

Pandemic impacts on Family Lives and Parental Wellbeing: *Families in Tower Hamlets* survey and panel findings

Families can be a vital asset for adult and child wellbeing. But even in the absence of a global health emergency, family relationships are sources of anxiety and stress as well protection and care (e.g. McKie & Callan, 2012). The unexpected crisis of COVID-19 had the potential to unravel even previously resilient families. Moreover, many families living in Tower Hamlets started the pandemic already under stress with financial difficulties, and all lived in a densely populated neighborhood often without access to outside gardens or green spaces. Previous activities, support and routines whether connected to nursery, work, leisure, kin, or friends were ruptured so that family members became highly dependent on each other.

Early research has tracked how mothers have tended to become the main family overseer of internal household activities because of the pandemic, spending more time than partners cooking and cleaning, looking after younger children and home educating older children (e.g., Sevilla and Smith, 2020). The global negative impact on mothers' working lives, such as on their earnings and career sacrifices, has been dramatic and described by the OECD as the "COVID gender inequality crisis" with consequences for global economic growth (Frey & Alajääskö, 2021). In the UK, prior to the pandemic, women's employment had significantly increased so that most families of young children relied on dual earning parents with most mothers working part-time or full-time and just 22% reliant on solo male breadwinning (Connolly, et al, 2016).

Whilst there has been growing awareness of the scale and intensity of women's family responsibilities and caregiving during the pandemic, there is also recognition that direct data about fathers' caregiving, housework and earnings contributions has been relatively lacking (Kreyenfeld & Zinn, 2021). One problem has been that historically research on families and relationships has tended to adopt mothers as family-household rapporteurs (Cabrera and Tamis-LeMonda, 2013). Other studies are suggesting that new' childcare patterns following COVID-19 can be observed and may be a 'potential catalyst for further erosion of traditional role patterns in the division of household and care tasks' (Yerkes, 2020 pg. 32). In addition, the decades long research evidence demonstrating direct and indirect effects of father's involvement, both as parents and partners, would predict that their contributions matter for couple, child, and family wellbeing (Lamb, 2010). However, little is known about fathers' mental health and coping practices since the start of the pandemic or its link with work-care practices, particularly for low- income and minority ethnic fathers. Although pre-COVID greater attention has been given to data collection on men's mental health and morbidity challenges during life course transitions (e.g., Ramchandani et al, 2005; Philpott, et al, 2019).

Study data sources

This paper is one a series of five thematically organised short reports presenting results from the UKRI-ESRC funded *Families in Tower Hamlets* study (2020-2022). In this paper, we focus on the impact of the Covid-19 pandemic on the parental wellbeing of children under five. The study data drawn upon consists of a longitudinal community survey in two waves and a qualitative panel in two waves. The first survey wave (July – November 2020) had 992 respondents of whom 620 took part in the second wave (February – April 2021). The Wave 1 participants were recruited via general local authority communications channels and specifically targeting low-income families through postcards sent to all those on their database of housing benefit recipients. The sample broadly matched the borough in terms of the major ethnic groups, with just over a third White British/Irish, and a similar proportion were from a Bangladeshi background (full details in Appendix 1). By Wave 2, participants were more likely to be White British/Irish and there were fewer respondents from South Asian backgrounds. They were also more likely to be of higher income. To generate a longitudinal sample, participants in Wave 2 were ‘matched’ to their Wave 1 record.

The second data source is a qualitative household panel (QP) which consisted of interviews with 33 mothers and fathers in 22 households selected to represent a range of household structures, ethnicities and household income. Wave 1 QP interviews took place in January - March 2021; Wave 2 follow up interviews were conducted October-December 2021 with 27 mothers and fathers in 18 households.

Main findings

Living through a global pandemic is an unprecedented experience with high levels of uncertainty, fear, and risk. Family members and the family unit itself came under considerable strain as the health emergency, lockdown and aftermath evolved. This briefing focuses on three areas of family life: relationships and communication; managing work and care responsibilities; and parental wellbeing.

Findings include the perspectives of fathers as well as mothers: 23.5% of the Wave 1 survey participants were fathers of which a large majority were followed up at Wave 2 (Table 1). There were 223 fathers of under 5s at Wave 1; of these 169 were seen again at Wave 2, a response rate of 75.8%, higher than for mothers which was 60%. There was only one man with a pregnant partner (father- to-be), and he was not seen again at Wave 2. There were also 61 women at Wave 1 who were pregnant, not yet mothers; of these, 42 were seen again at Wave 2, a response rate of 68.9%.

As panel interviews were conducted individually, independent insights were available from mother and fathers, including a full set of parental interviews of both mother and father at both waves for 9 of 19 couple households.

| | | Seen at Wave 2 | Not seen at Wave 2 | Wave 1 total |
|---------------------------------|---|----------------|--------------------|--------------|
| Mother under 5 (couple & lone) | N | 403 | 268 | 671 |
| | % | 60.1 | 39.9 | 100 |
| Mother- to-be (couple and lone) | N | 42 | 19 | 61 |
| | % | 68.9 | 31.1 | 100 |
| Father under 5 | N | 169 | 54 | 223 |
| | % | 75.8 | 24.2 | 100 |
| Father- to- be | N | 0 | 1 | 1 |
| | % | 0 | 100 | 100 |
| Total | N | 614 | 342 | 956 |
| | % | 64.2 | 35.8 | 100 |

Table 1 Patterns of response to Wave 1 and Wave 2 survey by parental status

Relationships and communication

Most survey participants who lived with a partner (70%) described the quality of their relationship as good to excellent (74%) at Wave 1 and Wave 2 (72%), providing important emotional and practical support during the pandemic: *'I'm so thankful that the partner I have is very loving, caring'*. Mothers in non-formal cohabitations were slightly less positive about their couple relationship than those in married/civil partnerships and more low-income fathers reported a poor to very poor couple relationship. There was no significant association between White British/Irish and South Asian ethnicities and couple relationship quality. At Wave 1 most parents (78%) were co-residential couples (married/civil/non-formal partnerships) living with a partner and a child; the remainder were single lone mothers (13%) although a very small proportion of lone mothers reported a non-residential relationship (3%).

Even when adult relationships were strong, spending more time together in the home could create significant strain with feelings of being *"couped up"* in intensive family relationships, disconnected from social relationships and activities outside the home. During the strict lockdown periods families did need to spend extended periods of time trying to co-exist in spatially constrained environments, usually flats, for some houses, often without gardens or local green spaces. As a panel father described:

It has been pretty stressful in the sense of you're always under each other's feet 24/7, you know, and it's something that I don't think families ever thought would happen anyway, you know you're not used to having your family around 24/7 under your feet.

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Sleeping, working and eating in same small space could create “a pressure cooker” with tensions arising.

Mothers were more likely than fathers to report disagreements over chores, children or finances (41% mothers, 23% fathers at Wave 1). Survey data also showed that mothers reported “less time for self” since the pandemic started at Wave 1 (64%) increasing markedly by Wave 2 when 88% of mothers felt this level of personal time loss. The trend of less time for self was also found for fathers but at a lower level (W1 35%; W2 47%).

Keeping everyday life and family cohesion together was difficult. It was notable that holding back on sharing pandemic worries was a strategy adopted by one third of parents (31%) who reported not disclosing pandemic worries to their partner “just trying to keep things together for the family”. Fathers were significantly more likely not to share pandemic worries: only 12% of fathers in contrast to 43% of mothers reported sharing pandemic worries. As a panel father reported:

not all of them. Sometimes I feel like you know I've got to be that man, I've got to be the man and I can't let her panic about things you know. Because equally if she panics about things that will transfer to the kids, you know, and then they'll be panicking about things. Yeah so sometimes ... you know like financial things, you know, I'll try and deal with myself before I think about telling her you know.

Even though living together at close quarters, around one-fifth of survey mothers (20%), fathers (22%) and mothers-to-be (19%,) reported *feeling lonely most or all the time* with higher levels for low-income mothers (31%) and fathers (30%) and lone mothers who did not have the companionship of a live-in partner (39%). As a panel mother reflected:

it's just sometimes when you are tired at the end of the day, you just want to be alone, so you don't want to talk or share things – and I think this is something he was telling me about the fact that it looks like I want to stay alone. I used to have my time outside the house, time for myself, but now I have this feeling that it's just the children and then dealing with problems.

Collaboration with an Italian research team (Donato & Parise, 2015) enabled inclusion of a standardized Dyadic Coping Inventory (DCI) in the Wave 1 survey. This 8-item inventory assessed perceived partner dyadic coping responses activated by the COVID-19 situation. It included negative statements (e.g., My partner provided support, but unwillingly and unmotivated) and positive statements (e.g., My partner offered practical solutions for the problems caused by the current situation). Regression findings showed when participants perceived less positive support from their partner (a low DCI score) this was a significant predictor of poorer mental health for both mothers and fathers controlling for ethnicity and work-family balance. Living in a low-income household and not being economically active were also significant predictors of poor mental health, for mothers and fathers respectively.

Combining work & care responsibilities

At the outset there were no clear family practice scripts about how to combine work and care. For those who were economically active, established work-family routines were disrupted: at the time of the Wave 1 survey (July-November 2020) over half of employed parents worked from home intensifying activities in the household.

Parents managed the financial wellbeing of their families in a range of ways including waged work and self-employment and benefits linked to employment (e.g., Maternity leave, Furlough payments) or welfare support (e.g., Universal Credit).

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As Briefing 4 (Work and Insecurities) documents, at the start of the pandemic 84% of fathers were in employment, either salaried (72%), or self-employed (12%) and a small proportion 2% were on furlough. The level of active employment for coupled mothers was significantly lower. At Wave 1 only a third of mothers (33%) were in active employment, either salaried (28%) or self-employed (5%) and 10% on furlough. Sixteen per cent of couple mothers were on parenting leave, an employment related entitlement with job protection, a status much more common for mothers in high-income in contrast to low-income households (33% vs 5%). At Wave 1 the location of work for employed parents was slightly more likely to be home based for mothers (53%) than for fathers (45%). By Wave 2 significantly more employed fathers were home based (65%) than employed mothers (38%).

At Wave 2 survey we found a significant uplift by 14 points in couple mothers' employment, no change for lone mothers and a slight increase of 5 points for coupled fathers. But 62% of couple fathers had experienced a cut in working hours, reported by a much smaller proportion of mothers (22%) and more fathers than mothers had been moved into furlough agreements by their employers.

Lone mothers had a very precarious employment profile across both waves. Only 17% were employed as salaried workers, and a small proportion were self-employed (3%) or on furlough (3%) at Wave 1 with little change by Wave 2. A majority were unemployed and reliant on benefits.

Through collaboration with a Dutch team (Yerkes et al, 2020) we were able to include the same standardized work-care measures in our of survey items: the division of child caregiving and household tasks; perceived work pressure, work- life balance and time for self. For instance, using five response categories from Very easy (1) to (5) very difficult, participants were asked *How easy or difficult was it for you to combine your paid work with your care responsibilities prior to COVID-19 lockdown and during the lockdown?*

In interviews men's contributions, or not, to the care of the domestic home and their children, were explored. Both fathers and mothers were asked how they share child caregiving and household tasks. Interviews examined parents' feelings of responsibility, obligation, and entitlement and how they managed employment and financial provisioning.

The challenges of provisioning and caregiving were acute for parents as the pandemic disrupted usual work-family routines. In working households 20% of fathers and 42% of mothers reported work- family balance to be more difficult during lockdown in comparison to life before the pandemic; levels higher than Dutch parents.

Working mothers took on considerably more child caregiving and housework duties compared to their pre-pandemic family lives: 12% of fathers and 56% of mothers said they did much more child caregiving than their partner (and 47% of fathers agreed that they do much less than their partner).

Intense caregiving responsibilities were significantly more likely for mothers from South Asian (particularly Bangladeshi and Pakistani) heritage, and where their relationship was of average to very poor quality. *'This is a constant struggle. My work is more flexible, so it is mostly me that has to flex to fit all the work and childcare in'* wrote one working mother in an open-ended section of the Wave 1 survey.

However, 13% of survey fathers reported more child caregiving than before lockdown especially when they earned the same or less than their partner and a significant minority of both fathers & mothers (36%) described retaining pre-pandemic shared parenting. In some cases, the pandemic and working from home increased awareness of gender strains, as a South Asian mother from the panel household interviews reflected:

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I mean he can see it's not right, it's hard for one person. Because he's at home he can see it's not easy for someone to do everything and manage everything within the house by themselves, they need to step in and they need to help out, otherwise it's impossible. It's too stressful for one person – mentally, emotionally, in every way – and he understands that, so I think I've been blessed in that sense.

In essence, three broad patterns of family care were observed for economically active households:

- *gender transformative care* 13% of cases where fathers reported more involvement in child caregiving than before lockdown. Six months later the proportion of gender transformative caring reported by fathers increased to 20%;
- *continued shared care* 32% of cases where parents describe retaining pre-pandemic shared parenting). Six months later the proportion of continued shared care increased to 20%.
- *Intensive mother care* 56% of cases where mothers were more involved in child caregiving and housework than before lockdown. Intensive mother care was most likely in families of South Asian heritage.

Mental Health: Anxiety and Depression

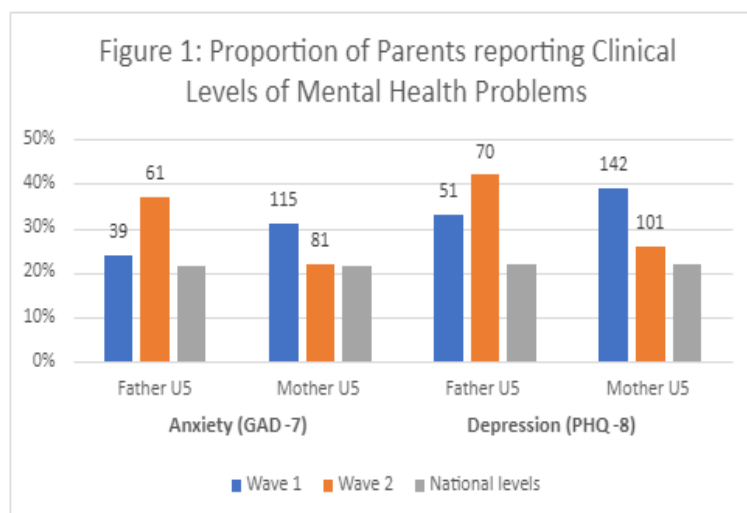
The pandemic and extra family responsibilities had a toll on parental wellbeing.

Parents' self-reported mental health was assessed at both the Wave 1 and Wave 2 surveys through standardized measures of anxiety (General Anxiety Disorder Scale, GAD-7) and depression (Depression Patient Health Questionnaire depression scale, PHQ-8). National population norms during COVID are available for comparison¹.

As shown in Figure 1, Wave 1 self-reported *clinical* mental health problems for couple fathers and mothers. Levels were significantly higher than national norms: *clinical levels of anxiety (moderately severe-severe)* were found for 24% (N=39) and 31% (N=115) of fathers and mothers respectively in comparison to national population norms of 21.6% for the same COVID-19 period in 2020. Clinical levels of *clinical depression (moderately severe-severe)* were even higher- 33% (N=51) of fathers and 39% (N=142) of mothers reported clinical depression in comparison to a national population norm of 22.1%.

By the time of the Wave 2 survey (February-May 2021) levels of clinical anxiety and depression had significantly worsened for fathers: 37% (N=61) of fathers reported a clinical level of anxiety at follow-up, nearly doubling), and clinical levels of depression also increased 42% (N=70). Fathers were more likely to report being financially worse off since the pandemic and less likely, than mothers, to share these worries.

For mothers, clinical levels of anxiety and depression remain higher than national norms at Wave 2 but with some improvement from baseline at Wave 1. At follow-up both clinical levels of anxiety and depression had declined: to 22% (N=81) for mothers and 26% (N=101).



¹ Anxiety: 21.6%. Depression: 22.1% *BJPsych Open*. 2020 Nov; 6(6) Anxiety, depression, traumatic stress and COVID-19-related anxiety in the UK general population during the COVID-19 pandemic doi: 10.1192/bjo.2020.109

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In panel interviews parents described the toll of the pandemic on their mental health:

I'm feeling absolutely devastated and upsetting you know. In this situation you can't make a plan. You can't, you can't make a plan. Also because the situation is beyond human hands - this is not your hands anymore. I'm the only income holder in my family, I'm the only earner, so everything depends on my income actually"

Mental health problems of anxiety and depression were most severe for parents from low-income households and South Asian ethnic groups. It was the case that slightly higher percentage of South Asian families reported experiencing a bereavement (24% in comparison to 15% for White British/Irish) although not all were COVID related bereavements. However, as reported above, a positive supportive couple relationship was a significant predictor better mental health outcomes overriding ethnicity status. Both the quality of couple coping & income matter for parents in couple households.

Lone mothers' levels of clinical anxiety and depression were markedly higher than for parents in couple families. At Wave1 clinical levels of anxiety (moderately severe-severe) were found for 40% (N=41) and 36% (N=22) at Wave 2. Clinical levels of clinical depression (moderately severe-severe) were even higher still - 52% (N=53) at Wave1 and 43% (N=28) at Wave 2.

Lone mothers' feelings of loneliness also increased between waves: 39% reported feeling loneliness "most of the time at Wave 1 increasing to 44% six months later. Only a small minority (14%) reported support from a previous partner or spouse although neighbourly, kin and friendship informal support did not differ from that reported by couple parents.

Conclusion

This study found that family life and work-care routines were disrupted for Tower Hamlets parents living through the COVID-19 global pandemic. Families were often "stuck at home" in flats and houses not set up for intensive co-existence alongside engaging in tele-working and home schooling. Working mothers, especially South Asian women, reported taking on considerably more child caregiving and housework duties than before the pandemic. Although over a third of parents described retaining pre-pandemic shared parenting. In a minority of families both parents reported a transformative uplift in fathers' contribution to child caregiving and housework responsibilities.

The study found evidence of elevated problems in parents' mental health, when compared to national norms, with deterioration for fathers and lone mothers at follow-up, possibly linked to financial insecurities and unsettling of traditional masculine work identities for fathers. It is possible that more sharing of worries could buffer fathers' mental health challenges.

The findings highlight how a supportive couple relationship can emotionally protect parents, as they endure a global health emergency. This form of support is less available to lone mothers who experienced worse mental health difficulties as well as financial insecurity

The results show the importance of adopting a gender and family diversity lens to COVID-19 challenges, including the perspectives of fathers as well as mothers and that of lone parent families.

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Research Design and Methodology

The study consisted of two waves of a **community survey** of parents of children under five or expecting a baby and two waves of a **qualitative household panel**. **Survey Wave 1** with 992 valid responses took place July-November 2020 and **Survey Wave 2** took place February – May 2021. Wave 2 respondents were matched to Wave 1 and there were 620 valid responses making a longitudinal sample with a response rate of 63 percent. See Tables 1 and 2 (below) for sample characteristics. Non responders to Wave 2 were more likely to be low income and non-White British/Irish. The community Survey used Qualitrics, an online and phone based multi-language survey tool, and was promoted through borough communications channels with support from public health and specialist voluntary organisations to recruit members of under-represented groups. Data items were drawn from parallel studies (e.g., Born in Bradford, Dickerson et al., 2020; International Network of Leave Policies and Research, Yerkes et al., 2020; Understanding Society). Ethnicity is described in terms of 'White British/Irish', 'South Asian' (including Bangladeshi, India, Pakistani), and 'All' (total sample including all ethnic groups).

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The **qualitative Household Panel** members were purposively selected for depth interviews from the Wave 1 survey on the dimensions of household structure, ethnic diversity, and income diversity. Wave 1 interviews with 22 households took place in February-April 2021 and 19 of these households were followed up for Wave 2 interviews six months later between October-November 2021. The majority of Wave 1 interviews were with parents in two parent households (19 of 22) and 3 in lone mother households. Some households contained other adults such as sibs or a grandparent. In all 60 interviews were carried across Wave 1 and 2 (39 mothers, 21 fathers) with a full set of parental interviews of both mother and father at both waves in just under a half of the households (9 of 19). Two of the 3 lone mother were interviewed at both waves.

Panel interviews were fully transcribed and coded using Nvivo by team members with cross-referencing to moderate interpretation. The steps of thematic analysis were used to establish analytic themes. Miro boards were used to display coded data and create relationships between dimensions of the themes.

In this briefing paper we refer to **survey** findings and **panel** findings to refer to the community survey and the qualitative household panel respectively.

| HH Income | Parental status | WB/I | | SA | | All | |
|---|-----------------|------------|------------|------------|------------|------------|------------|
| | | N | % | N | % | N | % |
| Low (<£20,799) | Parent U5 | 60 | 84.5 | 169 | 91.4 | 304 | 91.3 |
| | Pregnant | 3 | 4.2 | 2 | 1.1 | 5 | 1.5 |
| | Both | 8 | 11.2 | 14 | 7.6 | 24 | 7.2 |
| | Total | 71 | 100 | 185 | 100 | 333 | 100 |
| Mid (£20,800-£51,999) | Parent U5 | 124 | 86.7 | 63 | 85.1 | 234 | 87.6 |
| | Pregnant | 11 | 7.7 | 6 | 8.1 | 18 | 6.7 |
| | Both | 8 | 5.6 | 5 | 6.8 | 15 | 5.6 |
| | Total | 143 | 100 | 74 | 100 | 267 | 100 |
| High (>£52,000) | Parent U5 | 76 | 72.4 | 20 | 80.0 | 142 | 76.3 |
| | Pregnant | 24 | 22.9 | 3 | 12.0 | 31 | 16.7 |
| | Both | 5 | 4.8 | 2 | 8.0 | 13 | 7.0 |
| | Total | 105 | 100 | 25 | 100 | 186 | 100 |
| Total | | | | | 786 | 79.2 | |
| Missing (ethnicity or income not stated) | | | | | 206 | 20.8 | |

Appendix Table 1 Wave 1 survey sample (n = 992) parental status, income bracket and ethnic group

| HH Income | Parental status | WB/I | SA | All |
|-----------|-----------------|------|----|-----|
|-----------|-----------------|------|----|-----|

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| | | N | % | N | % | N | % |
|---|--------------|------------|------------|------------|------------|------------|------------|
| Low (<£20,799) | Parent U5 | 45 | 86.5 | 96 | 90.6 | 175 | 90.2 |
| | Pregnant | 1 | 1.9 | 1 | 0.9 | 2 | 1.0 |
| | Both | 6 | 11.5 | 9 | 8.5 | 17 | 8.8 |
| | Total | 52 | 100 | 106 | 100 | 194 | 100 |
| Mid (£20,800-£51,999) | Parent U5 | 104 | 87.4 | 44 | 86.3 | 179 | 88.2 |
| | Pregnant | 10 | 8.4 | 4 | 7.8 | 14 | 6.9 |
| | Both | 5 | 4.2 | 3 | 5.9 | 10 | 4.9 |
| | Total | 119 | 100 | 51 | 100 | 203 | 100 |
| High (>£52,000) | Parent U5 | 56 | 68.3 | 11 | 78.6 | 102 | 75.0 |
| | Pregnant | 23 | 28.0 | 1 | 7.1 | 25 | 18.4 |
| | Both | 3 | 3.7 | 2 | 14.3 | 9 | 6.6 |
| | Total | 82 | 100 | 14 | 100 | 136 | 100 |
| Total | | | | | 533 | 86.0 | |
| Missing (ethnicity or income not stated) | | | | | 87 | 14.0 | |

Appendix Table 2 Longitudinal Sample Wave 2 (n=620), parental status, income bracket and ethnic group

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