The perceptions of service providers and recipients regarding a Covid-19 modified version of the Growing Minds Programme

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1. INTRODUCTION

A multidimensional and engaging home learning environment is key to enhancing school readiness amongst pre-school children (Lehrl et al., 2020), and a range of voluntary sector organisations have established resources and support focused on encouraging parent-child interactions, increasing access to learning materials such as books, and opportunities to participate in learning activities within the family setting as well as in the broader community (e.g. Bradley and Corwyn, 2002). Many such programmes focus on socio-economically disadvantaged children, whose school-readiness is significantly worse than children in other socioeconomic groups (Janus & Duku 2007). A number of studies have suggested that early interventions of this sort can be effective in improving the school readiness of children (e.g. Evangelou & Sylva 2003), even when they only involve book sharing (Dowdall et al 2020), and such programmes can be particularly effective in supporting the early learning environment of disadvantaged children (e.g. Hutchings et al., 2017; Pears et al., 2014).

Despite the existing body of knowledge with regard to effective working to promote school readiness, the Covid-19 pandemic has generated new challenges in terms of accessing such services, with significant implications in terms of existing social inequalities. For example, while the evidence regarding the impact of Covid-19 on the early learning environment of children is still limited, a study by the Nuffield Foundation and Institute for Fiscal Studies found that the closure of schools had resulted in very large differences in the amount of time spent learning during the lockdown, with large differences as well in terms of the support being provided by schools, and any such support being considerably more likely to be provided to the richest third of school children than to the poorest third. The authors of this report go on to suggest that such differences are then magnified by different resources at home, with many disadvantaged children not having access to a computer or dedicated study space (Andrew et al 2020).

In addition to the closure of nurseries and schools, there have been significant interruptions in other health service support for children with special needs that affect their learning, such as challenges with speech or mental health. The lockdown measures have also resulted in parents having prime responsibility for child care, with many parents having either lost their job, some of their income, or needing to combine working from home with childcare and home-schooling. It has been suggested that “these reductions in resources available to spend on children and...
the stress that comes with job losses create significant risks for children’s well-being’ (ibid., p. 9).

In the face of extensive lockdown requirements many service providers endeavoured to continue some form of service/programme provision through the use of virtual or digital media, which enables some form of personal contact but without being in-person. Such media include text, email, telephone, and online platforms such as Zoom. Virtual and digital media of this sort have been used for over two decades now to improve outcomes for children by giving parents access to a range of resources that are aimed at providing support for parenting generally (Corralejo, Domenech, Rodríguez 2018; Hansen, Broomfield, Yap, 2019), and their role as educators more specifically (Pool et al 2020). There is an extensive body of evidence regarding the effectiveness of telehealth and technology assisted interventions to support parents of children experiencing a range of physical and mental health problems (e.g.; Tomlinson et al 2018).

However, while current evidence suggests that the use of such methods is valued by both service providers and recipients, there is currently a paucity of evidence in terms of the specific context of the Covid-19 pandemic. Views of key stakeholders about the benefits and problems associated specifically with the use of such remote methods to deliver Early Childhood Development (ECD) services during the pandemic remain largely unknown. This is a significant evidence gap that will interfere with the future set up and delivery of effective virtual and digital methods of ECD services within the voluntary sector.

There is as such, an urgent need for information about parent and provider experiences of phone-based and virtual parenting support within the context of the Covid-19 pandemic, and the current study contributes to addressing this gap by examining the perspectives of service providers and recipients of a multi-stakeholder parenting programme entitled Growing Minds. The Growing Minds program is a 7-year project launched in January 2020 to promote school readiness in 0-5-year old children in two disadvantaged communities in Oxfordshire, UK. The program was initially designed as a partnership of community-based organisations providing monthly free books, parent-child groups promoting a strong home learning environment and in-home practical support. The programme underwent a significant transformation following the pandemic and the public policy requirements in terms of social distancing. These primarily involved a shift from using face-to-face contact to phone-based and virtual forms of support,
including one-to-one phone calls with a practitioner; activity ideas shared through emails and WhatsApp-groups; online baby and toddler groups; and organisation of ad hoc practical help (e.g. delivery of necessities) when deemed necessary.

This paper reports the results of a study that aims to address the wide-ranging pressures caused by the Covid-19 on parents and families both generally and in relating to supporting their child’s early learning more specifically, and to explore the challenges and opportunities of the different interventions offered to families by Growing Minds during the pandemic. The study aimed to address two specific research questions:

1. How has Covid-19 and lockdown measures impacted Growing Minds families and their home learning environment?
2. What are the experiences of key stakeholders (providers and recipients) of the remote delivery of the Growing Minds interventions?

2. METHODS

A qualitative study was undertaken involving semi-structured interviews with delivery organisation representatives and families participating in the Growing Minds programme, which were conducted during the period of September-October 2020. At the time of the interviews, England had experienced its first national lockdown (from March to May 2020), and many measures had been lifted and schools re-opened.

Nineteen key stakeholders were interviewed including six representatives from different delivery organisations under the Growing Minds programme and 13 families receiving some or all of the different services provided. One of the interviews with a family member registered to the programme had to be interrupted due to interviewee’s limited English language, and could not be utilised for data analysis. Interviewee selection was purposive and sought to capture the breadth of the families signed up for the program, including families from different socio-economic backgrounds, with different health conditions, family compositions and linguistic needs. While all interviewed families were receiving the free book service (through which they were initially recruited to the program), the range of other support provided under the program varied according to families’ needs and wants. For instance, while all families were offered access to virtual groups, only some chose to uptake this intervention (see table below).
Table 1. Uptake of different Growing Minds interventions by study participants

<table>
<thead>
<tr>
<th>Service</th>
<th>Free books</th>
<th>Phone-based support</th>
<th>Activity ideas (virtual)</th>
<th>Virtual groups (Growing Minds)</th>
<th>Virtual groups (other providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of interviewees receiving the service</td>
<td>12</td>
<td>8</td>
<td>10</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Interviewee recruitment followed a strict protocol approved by the Social Sciences and Humanities interdivisional Research Ethics Committee at the University of Oxford (reference: R71386/RE001). Delivery organisations were contacted through emails and presented with a study information sheet, and family participants were informed about the study by service deliverers (i.e. on the phone). Service recipients who agreed to have their contact details shared for the purposes of this study, were then contacted by telephone by the study researcher to explain in full the purpose of the study. Study information sheets were then sent by email or WhatsApp according to interviewee’s preference to provide further information about participation in the study. Families were given up to 7 days to decide whether they wanted to participate in the study, and they provided their decision by phone or text message.

The interviews were fully transcribed and interviews were coded with the Nvivo11 software. A thematic content analysis was conducted, drawing on pre-set themes in the interview schedule whilst also exploring new themes emerging from the interview data. Comparisons were made between diverse types of families in order to gain deeper insights into implications of the Covid-19 pandemic for different families. Additionally, analysing experiences and perspectives of service providers and recipient families enhanced triangulation of data and enabled access to rich information from a range of viewpoints.

3. RESULTS

The data has been organized into two main sections. The first focuses on the themes that emerged in relation to the needs and challenges that emerged for participating families as a result of the lockdown measures that were put in place nationally including the impact on the

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1 Based on interviewees’ self-reporting of received interventions
home learning environment; and the second describes the themes that emerged regarding the delivery and receipt of the Growing Minds programme.

3.1 Needs and challenges for families resulting from the pandemic

The findings of this study suggest a number of ways in which families receiving the Growing Minds interventions have been affected during the Covid-19 pandemic, as well as a number of factors mitigating such negative effects. The results section has been organized in terms of the perceptions of the interviewees regarding the secondary impact of the pandemic on a) children’s development; b) families’ access to professional services and other support; c) parental wellbeing; d) the home learning environment, and; e) protective factors.

Impact of the pandemic on children’s development

Parents shared a range of ways in which the pandemic had negatively impacted their children’s development. These included behavioural problems related to restrictions on spending time outdoors and meeting close family members:

“(…) when we did go into lockdown and we couldn’t really go out, they wanted to go out, and it was like hard to explain to them that…that we couldn’t, yeah. So, we did have a couple of bad days where he (…) had his meltdown where he could…like cry, scream, that sort of thing, because he couldn’t go out, bless him. So, yeah, it’s been…it’s been challenging.” (F10).

“The problem with A, we were only allowed out for a certain period of time. She then didn’t want to come home so (…) because she knew we were going to be locked away again. […] she kept running away. So, in the end, I couldn’t then do that bit outside with her because it was just the risk of her running away all the time, which obviously I couldn’t do because it was putting her into danger, me under stress, em…so, yeah, it was very, very challenging.” (F8).

“(…) before, we were struggling with clinginess with her – I couldn’t leave the room without her needing to come with me. And just before lockdown, with going to the groups and everything, I managed to ease that so that I could do bits and pieces without her being attached to me. But since lockdown, she’s now kind of gone backwards and is very attached to me only because we’re not seeing the people that we normally see.” (F8).

A number of families shared their concerns about the social development of their children due to prolonged separation from other children:
“...like poor G, he’s only two, so he’s spent a quarter of his life in lockdown, so his social development, we were a bit concerned about his social development, simply because he hasn’t seen any kids in six months.” (F13).

One parent described the impact on her baby’s potty training:

“And when lockdown happened, he said, “No potty, no nappy,” and we spent about four days like this, which was really horrible and really stressful, and then I insisted he had a nappy (...), so we’re now not potty-trained at all, pretty much (...).” (F4).

Access to services and perceived lack of support

Parents’ concerns about the impact of the pandemic on their children were exacerbated by the lack of access to health and education services, including antenatal clinics, newborn support and other service provision for children. This was expressed by one parent as follows:

“...most of my antenatal appointments have all been cancelled. I had Sophie’s one-year check-up and that was cancelled because it wasn’t seen as, you know, necessary or whatever (...).” (F9).

Several parents also described their concerns about a lack of face-to-face contact with a health visitor:

“He hasn’t had that final diagnosis, (...). Obviously, we’ve been put on the waiting list now, so now, what we are waiting for is the final assessment for him to have. [...] Obviously, we’ve only had to – we can only talk to her over the phone. We haven’t actually been into the room and done anything with her. She’s just gave us, via email, stuff for him to do. So, we’ve had to buy cards and stuff to help him, eh, with his speech.” (F10).

“Our son is like...he’s on the kind of upper end of the centile, he’s sort of 99th centile for height and weight, I think that was always sort of a nag (...) to kind of get him weighed or get him seen by a health visitor. And, I suppose just having some kind of support in terms of understanding weaning better and whether he is doing the right thing, whether he’s sort of large because that’s just how he’s built or large because we’re doing something wrong.” (F6).

Impact of the pandemic on parental wellbeing

It is clear from the service provider and recipient experiences explored in this study that the Covid-19 pandemic had a significant impact on parental wellbeing. To begin with, some interviewees expressed anxiety about accessing basic goods during the pandemic, particularly in the early phases of the lockdown measures:
“I mean, right at the very beginning, even with families not in Growing Minds, it was things like, with people with babies, because everyone was rushing to get all of the different things like baby milk, nappies, wipes, and things like that, I think a lot of the initial things was the anxiety at being very limited at being able to obtain resources, and being able to get out to obtain resources. It was quite...quite a big thing with...with what I observed really.” (DO4).

“What is the thing that you would have wanted? Like, em...washing powder, like clothes washing powder, and that kind of stuff was a bit hard (...). I didn’t have the money. My relative was giving me help.” (F11).

Service providers also highlighted the stress experienced by the parents they had supported in relation to work and the broader economic implications of the pandemic on the job markets. In addition, the new requirements to work from home combined with childcare responsibilities were perceived to cause considerable stress:

“And there was one family that I worked with and the mum was desperately, desperately trying to reduce her hours because she just wasn’t coping, em, and then there was that threat, “Well, if you can’t do your job...then you won’t have one” kind of thing, you know, “If you can’t do it, there’ll be other people...” So, that was kind of a real position for some of the parents that I did work with.” (DO1).

“So, for example, parents that would normally work from home, have good childcare, have great support networks, lots of local family, not having access to those things has had a huge impact on them, and not only that but they’ve had to work kind of anywhere between 20 and 45 hours a week from home while looking after x number of children.” (DO1).

“There were some that, you know, did chat about how hard it was work-wise, or not having work, or furlough and all those sorts of things. For those with older children, that was the challenge I think we heard more about [and] home-schooling [...]. That was, you know, a big strain for people.” (DO2).

Moreover, families shared their feelings about the challenges and distress created by the lack of access to typical support networks such as grand-parents and friends as a result of the social distancing measures:

“But yeah, I mean, it’s hard. (...) both our families live a very, very long way away, and I think we’ve found that really hard because, even though we don’t rely on them regularly, you know, like, you know, two or three years ago, my daughter was very ill in the hospital, and of course my mum dropped everything and she came to help, and, you know, she couldn’t do that this time. And there was no way I would have let her because that would, yeah... So, I think we did sort of feel that too, that it was hard.” (F3).
“But it was hard to see A in – which is my eldest – in distress because she wasn’t allowed to go and see my Dad, because she’s very close to my Dad. So not actually being able to see him for all this time, plus me and her Dad is no longer together, so she… It was kind of like how come she was allowed to go and see her Dad but she wasn’t allowed to go and see Grandpa – it was all sort of things like that that I had to deal with her, em, which was very difficult.” (F8).

“I mean, it’s very hard because, obviously, with people not being able to come in and help out, I mean, for most…for the lockdown. It was only when it sort of started easing that my partner then moved in, so I was very much a single mum on my own, suffering mental health, and it was a massive challenge. I mean, I’d gone from being out every day, all day, to being at home with just me and the girls. And if I wasn’t with my friends, I was with my family, so it was very hard for both me and the girls.” (F8).

Many parents also described experiencing an increase in mental health problems in themselves or their partner. Families experiencing mental health problems were also adversely affected by the disruption to the delivery of mental health and other service delivery, including parenting programmes and support:

“My anxiety has got a lot worse since lockdown and I mean, I can’t wait to get back to the Berin Centre, but at the same time, I’m really very anxious. But I’ve kind of got to a point where I just to get back to a bit of normality, get E back into groups, socialising with babies her own age and like try and get a bit of actually hands-on support with her development. I mean, there’s only so much support people can give over the phone. But it’s actually having that physical support…” (F10).

“My partner went through…or is going through sort of…a kind of PTSD-type thing sort of brought on by the…the lockdown and everything. (…) his first appointment is on the 5th of October. I mean, up to that point, he’s basically just had a few sort of…just a few suicide (…) questionnaires and things, and they’ve sort of gone, ‘Well, you’re not that bad’, and they sort of throw them down the list (…) I mean, it’s difficult when everyone is on top of each other, and then if one person is ‘off’, shall we say, you know, it does have an impact on everybody else.” (F9).

**Impact on the home learning environment**

The data suggests that the pandemic has meant that the typical home learning environment was drastically transformed for a vast majority of interviewed families. All families experienced a sudden and significant reduction in opportunities to visit libraries, explore the world outdoors
and participate in activities supporting children’s development at the community level during the Covid-19 pandemic:

“(…) we were at home, a little tricky with the girls to just stay at home, can’t take them anywhere, and it is their age to learn as well, and it’s nice to take them for little trips, like to the farm and to the park and little things, but we can’t do anything – and swimming, and you can’t do anything with them at the moment. (…) Hopefully, they will…we will get on with those things and they will learn later.” (F12).

For families with older children requiring home-schooling, there were particular challenges in affording the time and energy required for engaging in learning activities with pre-school aged children. For some, these issues were felt to be exacerbated by work responsibilities and pressures. For others, the home learning environment was affected by the sudden absence of previously available special assistance and practical help. This was described by two programme providers as follows:

“(…) people who (...) normally wouldn’t need any support have really struggled in a lot of ways because of the pressures of home-schooling and working from home, particularly if you’re a parent who is a lone parent or a parent who, you know, the other parent goes to work and you’re left in the house for nine to 12 hours with however many children, trying to home-school and work. That’s a huge pressure and that’s… And I think, for a lot of those families that have felt that pressure, they’re families that would have traditionally coped quite well, and the impact on feeling like they’re not coping on those families has been massive (…).” (DO1)

“Trying to cope with the older ones and a younger one, that was quite a split for some families. I mean, if you were teaching, you’d have one age group. You know, you wouldn’t have a two-year-old and a 10-year-old or something. So, em, so I think supporting there, that was…you know, there were some stories that when they just said it’s just that’s what they were finding really, really hard.” (DO2).

One of the participating mums felt that the focus on the older children had been at the expense of the baby’s learning:

“So, while they were all off school, I felt that (…) the baby was missing out on his development because I was focusing so much time on trying to get the home-schooling done. And he was just getting there – he was doing really well. He was learning his songs, so like when we were going to do the Growing Minds, he was…we’d get in position to do ‘row, row, row, your boat’ and he was already going off. So, I was doing really well with him, and then I sort of like felt it fell behind a little bit, so we’re now sort of trying to catch up on it.” (F7).
Another participant described using technology to provide respite to enable her to do other things (see quotation below). But the use of technology to entertain children was also experienced as leading to behavioural problems and feelings of guilt for parents:

“(…) it comes to the point where I really just had one on my phone, one on the iPad, and one in front of the telly, and then…and that way, I can have, you know, I know that then I can really concentrate on what I need to do for a couple of hours.” (F3).

“If I just leave them to play their computers all day, every day, they’re out of my hair, but when it comes to the evenings, they’re very aggressive and sometimes they – my middle son, my eight-year-old, can be quite aggressive to the baby. [...] that gets me down, and then I feel like I’m letting the baby down, and then I feel like I’m letting everyone else down, so I would definitely need a lot more emotional support and support with managing the behaviour of the older children so it doesn’t affect the baby.” (F7).

**Factors that improved family wellbeing during the pandemic**

Despite the wide-ranging negative effects of the pandemic on families, a small number of participants identified ways in which the pandemic had improved the wellbeing. For some interviewees, the lockdown measures meant more time to be together:

“So, it’s been good because, because of the Covid, my two children, they didn’t have much time to spend together. When the pandemic started [...] they got more time and they...their bond has become very strong now, and now the little one wants to play with him all the time and he’s very fond of him now. (...) even with my husband as well...he used to go to work, he used to go to (...) 3 three days or four days a week, and he was needing a bit of time to spend time with the kids, em, during this lockdown. [We] just, really had a family holiday together, to be honest.” (F2).

“But I think, on the whole, we probably had a more positive experience than a lot of people and had a lot more time together as a family than we might have done otherwise.” (F6).

A number of parents referred to the ability to take annual leave and to adopt flexible working arrangements as having eased the strain on the family, although this was not always seen as a sustainable solution in the long term:

“The first few weeks were quite difficult to learn how to juggle, so we were kind of taking it two or three hours on, two or three hours off, during the day, minding and playing with G, whilst the other one does a bit of work. We then quite quickly settled into a rhythm,
which is good. And then, the last few months haven’t been too bad because my wife accrued so much annual leave that she’s actually on leave since the start of September, which has kind of freed me up then to start work a bit earlier and then we can have a bit more family time.“ (F13).

“I mean, that was another thing that I did, was to take leave, extra leave, so that I worked fewer hours each week so I would have more time with the children. So, I don’t know, I suppose I will do...I’d have to do that again, or probably I’ll have to go and take unpaid leave, but I don’t know...and I don’t really want to do that because I don’t – anyway, yeah, that will get quite difficult.” (F3).

Furthermore, a number of parents referred to the importance of schools being open for children experiencing significant problems during lockdown, and also the wider re-opening of schools in September, as having improved the situation for them. Additionally, use of other services such as nurseries or other organised activities for children was highlighted to have eased work pressures experienced by parents and improved children’s wellbeing:

“But the primary school were really good. They kept in touch when it came to the children, my older children, and I managed to get my eldest back to school, em, because he was having behaviour problems, and he was in Year 6, so they agreed to take him back, which helped. So, the school were great.” (F7).

“So, I mean, because I’ve been having behavioural issues and my daughter is possibly autistic, the school was allowing her to go into school. She was there as a vulnerable child. So, she was able to go in, which did kind of help with her behaviour, em, and also getting her into that routine because she’s very much...she’s a child that needs routine all the time. So, that was very helpful, with her being able to go in a few days a week. (...) So, her just being, simply being back at school, that routine, [...] that’s helped a lot since lockdown.” (F8).

“just this last week, I’ve also started C at the playground in Littlemore for two mornings a week, which I think I probably wouldn’t have done because he’s still only two (...) I just feel, well, he does spend the time with a nanny, but he’s not...I can’t take him to toddler groups, she can’t take him to the toddler group, and so I just thought, well, yeah... So, he can go there and have that sort of opportunity to be...you know, in a place where he can play and where there are different toys and other children, and that’s what I really want for him, (...) I just think, otherwise, you know, he’s just going to be kind of messing around at home...” (F3).
Another theme that emerged from the data was the importance of being able to use outdoor spaces during lockdown and access public play areas after the first lockdown period:

“(…) getting out, once we could go out walking more, that helped, and he loves being outside. [...] Like, you know, one thing the pandemic has taught me was that actually I don’t need to have a group on every day of the week, you know, that we can go out and do things, (…), we go out and we, you know, go to the park or feed the ducks or go to the Arboretum.” (F4).

“Em, you know, since sort of lockdown has eased and we’ve been able to sort of go to the park, and now the older ones are back at school, we’ve been able to sort of...I’ve been able to focus my time a bit more on him. So, I mean, he can now – he’s never been to the park before because, literally, the weather changed, it was nice enough to go to the park, and we were in lockdown. So, now (...) he climbs up to go down the slides on his own.” (F7).

“It was a lot easier when it was April and May because we could just – G likes to be out in the garden and we could just spend lots of time outside with him in the garden, playing, and he runs all of his energy off and he comes in and he’s happy and calm, and he’ll kind of chill out for an hour.” (F13).

4.2 User and provider experiences of the Growing Minds Programme during the pandemic

This section describes the key themes that were identified with regard to interviewee experiences of delivering and receiving the Growing Minds programme. It focuses on the most systematically delivered forms of support including tangible goods (i.e. books and activity mats), phone-based support and virtual groups, in addition to some less formal and regular forms of support such as conversations between practitioners and families during a community larder or use of WhatsApp groups and Facebook pages.

The receipt of tangible goods

Growing Minds families were provided with monthly free books and in one of the two target areas they were also provided with easy-to-do, affordable home-based activity ideas that were delivered to the doors of participating families. The interview data suggests that families found these home-delivered, tangible materials particularly useful, and in particular the receipt of books:
“They’ll send me a monthly book that is very helpful, and he’s really found it good. He just can’t live without books now. Yes, he has become a good reader now.” (F2).

“So, they [books] are wonderful, and I think it’s great, especially in lockdown when you’ve not been able to go out – if we’d went to a shop, like a supermarket, and you walked past a book and you thought, ooh, that would be nice, we’ll get that, people...families haven’t had that opportunity. (...) And my eight-year-old reads to L as well, so he’s reading those books to him. You know, if I gave him a book to read and said, “Right, you’ve got to practise your reading,” he wouldn’t do it, but if I give him one of L’s books or one of the new books that have come through the door, then he’s like, “Yeah, yeah, I’ll read it with him!” so it’s been really helpful in that way too.” (F7, emphasis added).

“A friend of mine texted me and said that there was this opportunity. (...) she said, “If you live in Littlemore and you have a child born from 2018 onwards, then you can get these free books every month,” (...) and I remember thinking, well, it would be really great because we can’t go to the library, and that would be so nice for him to have some extra books.” (F3).

The ideas for activities in the form of a home-delivered activity mat were also highly valued:

“Another thing that was really nice was (...) a laminated A4 sheet with ideas of activities to do at home, and actually, I think that’s been one of the nicest things because it had...like it had a recipe for playdough and it had some different kind of play ideas for things...like things in the kitchen, and we did some of the things with C, and then my five-year-old as well did really like some of those ideas as well so...” (F3).

“(...) we stuck it [activity mat] up on the fridge and it had, yeah, it had things that you sort of had in your head anyway, so you didn’t have to go and spend loads of money on more toys and things, which is what we’ve had to do during lockdown [laughing] I think to keep everyone entertained.” (F9, emphasis added).

While ideas for activities that were communicated through emails and newsletters were also acknowledged, they did not appear to be as highly valued as those that were delivered to the door.

Delivery of services remotely

Phone-based support

The provision of phone-based support was also valued very highly by families. Several interviewees referred to the way in which it helped them to relax and feel that somebody cares:
“I mean, you know, if someone is calling you and asking you, “How are you? How are you going through the pandemic? Are you alright? Do you need anything there?” it’s just a...it’s relaxing, isn’t it? I mean, it’s...someone who wouldn’t even know you, but they’re asking how are you and [...] . I mean, we don’t have family here, and they are asking me. (...) They were asking about health and other issues. So, it’s very good. It’s very...I really appreciate it.” (F2).

“I think it’s just nice to...just to know that somebody cares. I know (...) that sounds a bit ridiculous. But, you know, I think, particularly during lockdown, it’s quite an isolated time, and everybody – and you’re quite isolated anyway with small kids I think, generally, because there’s less you can do, less places you can go. So, yeah, I think it was just quite nice just to sort of have a friendly voice on the other end of the phone every so often was quite nice.” (F9).

Moreover, being reached out to in this way during the pandemic represented an additional source of support for families who were otherwise been cut off from their natural support networks and experiencing unexpected needs. For instance, as part of the Growing Minds programme, some families were provided with doorstep delivery of meals and nappies, for which they would have not otherwise known who to ask:

“She actually brought, yeah, two packs of nappies for my little one, and I needed at that time. It was quite a struggle because, em, I’m only receiving universal credit and it was like, as you can imagine, with two kids, receiving universal credit is very like...very, em, small amount, and it’s like...it’s very hard to ask sometimes.” (F11).

However, the use of the telephone for the purpose of remote delivery of the GM programme was perceived by service providers to have reduced the range of support that it was possible to provide, and compromised practitioner ability to identify families in need of special assistance beyond direct support for school readiness. This was reported to be largely due to the lack of opportunity for the type of observations that would normally take place in the home, and for the continuous relationship building with families that these enabled. Practitioners also highlighted that families participating in the programme were often difficult to reach using the phone, particularly since they had not initially signed up for this type of intervention.

“We haven’t been able to have eyes on vulnerable families [...]. ...they want to not be around a partner or somebody in their family during the time of the call because there might be confidential information that they want to discuss so we will always try and set up a time for phone calls, and so families might just turn their phones off at that point,
if it’s something that they feel that they can’t cope with at that time. And actually, if they
can’t cope with it, then we almost need to see them more.” (DO1).

“I mean, that’s probably my biggest concern with this, is that we don’t know what’s
happening behind closed doors because we’re not seeing them at all, em... because it’s
the relationship that you build that enables them to be able to sort of... You know, you
sort of pick up a little bit here and a little bit there and what they’re struggling with and...
So, you know, you can’t just phone them up and say, ‘Right, are you struggling with this,
this and this, because we can offer this, this and this?’ It doesn’t work like that!” (DO2).

Use of virtual groups
Another key change for the Growing Minds programme during the pandemic was the
replacement of in-person child-parent groups supporting school readiness, with virtual groups.
The interview data suggests that both practitioners and families found this to be difficult. For
every example, a number of parents who had taken part in virtual child-parent groups felt that their
toddler-age children struggled to keep engaged with screen-based group activities:

“I haven’t joined any online group because, with the girls, they are so young, I don’t think
I will be able to spend time on any online thing more than five or 10 minutes, and then
that’s why I will... They did send me that Zoom idea and other things, but I haven’t joined
anything.” (F12).

“(…) she doesn’t really like stuff on screens – like she’ll watch a cartoon, but we tried like
Monkey Music and we tried a few like, you know, Zoom sessions [other than GM] and
she just had no interest at all.” (F1, emphasis added).

“So, we tried some of the online stuff [other than GM] and it really didn’t work for him
because he basically sat down and watched it like a TV programme, as opposed to
getting engaged with it and doing the things.” (F4, emphasis added).

“I actually found it quite difficult to get my son to engage with online classes [other than
GM]. He’s just sort of always a bit busy – he was quite mobile by that stage, and he found
it quite hard to kind of focus on the TV (...).” (F6, emphasis added).
Participating in virtual groups also appeared to be challenging in part as a result of the clash
with other activities going on within the home, something that wasn’t experienced when they
had arranged to go out of the home to attend a class:

“The other thing with the classes, they are often at set times, which works...you can kind
of make work when you’re planning your routine around it, but when you’re kind of in
the house, those times would clash with a feeding time or... It was easy to not do the
classes if it didn’t work in the time, whereas if you’d set out your day to go somewhere, it was easier to make a time for classes.” (F6).

One parent described how the mental health problems that she was experiencing also made participation in virtual groups very difficult:

“…I did join one of the sessions that they did online, em, but because she was... I suffer really badly with anxiety, so I was worried that there would be loads of people on there, so, em, my anxiety kind of stopped me from joining those groups. But I always went to the ones that were actually in the children’s centre.” (F8).

The data also suggest that virtual delivery of child-parent groups was much easier for those families where parents were used to using technologies and web-based applications and confident in participating in video conferences, compared with those families who do not have such experience and may find it intimidating.

“A lot of them are not confident enough to do it. (…). They’re not used to doing it on camera. I think it’s amazing that we can do that, but a lot of the mums don’t like it.” (DO3).

“I’m not...not very computer-thingy, so we haven’t really done any like, online stuff because I’m...I’m one of those ones that don’t sort of like... It’s hard for me to do this today. I don’t...I’m not one of those ones that like to speak on the phone. Yeah, I’m sort of like...because normally I’m quite a shy person, (...) so doing stuff like that doesn’t, yeah, it takes a while.” (F10).

Many participants felt that in comparison to remote services, direct, face-to-face support and the opportunity for getting out of the home, were crucial in terms of the benefits of early mother-baby groups:

“I mean, I just think that meeting up in person with other adults is what I think is...is really important for me, and I think meeting up with children and having some structured activity is what’s important for Y.” (F1).

“(…) one of them said, she was like they want drop-ins back so they can come and see their friends, so their kids can see their friends, and they can have proper coffee on their way home from school without having to make it themselves, and that was it! That was what she said the other day. I went, “Without making it yourself? That is really lazy!” and she said, “Well, no,” she said, “it’s the only time I feel a bit pampered,” when
someone does, you know, because someone else is doing something for her (...), because she’s a single-mum too.” (DO3).

“I do like to get myself out because I do suffer with anxiety and depression that I do find getting out and trying to conquer my fears by going out. I feel like, if I’m couped up all the time, I feel that it gets worse, so I do like to get out and about and meet people face-to-face, have a nice cup of tea. I find that really like soothing. [...] And it helped me because I suffered with post-natal depression as well with my first-born, so, yeah, I just found those groups very, you know, soothing, and they helped me through my depression.” (F10).

The research findings suggest that remote delivery of interventions was challenging in practical ways as well as at the level of adequate relationship building with participating families. The interviews suggest that several families suffered from digital poverty in terms of having access to the necessary technology and understanding regarding its use. This was felt to compromise participation in groups organised as part of the programme, as well as to affect the home learning environment more broadly with implications in particular for older children’s home schooling and parent’s self-esteem as educators (see quotations below):

“Sometimes, that online thing, we don’t have a TV in our house and not a proper computer. It’s (...) phone. [...] it’s like quite difficult to like engage, keep them engaged.” (F12).

“There’s also those groups that you can’t reach out to in a digital way because they don’t have the means, they don’t have the tablets, they don’t have the laptops, they don’t have the data, so they have no way of accessing those online groups. Their children can’t access the home-schooling because they can’t log onto Purple Mash, they don’t have Google Classroom, and so that’s another place where those parents have felt like they’re really failing and that ...that they can’t help their children (...).” (DO1).

“I think the biggest problem is...is the fact of lack of WiFi. (...) I found, really difficult because, you know, there wasn’t a way round it. So, they were isolated in the home, and they didn’t have...(...) so they couldn’t join in, and we didn’t have a solution for that. (...) That really did separate those that couldn’t afford to access anything and that’s something really difficult.” (DO2).

Service providers also appeared to have struggled with the virtual delivery of services.

“I think it is almost a...it’s almost a different skillset maybe that is needed for that, or it’s not a given, I think, that, you know, people doing our sort of job are going to also be
really comfortable or, (...) just have the right skills I suppose to run a kind of...a fun, successful online group.” (DO6).

Furthermore, some service providers also questioned the appropriateness of such virtual delivery because of the reliance of early learning programmes such as Growing Minds, on behavioural modeling, which was felt to be compromised with remote delivery:

“A lot of the stuff that we do with families, you know, to help them, whether it’s home learning or parenting in the more general context, is about modelling behaviour. It’s about what we go in and do. It’s how we behave in front of and with children, and that’s a massive gap.” (DO5).

Service providers also emphasised the importance of in-person face-to-face meetings for building relationships and trust between families and practitioners, both of which were deemed to be crucial for increasing up-take and the longer-term success of the interventions.

“because I’m relatively new within the Growing Minds project, what I was going to do was go to the Berinsfield project at the Berins Centre to their sessions so that I was a familiar face to people that attended there, so that then, you know, if people wanted support, they would feel happy, for my intervention. But that couldn’t happen, so I think that has impacted quite a lot, actually, in referrals being received, (...).” (DO4).

“if she was out in a frontline face-to-face context, she would have been, you know, outside the nursery gates and she would have been engaging in the school more and she would have been a much more physical presence in the community, not necessarily just to individual families but to the community – she would have become known, and, you know, that would have really supported her role. You know, if the nursery can say, “Oh yeah, we know Lucy...” (...) and if school can say, “Oh yeah, we know Lucy...” and there starts to be a bit more sort of like representation for her and her role and how fantastic she is. [...] We rely heavily on that, that word of mouth promotion of the work we do (...).” (DO5).

4. DISCUSSION
Impact of the pandemic on families

The findings of this study suggest that while all families were affected by the social distancing measures required in response to the pandemic, some families were affected more significantly in terms of their experiences and their ability to deploy coping strategies to address newly emerging problems. So, a small number of families reported positive experiences in terms of being able to spend more time together and build stronger relationships between parents and
siblings. Some parents were also able to organise annual leave or flexible working patterns, or to afford nursery or private care for their children to mitigate the pressures created by home-based work and schooling.

However, the majority of families who participated in this study experienced significant problems as a result of the pandemic in terms of the challenge of caring for several children at home without any external support, home-based work arrangements and an increase in other problems such as mental health difficulties (see below for further discussion). These new needs were experienced by families in diverse socio-economic circumstances and family compositions, highlighting the way in which the pandemic created new pressures for families without pre-existing needs, whilst exacerbating those for families in already challenging situations, and in particular by the reduced access to basic health services, and the absence of practical support that would normally be provided by family and friends. Interviewees with pre-existing mental health conditions, financial difficulties and parenting challenges, reported being particularly affected by the interrupted provision of hands-on practical assistance, health services and the interventions from the Growing Minds programme they were usually receiving.

Overall, the evidence of this study suggests that families with 1-2 children with a stable financial situation, opportunities for flexible working arrangements and ability to afford additional childcare support were the least affected by the pandemic. These families also appeared to be the least likely to be experiencing digital poverty in terms of not having the necessary technological equipment and skills for participating in virtual groups and accessing learning activity online. In comparison, families with multiple children of different ages, more stringent work settings and a tendency to rely heavily on family networks and community level activities represented a new ‘risk group’ that emerged during the pandemic, while families with significant pre-existing multiple needs experienced the most significant problems in terms of the withdrawal of many professional services and access to child-parent groups and other support networks. The children in these families were most ‘at risk’ in terms of the secondary consequences of the pandemic, particularly when this was combined with digital and wider poverty. The interviews also point to some practical issues experienced in particular by single
parents (such as organising a safe food shopping) as well as challenges in dealing with children’s behavioural issues.

**Stakeholder views regarding the changes in delivery mode of the Growing Minds Programme**

As with other services for preschool children, the Growing Minds programme had to adapt very rapidly to the social distancing requirements that were put in place to address the pandemic, and this meant that practical, home-based support had to be replaced by one-to-one phone calls, and that child-parent groups were partially re-arranged as online Zoom groups.

The data suggest that while all families valued very highly the doorstep learning provisions and the opportunities for contact that were afforded by telephone calls, many of the most vulnerable families were not able to benefit from the remote provision of services, and particularly the offer of online groups. This was due to their children not being able to participate virtually; anxiety due to mental health problems and lack of expertise about use of Zoom for meetings; and lack of access to technology. Practitioners also reported difficulties both in terms of relating to families in need using remote methods, and also in feeling confident that they were able to get a true picture of what was happening for a family in the absence of being able to see the family face-to-face in the home. Additionally, practitioners referred to other limitations of remote delivery, including reduced opportunities for peer support; the inability to provide practical assistance in the home; difficulties in modelling good practice virtually; and more restricted opportunities for professionals to build relationships and identify the needs of families.

These findings are consistent with another recent study that examined stakeholder views and experiences regarding the impact of the Covid-19 pandemic on local early intervention services between March and May 2020 (Wilson and Waddell, 2020). This study found that while interviewees perceived an increased level of engagement from some parents and an increased capacity to provide services, there were nevertheless difficulties in gaining an overall understanding of the actual needs of parents, concerns about their ability to safeguard children without going into the home, and problems identifying new needs and struggles emerging during the pandemic. The study also highlighted the concerns of service providers regarding the suitability of virtual support for families with multiple complex needs; with children with
special educational needs; and, those with English as second language. As with the current study, poor access to technologies within the home was recognised as being a significant barrier to accessing virtual support (Wilson and Waddell, 2020).

Implications for practice

Research suggests that an increased level of digital delivery of parenting support is likely to be ongoing following the lifting of the lockdown, and that this is likely to include the use of parenting apps or virtual parenting classes; and one-to-one telephone support (ibid). There is also recognition, however, that there is currently insufficient evidence regarding the effectiveness and impact of digital services with disadvantaged parents in particular and that further research is needed (ibid). There is, nevertheless, extensive evidence regarding the potential benefits of digital methods of service and in particular telehealth, from which learning is also possible.

In terms of the delivery of Growing Minds, it seems that parents’ value very highly the in-person contact both with service providers in the home and community-based groups of parents. During the pandemic, the doorstep visits and delivery of books and other much needed items were highly valued, as was telephone contact, and all of these methods of working should be continued for the duration of the lockdowns and beyond. Practitioners also highlighted the benefits of such doorstep visits for building stronger relations with families and being able to promote and provide adequate support based on the actual needs of individual families.

Moreover, based on evidence regarding the numerous positive experiences related to use of outdoor spaces shared by parents, practitioners providing school readiness interventions in a pandemic situation should consider ways of increasing the use of green spaces by families, and consider practitioner-led outdoor activities when usual child-parent groups are paused. The benefits of regular outdoor activities for children are widely evidenced in the existing literature; a systematic review of studies relating to green space and children’s mental wellbeing shows that access to green spaces increases children’s emotional wellbeing, cognitive development and overall health, all of which are key factors enhancing school readiness (McCormick, 2017).

The evidence with regard to the use of virtual methods of working were mixed and the findings suggest that if this is to be continued there should be further training of staff, to enable them to work effectively using this medium, and to enable them to help parents to use the medium...
as well (see for example Poole et al 2018). A number of families suggested that smaller virtual groups allowing the development of friendships amongst parents would be preferred to larger more ‘anonymous’ groups. It is also the case that some parents do not feel able to take part in such groups and Growing Minds should ensure that these parents are supported in other ways, particularly where they are experiencing mental health problems.

Finally, identifying and responding to gaps in access to technology and the necessary skills to use it in disadvantaged families is also key to enhancing uptake of virtual support for those families who could benefit the most. Growing Minds might also explore the possibilities for other digital methods of work including the development of an App.

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REFERENCES


Barlow, J., Woodman, J., Bach-Mortensen, A., Fang, Z., Homonchuk O. (2020). The impact of the COVID-19 pandemic on services from pregnancy through age 5 years for families who are high risk or have complex social needs. London: CPRU.


