

Understanding the Effects of COVID-19 on Families with Young Children in Socioeconomically Deprived Communities: A Qualitative Study in Newham, East London

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Abstract

The COVID-19 pandemic has disproportionately affected families experiencing socioeconomic disadvantage, intensifying pre-existing inequalities. In Newham, East London—where more than 50% of children live in poverty—this study set out to examine how pandemic-related lockdowns influenced families with at least one child under 5 years of age and to identify urgent needs that could inform recovery planning. A qualitative approach was employed. Semi-structured interviews were undertaken with 13 parents (2 fathers and 11 mothers) to explore the consequences of COVID-19 lockdowns on household routines, neighbourhood and community contexts, and key relationships within the child's immediate environment.

All participants described marked disruptions to family functioning and overall well-being during the pandemic. Elevated stress levels were common, alongside widespread concerns about children's developmental progress. Families with lower incomes experienced the greatest disadvantage, reporting reduced access to professional services, weakened community connections, and poor housing conditions. Pandemic conditions substantially intensified pressures on families, indicating that recovery strategies must prioritise those most severely affected, particularly low-income households. Post-pandemic responses should focus on children's social interaction and language development, parental mental health, improved access to professional support, and strengthening community engagement.

Keywords: COVID-19, Young children, Socioeconomically deprived communities, London

Introduction

The Coronavirus Disease 2019 (COVID-19) pandemic led to unparalleled and unpredictable changes in daily family life, significantly increasing demands placed on households [1]. Many families faced growing financial instability, expanded caregiving responsibilities, and heightened stress linked to physical distancing requirements [2]. In the United Kingdom, a nationwide lockdown was introduced on 23 March 2020, resulting in the closure of nurseries, preschools, schools, workplaces,

and non-essential retail, alongside reductions in health and social care services and restrictions on everyday activities. Although restrictions were gradually relaxed from June 2020, periods of renewed mobility limitations occurred in response to fluctuating infection rates. By October 2020, a three-tier system (ranging from low to high alert) with escalating restrictions was implemented following increases in case numbers.

Lockdown measures significantly limited social contact and movement, forcing families to remain at home for extended durations, often without access to essential external support. These restrictions affected children directly through interruptions to key services and indirectly through deteriorations in parental well-being and family dynamics [3]. What began as a global health emergency rapidly developed into a profound social and economic crisis [4], with serious implications for

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household income and employment [5] as well as overall family well-being [6].

Although previous studies have documented the experiences of families across different structures, the specific effects on households with children younger than 5 years have received comparatively little attention. Early childhood (birth to 5 years) represents a critical developmental phase during which family interactions are central to shaping developmental trajectories [7]. Infants born shortly before or during the pandemic encountered distinct challenges, including the loss of opportunities to interact with extended family members and family friends [8]. Parents have reported heightened levels of infant distress, including increased crying and clinginess, illustrating the early and significant social consequences of the pandemic [9]. Additionally, children who were not attending school have been shown to engage in less physical activity, experience poorer sleep quality, and spend more time using screens [10].

A comprehensive understanding of the complex impacts of the pandemic on families with young children is essential for designing effective and targeted long-term recovery strategies.

Education disruptions and behavioural changes

The suspension of early childhood education and care (ECEC) services, together with restrictions on social interaction and movement across the UK, substantially reduced opportunities for young children to participate in both structured and unstructured learning, peer interaction, and outdoor play [11, 12]. These disruptions have been associated with increased uncertainty and anxiety among children [13–15]. A cross-sectional study from Brazil involving 153 caregivers of children under 5 reported that the pandemic intensified stressors such as low household income, unemployment, and elevated levels of sadness, depression, and anxiety among caregivers [16]. Caregivers also described difficulties in providing developmentally appropriate play activities and establishing consistent daily routines at home. Preschool-aged children, in particular, demonstrated higher levels of behavioural difficulties, including aggression, restlessness, and non-compliance, compared with infants and toddlers.

At a global level, school closures produced varied outcomes, as highlighted in a rapid systematic review of studies published between January and September 2020 [17]. While reductions in hospital admissions and paediatric emergency visits were observed, many

children lost access to vital school-based health services, disability support, and nutrition programmes. Extended closures and reduced physical activity were also linked to increased anxiety, loneliness, and additional stressors, reinforcing the need to identify and support vulnerable children during such disruptions.

Shared book reading—an important practice supporting early learning—was also affected by the closure of childcare settings, early education programmes, and children’s centres [18]. A survey of parents in the United States with children aged 2 to 5 reported a notable rise in screen-based reading activities and a decline in the number of adults regularly reading with children. Although families adapted through virtual story-time formats, these shifts may have lasting implications for shared reading practices and, consequently, children’s everyday learning experiences.

Psychological and behavioural impacts

A growing body of evidence demonstrates that the pandemic has had substantial psychological and behavioural consequences for both young children and their caregivers. A systematic review and meta-analysis conducted by Panda *et al.* [19] identified a notable proportion of children under 5 years experiencing symptoms such as anxiety, depressive mood, irritability, and difficulties with attention. Caregivers were similarly affected, reporting elevated levels of anxiety and depression. Together, these findings highlight the critical importance of evidence-informed public policies that support parents and, importantly, young children during and beyond the pandemic period.

A nationwide survey carried out in the United States in June 2020 documented a marked deterioration in the physical and emotional health of parents and children younger than 5 years, with almost 1 in 10 families indicating a decline in mental well-being [20]. Disruptions, including the loss of consistent childcare arrangements, changes in health insurance coverage, and increasing food insecurity, were particularly pronounced among families with children in early developmental stages. These findings reinforce calls for policymakers to recognise and address the specific vulnerabilities of such families when designing interventions to mitigate the health and economic consequences of the pandemic [21]. Drawing on the conceptual framework proposed by Prime and colleagues [2], families exposed to greater levels of pandemic-related disruption are more likely to experience impaired family functioning and heightened

child mental health difficulties. Over time, this pattern contributes to declining parental mental health and less effective parenting practices [22]. Parents reporting higher exposure to COVID-19-related stressors—such as employment disruption or financial instability—also observed increased anxiety, social withdrawal, fearfulness, and behavioural outbursts among their young children [23]. Comparable patterns were reported internationally, with families noting greater challenges in child adjustment, including elevated hyperactivity, emotional difficulties, and conduct problems, particularly in households marked by high parental distress, increased parent–child conflict, and disorganised home environments [24].

The adverse mental health effects of the pandemic on children and adolescents are further illustrated by findings from the German BELLA cohort study, a nationally representative investigation [17]. Data from 1586 families indicated significantly poorer health-related quality of life, increased mental health difficulties, and higher anxiety levels compared with pre-pandemic assessments. Children from socioeconomically disadvantaged backgrounds, those with a migration background, and those living in limited residential space were disproportionately affected, underscoring the necessity for targeted prevention and health promotion initiatives tailored to vulnerable groups.

Changes in family dynamics

Family well-being is closely linked to the quality of family relationships and the overall emotional climate within the household [25]. Prime and colleagues [2] advanced a model describing how COVID-19-related stressors influence children's adjustment through disruptions in family functioning. According to this framework, widespread social disruption initiates a chain reaction whereby parental distress increases, subsequently affecting parent–child interactions and indirectly influencing sibling relationships. As a result, children may have fewer opportunities to engage in positive family interactions that support healthy development. Families with pre-existing vulnerabilities may therefore be particularly susceptible to the destabilising effects of such social disruption.

Economic distress and family well-being

Restrictions introduced during lockdown substantially limited parents' access to essential support networks and contributed to psychological strain, particularly among

low-income families [26]. Changes in parental well-being may act as a key mechanism linking the pandemic to alterations in family functioning, including marital relationships, parent–child interactions, and sibling dynamics [27]. Families with lower household incomes reported higher psychological distress [26], and those with increasingly negative financial perceptions of lockdown described poorer family relationships and weaker child socio-emotional outcomes [28]. Families affected by wage loss or bereavement related to COVID-19 were less likely to report improvements in family relationships over time [29]. Conversely, positive communication and shared family activities that fostered togetherness were associated with improved family well-being [21], indicating that family relationships may serve either as a source of risk or as a buffer against adversity. Disruptions to essential services further intensified the negative consequences of the pandemic for children from economically disadvantaged households. For example, school closures had a disproportionate impact on children from lower-income families [28]. These children were less likely to have adequate access to remote learning due to limited availability of digital devices or unstable internet connectivity [30], and their parents were more likely to be employed outside the home, reducing their capacity to support home-based learning [31]. In addition, children from lower-income households were more likely to replace school-related activities with increased television viewing or video game use [32]. As a result, educational inequalities between children from low- and high-income families may widen in the aftermath of the pandemic.

The economic strain associated with the pandemic also carried significant social consequences, even among families who did not experience direct income loss. A survey involving 572 low-income families with preschool-aged children in Chicago found that parental job and income losses were linked to higher levels of depressive symptoms, increased stress, reduced optimism, and more negative parent–child interactions [33]. These findings highlight the complex and interrelated nature of economic hardship and family well-being.

Housing conditions further compounded the challenges associated with social and mobility restrictions. Families with lower incomes are more likely to reside in smaller dwellings, which may have negatively affected health and well-being during periods of lockdown. In 2020, 7% of individuals living in the most deprived UK households

resided in overcrowded housing, compared with fewer than 0.5% of those in the least deprived households [34]. In many disadvantaged households, parents lacked sufficient indoor or outdoor space for children to play during the UK 'stay at home' order, with one in five households reporting no access to a garden. Immigrant families were also disproportionately affected, experiencing an accumulation of financial and relational stressors, including job loss, housing insecurity, and barriers to accessing resources such as language limitations and inadequate technology [35].

The present study

The COVID-19 crisis has profoundly disrupted the lives of households raising young children, altering everyday patterns, psychological health, and general family functioning. Grasping these effects is vital for decision-makers and professionals to craft precise support measures that meet the distinct requirements of vulnerable households during such difficult periods. Although the pandemic influenced families across all child age groups, its repercussions may have been particularly acute for those with preschool-aged children, who remain highly responsive to early developmental influences. Examining these subtle variations is critical for designing focused strategies to counteract possible enduring effects on child progress.

This qualitative investigation, therefore, sought to delve into the complex ways the pandemic affected households with preschoolers, highlighting key difficulties encountered and pinpointing priority zones for post-crisis recovery initiatives. Through this approach, we advance a deeper insight into the extensive repercussions of COVID-19 on household dynamics, with special emphasis on early childhood growth. The central research objective was to uncover the secondary consequences of the pandemic on households with at least one child below 5 years, given the relative scarcity of attention to this critical developmental stage. An additional objective involved contrasting lockdown experiences across varying household earnings brackets, as existing evidence suggests that lower-income households often suffer greater adverse outcomes.

Materials and Methods

Setting

The research took place in the London Borough of Newham, located in East London. Prior to the outbreak,

approximately 52% of children in Newham were living in poverty, marking the highest rate among all London boroughs [36]. One in four dwellings in the area is overcrowded, versus 4.5% nationally across England and Wales. Newham boasts a markedly multicultural demographic, with 45% Asian residents and 68% overall from non-White British backgrounds [37], representing the greatest such share of any UK local authority. Additionally, it records the lowest rate of English as a primary language among local authorities [38]. Absent timely support, these elements could heighten vulnerability to widening socioeconomic disparities triggered by the pandemic [39]. The borough's rich ethnic diversity offered a valuable context for investigating how households mobilised personal, community, and financial assets to cope with lockdown challenges and their ongoing consequences.

Sample

The investigation was embedded within the UKPRP ActEarly initiative, centred in Tower Hamlets and Bradford, which focuses on preventive measures to enhance long-term health and development outcomes for children [40].

From August to December 2020, a digital community questionnaire reached 2054 parents of children below 5 years or those anticipating a birth, distributed through local Public Health and municipal channels. The questionnaire drew from the Families in Tower Hamlets instrument [41]. Respondents who indicated interest in follow-up interviews during the survey were approached for recruitment. Eligibility required residency in Newham and parenthood of at least one child under 5 years. Expectant first-time parents were not included. Stratification prioritised household earnings, reflecting documented disparities in COVID-19 effects by income [42] and the intent to emphasise groups hit hardest [31]. Consequently, a larger share of interviewees came from lower-income households (< £20,799). Income categories aligned with survey distributions and the area's median earnings [43]. Ethnicity, based on self-identification, served as a secondary stratifier to encompass diverse backgrounds in this multicultural setting. The three core groups selected were White British and Irish, Asian (encompassing Indian, Pakistani, and Bangladeshi), and Black (encompassing Black African and Caribbean). These categories reflected Newham's main ethnic compositions, with Asian and Black communities flagged by local Public Health

authorities for poorer socioeconomic and psychological outcomes. **Table 1** details the traits of the recruited participants. Despite efforts to achieve ethnic proportionality, the modest final sample size precluded ethnic-based sub-analyses.

Table 1. Sample characteristics

	High income	Medium income	Low income	Total
Gender				
Male	1	0	1	2
Female	3	3	5	11
Ethnicity				
Asian	1	1	2	4
Black	1	1	2	4
White	2	1	2	5

Low income ≤ £20,799, middle income = £20,800–£51,999 and high income ≥ £52,000 per household per annum

From the main quantitative respondents (n = 1925), a stratified random selection identified 56 potential interviewees. A £20 voucher incentive was provided in line with INVOLVE recommendations [44]. Appointments were arranged for 15 individuals; the other 41 either refused or did not reply. Ultimately, 13 completed interviews, while the final two became unreachable.

Interviews

All interviews were conducted by a single member of the research team (EM) using a semi-structured format, with each session lasting around one hour. Interview questions were informed by the topic guide developed for the Families in Tower Hamlets study [41]. The guide addressed five key domains: (1) perceived positive changes; (2) adults' everyday family experiences during COVID-19; (3) children's everyday family experiences during COVID-19; (4) neighbourhood and community experiences; and (5) individuals of significance in the child's life. For each domain, participants were invited to describe changes to their lives since the onset of the pandemic in relation to a target child under 5 years of age. Prior to data collection, the topic guide was tested with three external volunteers who were not included in the final study sample. In compliance with social distancing requirements, interviews were conducted remotely via video conferencing or telephone. All interviews were audio-recorded and transcribed word-for-word.

Analysis

Data were analysed using thematic analysis, combining both theory-driven (deductive) and data-driven (inductive) coding approaches [45, 46].

The analytical process was iterative and collaborative. The lead author (EM) worked closely with the Families in Tower Hamlets research team to ensure methodological alignment across studies. An initial coding structure was developed using predefined categories derived from the interview guide and applied to a subset of 5 transcripts. Regular meetings were held to review coding decisions, revise definitions, and integrate new codes emerging from the data. The refined coding framework was subsequently applied to the full dataset and further adjusted as required. Individual codes were then grouped into broader thematic categories [45]. NVivo version 20 was used to organise and manage all data.

Ethical approval and consent to participate

Ethical approval was obtained from the [university] Research Ethics Committee (REC1366) and the NHS Health Research Authority (20/LO/1039). All study procedures adhered to institutional ethical standards and relevant regulatory requirements. Written informed consent was obtained from every participant prior to participation.

Results and Discussion

The final sample comprised 13 participants, including 2 fathers and 11 mothers. Demographic characteristics relating to ethnicity, socioeconomic position, and gender are presented in **Table 1**.

Thematic analysis identified three overarching themes: (1) child's life; (2) sources of stress; and (3) support networks.

Child's life

Children's routines and development.

Participants commonly described substantial disruption to children's daily patterns following the closure of early childhood education and care (ECEC) services. Bedtime routines were particularly affected, as prolonged periods at home altered established daily structures and required parents to assume responsibility for caregiving and developmental stimulation that had previously been provided through ECEC settings.

“When the pandemic began, it felt as though any structure around his sleep schedule completely disappeared.”

ID12—Low income, white ethnicity, female

Parents reported that reintroducing structured routines improved their perceptions of their child’s daily life. Having predictable schedules was seen as providing continuity, maintaining engagement, and helping children remain occupied. Deliberate organisation of children’s time functioned not only as a response to immediate disruption but also as a strategy to support emotional stability and restore a sense of normality during an uncertain period.

Overall, these accounts demonstrate the adaptability of families in response to the sudden withdrawal of ECEC provision. They underline the central role of routine in supporting children’s well-being and highlight the active efforts parents made to create stability amid ongoing uncertainty.

Many participants also expressed concern that the closure of ECEC services had deprived their children of essential opportunities to develop communication and social competencies. Parents worried that limited interaction beyond the immediate household could have lasting implications for speech and language development. Particular emphasis was placed on the absence of contact with peers of a similar age, which participants believed could negatively affect children’s play skills and social learning. Reduced peer exposure also made it harder for parents to judge whether their child’s development was progressing as expected:

“She really struggles to share. If she had been attending nursery consistently from September until now, I think that would have improved, but I don’t feel it has.”

ID3—Medium income, asian ethnicity, female

These reflections highlight parents’ perceptions that regular nursery or ECEC attendance plays a key role in supporting positive social behaviours, such as sharing. The interruption of routines and the reduction in peer interaction during the pandemic were perceived as limiting children’s opportunities to practise and develop these skills, reinforcing parental concerns about social development.

Some participants described their children as experiencing emotional difficulties linked to pandemic restrictions, including heightened anxiety and more frequent emotional outbursts during lockdown periods.

Others noted that their children found the transition back to leaving the home after lockdowns particularly distressing and anxiety provoking:

“He’s become very anxious, especially about people dying. He understands that coronavirus is something that can, as he puts it, ‘cause people to die’.”

ID10—Medium income, white ethnicity, female

These accounts illustrate the multifaceted emotional reactions of children to pandemic-related disruption. They further highlight the importance of targeted support strategies aimed at safeguarding children’s emotional health and developmental needs following prolonged closures of ECEC services.

Child play.

Most participants reported that their children were able to access outdoor areas for play, such as private gardens or nearby parks. Outdoor play was widely viewed as the most effective way to keep children entertained and physically active. However, families with lower incomes were more adversely affected by the closure of public outdoor play facilities, as higher-income families were more likely to have access to private outdoor space:

“It’s very difficult for the children. Schools were closed, the park equipment was shut, and they couldn’t really play outside. Being stuck at home all the time made things very hard for them.”

ID6—Low income, asian ethnicity, female

Participants—particularly those from lower-income households—felt that decisions to close outdoor play spaces failed to adequately consider the needs of young children. Many believed that restricted access to playgrounds during lockdowns negatively affected their children’s mental well-being.

Clear income-related differences were also reported in access to indoor play areas. Parents from higher-income households often described having multiple rooms available for children’s play, whereas those from lower-income households expressed dissatisfaction with the suitability of their living space and the limited areas available for children to play:

“We only have one room. She plays in our bedroom, that’s it. Sometimes she goes downstairs and plays in the kitchen or the hallway, but there’s nowhere else.”

ID6—Low income, asian ethnicity, female

These findings highlight the need for policymakers to account for socioeconomic inequalities when allocating resources during crises such as the COVID-19 pandemic. Ensuring equitable access to both indoor and outdoor play environments is critical to supporting children's development and overall well-being.

Sources of stress

Childcare and education.

Providing continuous childcare without breaks was a significant source of stress for many participants. Parents frequently reported feeling persistently exhausted during lockdowns, largely due to the absence of support from extended family members and friends. Feelings of frustration and fatigue were commonly attributed to parenting without the usual assistance from relatives:

“There were times when we were very short-tempered, but honestly, that was just complete burnout. Being exhausted, and not having my mum around to help with babysitting, made it really tough.”

ID3—Medium income, asian ethnicity, female

Home schooling was also described as a major stressor. Parents were required to support children who had recently started school (4 to 5 years-old in the UK) as well as older siblings. Many reported struggling to balance work commitments with the demands of educating their children at home. Assuming the dual roles of parent and teacher placed additional strain on parents and, in some cases, negatively affected parent-child relationships:

“Home schooling was incredibly difficult because you suddenly had to take on another role. My daughter didn't respond well to me trying to be her teacher... it felt like bringing work and school into the house at the same time.”

ID2—High income, white ethnicity, female

Social restrictions.

Pandemic-related social restrictions were a major contributor to family stress. Participants—particularly those whose children were born shortly before or during the pandemic—expressed a sense of loss that extended family members were unable to witness key stages of their children's early development. Limited contact with grandparents and relatives due to health concerns and lockdown measures added emotional strain:

“I've only seen my mum and dad a few times, partly because I caught COVID-19 over a month ago, and both of my children had it too.”

ID12—Low income, white ethnicity, female

These experiences highlight the importance of comprehensive family support systems that acknowledge the cumulative pressures caused by disruptions to childcare, education, and social connection.

Housing.

Housing-related stress was reported predominantly by participants from lower-income households. These families frequently described ongoing maintenance issues that made it difficult to create safe and suitable environments for children's play:

“It doesn't feel like a good place to raise children. They deserve better. We've had constant problems with damp, insects, even rats, and the landlord hasn't been willing to help.”

ID11—Low income, asian ethnicity, female

Reports of poor housing conditions—including dampness, infestations, and rodent problems—highlight substantial inequalities in living environments. Delays or failures by landlords to address these issues intensified stress for families already experiencing financial hardship. Some participants also noted that limited space made it difficult to maintain privacy between adults and children.

The pandemic exposed and intensified existing housing inequalities, with lower-income families disproportionately affected. Although many of these issues predated COVID-19, the requirement to spend extended periods at home for work, schooling, and childcare amplified their negative effects. Addressing such challenges requires a comprehensive policy response that ensures safe, adequate housing while recognising the heightened demands placed on homes during public health emergencies.

Support networks

Changes to social networks.

Limitations on social contact during the pandemic left many participants feeling disconnected from family and friends and lacking adequate support. Several participants felt that the pandemic hindered their ability to strengthen or build friendships, particularly with other new parents. One participant reflected that, without the

pandemic, they would have “developed closer and more meaningful friendships” with other parents (ID1).

Most participants relied on digital communication platforms to stay in touch with extended family and friends. However, many reported difficulty sustaining their young children’s engagement during these virtual interactions, which reduced the quality of connection compared with face-to-face encounters:

“We use FaceTime, but they only engage for a short while. Being on a screen is very different from being physically with someone. They respond differently and don’t really interact the same way they would if they were seeing them in person.”

ID1—Low income, white ethnicity, female

Although online communication helped overcome physical separation, it also introduced new challenges—particularly in maintaining meaningful interaction with young children. This highlights the limitations of virtual contact for families and emphasises the need for approaches that better support social connection for households with young children.

Community involvement and services.

Participants commonly reported a lack of connection within their local communities and limited familiarity with people living nearby. Levels of community engagement differed by household income. Participants from higher-income households were more likely to participate in community-based activities (e.g. gardening groups), which facilitated social interaction and opportunities to support others. In contrast, low-income participants reported being unable to engage in community initiatives due to competing demands such as employment and childcare responsibilities:

“Sometimes I see there’s a meeting, but I can’t go because there’s no one to look after the children. My husband is working, and the meetings are usually at 5 or 6. I can’t leave the children alone, so I’m never able to attend.”

ID9—Low income, black ethnicity, female

For families with lower incomes, involvement in community activities was often deprioritised due to overlapping pressures related to work, childcare, finances, and housing—stressors that intensified during the pandemic. In contrast, higher-income households experienced fewer constraints, enabling greater participation in community initiatives.

Participants from middle- and high-income households were generally less aware of services provided by children’s centres:

“I honestly have no idea what the children’s centres offer, or what local groups or community organisations exist—nothing at all, really.”

ID10—Medium income, white ethnicity, female

This lack of awareness may reflect reduced reliance on such services among middle- and high-income families, who typically have greater access to both indoor and outdoor play spaces compared with lower-income households.

A key concern raised by parents was the closure of local services—particularly those supporting new mothers—which resulted in reduced access to peer support and negatively affected parental mental health. Several participants expressed disappointment at missing services such as mother-and-baby groups, which previously provided valuable opportunities for shared learning and emotional support:

“I don’t think it affects the baby that much, but new mums really benefit from going out and meeting others. You learn so much by talking to other mothers, rather than the baby learning anything from it.”

ID7—High income, white ethnicity, female

Parental support was widely viewed as essential, particularly given the isolation and strain associated with caring for young children during lockdowns without extended family assistance. Participants emphasised the importance of accessible mental health services to mitigate the long-term psychological effects of the pandemic on parents:

“Parents need much more support. I felt completely isolated and alone. If it hadn’t been for the children’s centre, I would have had no one.”

ID1—Low income, white ethnicity, female

Most participants described having minimal and primarily virtual contact with their health visitor. Difficulties accessing health visitor services during the pandemic were of particular concern for low-income families, who worried about potential impacts on their children’s development:

“If something like this ever happens again, children under five really need more support. I haven’t heard from my health visitor for 18 months. The two-year check was done over the phone, which I understand, but it’s not

ideal. There needs to be more help—especially for younger children. Worksheets were sent for older kids, but younger ones need activities that don't involve screens. The Borough needs to do more for young children.”

IDI—Low income, white ethnicity, female

This research examined how the COVID-19 pandemic affected families with at least one child under 5 years of age residing in an inner-city London borough, with the aim of informing recovery strategies for those most at risk. The results demonstrated that families across all income groups experienced substantial pandemic-related disruption, including reduced access to family and professional support, heightened stress associated with managing home-schooling alongside employment, and concerns that their children's social and language development had been negatively affected. However, families from low-income households encountered additional difficulties, particularly related to limited access to suitable indoor and outdoor play spaces, reduced contact with health visitors, and lower levels of community engagement. As a result, families with existing vulnerabilities may be disproportionately impacted by the long-term consequences of the pandemic.

Previous studies have shown that parents from lower-income backgrounds experience higher levels of parenting stress and face greater challenges in supporting their young children's learning [26, 28]. In contrast, findings from the present study indicate that elevated parental stress and concerns regarding children's development and social participation were reported regardless of household income. Many participants expressed worry about their child's language development due to restricted interaction with others, a concern consistent with findings from national research [47]. This is particularly important given that early childhood development relies heavily on direct, in-person interaction and outdoor play, as young children are unable to sustain relationships through virtual platforms in the same way as older children [48]. In addition, some participants reported heightened anxiety in their children when interacting with others. These findings extend earlier evidence showing that 44% of early years providers observed delays in children's emotional, social, and personal development following lockdown-related school closures [49], reinforcing the need for recovery initiatives to prioritise early language

and social development. The widespread disruption and stress caused by the pandemic may also undermine parental wellbeing, contribute to increased family dysfunction, and intensify parent-child conflict, all of which may adversely affect children's development and adjustment [22].

The closure of ECEC settings placed additional childcare demands on families, which in turn influenced parent-child relationships. Participants described feelings of frustration associated with prolonged caregiving responsibilities while simultaneously managing work and other obligations. These pressures were intensified by separation from usual sources of support due to lockdown-related social restrictions. Supporting children's learning at home was frequently described as particularly stressful, with caregivers struggling to balance educational responsibilities with competing demands. Evidence from a large European study indicates that caregivers of younger children reported significantly greater challenges with home schooling than those caring for older children, resulting in increased frustration and negative effects for both parents and children [50]. Home-schooling, therefore, placed strain on the parent-child relationship, which plays a central role in early childhood development [2]. Families attempting to manage employment, childcare, and financial insecurity may have experienced a cumulative burden of stressors. Consequently, the need for enhanced parental support during periods of isolation and increased parenting pressure is evident. Ongoing conflict within the parent-child relationship may also have limited opportunities for families to develop a sense of cohesion and engage in positive interactions that could otherwise serve as a protective factor [21].

Beyond these shared challenges, notable socio-economic differences emerged in relation to children's play environments. Families from higher-income households typically reported having adequate indoor space and access to outdoor areas for play, whereas those from lower-income households often felt their living environments were unsuitable for their children, leading to stress and dissatisfaction. Inadequate housing may have consequences beyond practical limitations, influencing both physical health and psychological wellbeing. A survey conducted in Britain found that 31% of adults experienced mental and physical health difficulties during the pandemic due to insufficient space or poor housing maintenance [51]. The relationship between housing insecurity, financial strain, and parental

mental health may be more pronounced among low-income families, as the impact of these challenges is often greater [52]. While employment and housing difficulties affected many households during the pandemic, families with existing economic disadvantage may therefore face more severe and lasting consequences.

Many participants described a lack of community cohesion within the borough, resulting in minimal communal support during a critical period. Levels of positive community sentiment in England were reported to be at their lowest during the pandemic [53], suggesting that this experience was not unique to this setting. Participants also frequently reported limited awareness of, and engagement with, borough-level services. Mothers in particular expressed dissatisfaction with the reduced availability of services during the pandemic, which were largely delivered online. This lack of in-person provision left many feeling unsupported and without access to peer networks or professional guidance. International policy highlights the importance of support for maternal wellbeing [54], and professional postnatal care has increasingly been recognised as essential for supporting parents and facilitating shared reflection and learning [55]. Participants emphasised that parental support services—especially those addressing mental health—were critically needed in the aftermath of the pandemic.

Higher-income families were generally more active within their communities, potentially benefiting from the positive effects this engagement has on overall quality of life [56]. Conversely, families with lower incomes were often unable to participate in community programs or initiatives, as their time was primarily consumed by childcare responsibilities. This may indicate limited social support available to these families [11]. Social support typically encompasses the similarity among network members and the ease of access to the network [57], and it facilitates both social integration and practical assistance. Involvement in a diverse community can therefore act as a protective factor. Moreover, because low-income families are disproportionately affected by pandemic-related stress [26], providing these families with social support may bolster parental mental health and subsequently benefit child development outcomes.

Differences were also observed in access to professional services between lower- and higher-income participants. Families with lower incomes frequently reported difficulties accessing essential services, such as

healthcare and housing, within Newham during the pandemic. More deprived regions in England often receive lower-quality National Health Service (NHS) provision, for instance, having fewer doctors per capita [58]. The heightened pressure on the healthcare system during the pandemic likely amplified these disparities, leaving the most vulnerable families unable to obtain the support they required. Additional barriers, such as language difficulties, may have further reduced access to support services [35].

Limitations

This qualitative study offers detailed insight into the experiences of families from diverse socio-economic backgrounds during the COVID-19 pandemic; however, some limitations exist. Although the sample included participants across various household incomes and ethnicities, the small size of certain ethnic subgroups limited the ability to make meaningful comparisons across ethnic groups. Consequently, variations in experiences based on ethnicity may have been overlooked. Additionally, with only two male participants, the understanding of fathers' perspectives is restricted.

Conclusion

The combination of ECEC closures, financial and housing pressures, and restricted social interaction during lockdowns placed families under significant stress. Parents of children under 5 consistently expressed concerns regarding the impact of lockdowns on social and emotional development, while simultaneously managing home schooling alongside work and other family responsibilities. Families with lower incomes were particularly affected, experiencing limited access to professional services, restricted community engagement, heightened isolation, and inadequate housing that constrained play space for children. Insights from this research suggest that learning from the experiences of the most vulnerable families may have broader relevance and underline the importance of including parents and communities in recovery planning.

The study highlights several priority areas for family support during recovery. Local authorities should focus on promoting children's centres and fostering family engagement with ECEC services, with tailored approaches to encourage participation from low-income and vulnerable families. Parents should be provided with

guidance on supporting social and language development at home. Continued monitoring of pandemic-related impacts on early childhood social and language skills is essential, potentially using data from tools such as the Ages and Stages Questionnaire (ASQ) administered by health visitors. Recovery planning should consider enhanced social and language support and its implications for future service commissioning.

Early Years Services should address the effects of the pandemic on school readiness, particularly for children from low-income households. Joint commissioning of services could help provide a comprehensive approach to supporting families' mental health. For instance, expanding postnatal provision—such as mother-and-baby groups—could strengthen maternal wellbeing, particularly for parents who had children during the pandemic.

Finally, investment in community infrastructure and outdoor play opportunities is crucial. Families need access to high-quality outdoor spaces, especially in areas where many homes lack garden access, which could include initiatives such as creating more play streets. Raising awareness of and improving access to community support services is important, particularly for low-income households. Family-oriented programs should encourage participation despite childcare commitments, and local initiatives that bring communities together could help reduce social isolation and loneliness.

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