this was no longer possible. The lack of access to advice and support led to concerns that health problems might not have been diagnosed and added to the anxiety of parents[11]:

> *And a wee cough can become something different and, you know, it might be nothing but they are panicking. You've nobody there to reassure you. You come into the nursery, your child has got a rash, you can show that to your key worker and they'll give you advice, or phone the doctor (Theresa, third sector, Glasgow South).*

Most interviewees, particularly those third sector practitioners who work closely with families, expressed concerns that families who were previously supported by quite a wide range of services, during lockdown were receiving little or no face-to-face support at all.

> *[T]here are families that ordinarily would maybe have […] face-to-face support from school or nursery, […] the health visitor maybe going in. They might have myself going in. They are maybe seeing the GP fairly regularly. They might have social work involved […] They've got all these other agencies involved […] and currently they're not getting any face-to-face support (Louise, public sector, Glasgow North West).*

The COVID-19 crisis created significant challenges for managing services that require contact in-person, within the government guidelines. Only the highest risk children and adults were seen by social work during this time and their priority caseload was constantly reviewed during lockdown. Most other public services were not allowing face-to-face contact for safety reasons. This resulted in the third sector being 'first responders'. This finding is explored further in Section 4 of this report on Service Responses – adapting to the new normal.

Child welfare and trauma
Most interviewees were concerned about the potential for a rise in domestic violence. In Glasgow, the rate of domestic abuse per 10,000 population is already much higher than the national rate at 146.9 compared to 111.5 (Appendix 3).

A third sector interface manager reflected that in the first few weeks, the priorities for families were their immediate material needs such as accessing food, so people were unable to '*even think about accessing support for domestic abuse incidents*' (John, third sector, Glasgow City). Participants noted that after the initial weeks of lockdown there was an increase in calls to helplines for support. The situation was described as a 'pressure cooker', as people experiencing domestic violence were unable to escape from their homes, which would undoubtedly have had an impact on children.

Both third sector and public sector interviewees raised concerns that lockdown was '*stretching people's capacity beyond its limit*' and the potential for that to '*translate into increased abuse and neglect*' (Kirsty, public sector, Glasgow City). Lockdown restricted the ability for teachers, health workers and other universal statutory services to detect changes and raise concerns about children. Third sector organisations who were taking referrals for food provision and other support from the Glasgow Helps helpline, reported that they had raised child protection concerns themselves.

Interviewees highlighted that many 'vulnerable' families who were eligible for a place in the school hubs that were operating during lockdown had not taken up the offer, in part due to a sense of stigma. Some third sector organisations were trying to help social work assess the wellbeing of potentially vulnerable children:

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[11] An issue raised in Section 1, particularly related to clinical vulnerability.

> *Everyone's just gone under the radar, because no one is going into any homes, nobody's really picking up any of the issues. I know health visiting are still going in for some of their key visits, if they can [...] and social work were saying "if you could even have any, face-to-face, over social media, kind of chats with the kids, just to check in with the kids, and see how the kids are getting on" (Suzanne, third sector, Glasgow North West).*

The sudden loss of contact with teachers, doctors, social workers, youth workers, and carers, during this period meant there was a reliance on the third sector to sustain contact with families. The prediction from many services was that as the lockdown restrictions eased and children and families started to interact with public services and key workers, then the longer-term and enduring effects of lockdown on psychological wellbeing would begin to emerge.

The ramifications of lockdown were considered to be particularly challenging for families with children with additional support needs. One interviewee described relationships with key workers as important to emotional wellbeing of these children and access to therapeutic services had been disrupted with lockdown. She described seeing one of the children that she normally worked with after the first week of lockdown:

> *He was absolutely distraught, because his world had been completely turned upside down, and everything about it was wrong for his condition. […]And you know, the fact that he was then distraught, and so were his parents, but then he also has a sibling, an older sibling, and the impact on him was pretty huge as well (Joanne, third sector, Glasgow South).*

Keeping children with additional support needs (ASN) occupied during lockdown was described as a huge challenge for parents. One interviewee gave an example of a parent with two children, one with an autism diagnosis and another awaiting diagnosis, who was experiencing 'anguish' trying to keep them safe and occupied. Further, she pointed out that the scaling back of non-urgent clinical services during the COVID-19 crisis has impacted the diagnosis process for some families with children with ASN.

Participants also cited other examples of how different disadvantages intersect to make the lockdown more challenging for specific groups. Disabled people have been disproportionately affected by the removal of face-to-face support from statutory services and more informal support networks increasing social isolation. Racial inequalities exacerbate the impact of lockdown [12]. Third sector organisations working with BME communities reported BME children and young people lacking digital access and having increased caring responsibilities. One interviewee noted that families who do not speak English as a first language face additional barriers trying to access information and support.

The findings from this part of our research suggest that people who are marginalised on account of disability, families with children with additional support needs, race and ethnicity, religion, have faced additional challenges during the COVID-19 pandemic associated with loss of contact with key workers, disruption to routine and social isolation.

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[12] This issue is explored in more depth in another, related study conducted by CNS on the experiences of refugee and migrant families see *Migrant Families and the Impact of Covid 19* (2020) forthcoming

4.   Service responses - adapting to the 'new normal'

This section of the report is divided into two parts. The first describes how services responded to the crisis by offering families support in the form of: responding to food and fuel poverty/insecurity; other practical support; supporting families' emotional wellbeing; and responding to child welfare concerns. The second part outlines the barriers and enablers that services faced in being able to respond in this way: the flexibility from funders allowing funds to be diverted to meet basic needs; and the challenges organisations faced in supporting larger caseloads including new service users often at reduced capacity.

Local services response to the crisis

Food provision
Food insecurity came into sharp focus during this crisis for a variety of reasons: aside from the initial short supply of food in the early weeks of lockdown, the drop in income meant that families had less money to spend on food, those in shielding groups were not able to access regular shopping, and school closures meant the loss of food provision via free school meals on-site.

Other barriers included parents being unable to shop for food due to health conditions, self-isolation, and the loss of support networks to help with childcare and shopping. The need for support was particularly felt by single parents and others who were not able to leave their homes for food shopping.

The availability of food shops in particular neighbourhoods was an additional obstacle to accessing food. Theresa, in South Glasgow, explained that in the neighbourhood she works there is no supermarket, so families are forced to either travel out of the area, choose more expensive options from other shops, or miss out on fresh produce: '*you're looking at a community like this - where's your nutrition?'.* This example highlights how place-based disadvantage posed particular challenges for some families with access to food during the pandemic.

Free school meals
In Glasgow, the most recent figures (2018) report that 30% of pupils in schools receive free school meals, compared to the national average of 16% (Appendix 3). With children at home instead of at school, family food budgets were stretched even further, increasing the demand from low-income families for support with food provision. Glasgow City Council acted quickly to ensure continued food provision for those children and young people who would have been receiving free school meals. The decision was taken to issue prepaid Farmfoods cards to the families of 32,000 children.

There were differing perspectives on using Farmfoods vouchers to replace free school meals. Some third sector interviewees pointed out that in some communities, the Farmfoods shop was not easily accessible without transport, or parents who were self-isolating were unable to spend vouchers. Further, interviewees raised questions as to the nutritional value of vouchers for a frozen food supermarket in comparison with a cooked school meal. Another interviewee noted that social work were able to offer additional food vouchers to families whose needs were not being met, but that many families were unaware that this support was available. Service managers were concerned that cash transfers might be used to support addictions, rather than to pay for food and other essentials. Evidence suggests that cash is less stigmatising and is a more accessible option for families (Purdam et al 2016, Treanor 2020). Latterly, a decision was taken for summer food provision in Glasgow to be via cash/bank transfer rather than vouchers.

Third sector role in food provision

> *Tens of thousands of households a week are getting food provided by a voluntary organisation in the city. We are seeing an outbreak of neighbourliness and volunteering that […] in different times we would be really excited about (John, third sector, Glasgow City).*

Both public sector and third sector interviewees acknowledged that the third sector was well placed to respond to the immediate needs of families regarding food provision because they were already embedded in most high poverty neighbourhoods in Glasgow. Funding was made available from the Scottish Government (Food Fund)[13] and the local authority grant funding criteria was relaxed to enable third sector organisations to deliver this provision. One public sector manager explained:

> *We don't have, we're not set up, we're not in place, as an organisation, to be addressing what I would call the 'short-term crisis' […] The third sector have almost stepped in there (Alistair, public sector, Glasgow City).*

Third sector organisations who work with children and families responded quickly to this need through offering shopping, food packages and helping to support foodbanks which were being overwhelmed by referrals. Interviewees from the third sector explained that their organisations began distributing bags of food to the families they would normally work with and they were working with partner organisations from both statutory services and the third sector to provide food to other people and families:' *So we send a meal bag out and then we send fresh veg and fruit and stuff like that with the bags as well' (Tim, third sector, Glasgow North East).* One third sector interviewee gave an example of receiving a call from a single mum whose youngest child was unwell with potential COVID-19 symptoms and needed an emergency food parcel. The mother told the responder '*I don't have anybody to reach out to' (Theresa, Glasgow South).*

The scale of the third sector response to food insecurity is presented in Table 2. The table presents the scale of the response for a number of organisations which provided food to communities during the lockdown period. According to data from the Glasgow Council for the Voluntary Service (GCVS), around 170 organisations listed in the Glasgow Helps Directory were delivering food parcels or hot meals.

Table 2. The scale of the food response by organisations in Glasgow during the COVID-19 pandemic

Organisation	Scale of response
Partick Thistle Trust	25,000 meals
Brunswick Centre	7,500 emergency food parcels, 18,000 meals, 2000 lunches
PEEK	200,000 meals by end of July
Well Fed Scotland	200,000 meals by end of June
Sikh food bank	80,000 meals
Glasgow's Golden Generation	6,500 parcels to older people
Drumchapel food bank	Food parcels (enough food for a week) to 4,200 people, 2000 hot meals
FARE Scotland	1 million meals by end of July (through 80 partner organisations)
Fare Share Glasgow	100 tonnes of food a week - equivalent to 250,000 meals (supplying a wide range of other organisations)

Source: GCVS

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[13] https://www.gov.scot/publications/coronavirus-covid-19-food-fund-guidance-to-local-authorities/pages/annex-b-community-food-infrastructure/

Previously allocated funding for food-related activities such as holiday food funds, as well as new emergency funding pots and fundraising campaigns, allowed organisations to deliver this provision. Data provided by GCVS (Glasgow's third sector interface) shows that Glasgow received approximately £7 million for food via COVID-19 grants funded by the Scottish Government plus £2.7 million from Glasgow City Council for the Holiday Food Programme. However, interviewees in our research also suggested that in some cases, third sector staff and other volunteers were giving up their own time and using their own cars to ensure vulnerable families were receiving food.

Some third sector organisations made efforts to ensure food parcels were planned so that there were the right types of ingredients for families to be able to cook nutritious meals. '*As a team, we chatted about how we make sure we're getting fresh supplies in there as well. And … online recipes and online demos' (Suzanne, third sector, Glasgow North West).* These creative ways to help families cook and eat well together during the pandemic may have helped to offset some of the stresses associated with lockdown.

Pre-existing relationships with families meant that third sector organisations were in a good position to act as 'first responders' in relation to emergency food provision. As well as food banks and the third sector organisations, a number of community-based mutual aid groups emerged with volunteers engaged in food shopping, prescription pick-ups, and check-ins on vulnerable people. In addition, some private sector organisations were keen to contribute, including local restaurants linking up with third sector organisations to provide hot meals to individuals and families who needed them.

Food provision – issues with coordination and responding to complex and diverse needs

A small number of interviewees suggested that the need for a rapid response to food insecurity had resulted in some logistical challenges. In addition to the problems previously discussed regarding vouchers replacing free school meals, other barriers included ensuring the right type of food was being supplied to families. The complexity of different families' needs - for example, being unable to eat certain meats for religious reasons, or having other dietary requirements - were challenges for food provision. One interviewee noted that families that had children with additional support needs, in some cases, refused the standardised food parcels because their children would not eat the food that was in them.

There were also problems with coordinating and organising the food provision across different charities without a clear system in place. This situation was helped by greater coordination '*behind the scenes'* as frontline staff worked out who had the '*connections and the contacts'*. The nature of this *collaboration* is discussed in more detail in Section 5 later in this report.

A recent survey of 211 community organisations on the frontline of emergency food provision in Scotland, found that even though the majority of respondents felt the provision was working well they were concerned about future demand issues when emergency funding expired and that they were not able to reach all of those who need support (Poverty and Inequality Commission 2020).

Fuel poverty and other practical support

As more families were at home working, due to unemployment, or with children, there were also challenges with increasing energy bills. Before the crisis nearly a quarter of households were in living in fuel poverty in Glasgow (see Appendix 3). It is predicted that fuel poverty will increase in the crisis and recovery periods, with market research anticipating that household energy bills will increase by an average of £32/month (Deery 2020). Citizen's Advice Scotland notes that those on pre-payment meters will be hit hardest as the majority are single parents, unemployed, young people or renters who were at highest risk of fuel poverty before COVID-19 (Deery 2020). A small number of examples

of third sector organisations seeking to mitigate fuel poverty and other increased costs (such as the internet and devices to support home learning) were also highlighted during the research.

In some cases, this meant repurposing funds to meet emergency needs. In others new funding sources were sought *'for financial support - top ups for gas and electric, or maybe getting a wee hub for Internet for 30 days' (Frances, third sector, Glasgow South).* Other examples of practical support to help families during the initial lockdown period included dog walking, check-in phone calls, befriending, and prescription delivery. Third sector organisations interviewed as part of the research were also able to respond to other needs quickly, such as nappies and formula milk for babies: *'if you've got a young… baby or toddler living in the house, we do have a lot of baby formula, nappies, and […] we've got funding to do wellbeing packs as well (Tim, third sector, Glasgow North East).*

Supporting families remotely
Those third sector organisations involved in our research responded to the need for activities to keep children entertained and occupied by switching quickly to online provision:

> *And at the beginning of each week, we'll produce the […] TV guide, which is backed up with an activity guide. And it's basically taking the majority, as much of our services, online, as we possibly can (Joanne, third sector, Glasgow South).*

Activity packs for children and adults, such as arts and crafts, crosswords and windowsill growing pots provided an alternative to online content and a different type of stimulation. This approach addressed digital exclusion and the need for different activities to address children's boredom and the wellbeing of adults during lockdown. Interviewees spoke of checking in with families via telephone, FaceTime, Zoom and social media. To try to mitigate the social isolation described in the previous section as a result of lockdown, services which normally offer in-person contact- one-to-one or group- shifted to online provision. Many services managed to maintain good relationships with their families and young people while communicating via telephone or post. One third sector frontline worker described how her organisation quickly set up online support groups and activities to keep families entertained:

> *'We've got a Mums' Night, which is every second week, for mums to get together and have fun together [….]   And then we've got our Friday night family disco online' (Suzanne, third sector, Glasgow North West).*

Similarly, another interviewee suggested that the shift to using digital tools for communication and activities had some positive effects: *'it actually helped those young people to open up a bit more and reveal more about their anxieties, than they might have done in group work [in person]' (Sarah, third sector, Glasgow City).*

Third sector interviewees described how they had to provide a completely different type of service to ensure that families were still receiving support under lockdown. And this change was across all service areas, as noted by a local government funding officer: *'mental health, employment, arts, learning, […] a whole range of issues are being addressed just completely differently to how they were before' (Rowan, public sector, Glasgow City).*

Supporting mental health and wellbeing
Interviewees noted that when delivering food parcels to families, it was evident that in some cases parents required emotional support and someone to talk to. Although the majority of provision had to be moved to online or remote support, organisations were still able to provide emotional support and reassure families that they would always have someone to reach out to:

I think additional support in terms of being able to engage with somebody, that somebody phoning you, and actually, do you know what? Somebody cares. Whether you want to take that call or whether you don't, or whether you look forward to it, I think that support, they know that somebody is still there. They know the [third sector organisation] is still looking out for them, and we're still caring, and they're not alone. We've not just went away and sat in the house and just left them. And I think that's really valuable (Theresa, third sector, Glasgow South).

Third sector organisations continued to support people with wellbeing and any mental health issues who were needing support. One interviewee explained that a service user had been called for a Personal Independence Payment (PIP) tribunal[14] despite the lockdown situation, and he would have had to attend this without any support from organisations who would normally be able to accompany him: '*He'd got himself into quite a state because of his medical condition. He does struggle a wee bit concentration-wise on the phone, so he was going [saying], "I don't know how I'll be able to cope with this"*' (Louise, third sector, Glasgow North West). She managed to liaise with his GP and advocacy organisations so the tribunal could be delayed demonstrating the value of the third sector bridging role between vulnerable people and the statutory services they engage with.

The need for face-to-face support

In the most part, the continuation of in-person support was limited to third sector organisations 'checking in' on families when delivering food or activity packs to their door. Even that limited contact was considered valuable as frontline workers could see parents and children and get a sense of how they were doing. One participant explained that a youth project worker had been delivering food packages to families of the young people they support and for the first time got a sense of the conditions the families were living in:

[…] he said that was an eye opener for him. He knew they came from difficult backgrounds but he had no idea how difficult, because the kids hadn't told him how difficult, and he said he was going in and finding the parents flaked out on the sofa completely wasted and no food in the house (Sarah, third sector, Glasgow City).

In some cases, face-to-face support was still available for those who needed it. Talking about a family with a child with additional support needs who was struggling with the effects of lockdown, one interviewee explained that her organisation had to do *'a lot of intensive work [in order to] give the family a bit of confidence to allow him to come into nursery for some respite'* (Joanne, third sector, Glasgow South).

Statutory nursery and school provision were open to children of key workers and 'vulnerable' families, however one interviewee argued that the 'vulnerable children' label has been a factor in the small number of eligible children attending schools or nurseries:

It feels discriminatory, and there's stigma. There's a stigma if you walk in the school gate just now and people know you're not a key worker (Melanie, third sector, Glasgow South).

An interviewee working in the public sector field of child protection explained that social work were continually reviewing and prioritising the children most in need of face-to-face support: *'There is now face-to-face contact, but it still would tend to be the most urgent situations, and where it's felt that there is no other option but to visit the family home'* (Kirsty, public sector, Glasgow City). This interviewee explained that 'interim' child protection procedures had been drawn up to deal with the

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[14] Personal Independence Payment (PIP) – a tribunal is called if the decision on PIP is challenged.

current circumstances, including teleconferences. It was felt that child protection services had managed to adapt very quickly and effectively and had develop a new system at speed.

The findings presented in this section have demonstrated how the organisations which took part in our research- both public and third sector- responded quickly and effectively to the needs of families in the early stages of the crisis by mitigating the effects of food and fuel insecurity and providing other practical and emotional support. The next section describes some of the enablers and barriers that services faced in being able to offer families this support.

Enablers and barriers to responding to families' needs

Grant funding provides greater security

Many third sector organisations were given permission by their funders to re-purpose previously provided funding. Those organisations that were able to adapt their services quickly to meet local needs, were usually grant funded. Grant funded projects were able to negotiate new arrangements with their funders to allow them to re-prioritise to meet the most immediate needs. Those third sector organisations that relied on fundraising and other income sources, were more exposed to the economic effects of the pandemic:

> *Organisations that are reliant upon trading or fundraising have seen their incomes drop dramatically. So, we're seeing almost a split in the sector in terms of how organisations are able to respond. Some, mainly grant funded, are able to quickly reallocate resources and help people, others that [...] have their income from other sources are having to furlough staff and actually do less, just at a point that they want to be able to do more (John, third sector, Glasgow City).*

An official responsible for local government funding explained that with lockdown the funding criteria for grants was immediately reviewed and relaxed to support local organisations to respond to the pandemic. This enabled third sector organisations a shift from working with groups to working directly with individuals and families in their homes and supporting them with the resources that they needed. In order for grant funding processes to continue during lockdown there was a suspension of (nearly all) committee structures. Officials had to design an entirely new funding mechanism while ensuring that the scrutiny and accountability of funding procedures remained robust. This entailed a new decision-making process of delegated authority for funding decisions and accountability through the committee chair. They then had to negotiate additional resources from other departments to continue the administrative processing of funding applications. The relaxation of criteria and deviation from standard protocols meant considerable time spent fielding enquiries from staff and funding applicants and writing new guidance to cover issues such as funding eligibility to pay for fuel cards. Underpinning this rapid change in standard operations was an attempt to be responsive to emerging needs. '*We need to listen to what people are saying [and] continually adapt the funding approach to meet needs' (Rowan, public sector, Glasgow City).* This adaptability signalled a potential shift in the approach to funding third sector organisations extending beyond COVID- 19.

New funding sources

New funding sources supported a lot of the provision described in the previous section, particularly around emergency food supplies. Participants highlighted how quickly this was provided by funders:

> *The speed at which the Government, both national, and local, have turned this around, has been phenomenal. I don't think, in all my days, I don't think I've ever experienced funding getting turned out quite so quickly (Joanne, third sector, Glasgow South).*

There were some implications from turning funding applications around so quickly. One interviewee described changes made to criteria and eligibility after her organisation had submitted a funding application, however, she noted that funders seemed to be applying flexibility around these issues. In one example, a funding application had included funds for a staff member which was subsequently rejected because it was not a 'new' cost. The funders recognised that the organisation's income had largely disappeared, so allowed the organisation to make a case for funding what was classed as an 'original' cost.

Some organisations are part funded by Glasgow City Council and noted that the local authority was keeping in regular contact to support the work that the third sector were doing and showing flexibility in what they would fund. Other funders assisted organisations in their endeavours to support families by offering extensions to funding:

> *We are spending a lot of the volunteer expenses budgets that would normally go on activities and travel, on food and care packages for families who are struggling (Jill, third sector, Glasgow City).*

One third sector interviewee pointed out that not being able to give cash to individuals or families, which is a common restriction on funding, was a barrier to responding to the needs of families beyond food provision. They explained that offering supermarket vouchers could help families in this way:

> *And, you know, if it's Asda, they can maybe get their child a new pair of pyjamas or a toy. It might be somebody's birthday and they've got reduced income. Just takes that bit of the pressure away (Frances, third sector, Glasgow South).*

This third sector worker also suggested that while funders may not consider items such as a toy or a new pair of pyjamas for a child essential, they help to relieve the pressure on families. It was a challenge for third sector organisations to work within strict funding parameters while still responding to the needs that families have in coping with COVID-19.

Supporting new service users
Interviewees explained that they were engaging with people and families who would not normally access their services but required support as a result of changing circumstances, such as an increase in financial distress. Third sector organisations spoke of being 'overwhelmed' with requests for support from new individuals and families who had lost income and were struggling to cope (see page 13 on new low-income claimants).

Several interviewees expressed concerns that people whose circumstances have 'dramatically changed' were not yet known to public services and third sector organisations. One interviewee suggested that the best way to identify families in need of support was through partnership with schools and talking to headteachers: '*this is a really good route because they know who in their school is struggling'* (Theresa, third sector, Glasgow South).

Limited capacity to respond to complex mental health issues
Participants suggested that while the practical support the third sector were able to provide for families had been excellent, there were limits to its capacity to respond to more complex needs around mental health. There was a strong sense that the effects of the crisis and lockdown have had a significant impact on mental health which will require a long-term response, particularly for those families who were previously 'just coping' and suddenly had to deal with increased financial distress and the loss of support networks. One third sector interviewee reflected that while *'there was a willingness to help'*, professional expertise was needed: *'We're not experts in mental health issues. We're not experts in dealing with anxiety and depression' (Jill, third sector, Glasgow City).* The NHS mental health service (CAMHS) was already overwhelmed by demand before the COVID-19 crisis and the situation is likely to worsen, underlining the need for more mental health support at a local level:

…there are young people who have really quite acute and worrying mental health issues who cannot get a service from CAMHS because they're…you know, they can't even get assessed because the waiting lists are so long and […] it's been worrying for a long time but I think it's […] going to become more and more difficult (Jill, third sector, Glasgow City).

Increased pressure on staff

Many organisations were trying to support increased numbers of individuals and families despite having reduced capacity due to fewer staff being available. Some interviewees raised the issue of anxiety amongst frontline workers of being exposed to the virus, the risks to their health and uncertainty about what they were allowed to do*: 'it's the fear and anxiety, […] will I catch it? What will I do? Will people die? And, should I be doing this? Should I be doing that?' (Mary, public sector, Glasgow city).* This anxiety and the increased workload risked putting pressure on the mental health of staff members particularly when supporting the emotional and wellbeing needs of families. One interviewee stressed the importance of leadership on staff wellbeing:

I think leaders really need to listen to what their workers are telling them. As they should at all times, but I think it's more crucial now, and to let people know that they're appreciated, and to acknowledge the anxieties that people are living with on a daily basis (Kirsty, public sector, Glasgow City).

The findings presented in this section have given an insight into the factors which enabled services to respond quickly and effectively to families' needs – primarily the flexibility from funders as well as the challenges faced by services in trying to adapt their provision in the context of a pandemic lockdown.

5. Collaboration

This section of the report is divided into two parts. The first describes the enablers of collaboration evident in the response of local services to COVID-19 and support for children and families in high poverty neighbourhoods. The second part discusses barriers to collaboration between the public and third sector.

Enablers of collaboration in the context of COVID-19

As a direct result of the COVID-19 crisis response this study found evidence of increased cooperation and collaboration between local services across third, public and private sectors. Third sector organisations worked together to deliver food and put an array of support in place. These organisations also worked with schools and private businesses such as restaurants and cafés who offered their services and provided food. Third sector interfaces (TSIs) provided a single point of access for support and advice for the third sector within local areas. At the community level, there were third sector organisations and employees with a facilitation role who supported local networks and groups engaged in the pandemic response. According to interviewees, interface organisations, at the city and neighbourhood level, played a key role in the coordinating effort.

> *I've been really quite impressed by the collaborative nature of how support is being coordinated. I think the [interface organisation] in particular have done an amazing job of coordinating that third sector response. And the way in which some of the third sector services have adapted so quickly, and really turned around how they practice, how they would normally deliver services, to fit with life as it is at the moment. That has really impressed me (Kirsty, public sector, Glasgow City).*

Against a background of tension and competition for third sector funding and reduced public funds, many third sector organisations came together to face the crisis in a new spirit of collaboration and solidarity.

> *There's no doubt. We compete for funding. We're all trying to do our own bit. But absolutely, I think this time, all the barriers went down, all the walls went down and we just said, right, okay, we've got a duty to do here […] Let's get together, and let's do this (*Theresa, third sector, Glasgow South).

A similar feeling of solidarity and *'standing shoulder to shoulder'* (Mary, public sector, Glasgow City) was observed between managers and directors in the local authority and with their public sector partners. This was also evident in the increased frequency of meetings between chief officers in the local authority and attention to sharing information, keeping up to date with emerging risks, policies and activity across the city. One public sector manager described the atmosphere: '*it felt like everybody was on the same page, and all really wanting to work together to try and get through this' (Kirsty, public sector, Glasgow City).*

Coordinating the local service response in a complex and rapidly changing landscape
The TSI for the city quickly recognised the urgent need for an online database of local services that could be updated in real time and linked to the calls from the COVID-19 helpline Glasgow Helps. After a period of mapping local service provision approximately 300 third sector organisations were identified across the 56 neighbourhoods in Glasgow City[15] as offering food and support with other COVID-19 related issues such as mental health. The database was used to signpost members of the

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[15] For neighbourhood geographies see https://www.gcph.co.uk/assets/0000/2751/Glasgow_City_–_small_area_spines.pdf

public calling for help to the most appropriate local services and to identify gaps in local provision. The helpline and database also enabled call handlers to route members of the public interested in volunteering to the relevant opportunities. The development of the database and helpline revealed the complexity and diversity of service provision across the City as well as the diversity of need.

City-level collaboration- sharing resources and redeployment of staff
At a city-level Glasgow Helps was an example of a new citywide multisector partnership established at speed following the announcement of lockdown. The Council were very quick to respond to the proposal to set up the hotline with Fire and Rescue also offering officers as call handlers for the helpline. This coordinated effort resulted in a 25-person team of multisector staff covering the line during working hours on a rota:

> *The helpline is a great example of some of the positive collaborations that we've seen, …we got help for that very quickly from [the public sector]. And by help I don't mean just the … usual kind of 'partnership' as in giving us money to go and do something. What we actually got is the offer of their staff time to man the phone. So if you phone through on that number you get one of five different organisations answering the phone and you don't know who it is. And that was set up in four days from start to finish (John, third sector, Glasgow City).*

The closing of physical venues operated by public sector bodies and the switch to remote working meant that some public services felt *'quite distant from the communities that we're working for' (Alistair, public sector, Glasgow City).* This was particularly prevalent for public sector organisations that relied on being co-located with other services, in the same physical venue and their ability to signpost members of the public to other organisations.

Redeployment and volunteering programmes for employees provided a means of collaborating and sharing resources across departments and organisations in the public sector. Staff who were not able to continue with their normal work were asked to put themselves forward for a skills match to services where there were shortages. For example, staff from criminal justice were redeployed to support the homelessness service and the social work call centre (Social Care Direct). A support programme was set up for public sector staff to volunteer for local charities, although this took some time, since it required community groups to meet statutory requirements and have the volunteering policies and procedures in place. Some staff chose instead to volunteer in their own time so that they could be part of the immediate response effort.

Local collaboration
From the research it was clear that at a local level there was significant evidence of collaboration through increased coordination of food deliveries, as well as joint bids for funding for food provision and emotional and wellbeing support. Organisations worked together to utilise their different strengths and resources, such as coordinating skills, premises, staff, volunteers, drivers and funding application writing skills.

> *So, we collaborated in terms of large buying, purchase buying. We're doing all that. All the deliveries come into this building. All the bags or food parcels are made up in here by our staff and other staff, a couple of volunteers. It's then delivered by our minibus of volunteer drivers [...] There's a huge passion around making sure everybody's okay (Theresa, third sector, Glasgow South).*

One third sector manager observed that teachers often knew very little about the local third sector organisations in the neighbourhood where their school was located. Collaborative working on food provision provided a new opportunity to build relationships between schools and local third sector

organisations. Working with food workers and volunteers, some schools were also delivering food packages to families that they knew required support.

At the neighbourhood level other examples of cooperation included local services finding innovative ways to help local families. In one neighbourhood the local housing association, youth projects and other services set up stalls in a public area to provide emergency food supply and advice for local people. A NSPCC funded project set up a toy library. While local people are collecting food, they could also use the toy library to pick up toys and games for their children and take them away. When families returned the toys, they were disinfected and sterilised so they could be used by other children.

Information and learning
One of the most immediate challenges of coordinating the service response to COVID-19 was how to monitor rapid changes in local service provision across the city. As one interviewee noted *'there's so much going on it can be difficult to keep track […] there might be something running one week that's then not on the next week or vice versa' (Louise, third sector, Glasgow North West)*. At a city and a local level, coordinators (in public protection) and third sector interface organisations were involved in an exercise of rapid information gathering to help public and third sector organisations keep up to date.

A key feature of this new collaborative effort was the '*voracious demand for information'* with webinars, video conferencing, as well as COVID-19 related bulletins and newsletters that during the initial weeks and methods were produced with high frequency. In local networks there were signs of a renewed energy and focus on learning and adapting to the new context including learning how to use new digital technologies and methods of remote working.

Established relationships and channels of communication
It was evident from the research that collaboration was strengthened by the continuation of established relationships and channels of communication. The ability to coordinate and respond so quickly was strengthened by pre-existing collaborative relationships. The value of these relationships and the effort to sustain them was evident in the ability of some local partnerships and networks to respond so quickly and effectively.

Collaboration in some high poverty neighbourhoods benefitted from the legacy of investment pre-crisis, such as the summer holiday food programme or programmes seeking to build more resilient communities. In the South partnership, one interviewee described as many as 40 partners who were already involved in work on resilience across the third sector and public sector including: police; health; social work; health and social care partnership housing associations; and the violence reduction unit (VRU).

Barriers to collaboration

Histories of conflict and tension between organisations: micropolitics and the dilemma of collaboration versus competition
A number of the third sector interviewees in this study observed that the COVID-19 collaboration between third sector organisations was significant because these organisations are *'constrained in the real world […] by having to be in competition with one another' (Sarah, third sector, Glasgow City)*. Partnership working was also impeded by '*such a complicated landscape of service delivery*' *(Rowan, public sector, Glasgow City).*

One third sector interviewee suggested that tensions between organisations were linked to the new forms of partnership working and funding arrangements of community planning. Despite the

association with community planning, the wider evidence suggests that these tensions are long-standing, stemming from the regeneration policies of the 1990s, the competitive nature of funding, the size and political leverage of different organisations in the city, magnified by the global economic recession of 2008 followed by years of austerity and public sector funding cuts (Bailey & Pill 2014; Kintrea & Madgin 2019).

Suspension of formal/strategic partnership working at the city level

With the UK government announcement of lockdown, the strategic focus of the local authority shifted to emergency planning within key departments and commissioning specialist services from the third sector. From mid-March 2020, the majority of Council-led meetings, were suspended including community planning and the sector and area partnerships that make decisions on funding and grants. At the time of writing there was no indication as to when these committees would resume [16]. Multisector city structures that continued to operate included a children's mental health forum and the Challenge Child Poverty Group facilitated by the HSCP. Some structures such as the Family Support Strategy group were temporarily suspended and then resumed in June/July 2020. TSIs continued to operate throughout the crisis, including the citywide third sector forum for children, young people and families[17]. This change in the partnership landscape was noted by a public sector service manager:

> *There seems to have been a significant reduction, in […] the formal partnership activity across the city in terms of planning arrangements. There have been emergency planning structures put in place, but they tend to be either city based with a lot of […] public sector and larger third sector organisations engaging […] so it's been a slightly strange, a slightly different thing (Alistair, public sector, Glasgow City).*

Some interviewees questioned the suspension of these cross-sector communication channels at such as critical time and suggested that this was a lost opportunity to work with the wider third sector and build a shared understanding of the national picture and Glasgow's response strategy.

> *That's not to say for example that [local authority] isn't having conversations with Barnardo's about parenting. I just think that's different from the involvement of the wider third sector in a strategic planning context. It feels like those mechanisms have been removed from us. I wouldn't have expected them to have continued business as usual […] to have continued with papers or anything else, but even just using the timeslots to have a Zoom catch-up I think could have been really useful (John, third sector, Glasgow City).*

Interviewees indicated that coordination efforts had been hampered by communication difficulties from director level to front line, which then led to difficulties with coordination across the public and third sector. News of the new Glasgow Helps partnership had not '*filtered down'* and officers in one department began building their own database. This situation was quickly resolved when the data gathered by the officers was brought into the Glasgow Helps directory.

Digital working - the need for a digital infrastructure for collaboration

With lockdown and the shift to remote working, digital technology became essential for collaborative working. There were delays in public sector organisations setting up their video conferencing technology, so TSIs stepped in to host a meeting on the Children's Services Plan on behalf of the HSCP using Microsoft Teams while they were waiting to have this software in place. Some interviewees

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[16] From July the Council went into recess and the Elected Members were not due to return until mid-August 2020

[17] This forum organised a webinar on 'Partnerships in Children's Services Post COVID-19' in June 2020 with the aim of improving collaborative working between the third sector and public services.

were critical of public sector organisations who did not adopt Zoom, the video conferencing software that was being widely used by other organisations. One third sector manager suggested that the prohibition of Zoom managed to *'trump all common sense' (John, third sector, Glasgow City).*

The absence of video conferencing within the local authority also created significant challenges for officers whose role involves working with and organising committees for decision-making. The few committees that continued to operate had to be facilitated through teleconferencing without the benefit of the visual cues and tools available with video conferencing, which was *'quite tricky to manage' (Kirsty, public sector, Glasgow City).*

Speed of response

Most interviewees noted the impressive ability of the third sector services to adapt their services so quickly. One public sector manager described the locally embedded third sector organisations as the *'primary engagers' (Alistair, third sector, Glasgow City).* A challenge for collaboration was the different speeds at which sectors were able to respond to the crisis. Local authorities were described by one third sector manager as '*not used to working nimbly and agilely and flexibly*' (*Sarah, third sector, Glasgow City).* When local authorities were ready to respond to the needs other members of the public who were shielding many third sector organisations were already providing these families with food and other forms of support.

Officers in the role of public administration, working for the local authority performed a high degree of invisible work that is not as noticeable as the practical and direct service delivery of third sector organisations. Despite this, one interviewee noted the effort and speed of local authority officers:

> *People have been working really hard, constantly revising what the contingency plan is […] so as new government guidance comes out, that's been turned around fairly quickly, in terms of adapting the response (Kirsty, public sector, Glasgow City).*

The different speed of response, and different institutional cultures, meant that rather than the citywide strategic response to COVID-19 being built from the bottom up, there was an over-layering of new policies and service activities at different times and phases of the lockdown. In a crisis, when there is little time for negotiation and planning this might be the most practical approach, but it raises important questions about the rationales underpinning multisector collaboration:

> *I think at the moment there's a real issue that bottom up is being crushed by top down. Not deliberately, with the best intentions. Third sector organisations were quick and out there delivering tens of thousands of meals a week to families. Over ten thousand households in Glasgow were getting packs from the third sector. That now looks to all be changing, because Glasgow City Council are distributing packs directly […] rather than working with the sector (John, third sector, Glasgow City).*

One interviewee felt that the public sector relied too much on the third sector being the '*first responders'* and that this was '*taken for granted'* by some large public sector organisations. Services that had struggled to gain funding were now being regarded as key services:

> *The way in which people have turned to the voluntary sector to look for a response has been remarkable. I think some of the public sector agencies [rely] on the voluntary sector at this point. There's a 'taking for granted' that happens. There's a, 'well, phone so and so and they'll deal with that' […] There are organisations in the public sector that have just assumed that the voluntary sector will pick this up (Jill, third sector, Glasgow City).*

One interviewee suggested that collaborative working, on its own is not enough to achieve resilience to a pandemic. Underpinning resilience in a crisis is '*relational trust*' and '*authentic collaboration*':

> *Where there is that strong culture of relational trust and collaboration, authentic collaboration – then resilience will be strong. And you will get a better recovery. Local authorities or organisations where that relational trust and collaboration is not strong, it will be slower to develop because you need that…it's about relationships and it's about trust (Mary, public sector, Glasgow City).*

This section has highlighted the importance of collaboration and coordination 'behind the scenes'; the importance of shifting focus from crisis response to longer term multisector strategic planning and the value of communication between third and public sector services. The next section examines the implications and lessons learnt from the pandemic for the future planning of services.

6. Future Planning

This section describes the priority areas for future planning identified by the research. These were the increased long-term demand for services including from new families in poverty; the need for community-based support for mental health for families and children; reconnecting and reintegrating families to services after lockdown; greater recognition of the role of the third sector in building a resilient society; the agency and leadership of children and young people; and need for new social and digital infrastructure for COVID-19 recovery.

Increased long term demand for services

At the time of research, many local organisations were only just starting to move out of emergency response mode and were beginning to consider their medium- to longer-term recovery plans. Service providers recognised that there were gaps in knowledge that need to be filled for them to properly plan for recovery. Key areas where they felt more evidence was needed included: deeper insights into how the circumstances of families have changed and are changing; the economic recession and impact on employment and training opportunities; and the implications of social distancing for organising face-to-face service provision.

Many interviewees framed the experience of the pandemic in the context of Glasgow as a city with a welfare system that was already struggling with high levels of poverty (see Section 2 Community Vulnerability). In addition to pre-existing poverty in the city, the crisis exposed the '*financial fragility*' of a new cohort of families who had been '*coping and even thriving*' in the past but were now only '*just coping*'. Those considered at risk were self-employed, those running small companies, people working in the hospitality and other industries negatively affected by the lockdown. Interviewees anticipated that many of these individuals and families would not be used to navigating the welfare system and would have little if any previous experience of receiving support from public services[18].

Little was known about the full impact of the pandemic on the wellbeing of families that were described by research interviewees as '*just coping*'. Third sector organisations were concerned that they may not be in contact with new families in poverty whose circumstances have changed and were now in need of support (see Section 2 New families in poverty). Identifying these families, the type of support they will need and for how long was highlighted by interviewees as a key issue for future planning.

Community-based mental health services

Related to the increasing stress on families from economic insecurity and lockdown were concerns about planning for future mental health and emotional needs. Most interviewees anticipated that there was a '*mental health storm*' ahead. The expectation by interviewees was that with the easing of lockdown, child protection and domestic abuse cases would rise. At the time of writing there was no clear evidence that child protection cases had increased, although one public sector officer spoke of evidence from other countries coming out of lockdown (China and Italy) which suggested that this was likely in the future. As routine contact with children by universal services such as education and health resumes, issues of neglect and abuse were also more likely to be identified and reported. The full scale

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[18] Note that public services in this context refers to third and public sector services delivered at a local level by professionals across sectors described here as front-line professionals, workers or staff.

of the problem was difficult to estimate, but one interviewee suggested services may have to prepare for an immediate rise in reports of abuse, mental health breakdowns and substance misuse '*we might have to weather that, before we get into recovery' (Kirsty, public sector, Glasgow City).*

A few interviewees suggested that community-based mental health services could reduce the pressure on statutory services and prevent more serious mental health issues. A funding officer working for the local authority highlighted the potential for expanding provision in the third sector:

> *There are brilliant projects out there, really, really good projects providing mental health support over and above the core support that is provided through, social work etc, and it could very well be about thinking about how we support those organisations to do more of what they're already doing (Rowan, public sector, Glasgow city).*

One third sector interviewee suggested that recovery planning was also an opportunity to reconsider how children's learning is approached and how valuable play can be for learning, emotional development, especially to support children with 'behavioural' issues, before psychologists are needed.

The new normal? Reconnecting and reintegrating with services after lockdown

Service managers raised concerns about how to reintegrate children and families back into services after lockdown, communicating and connecting with their social networks again. '*You're going to get families that are just going to self-isolate and go into themselves' (Theresa, third sector, Glasgow South).* Reconnecting children and families and teachers back into school after many months without direct contact was identified as a significant challenge for the future.

> *The children have now been […] at home with those families for a significant length of time. And how are they going to reconnect back into school and move back into that structure of school? I think that's an enormous challenge and cannot be underestimated. And we also have teachers who need to reconnect back into a school structure and overcome their personal fears and worry. That can't be underestimated either (Mary, public sector, Glasgow City).*

Closing the gap in attainment in the city has been a national strategic priority in recent years especially in the fields of early years and education. One interviewee remarked on how quickly this work had been overturned by the crisis, with children no longer having the face-to-face support of their key workers and peers during lockdown. There is strong evidence that the summer holiday learning gap has a significant impact on educational attainment - on how settled children feel on returning to school, their ability to learn and their wellbeing (Alexander, Entwisle and Olson, 2007).

Local service providers across the public and third sectors emphasised the need for a return to direct one-to-one support and were exploring how this might be possible within social distancing rules. Service managers were exploring creative solutions to enable face-to-face contact with families within their venues as soon as possible, within government guidelines, although for some public services such as libraries there remained significant logistical challenges. One interview participant recognised the support that would be needed to navigate the confusing transition from lockdown to relaxation of rules: '*I think once the rules are slightly relaxed, I think that will almost be more difficult for people to understand or accept what they can and can't do' (Louise, third sector, Glasgow North West).* Despite the difficulties, most participants emphasized the need to reconnect and reintegrate families and children as soon as possible.

Rethinking the future – social connectivity, resilience and agency

Both third sector and public sector managers recognised significant potential in the rise of volunteering and the actions of *'good neighbours'* in providing informal help and support throughout the pandemic. They hoped that this was not just a '*a flash in the pan'*, although there were many questions about how this activity could be sustained:

> *How do we make sure that we value them after this? […] Let's just not tell them to go home. We have to [..] nurture it and give them their space. (John, third sector, Glasgow City).*

> *'How do we mobilise and capture that resilience and activity and sustain it beyond this?'* *(Alistair, public sector, Glasgow City).*

A small number of organisations working at a local level expressed the anxiety that providing food packages to families during the lockdown would create '*new dependencies'.* On the other hand, the upsurge in volunteering around food offered new opportunities to widen the social connections in the local community and to engage local people in running food initiatives for themselves.

Interviewees across both sectors emphasised the importance of understanding resilience as linked to agency. They recognised that there is an opportunity to increase the agency and decision-making skills of children and young people through COVID-19 recovery. In the education sector recovery could provide an opportunity to *'rethink the purpose of education'* and return to a broader vision and understanding of what it means for children and young people to grow up to be resilient adults.

Recognition of the role of the third sector

The '*turn to the third sector'* in response to the pandemic[19] was described by one third sector manager as '*remarkable'.* Another concluded that community asset-based approaches had proven to be the most effective response to this type of crisis:

> "*We talk a lot about the value of asset-based approaches and community work, but actually these have really shone out as being the fastest and best response possible during this time. There's something here public policy wise […] about the value of community" (John, third sector, Glasgow City).*

The community response had taken some interviewees by surprise. One public service manager remarked *'they've mobilised themselves around this […] there's an element of resilience in these communities, in how they've engaged and got going'.* The same manager recognised the irony of public services sitting in community planning meetings talking about *'communities'* while these *'communities'* had taken action for themselves: *'the people' have got up and done it without us'* *(Alistair, public sector, Glasgow City).*

A key area of opportunity and potential for social connection is the digital world of public engagement. The third sector and local communities were already leading the way in this regard with their activity on digital platforms. A manager in the public sector expressed the feeling that public sector organisations do not currently have the digital infrastructure and capacity to fully engage in these relationships. In terms of community-based social networks, they were '*digital outsiders'*:

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[19] See 'the number of volunteer sign ups passes 76,000, 1st May 2020

The third sector and local communities have all developed these big […] Facebook platforms and Instagram platforms that they're all talking to each other on, individuals saying 'I've got Betty's shopping' or 'anyone got Betty's shopping for the week? […] It is like that almost, and we're not engaged at all. We can't engage […] because we just don't have the technology, the safeguarding […] for our staff to be involved (Alistair, public sector, Glasgow City)

A number of third sector participants hoped that greater recognition of the third sector response would lead to a future public and third sector partnership across the city that was '*taken more seriously'*. A public sector officer emphasised the important role the third sector was likely to have in meeting the future needs arising from COVID-19 related poverty including food and fuel, as well as supporting mental health. However, there were administrative hurdles to overcome, including the urgent need to streamline bureaucratic decision-making processes to enable a faster and more efficient turnaround of funding applications, continued flexibility with funding criteria and greater continuation of funding for ongoing work.

One interviewee recognised that coming out of the pandemic organisations would be facing a very difficult public funding context and this would precipitate the need for future public service reform:

What we are beginning to recognise is that the picture will look very different when we come out of this […] What is sustainable and what's not. It is going to be really challenging (Alistair, public sector, Glasgow City).

This section described the gaps in knowledge and concerns raised by interviewees, including the unmet needs of families who are 'just coping'; the demand for community-based mental health services; and the need to reconnect and reintegrate children and families back into services. There were calls for greater recognition of the role of the third sector, the importance of being socially and digitally connected to communities, and anxieties regarding the future sustainability of funding. The final section returns to the research questions that have guided this study (see Appendix 1) and discusses the broader implications of the findings from this research.

7. Discussion and conclusion

This report has examined the experiences of families and children in Glasgow going through a global pandemic and lockdown from the perspective of service providers, and the ways in which services sought to mitigate the worst effects of the pandemic. It has examined how services collaborated, the challenges they faced and their perspectives on the future priorities for public service reform and COVID-19 recovery. This chapter returns to the original research questions posed by this study and reflects on the insights gained from the evidence presented in this report.

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

The study found that the key challenges that families faced during the COVID-19 pandemic were financial, practical, emotional and digital.

Families that were 'just coping' on low incomes were at risk of falling into a 'financial void'. The pandemic and lockdown resulted in loss of income through unemployment, delays in universal credit and furlough payments, increased costs of food and electricity with families at home and the loss of free school meals. Service providers were concerned that these families would not know where to go or how to ask for help.

The pandemic shone a light on the nature of pre-existing inequalities and the extent to which individuals and families, particularly those in high poverty neighbourhoods, were more exposed and vulnerable, due to insecure work and employment, housing and digital inequality. Government policies of self-isolation and social distancing exposed the importance physical space, overcrowding, and housing, which shaped and differentiated the experience of lockdown. Learning during the lockdown period was impacted by the availability of digital devices, broadband, and mobile data to access an online curriculum.

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 stresses of poverty and social isolation in Glasgow. Heightened stress in children and young people was associated with a lack of personal space, loss of contact with peers and other adults, boredom and frustration in being at home but not stimulated, possible neglect and financial worries. The burden of such stress weighed more heavily on some families than others, for instance those living in low income, overcrowded and single-parent households. The stressors were increased for those living in neighbourhoods where it was a struggle to get basic food necessities and where the family did not have their own support network. Fuel poverty was an increasing issue with loss of income and prolonged periods of time at home. The vulnerability associated with living in a high poverty area was compounded for groups with additional disadvantage: children with additional support needs; children at risk; young carers and families with migrant and refugee status. Stressors were heightened for children and young people with additional support needs through the loss of routine and contact with key workers.

All 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. With the loss of social support from extended family and friends and contact with key professionals such as doctors and teachers, many predicted a rise in cases of domestic abuse and child abuse. This is supported by previous research which has shown that high

levels of family stress increases the likelihood of domestic violence and parental health problems, including alcohol and substance abuse and untreated mental health problems (Schonkoff 2020).

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 a negative impact of the COVID-19 lockdown on children and young people's learning and a widening of the gap in educational attainment. Research strongly supports that the gap in educational performance between children 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 the richest areas had greater access to interactive digital learning than other state schools (Andrew et al. 2020).   A report by Youthlink Scotland (2020) described children and young people in Scotland as feeling very worried about their education and their future. They were uncertain about how the lockdown period will affect their future education and career prospects. However, some participants in this study also pointed out that COVID-19 recovery policy was an opportunity to rethink the role of education in developing more resilient individuals and building more resilient communities. This could be achieved through a greater focus on wellbeing and community-based mental health services; increased opportunities for learning through play to help children to work through their experiences; and a more enabling approach to community food provision with children and young people taking leadership in local projects to support recovery.

At this stage, it is not possible to assess the longer-term generational impacts of the lockdown period. In the short-term, is likely that the impact lockdown on mental health and wellbeing will not be known until services such as schools, childcare providers and health and social care workers resume. When children return to being active in their communities and engage with statutory services, skilled professionals will be able to observe their behaviour and identify any potential child protection issues. Previous research has shown 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).

Only a few interviewees recognised as a priority the impact of lockdown on children's physical health, for example reduced physical activity, increased screen time and irregular sleep patterns and the increased risk of obesity (Wang et al. 2020). Another issue that was not highlighted by service providers was the unequal access to quality local greenspace and the 'green poverty' experienced by children living in high poverty areas (McNeil et al. 2020). Interviewees in this study did not discuss the gendered nature of childcare, with women having a greater burden of responsibility for childcare during this time (Power 2020). These issues were notable in their absence and merit further exploration.

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

The organisations interviewed for this study included housing associations, childcare providers, community links practitioners, education services, social work, libraries and leisure services, health and social care, youth work, befriending and mentoring services; third sector interface organisations.

The 'can do' attitude of the third sector in Glasgow during this pandemic was striking. Despite the numerous challenges they found a way to work 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 findings from this research demonstrate the importance of face-to-face support from key workers. One organisation reported that parents were living in 'complete fear' - uncertain about messages from government, feeling isolated and trapped. They were fearful of authority, including health services, and had lost the support they would normally receive from advocacy and other support workers. Local third sector organisations mainly focussed on emergency food provision, but they also demonstrated a high level of responsiveness and adaptability to the practical and emotional support needs of families.

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 were critical to identifying issues and providing support to families in high poverty neighbourhoods during the lockdown. The nature of service provision for families is usually through community venues, schools and nurseries. When the UK went into lockdown, many of these services supplied emergency food provision. Over time third sector organisations expanded their support to address other practical need such as digital access and emotional support. As such, third sector organisations adopted the role of 'first responders' or 'primary engagers'. This was possible for grant funded third sector organisations operating in high poverty neighbourhoods who were supported by their funders to repurpose their grant to meet the most immediate needs. Third sector organisations reliant on income from building lets, trading or fundraising were in a weaker position and were less able to respond to the crisis.

Statutory services suspended or reduced their services with the announcement of lockdown. School hubs were available for key worker children and vulnerable children. Child protection services, like other public services, adopted measures to reduce the spread of the virus, which meant reduced home visiting and prioritising only the most serious cases. Children's access to protective support such as the therapeutic interventions, including those provided in school, were also disrupted. The local authority continued to fund third sector organisations and streamlined funding and decision-making processes and decisions. Community planning meetings, the formal mechanisms for strategic planning across the public and third sectors in the city, ceased to operate with lockdown.

What were the key challenges that services faced in responding to the COVID-19 pandemic?
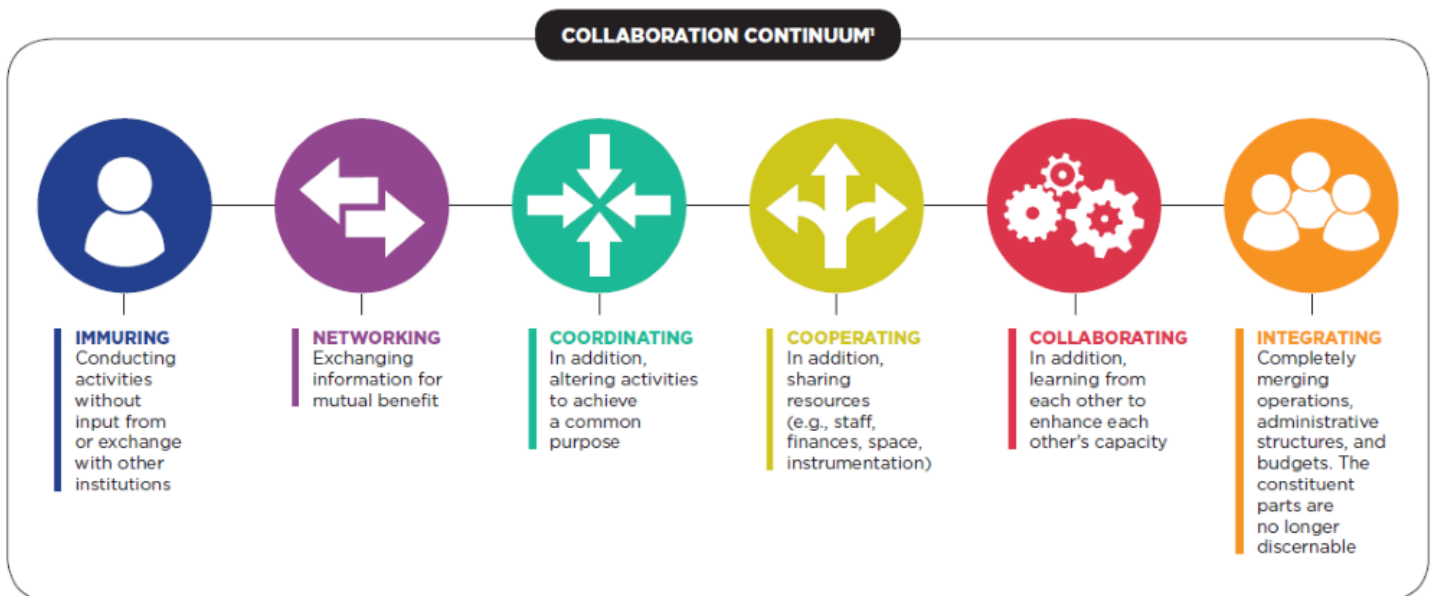
During the early stages of lockdown there were huge logistical challenges and operational issues for local authorities to overcome, as well as new national government guidance and public health briefings to interpret and act upon. The focus of attention was understandably on the most immediate and critical issues. Multisector collaboration at a city level was very effective on operational matters such as establishing the Glasgow Helps helpline, however, collaboration was considered to be far weaker at the strategic level and in the approach to emergency response planning. The decision not to continue with formal community planning meetings and to focus the emergency response on internal cross-departmental working within the Council risked overlooking the strategic role of the third sector interface and the value of engagement with the wider third sector.

Community planning partnerships are often regarded as 'secondary arenas' for policy and decision-making (Escobar et al 2018; Weakley and Escobar 2018). The shutdown of strategic community planning meetings in Glasgow with lockdown, may reflect that this type of multisector partnership is widely regarded as 'in addition to' rather than 'essential to' strategic service planning.

Himmelman's (2002) Continuum of Collaboration (Figure 1) provides a useful categorisation of collaboration along a spectrum of service integration. In the COVID-19 response effort in Glasgow this

research found evidence of most forms of collaboration- public and third sector organisations cooperated in new ways through the Glasgow Helps helpline, and there were signs of sharing information and learning from each other. This was clearly evident in research in the interactions between third sector organisations. There was also some evidence of sharing and learning between statutory services and the third sector. The local authority made important changes to funding and administrative operations, decision making structures and committees. At no stage was there any attempt at full integration of services, due to the nature of the emergency and the timescales.

Figure 1. *Himmelman's Continuum of Collaboration*

COLLABORATION CONTINUUM¹

IMMURING
Conducting activities without input from or exchange with other institutions

NETWORKING
Exchanging information for mutual benefit

COORDINATING
In addition, altering activities to achieve a common purpose

COOPERATING
In addition, sharing resources (e.g., staff, finances, space, instrumentation)

COLLABORATING
In addition, learning from each other to enhance each other's capacity

INTEGRATING
Completely merging operations, administrative structures, and budgets. The constituent parts are no longer discernable

Source: Himmelman, A. T. (2002). *Collaboration for a change: Definitions, decision-making models, roles, and collaboration process guide*. Minneapolis: Himmelman Consulting.

Himmelman (2002) describes organisations that truly collaborate as those that share resources, responsibilities, risks and reward. They have common purpose and goals and share the 'Three T's' of time, trust and turf. These organisations, and the individuals working in them, 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 collaboration between third sector organisations at a local level, particularly in coordinating emergency food provision and making joint applications for additional funding to support the emergency response.

The crisis brought multisector partners together with the shared objective of protecting and supporting communities, but it is uncertain whether this collaborative momentum can be sustained over the longer term, especially with the oncoming economic recession and pressure on public funding.

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

Interviewees identified 5 key priorities to support the next phase of recovery. These are discussed in turn:

Assessing the needs of families in crisis: The scale of the economic and social crisis impacted families in a variety of ways. For families already struggling it further exacerbated pre-existing income insecurity. For other families, lockdown plunged them into an income crisis that may be short or long

term depending on job histories and attachment to labour markets (Resolution Foundation, 2020c). Some families will be able to 'bounce back' more quickly than others and some will need longer term support. Key priorities for service providers should be to focus on understanding needs from the families themselves and designing 'right size' interventions. For example, new families in crisis will need support in the short term to access and navigate public services including the welfare system, which they may have never engaged with before, and they may need additional outreach to connect to the support available. Meanwhile, families already using public services in one area may have new needs (such as adult mental health) that will require a new set of supports. As the economic crisis deepens, particularly as the furlough scheme ends in October, families will be affected in different ways, and services should develop or strengthen processes to record and assess this variation.

Mental health and wellbeing services - preparing for future demand: It is anticipated that the recovery period will see an increase in demand for mental health and wellbeing support. A future priority is to resource community-based mental health support and reduce pressure on statutory services, particularly given the pre-existing NHS backlog in services such as CAMHS. Wellbeing-focused activities delivered by trusted local organisations could reduce the need for statutory mental health support by offering preventative and early intervention.

The wider evidence suggests that young people aged 18-24 have suffered more negative effects on their mental health than other age groups. In a study by the Mental Health Foundation (2020) young adults were more likely to report stress arising from the pandemic than the population as a whole. Findings from the third week of June 2020 show that in the UK, 18-24 year olds were more likely than any other age group to report hopelessness, loneliness, not coping well and suicidal thoughts/feelings. By late June in the UK, 19% of UK adults over felt hopeless; with 32% of young adults aged 18-24, experiencing these feelings. The proportion of young people age 18-24 reporting suicidal thoughts or feelings, at 22%, was more than double that of the population as a whole, at 10%. Between ages 18 and 24 young people are already at high risk, with three-quarters of mental health problems arising before the mid-twenties. The latest suicide statistics showing that rates among young men aged 20-24 have increased by 30% (Samaritans, 2019). However, the emerging COVID-19 evidence suggests that the impact of the pandemic on the mental health of young people is complex and differentiated by age group. For example, a recent study from England found that the mental health of school aged young people improved during lockdown because the stress of school was removed (Widnall et al, 2020). The ways in which the crisis has impacted on mental health are complex and not necessarily negative

Reconnecting and reintegrating with services: In this research, the return to one-to-one and direct support was identified as a priority for families living in high poverty areas. Service providers have been responding to new and evolving guidance on 'virus-proofing' their organisations and practices to ensure the safe delivery of services (SCDC 2020). While Phase 1 and 2 guidance has seen the return of statutory social work and support services to 'at risk' groups and families, the majority of statutory and third sector providers have not been permitted to return to face-to-face services until Phase 3 (Scottish Government 2020b). Where possible and appropriate, organisations have been encouraged to consider a longer period of online delivery (Youthlink Scotland 2020b). A return to face-to-face contact requires forward planning and risk assessment, as well as the implementation of policies on workplace cleaning, face coverings and physical distancing measures. For many third sector organisations, a blended online and digital approach to service delivery will continue into 2021. Health inequalities are likely to widen without action to support those most vulnerable to the wider economic and health effects of social distancing measures (Douglas et al. 2020).

Collective resilience and asset-based approaches: The pandemic and lockdown resulted in a remarkable upsurge in volunteering and community mobilisation. Some service providers interviewed

for this research were keen to sustain this momentum by encouraging more local self-help and asset-based approaches. The wider evidence supports the need for a move from deficit-based to asset-based approaches for collective resilience (Seaman et al., 2014). In the context of COVID-19 recovery, Harkins (2020) recommends that communities, vulnerable populations and groups are engaged in the design and implementation of community recovery initiatives.

Recognition of the role of the third sector in an emergency: The third sector organisations interviewed for this study were quick and agile in their response to the pandemic, but they raised concerns that these efforts could be taken for granted by public sector services. The lockdown exposed the reliance of the UK and Scottish governments on the third sector and community organisations to provide emergency food provision and relief for the most vulnerable families. A recent study described the UK government response as '*piecemeal and driven by pressure groups and charities'* (Barker & Russell 2020: 868). Across the UK, there is a need for a more planned and coordinated approach to precarity and food insecurity. In addition, this research highlighted the need for greater recognition of the remarkable contribution of community organisations[20]. This could be achieved by statutory services re-allocating their resources to sustain local organisations that can no longer rely on their previous sources of income. A key priority is the need for stable, longer-term grant funding to meet the future needs of families throughout the recovery period.

Conclusion

With the lockdown easing in Scotland, the country now faces an economic crisis. This pandemic has brought deep-rooted inequalities in labour markets, social security systems, education systems, digital access, housing and funding for local organisations into sharp focus. The experience of the pandemic is exacerbated in high poverty communities where clinical vulnerabilities to disease and hospital admission and social vulnerabilities associated with disability, long term ill-health unemployment and low income, compound the stress experienced by individuals and families.

One in four children in Scotland are living in poverty (Scottish Government 2020). This figure is likely to increase following the COVID-19 pandemic, with the prediction of 70% of families having to cut back on food and 50% falling behind on rent and household bills payments in the UK (JRF 2020). This has a profound effect on the life chances of children and young people in relation to employment, learning and health. Given this context, the Scottish government's targets for reducing child poverty by 2030, may be challenging[21].

Despite the enforced physical isolation of lockdown, in Glasgow the crisis has been a catalyst for new forms of social connection and activism. Volunteering has flourished, local communities have self-organised and third sector groups have mobilised their staff in a monumental effort to help people through these unprecedented times. Service providers interviewed for this research recognised that reconnecting and reintegrating families back into local services and social networks would be a significant long-term challenge. Glasgow's third sector organisations and volunteers have mitigated some of the worst effects of the pandemic through their commitment to those who were most vulnerable during the lockdown. It is clear that during the lockdown, services across Glasgow worked incredibly hard to support vulnerable children and families.

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[20] See also the SCVO campaign #NeverMoreNeeded thirdforcenews.org.uk/blogs/never-more-needed-than-right-now
[21] The Child Poverty (Scotland) Act 2017 sets out targets to reduce the proportion of children in poverty by 2030. The Act sets out four measures of relative poverty and statutory targets for Scotland to reach by 2030 (Scottish Government, 2018). For more information on the tackling child poverty delivery plan and the technical information on the measurement of child poverty see www.gov.scot/publications/tackling-child-poverty-delivery-plan-annex-2-further-technical-information/

8. Recommendations and actions

The findings from this study suggest that the following recommendations and actions to be considered going forward:

- Government initiative is needed to address increased financial fragility and community vulnerability through increasing social security, digital equality, and providing more affordable housing for families.
- While people are food insecure, adopt a planned and coordinated approach to providing nutrition, choice, dignity and seek to reduce stigma in food provision.
- Prioritise resources for community wellbeing services, to meet increasing demand and current lack of capacity within NHS services.
- It is recommended that the Scottish Government raise awareness of the lifeline provided by the third sector during this period and seek agreement with local authorities to engage more closely with the third sector both now as an emergency response and in future planning as a matter of course.
- Explore ways to resource, support and harness the local action seen during the pandemic and build grassroots agency and capacity within communities.
- Recognise and value the unique contribution of third sector organisations by re-allocating public resources to sustain local organisations that can no longer rely on previous sources of income.
- Stable grant funding was at the core of the COVID-19 third sector response. Adopt and embed the faster temporary grant funding measures and flexibility under the COVID-19 emergency response, as a long-term approach to third sector funding.
- Recognise the key role of interface organisations in coordinating at speed during a pandemic sharing information, facilitating learning and collaboration, identifying gaps in service provision and funding.
- In response to future crisis, ensure that community planning processes are sustained and embedded as a key mechanism for multisector emergency and recovery planning.

Appendices

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: Measuring vulnerability to the impacts of COVID-19

Technical Notes on ScotPHO's community vulnerability index and its use in this report

In late March 2020 the Scottish Public Health Observatory (ScotPHO) published a new index that categorised areas (at data zone, intermediate zone and council area) according to their 'vulnerability' to the impacts of COVID-19. The aim of creating these measures was to use 'public health intelligence to inform the COVID-19 response in Scotland (ScotPHO 2020a, p.1)'. Using indicators from their Health and Wellbeing Profiles, they created a 'community vulnerability measure based on demographic, social and clinical indicators relevant either directly to COVID-19 or to socioeconomic factors that are likely to modify the impacts of the pandemic and efforts to delay it (ScotPHO 2020a, p.1)'. The community vulnerability measure is comprised of two scores: 'social/clinical vulnerability' that captures variability in clinical and social vulnerability indicators and 'demographic vulnerability' scores that captures variability in the demographic composition of the areas.

Social/clinical vulnerability is comprised of clinical indicators such as emergency hospitalisation rate per 100,000 residents and social indicators such as child poverty rate and the percentage of the population employment deprived. Demographic vulnerability includes indicators specifically related to the percentage of the population in older age groups, whom we know are more vulnerable to the most negative health impacts of COVID-19.

The CNS Research Team used this new COVID-19 vulnerability index as a starting point to understand how particular communities in Scotland have pre-existing characteristics that make them more susceptible to both clinical issues related to COVID-19 (e.g. mortality) and negative social impacts related to policies put in place to contain its spread (e.g. job losses related to lockdown, school closures). In the main report text we detail the six indicators contained in Health and Wellbeing Profiles that explain the most variation in social/clinical vulnerability and demographic vulnerability (ScotPHO 2020b) for CNS sites and where CNS COVID-19 migrant families research is taking place (in the case of Govan and Govanhill) to triangulate with qualitative findings.

We also include additional tables for each of the indicators for the 20% of intermediate zones in Glasgow City with the highest percentage of children in low income families (28 Intermediate Zones).

The six indicators of interest are:
- Chronic Obstructive Pulmonary Disease (COPD) Hospitalisations (Rate per 100,000) (Clinical)
- Emergency Hospitalisations (Rate per 100,000) (Clinical)
- Children in Low Income Households (Percentage) (Social)
- Percentage of Working Age Population Employment Deprived (Social)
- Percentage of Households Income Deprived (Social)
- Percentage of Population Over 75 years of age (Demographic)

The first five indicators are used in Section 2, and all six indicators are detailed for 28 intermediate zones in Glasgow in Table A2.2.

Indicator descriptions for indicators used in Section 2:

COPD Hospitalisations and Emergency Hospitalisations are age-sex standardised rates per 100,000 residents in an area, taken from Public Health Scotland in 2018.

The children in low income families indicator is from 2016 and taken from HMRC administrative datasets and ScotPHO Health and Wellbeing Profiles. It defines 'Children in low income families' as

'Number and percentage of dependent children (under 20) in families in receipt of out-of-work benefits or in receipt of child tax credits (reported income is less than 60% of UK median).'

The employment deprivation measure, as defined by the Scottish Index of Multiple Deprivation (SIMD), is a measure of the percentage of the working age population (men aged 16-64 and women aged 16-60) who are on the claimant count, receive Incapacity Benefit, Employment and Support Allowance, or Severe Disablement Allowance. The data are from SIMD 2020, the data of which was released after ScotPHO created their COVID-19 vulnerability scores.

Income deprivation is defined by the Scottish Index of Multiple Deprivation as people in receipt of Income Support, Employment and Support Allowance, Job Seekers Allowance, Guaranteed Pension Credits, and Child and Working Tax Credits. The data used to create the ScotPHO COVID-19 vulnerability measure is based on the 2016 SIMD indicators. However, the SIMD 2020 data for this indicator was made available on 31 March 2020 and that is reported here.

Geographic Areas in this Report

Intermediate zones (population averaging between 2500-5000 residents) are used as the geographic areas for this report rather than smaller data zones or other neighbourhood areas, as the CNS sites often have a large catchment area. There are 1279 intermediate zones in Scotland. The table below details the summary information on vulnerability scores for the CNS neighbourhoods and research areas in Glasgow; the subsequent figures include these intermediate zones. CNS research areas in Table 1 are displayed in order of their social/clinical vulnerability rank: a higher score/rank indicates an increasing degree of vulnerability to COVID-19. IZs are sorted by their social/clinical vulnerability rank because it is this vulnerability that more notably impacts children and their families, the target populations of interest for CNS.

Table A2.1: ScotPHO Vulnerability Score Data for CNS Neighbourhoods (Sorted by Social/Clinical Vulnerability Score)

Area Name	Social/clinical vulnerability Score	Demographic vulnerability Score	Combined Vulnerability Score	Social/clinical vulnerability rank	Demographic vulnerability rank	Combined Vulnerability Rank	Quintile
Drumchapel North	11.45184723	-1.037472561	1.329382265	1279	305	1254	1
Ibrox	10.12577011	0.550050697	1.399364238	1271	827	1265	1
Govan & Linthouse	8.957777758	-1.143855064	1.18005358	1263	281	1206	1
Dalmarnock	8.49565359	-0.947108899	1.172051564	1254	337	1200	1
Drumchapel South	7.762573292	2.72890661	1.464997043	1244	1214	1271	1
Bridgeton	6.240972203	-1.824262614	0.966097175	1200	164	989	2
Govanhill East & Aikenhead	5.811091117	-0.816633468	1.033576158	1187	381	1074	1
Castlemilk	4.829607089	-0.486592723	1.008601937	1136	488	1042	1
Govanhill West	3.518374183	-1.463178171	0.846444597	1056	220	789	2

All but two of the CNS intermediate zones identified here are in Quintile 1, which represents the 20% of areas most vulnerable to the impacts of COVID-19 according to ScotPHO. As you can see, those areas with high social and clinical vulnerability do not necessarily also have high demographic vulnerability. For example, while Drumchapel South is highest among these areas for demographic vulnerability it is not also the highest for social and clinical vulnerability. This is primarily due to the proportion of older people in this area: we would therefore anticipate (and this is borne out in evidence for other IZs) that areas with a higher proportion of older people would have higher demographic vulnerability. There are necessarily different types of public health and community challenges facing areas with higher demographic vulnerability than in areas where vulnerability is driven by social and economic factors such as low income, unemployment and levels of social security and health issues affecting all ages in a population such as chronic disease.

Table A2.2: Community Vulnerability Indicators, Glasgow Intermediate Zones with highest percentage of children in low income families

Intermediate Zone	Social Indicators			Clinical Indicators		Demographic Indicators
	Children in Low Income Fams (%)[1]	Income Deprived (%)[2]	Employment Deprived (%)[3]	COPD Hospitalisations (Rate/100,000)[4]	Emergency Patient Hospitalisations (Rate/100,000)[5]	Pop 75+ (%)[6]
North Barlanark and Easterhouse South	49%	39%	26%	974.99	13831.34	3%
Wyndford	46%	37%	31%	746.62	10936.86	5%
Crookston South	45%	35%	23%	872.42	12838.33	9%
Springburn East and Cowlairs	45%	29%	21%	451.69	10439.61	7%
Dalmarnock	43%	36%	25%	632.41	12005.86	5%
Keppochhill	43%	32%	23%	732.34	11276.49	5%
Scotstoun South and West	43%	31%	21%	808.52	10048.4	5%
Glenwood South	42%	37%	27%	752.29	10118.74	7%
City Centre East	42%	11%	7%	568.19	9798.06	3%
Drumchapel South	42%	30%	20%	561.84	11191.63	10%
Ibrox	41%	33%	25%	1090.67	12588.76	7%
Drumry East	41%	35%	25%	1140.54	12822.77	6%
Cardonald North	40%	26%	17%	625.07	10414.91	8%
Maryhill East	40%	30%	22%	664.82	10149.64	6%
Nitshill	39%	33%	22%	1024.62	11917.56	5%
Parkhead West and Barrowfield	39%	32%	23%	973.32	13619.77	6%
Cowlairs and Port Dundas	39%	28%	18%	686.26	11198.59	6%
Gallowgate North and Bellgrove	39%	14%	9%	686.53	10909.88	3%
Possil Park	39%	28%	22%	861.02	14255.6	9%
Cranhill, Lightburn and Queenslie South	38%	30%	22%	735	11516.66	10%
Riddrie and Hogganfield	38%	23%	16%	478.32	10179.5	7%
Carntyne West and Haghill	38%	30%	21%	630.42	11691.35	5%
Drumchapel North	38%	38%	26%	1170.61	13054.45	3%

Barlanark	37%	30%	19%	902.5	11361.75	5%
Old Shettleston and Parkhead North	37%	31%	20%	510.41	12466.11	6%
Barmulloch	37%	26%	19%	779.51	10641.3	8%
Bridgeton	36%	25%	16%	722.7	10769.53	4%
Petershill	36%	24%	18%	722.78	10539.88	5%
Glasgow Local Authority	*27%*	*21%*	*15%*	*534.5*	*9111.88*	*6%*
Sources: 1.) HMRC 2016 2.) SIMD 2020 3.) SIMD 2020 4.) Public Health Scotland 2017 5.) Public Health Scotland 2017 6.) National Records of Scotland 2018.						

Appendix 3 Additional data on social inequalities

Overcrowded households

Figure A3.1 : Percentage of population in overcrowded households, CNS research areas
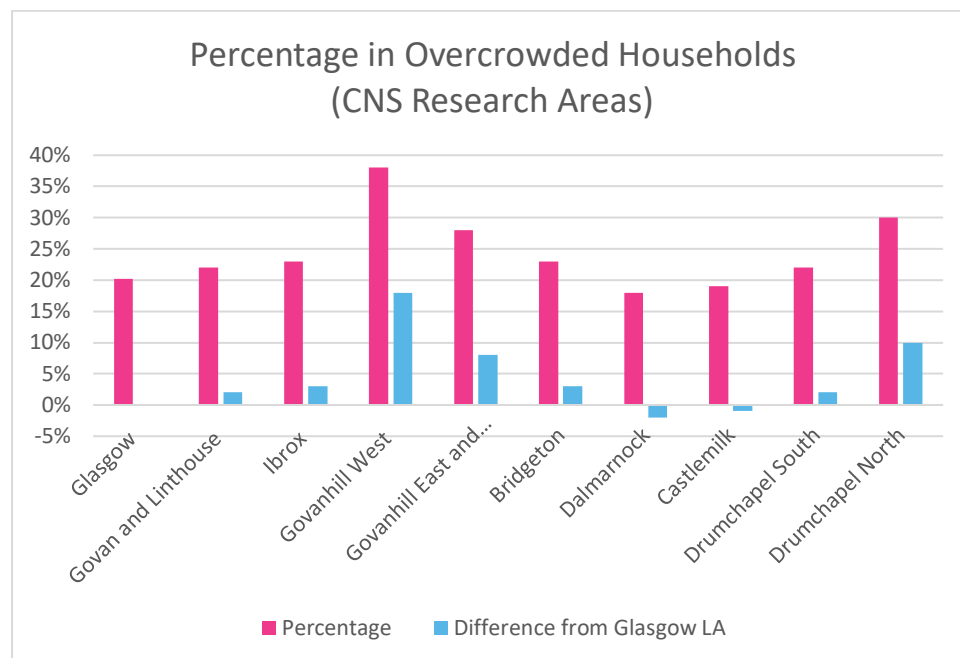
Source: SIMD 2020

Mental Health

Percentage with common mental health problems, defined as a score of 4 of more on the General Health Questionnaire (12 item version) (GHQ12), captured in the Scottish Health Survey in 2016. Adult mental health information via this indicator is a four-year aggregate (Males/Females aged 16+).

Table A3.1: Common Mental Health Problems, Males

Common mental health problems, males		
Geography	Year	Percent
Glasgow LA	2016	18%
Scotland	2016	14%

Source: Scottish Health Survey

Table A3.2: Common Mental Health Problems, Females

Common mental health problems, females		
Geography	Year	Percent
Glasgow LA	2016	24%
Scotland	2016	17%

Source: Scottish Health Survey

Domestic Abuse risk

Table A3.3: Domestic Abuse Reports (rate per 10,000 population)

Domestic Abuse Reports (rate per 10,000 pop)			
Geography	Year	Count	Rate
Glasgow LA	2018	9,202	146.9
Scotland	2018	60,641	111.5

Source: Scottish Crime Statistics

Free School Meals

Table A3.4: Pupils receiving free school meals

Pupils receiving free school meals (Scottish Govt Education Service)			
Geography	Year	Count	Percent of pupils
Glasgow LA	2018	14,385	30%
Scotland	2017	78,041	16%

Source: Scottish Government Education Statistics

Fuel Poverty

Table A3.5 Households with children living in fuel poverty

Households with children living in fuel poverty			
Geography	Year	Count	Percent
Glasgow LA	2015	13,000	24%
Scotland	2015	97,000	17%

Source: Scottish House Condition Survey

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