COVID-19 Early Years Resilience and Impact Survey (CEYRIS)

Report 4 – full findings
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Citation:
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1. Introduction and background

The COVID-19 pandemic and associated restrictions have had an impact on the lives of all young people and their families in Scotland. In order to control the transmission of infection, in March 2020 children were removed from schools, nurseries and childminders for a prolonged period of time. Activities were restricted to staying at home for the majority of the day, and children were unable to spend time with family and friends from other households. In addition, many parents/carers were required to work at home, support home schooling and respond to potential stressors such as ill health or income reduction and unemployment.

Public Health Scotland carried out the COVID-19 Early Years Impact and Resilience Survey (CEYRIS) to explore the ways in which COVID-19 and associated restrictions have affected the lives of children in Scotland. It explores the health and wellbeing of children and their parents,* and in particular looks at families on low incomes, single-adult households, larger families and families living with long-term conditions. The research shows that the COVID-19 infection control measures affected families differently depending on their circumstances. In general, families on lower incomes were more negatively affected by the restrictions. Therefore, so were single-adult households, larger families and families with a long-term health condition as they tended to fall into the lower-income bracket.

This is a research report which has been produced to provide timely data on the wider impacts of the pandemic and associated restrictions on young children and their families. We are working with a wide range of stakeholders to ensure the findings are accessible and useful. Public Health Scotland is committed to maintaining, protecting and improving the health and wellbeing of children and young people and as such is working with partners to develop recommendations, policies and practical interventions to support the health and wellbeing of children and young people as we live through and beyond the pandemic. The CEYRIS surveys provide the data and intelligence to underpin future action for children in Scotland.

The first round of data collection for CEYRIS was conducted between June and July 2020, with an additional round planned for November 2020 to monitor the ongoing

* Throughout this report the term ‘parents’ refers to parents and other carers.
impact of COVID-19 and associated restrictions. Three short reports have already been published on the high-level findings from the survey exploring 1) key behaviours 2) children’s play and learning, use of outdoor space and social interactions and 3) the experience of parents and carers. There is also a background report which explains the data collection process and overall methodological approach. These reports are available at www.healthscotland.scot/publications/covid-19-early-years-resilience-and-impact-survey-ceyris

The survey was conducted online with parents of 2–7-year-olds. 11,228 responses were obtained which makes it one of the largest surveys undertaken in Scotland. However, caution needs to be exercised when interpreting the results, as with all online surveys, because the respondents were all self-selected. The background report gives details of the sample and compares it to national demographics. While the sample of parents obtained was largely representative it differed from national demographics in that the CEYRIS sample had a greater number of wealthier parents respond. This report analyses children by the households they belong to, including low-income families, single-adult households, larger families and families where either the child reported on or the parent has a long-term health condition. We would have liked to have analysed the data by children in black and minority ethnic (BME) households and those from households where the parent is under 25 years of age. However, we did not receive enough responses from these groups to provide robust analysis. This is something that will need to be addressed in the next round of data collection.

The aim of this fourth and full report is to analyse the findings from the first three reports in more detail, with a view to identifying the ways in which some families may have been affected by COVID-19 and associated restrictions more severely than others. Findings will be reported if they are statistically significant. It is hoped that this report will inform how health and social care services are designed and implemented as we move through the pandemic in order to ensure that the needs of all children in Scotland are met in a fair and equitable way.
2. Key findings

Income

- Children in affluent households were more likely to be doing well psychologically and behaviourally during lockdown than children in less well-off households. This can be seen across four of five Strengths and Difficulties Questionnaire (SDQ) domains (peer problems, conduct, hyperactivity and emotional problems, although not prosocial).

- Children living in households with a higher income were more likely to sleep through the night during lockdown than children living in lower-income households.

- Some deterioration was identified across all income groups in all areas asked about in terms of children’s behaviour and life. The extent of the decline was worse for children in low-income households in all areas except physical activity. It was most clear in relation to sleep, behaviour and eating. At the same time, however, there was some evidence of improvement during lockdown across the three income groups. This is notable for imaginative play and outdoor play.

- A greater proportion of children living in high-income households took part in more home learning activities on a more frequent basis during lockdown. This was most notable in relation to reading.

- Children in high-income households were more likely to have access to a garden or good-quality greenspace than children in low-income families.

- The extent to which children had engaged in a series of activities over the last seven days during lockdown had a clear positive association with income in most areas. Activities such as playing outside, walking, cycling and scooting were much more common in higher-income families.

- People in higher-income groups were more likely to report good mental health and wellbeing than those in lower-income groups. They were also less likely to be living with a long-term physical or mental health condition.
• Parents in low-income households who wanted access to health visitor or GP services were less likely to have successfully accessed it compared to parents in high-income households who also wanted access. However, for services such as family support worker, nursery staff/childminder, school staff and voluntary/community organisations, the opposite is true.

• A higher proportion of main earners in high-income households were employed on a permanent contract prior to COVID-19. These households experienced less change in employment status during lockdown, in particular in relation to income reduction.

Single-adult households

• Children in two-adult households scored better on the SDQ total difficulties scale than children in single-adult households. This appeared to be driven by the emotional problems and peer problems domains, where children in single-adult households needed additional support.

• In terms of behaviour during lockdown, four areas had a bigger decline for children in single-adult households than two-adult households, namely behaviour, sleep, concentration and eating.

• A greater proportion of children in two-adult households took part in home learning activities on a more frequent basis than children in single-adult households.

• Children in two-adult households were more likely to have played outside, walked, cycled and scooted, and visited the park over the last seven days. Children in single-adult households more frequently spoke to family and friends over the same time period.

• Parents in single-adult households fared less well than parents living in two-adult households during lockdown in relation to mental health and wellbeing. They were also considerably more likely to report living with a long-term physical or mental health condition.
• A greater proportion of parents in single-adult households were unable to access the health visitor service when they needed it during lockdown. On the other hand, a greater proportion in two-adult households were unable to access a family support worker or nursery staff/childminder.

• Before lockdown, single-adult households were less well off than two-adult households in terms of income category. A greater proportion were working on fixed-term contracts, students, stay-at-home parents or unemployed. However, they appear to have fared slightly better than two-adult households in terms of income reduction as a result of lockdown.

Large families

• The pattern is mixed in terms of children’s wellbeing in large families compared to smaller ones. For the SDQ conduct domain, more children in small families are ‘close to average’, while in the hyperactivity domain, more children in larger families are ‘close to average’. A score of ‘close to average’ indicates that a child is coping well in that area and that no concerns have been identified.

• Children in larger families slept more consistently through the night during the last two weeks.

• For five of the eight behaviours asked about in relation to children, the decline over lockdown was greater in large families compared to small ones, with the biggest differences for imaginative play and time spent outdoors. For physical activity, sleep and eating there was a smaller decline for large families compared with small ones. For the other three behaviours (behaviour, mood and ability to concentrate) the extent of decline during lockdown was similar for small and large families.

• Children in larger families took part in home learning on a less frequent basis than children in smaller families.

• For activities such as walking, cycling and scooting, and going to the park or another greenspace, children in larger families were less likely to have
undertaken them as frequently as smaller families. This is also the case for communication with friends or family. Children in larger families more frequently played outside or played screen-based games.

- Parents/carers in larger families appear to have fared better in terms of mental health and wellbeing during lockdown. There was no difference in the proportion reporting that they had a long-term physical or mental health condition.

- A greater proportion of main earners in small families were employed on permanent contracts than those in larger families. More parents in larger families were self-employed/freelance or stay-at-home parents. A higher proportion of parents in larger families reported that their hours or pay had been reduced as a result of COVID-19 and associated restrictions.

**Children with a long-term condition (LTC)**

- Children with a long-term health condition were less likely to receive a score of ‘close to average’ on SDQ. The biggest differences were hyperactivity and peer problems, where more children with a health condition required additional support.

- Children with an LTC were less likely to sleep through the night than other children.

- The decline during lockdown in relation to children’s behaviour and life was more severe for children with a long-term health condition. The biggest differences were in relation to sleeping and the ability to concentrate.

- Parents of children with a long-term health condition were more likely to fare poorly in terms of their own mental health and wellbeing during lockdown than parents whose child did not have a long-term health condition.

- A greater proportion of parents with a child with a long-term health condition were unable to access a health visitor/family nurse or a social worker when they needed them during lockdown than parents with a child with no long-term health condition.
• Parents of a child with a long-term physical or mental health condition were less likely to report that the main earner in their household was employed on a permanent contract in the pre-lockdown period. They were more likely to be a stay-at-home parent or unemployed. A greater proportion of parents with a child with a health condition experienced a reduction in overall household income during lockdown.

Parents with a long-term condition (LTC)

• Children of parents with a long-term physical or mental health condition were doing much less well than other children in relation to psychological wellbeing and behaviour during lockdown. This pattern is clear for SDQ total difficulties and across each of the five domains.

• Children of parents with an LTC less frequently slept through the night compared with other children.

• In all areas of child behaviour that were asked about in CEYRIS, the decline was worse for children whose parent has a long-term health condition. Sleeping and eating were the worst affected areas.

• Parents living with a long-term health condition reported lower mental health and wellbeing than other parents.

• Parents living with a long-term condition were more likely to want to access services during lockdown. However, in half of the services asked about, a smaller proportion of these parents managed to gain access to the services when compared with other parents.

• Parents with a long-term health condition were less well off than other families prior to lockdown, with a greater proportion falling into the lowest income group and a smaller proportion falling into the highest income group. Fewer were employed on a permanent contract in the lockdown period.

• There was no difference in the proportion of parents who experienced a reduction in overall household income as a result of COVID-19 and associated restrictions.
Parental wellbeing

- There is a clear association between how well children were doing emotionally and how well parents were doing emotionally during the lockdown period.

- For all child behaviours/areas of life asked about in the survey, there was a much bigger decline for children whose parents had low mental health and wellbeing at the same time. This was most notable in relation to the child’s mood and behaviour.

- Parents who experienced a reduction in income during lockdown were more likely to have experienced poor mental health and wellbeing during the same period.

3. Income

Introduction

Income is recognised as one of the key factors that drive health and social inequalities. For the purposes of this research, respondents were asked about the total income of their household. Income categories were then defined as low income (total household income of up to £25,999), medium income (total household income of £26,000 to £51,999) and high income (total household income of £52,000 and above).

In total, of the 11,228 responses 7,982 provided information about their income. Figure 3.1 shows that the high-income group had the greatest proportion of respondents, followed by the medium and then the low-income group. It is not uncommon in social research such as this for lower income groups to be more difficult to reach and therefore to have a lower proportion of responses. Fortunately the numbers reached in this survey were large enough for robust analysis to be carried out.
This section explores the relationship between these income groups and some of the main findings from the CEYRIS survey.

### Children’s mental health and wellbeing

The Strengths and Difficulties Questionnaire (SDQ) was used to assess children’s behaviour and emotions, and therefore can provide useful insight into their wellbeing. The SDQ provides a score for total difficulties, as well as for five psychological and behavioural domains; emotional symptoms, conduct problems, hyperactivity, peer relationship problems and prosocial behaviour. Further information on the SDQ methodology is provided at [www.healthscotland.scot/publications/covid-19-early-years-resilience-and-impact-survey-ceyris](http://www.healthscotland.scot/publications/covid-19-early-years-resilience-and-impact-survey-ceyris).

Figure 3.2 shows a clear association between income and SDQ total difficulties score. 49% of respondents with a low income scored close to average, compared to 59% of respondents with a medium income and 65% of respondents with a high income. Since a score of ‘close to average’ is indicative of a child coping well and that no concerns have been identified, these results illustrate that children in a high-income category were much more likely to have been doing well psychologically and behaviourally during ‘lockdown’.

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Figure 3.3 provides the SDQ results broken down by domain. In the first four domains (peer problems, hyperactivity, conduct and emotional problems) the scores are close to average, slightly raised, high and very high. The scoring in the fifth domain, prosocial, is shown separately because the responses are reversed and are very low, low, slightly lowered and close to average. This domain is not included in the total difficulties summary indicator. In all cases, a score of close to average indicates the child is coping well and that no concerns have been identified.

Results show that in four of the five domains there is a clear positive association between income and achieving a score of close to average. The domain in which the greatest proportion achieved close to average was ‘peer problems’, however this was also the domain with the biggest difference between low and high-income categories. The proportion scoring close to average was 63%, 75% and 78% for low, medium and high-income categories respectively. The one domain in which there was no difference between income categories was prosocial, where the proportion of children scoring close to average was 55%, 55% and 56% for low, medium and high-income categories respectively.

Overall, these results suggest that during lockdown children living in lower-income families were inclined to experience poorer wellbeing than children living in more wealthy households.

**Children and long-term conditions**

Parents/carers were asked to report on whether their child has a physical or mental health condition which is expected to last more than 12 months. Results in Figure 3.4 show that the proportion of respondents agreeing with this statement is associated with income – children living in households with a low income are more likely to have a long-term physical or mental health condition than those in more affluent households.
**Sleep**

Parents and carers were asked to provide information about their child’s sleeping pattern over the previous two weeks.

Figure 3.5 suggests that 16% of children in the low-income category did not sleep through the night at all in the two-week period, compared to 12% for medium-income households and 10% for high-income households. Similarly, in low-income
households 38% of children slept through the night every night, compared to 41% of medium and 42% of high-income households. Results overall indicate a difference in distribution across the income categories, with children in more affluent households generally getting a better sleep in the previous two weeks than children in lower-income households.

**Children’s behaviour during lockdown**

Parents/carers were asked about their perception of how some aspects of their child’s day-to-day life had changed during lockdown. These questions focused on behaviour, mood, amount of physical activity, sleep, ability to concentrate, eating behaviour, imaginative play and time spent outdoors.

Figure 3.6 shows that there was a considerable degree of deterioration across each of the categories asked about for all income groups, with the most notable in relation to physical activity, mood, behaviour and concentration. In relation to physical activity, there was very little difference in the extent of the deterioration across the income groups (48% of respondents in the low-income group indicated that levels of physical activity had become much worse or worse since lockdown started, compared to 48% in the medium and 47% in the high-income households).
For all of the areas other than physical activity, there was a relationship between income category and the extent of decline during lockdown. The biggest difference in terms of income can be seen in relation to sleep. 42% of parents/carers in low-income households indicated that their child’s sleep had become much worse or worse during lockdown, compared to 33% of medium and 29% of high-income households. This is closely followed by behaviour (56% low, 47% medium, 45% high reporting worse or much worse) and eating (39% low, 33% medium, 29% high
reporting worse or much worse). It is important to note, however, that some areas of children's behaviour saw an improvement during lockdown across the three income groups. This is most notable for imaginative play and outdoor play. Overall, the data suggest that the social restrictions as a result of the COVID-19 pandemic have had a detrimental impact on many aspects of children’s lives, and that this impact is more severe for children living in lower-income households.

**Home learning environment**

The home learning environment plays an important role in the development of a positive relationship with learning, as well as building confidence and relationships with caregivers. Parents and carers were asked to provide information on the number of days over the previous seven days that they had undertaken key aspects of home learning, namely reading, number and letter recognition, singing, and drawing and painting. A summary variable was derived by adding the number of days in the week that each of the home learning activities was undertaken. Quartiles were defined on the basis of this and then the percentage of each income group in each quartile was compared in Figure 3.7, split by income category. There is a clear difference in the distribution of home learning quartiles by income.
57% of respondents living in low-income households fell into the two lowest home learning environment quartile bands, compared to 50% for medium and 46% of high-income households. The pattern is similar but reversed for the highest home learning quartile band with 23% for low, 26% for medium and 29% for high-income households. This illustrates that a greater proportion of children living in high-income households take part in more home learning activities on a more frequent basis.

Figure 3.8 shows home learning split into the four activities that were asked about: reading, painting, singing, and recognising letters and numbers. While reading was the most common activity across all income categories, it was also the area where there was the greatest difference by income. It was reported that 45% of children in low-income households looked at books or read stories six or seven days a week, compared to 63% of medium and 74% of high-income households. In addition to this, there was some association between income and activities involving painting and drawing as well as recognising letters, words, numbers and shapes. On the
other hand, there was no difference between income groups in the number of days that children recited nursery rhymes or sang songs.

**Access to outside space**

Parents/carers were asked to provide information about the outside space that their child has access to. Results show a relationship between income category and each of the outside spaces included in the survey, other than balcony.

![Figure 3.9 Outside space that child has access to at home by income category](image)

Figure 3.9 shows that an enclosed garden and good quality greenspace (for example a park or a field) are the outside spaces that children most commonly have access to, although both have a clear income association. It was reported that 78% of children in low-income households have a garden, compared to 91% for medium and 95% of high-income households. In relation to good quality greenspace, 89% of children in low, 94% of children in medium and 96% of children in high-income households had access. Conversely, a greater proportion of children in low-income households have access to a communal space (as opposed to private) but a higher proportion have no access to outside space at all.

**Activities**

Parents/carers were asked about some of the activities that their children had taken part in over the last seven days. Results show difference by income for five of the
seven activities that were included (no difference for ‘playing a screen-based game’ and ‘spoken to friends’).

Playing outside was the activity that children most frequently took part in, and it was also the one with the biggest difference in terms of income category. 68% of children in low-income households played outside on four or more days, compared to 81% for medium and 86% for high-income households. Walking, cycling and scooting was another common activity, and it also had a clear income gradient. 52% of children in low-income households participated four or more times a week in walking, cycling and scooting, compared to 63% of medium and 68% of high-income households. On the other hand, a greater proportion of children in low income households spoke to their family on four or more days a week (46% for low income households, compared to 44% for medium income households and 40% for high income households).

In summary, a greater proportion of children in higher-income families more frequently took part in most of the activities that were asked about in the survey, apart from speaking to their family.
Figure 3.10 Activities that child has taken part in over the last 7 days by income category

- Spoken to family - high
- Spoken to family - medium
- Spoken to family - low
- Spoken to friends - high
- Spoken to friends - medium
- Spoken to friends - low
- Play screen game - high
- Play screen game - medium
- Play screen game - low
- Active play inside - high
- Active play inside - medium
- Active play inside - low
- Park or other greenspace - high
- Park or other greenspace - medium
- Park or other greenspace - low
- Walk, cycle, scoot - high
- Walk, cycle, scoot - medium
- Walk, cycle, scoot - low
- Played outside - high
- Played outside - medium
- Played outside - low

Legend:
- ■ none at all
- □ 1-3 days
- ▪ 4-6 days
- ‧ every day
Parental mental health and wellbeing

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) was used to assess the mental health and wellbeing of parents and carers. This is an established survey instrument for examining differences in population mental wellbeing in adults. The questionnaire asked seven positively worded questions about the respondents’ thoughts and feelings over the previous two weeks. Responses are combined to produce a mental wellbeing score which has been categorised into low wellbeing (1 standard deviation (SD) below the mean), average wellbeing (between 1 standard deviation below and 1 standard deviation above the mean) and high wellbeing (1 standard deviation above the mean). Results show a difference in SWEMWBS categories by income group. Figure 3.11 shows that 12% of respondents in the low-income group have a high SWEMWBS score, compared to 16% in the medium-income group and 18% in the high-income group. In summary, people in higher-income groups are more likely to report better mental health and wellbeing than those in lower-income groups.

Parental long-term conditions

Parents/carers were asked to provide information on their own health, namely whether they have a physical or mental health condition which is expected to last more than 12 months. As with the prevalence of long-term conditions in relation to children, there is a clear association between income group and the proportion of
parents reporting that this is the case for their own health. Figure 3.12 shows that 33% of parents in the low-income group reported having a long-term condition, compared to 17% in the medium-income group and 13% in the high-income group.

![Figure 3.12 Parental physical or mental health condition expected to last more than 12 months by income category](image)

Access to services

Parents and carers were asked about their experience of accessing key services during lockdown. In terms of the proportion of parents/carers reporting that they have not needed the service, there is a difference by income group for all except school staff. For health visitor/family nurse, GP and allied health professional (AHP) there was a difference of 9% between the proportion reporting that they have not needed the service between low and high income. Overall, respondents living in low-income households were less likely to report that they have not needed a service (other than nursery/childminding and school staff) than those living in higher-income households. (In other words, those in low-income households were more likely to have needed access than those in high-income households.) For nursery staff/childminder, the higher-income group was least likely to have reported not needing the service (in other words, more likely to have needed the service). For school staff there was very little difference.
Figure 3.14 focuses on the parents who responded that they needed access to services during lockdown, and shows the proportion who were able to have contact and the proportion who were not.

For six of the eight services, there was a difference between the proportion of respondents who were able to contact services by income category. In four of these cases, a greater proportion of parents in high-income households wanted access but did not achieve it. The biggest difference was in relation to contact with a family support worker. Of the parents who wanted to make contact with this service, 71% of high-income parents were unable to do so compared to 49% of low-income parents. However, the numbers involved here are small (32 and 55 respectively). The other three areas where a greater proportion of high-income parents were unable to make contact with a service were nursery staff/childminder, school and voluntary/community organisations. The two services where a greater proportion of low-income parents were unable to make contact were health visitor/family nurse and GP. 45% of those in the low-income category who needed it were unable to make contact with a health visitor/family nurse, compared to 32% in the high-income category. For GP services, 18% of parents in low-income households wanted access and did not get access, compared to 12% of parents in high-income households.

These data suggest that overall parents in low-income households were more likely
to contact services, and that the extent to which they were able to achieve this contact is varied across the services.

Returning to school after lockdown

Parents/carers were asked about their plans for when schools and nurseries reopened. Figure 3.15 shows that 76% of parents in low-income households, 78% in medium and 85% in high-income households planned to send their children back to school/nursery when they reopened. Parents in lower-income families were more
likely to be undecided as to whether they would send their child back. Parents were also asked about how blended learning (if that was the model that the schools/nurseries would use) would affect them.
Figure 3.16 shows the anticipated impact of blended learning on the family, and highlights the differences in relation to low, medium and high-income households. A greater proportion of parents living in the low-income group agreed that ‘our family will be able to manage this without much difficulty’ (52% in low, 44% in medium and 36% in high-income group). However, they were less likely to agree that their family had what they needed to support their child’s learning at home than parents/carers in either the medium or high-income groups.

Parents in higher-income groups were more likely to indicate that there would be some impact in terms of employment. 81% suggest that someone in the family would need to work and support home learning at the same time, compared with 77% of medium and 65% of low-income households. They were also more likely to agree that someone in the family would need to work fewer hours in order to accommodate blended learning. Parents in the highest income group were also less likely (than either medium or low-income households) to report that the family income would be reduced as a result of blended learning.

**Income and employment status**

Figure 3.17 shows the employment status of the main earner prior to lockdown. There is a clear relationship between income category and the proportion of parents reporting that the main earner was employed on a permanent contract (58% in low, 84% in medium and 89% in high-income category). The converse relationship is also present between income category and the proportion of main earners who were employed on a fixed-term contract (6%, 4% and 3% respectively).
Figure 3.18 shows there is also a difference in terms of the impact of lockdown on employment status, with those in a high-income households being less likely to have experienced a change in employment status. A greater proportion of parents in the lowest income category reported being furloughed and having their hours reduced, although the numbers involved here are small. There is no difference in terms of the main earner in the household having their pay reduced.
Figure 3.19 looks at the overall household income and shows the difference in the proportion of parents reporting that the overall income had reduced. 50% of low and 51% of medium-income households reported income reduction as a result of lockdown, compared to 36% in high-income households.

4. Single-adult households

Introduction

Lone parenthood is another factor that can result in health and social inequalities for children. Parents/carers were asked to provide information on the number of adults (aged 16+) living in their household. 8,710 provided this information. Figure 4.1 shows that just over 10% of respondents were single parents and almost 83% lived in households with two adults aged 16+. 584 respondents indicated that three or more adults aged 16+.

Figure 4.1 Number of adults in household

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<th>Two adults</th>
<th>Three or more adults</th>
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</tbody>
</table>
Based on these data it is not possible to determine whether ‘two adults’ refers to a two-adult household or one parent and a sibling aged 16+ (or a grandparent). Similarly, it is not possible to determine whether ‘three or more adults’ refers to a two-adult household and a sibling aged 16+ or a single-adult household and grandparents – or any such combination. Due to this the report will focus on ‘one-adult households’ and ‘two-adult households’ since this covers the majority of the respondents and is as close to a definition of lone/two-parent families as the data allow.

**Children’s mental health and wellbeing**

Responses from the Strengths and Difficulties Questionnaire (SDQ) were split by number of adults in the household. Results show that there is a difference in the distribution of scores between one and two-adult households. 56% of children in a single-adult household scored ‘close to average’ compared with 61% of children living in two-adult households. Similarly, 17% of children in single-adult households scored ‘very high’ compared to 13% for two-adult households. This provides some indication that children in households with two adults fared more positively than children in single-adult households in relation to mental health and wellbeing.
Figure 4.3 provides further detail on the SDQ responses. Responses for single-adult and two-adult households are different for emotional problems and peer problems. In both of these cases, children in two-adult households appear to be needing less additional support than those in single-adult households. In relation to hyperactivity, conduct and prosocial the pattern is less clear.

**Children and long-term conditions**

Parents were asked to report whether their child had a physical or mental health condition that was expected to last more than 12 months. 10% of respondents in
single-adult households reported this to be the case, compared to 7% of respondents in two-adult households.

![Figure 4.4 Child has a physical or mental health condition expected to last more than 12 months by number of adults in household](image)

**Sleep**

Sleeping patterns were analysed for children in single-adult and two-adult households. Results suggest that there was some difference in the responses to this question across the two groups. Figure 4.5 shows that 52% of children in single-adult households slept through the night six or more times a week, compared to 58% of children in two-adult households.

![Figure 4.5 Sleeping pattern over the last two weeks by number of adults in household](image)
Children’s behaviour during lockdown

Figure 4.6 shows the extent to which the respondent indicated that their child’s behaviour had changed during lockdown. In every area of behaviour, a higher proportion of children in single-adult households had experienced ‘worse’ or ‘much worse’ deterioration than children in two-adult households.

The biggest differences were for sleeping and eating. For the former, 40% of parents in single-adult households reported this was ‘worse’ or ‘much worse’, compared to 32% of two-adult households. For the latter, 37% of single-adult households reported this was ‘worse’ or ‘much worse’, compared to 31% for two-adult households.
Home learning environment

Figure 4.7 shows information on the home learning environment quartiles split by one and two-adult households. There was a clear difference in terms of the proportion of respondents in each of the quartiles. Most notable, 31% of single-adult households fell into the lowest quartile compared to 23% of two-adult households. This indicates that a greater proportion of children in two-adult households take part in home learning activities on a more frequent basis.

Access to outside space

Access to outside space is an important consideration in the physical and mental wellbeing of children and young people. A greater proportion of children in two-adult households had access to a garden (92% compared to 79%) and to good quality greenspace (95% compared to 91%). A greater proportion of children in single-adult households had access to a communal outside space (20% compared to 12%) but 6% as compared to 2% had no access to outside space at all.
Activities

Figure 4.9 shows the activities that the child has taken part in over the last seven days by one and two-adult households. Only two activities (active play inside and screen-based games) showed no difference in responses between the two groups. ‘Played outside’ was the most common activity for all children, although 73% of parents in single-adult households reported that their child had played outside four or more times in the last seven days, compared to 83% of respondents living in two-adult households. Children in two-adult households also walked, cycled or scooted and visited the park more frequently than children in single-adult households. On the other hand, children in single-adult households more frequently spoke to family every day (24% compared to 17% for children in two-adult households) and friends every day (9% compared to 5% for children in two-adult households).
Parental mental health and wellbeing

SWEMWBS is the survey instrument that is used to examine the wellbeing of parents and carers. Analysis shows the difference between mental health and wellbeing for parents in one and two-adult households. Figure 4.10 shows that 22% of parents in single-adult households scored low on the SWEMWBS scale, compared to 13% of parents in two-adult households. These results suggest that parents in single-adult households were faring less well than parents in two-adult households during lockdown.
Parental long-term conditions

Figure 4.11 shows the proportion of parents who reported having a physical or mental health condition that was expected to last more than 12 months. It indicates that a greater proportion of parents in single-adult households have a long-term condition compared to parents in two-adult households (28% and 16% respectively).

Access to services

This section explores the use of services during lockdown by one and two-adult households. Figure 4.12 focuses on the proportion of parents/carers who reported
not needing access to a service during lockdown. Contact with nursery staff/childminder is the only service with a smaller proportion of parents in single-adult households needing it than parents in two-adult households. Parents in single-adult households were more likely to need each of the other services. The greatest difference is in relation to health visitor/family nurse, where results suggest that 20% of parents in single-adult households needed access, compared with 14% of parents in two-adult households.

Figure 4.12 'I have not needed this service' by number of adults in household (%)
Figure 4.13 focuses on the extent to which those parents who wanted access to a service were able to access it. Of the eight services, three were notably different for single-adult and two-adult households (health visitor, nursery staff/childminder and family support worker). In relation to health visitor, a greater proportion of parents in single-adult households were unable to access (49% compared to 34% of parents in two-adult households). On the other hand, a greater proportion of parents in two-adult households were unable to access a family support worker (63% compared to 47%) and nursery staff/childminder (61% compared to 52%). As in the previous section, the number of families who wanted to access a family support worker and were unable to is relatively small (28 in one-adult households and 111 in two-adult households). These data show that overall parents in single-adult households were more likely to need access to services (other than nursery staff/childminder) and that the extent to which they got access varies across services.
Returning to school after lockdown

Figure 4.14 shows what parents were planning to do when nurseries and schools reopened. There is very little difference in the proportion of parents in one and two-adult households who were planning to send their child back to nursery/school (79% and 81% respectively). A slightly higher proportion of parents in single-adult households were still undecided at the point of completing the survey.
Figure 4.15 shows the extent to which respondents anticipated that blending learning would affect their family. There was no difference in terms of the proportion of parents reporting that their family would be able to manage blended learning without much difficulty (41% single-adult and 42% two-adult households). However, a considerably lower proportion of parents in single-adult households said that they had what they needed to support their child’s learning at home. They were also more likely to agree that their family income would change as a result of blended learning and that they would need to spend more money on childcare. On the other hand, a greater proportion of parents/carers in two-adult households reported that someone would need to work and support home learning at the same time and that someone in the family would need to stop working or work fewer hours.
Income and employment status

There is a clear relationship between income category prior to lockdown and the number of adults living in the household. Figure 4.16 shows that 64% of parents in single-adult households fall into the low-income category, compared to 11% for parents in two-adult households. Similarly, 12% of single-adult households fall into the high-income category, compared to 51% of two-adult households. In other words, prior to lockdown, single-adult households were less well off than two-adult households.

Similarly, Figure 4.17 shows that a much higher proportion of main earners in two-adult households were employed on permanent contracts when compared with single-adult households (83% and 62% respectively). A greater proportion of parents in single-adult households were working on fixed-term contracts, students, were stay-at-home parents or unemployed.
Figure 4.18 illustrates the change in employment status of the main earner in the household. Respondents in two-adult households were more likely to report the main earner in their household experiencing no change in employment status (74% and 70% respectively). However, there is no difference in the proportion that have been furloughed or that have had their hours reduced, and main earners in two-adult households are more likely to have said that the main earner has had their pay reduced.
Figure 4.19 shows the change in the overall household income as a result of lockdown. A greater proportion of respondents in single-adult households reported that there had been no change (62% compared to 53% of two-adult households) and a smaller proportion reported that their overall income had reduced (35% compared to 44% of two-adult households). Overall, these data suggest that single-adult households were less well-off prior to COVID-19 but that they appear to have fared slightly better than two-adult households in terms of income reduction as a result of lockdown. However, this may be because a higher proportion of single-adult households were on minimum incomes anyway, for example on benefits or minimum wages.

5. Large families

Introduction

Family size is another factor that may impact upon the extent to which COVID-19 and associated restrictions affect young children and their families. Figure 5.1 shows family size for all of the respondents in the study. Over half had two children, while less than 3% had four or more. For the purposes of this report, large families are defined as those with three or more children (15% of respondents).
Figure 5.1 Number of children in household

<table>
<thead>
<tr>
<th></th>
<th>1 child</th>
<th>2 children</th>
<th>3 children</th>
<th>4+ children</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>2,700</td>
<td>4,687</td>
<td>1,100</td>
<td>224</td>
<td>8,711</td>
</tr>
<tr>
<td>%</td>
<td>31.0</td>
<td>53.8</td>
<td>12.6</td>
<td>2.6</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Children’s mental health and wellbeing

Figure 5.2 shows that there is no difference in the results for SDQ total difficulties split by small and large families.

Figure 5.3 shows the SDQ results split into its component parts. There are two domains where the results are different for large families as compared with smaller ones which are hyperactivity and conduct. For conduct, 59% of children in small families scored close to average compared to 54% for larger families. For hyperactivity the results are reversed, with a greater proportion of children in larger families achieving close to average than children in smaller families (61% compared to 57%). This suggests there is a mixed pattern in terms of how well children in large families are coping with regards to wellbeing, when compared with children in smaller families.
Children and long-term conditions

There is no difference by family size in the proportion of children who have a physical or mental health condition that is expected to last more than 12 months.
Sleep

Results indicate that there is some difference in the sleeping pattern of children in larger families when compared with those in smaller families. Children in larger families are more likely to have consistently slept through the night over the last two weeks (48% compared to 40%).
Children’s behaviour during lockdown

Of the eight behaviours asked about in the survey, the extent of decline is similar across small and large families in three of them: behaviour, mood and ability to concentrate. For the other five, the decline over lockdown has been worse in large families than in small ones. The biggest differences can be seen in relation to imaginative play and time spent outdoors. In relation to time spent outdoors, 33% of parents in large families reported that this had become ‘worse’ or ‘much worse’ compared with 28% of parents in small families. In relation to imaginative play, 17% of parents in large families reported that this had become ‘worse’ or ‘much worse’ compared to 12% of parents in small families. At the same time, however, it is important to acknowledge that some small and large families also reported an increase in the extent to which they spent time outdoors or took part in imaginative play during lockdown. For physical activity, sleep and eating there was a smaller difference between large families and small ones with children from smaller families doing slightly better.
Figure 5.6 Change in child’s behaviour during lockdown by family size

- Time spent outdoors - 3+ children
- Time spent outdoors - 1-2 children
- Imaginative play - 3+ children
- Imaginative play - 1-2 children
- Eating - 3+ children
- Eating - 1-2 children
- Concentration - 3+ children
- Concentration - 1-2 children
- Sleep - 3+ children
- Sleep - 1-2 children
- Physical activity - 3+ children
- Physical activity - 1-2 children
- Mood - 3+ children
- Mood - 1-2 children
- Behaviour - 3+ children
- Behaviour - 1-2 children

Legend:
- Much worse
- Worse
- About the same
- Better
- Much better
There was a difference in the extent to which small and large families took part in home learning activities. A greater proportion of children in larger families fell in the lowest quartile (33% compared to 23% for smaller families). Similarly, a smaller proportion of children in larger families fell into the top quartile. This shows that children in larger families were less likely to have undertaken home learning on a regular basis than children in smaller families.

**Access to outside space**

A slightly greater proportion of children in larger families have access to a private garden (93% compared to 90% of smaller families). There is no difference in terms of the proportion of children who have access to good quality greenspace or in terms of those who have access to no outside space at all.
Activities

Figure 5.9 shows the number of times that the parent/carer reported that their child had taken part in some activities over the last seven days. There was no difference in terms of the extent to which children had taken part in active play inside when split by family size. In terms of playing outside and playing screen-based games, children in larger families were more likely to have undertaken these activities more frequently over the last seven days than smaller families. For activities such as walking, cycling, scooting and going to the park or other greenspace, children in larger families were less likely to have undertaken these activities as frequently as smaller families. This is also the case for communication with friends or family.
Parental mental health and wellbeing

A greater proportion of parents/carers in larger families appear to have fared better in terms of mental health and wellbeing. 20% achieved a high SWEMWBS score, compared to 16% for parents/carers in small families.
Parental long-term conditions

There is no difference in terms of the proportion of parents who have a physical or mental health condition that is expected to last more than 12 months in large families compared with smaller families.
Access to services

The proportion of parents not needing access to a GP service is the same for small and large families (75% and 74% respectively). For all of the other services, other than contact with nursery staff/childminders, the smaller families were more likely to indicate that they did not need access to each of the services. The most noteworthy difference is contact with school staff, where 59% of parents in small families said they did not need contact, compared to 48% of large families.

![Figure 5.12 'I have not needed this service' by family size (%)](image-url)
Figure 5.13 focuses on the parents who reported that they would have liked access to a service and whether they got access during lockdown, split by small and large families. Of the eight services, only two showed different results based on family size. In relation to nursery staff/childminder, 62% of parents in small families who needed access were unable to get access. 50% of parents in large families who needed access were unable to get it. The pattern is similar for voluntary/community organisations. 52% of parents in small families who wanted access did not get it, compared to 37% of parents in larger families, although in this instance the numbers involved are relatively small (206 and 41 respectively).

**Returning to school after lockdown**

There is very little difference in terms of the proportion of parents reporting that they were planning to send their child back when school and nursery reopened. However, a higher proportion of parents in larger families had not decided at the time of completing the survey (17% compared to 12%).
Figure 5.15 shows the impact of any potential blended learning on families by family size. There is no difference in terms of the proportion who report that they would be able to manage without much difficulty. A greater proportion of smaller families said that someone in the family would need to work and support home learning at the same time (78% compared to 68% for larger families). Parents in smaller families were also more likely to agree that the family income would be reduced, that
someone in the family would need to stop working and they would need to spend more money on childcare.

**Income and employment status**

Prior to lockdown, 17% of small families fell into the low-income category, compared to 23% of large families. At the same time, 48% of small families fell into the high-income category, compared to 41% of large families. In other words, a greater proportion of small families were more affluent prior to COVID-19 and associated restrictions.

![Figure 5.16 Income category by family size](image)

Figure 5.17 shows that a greater proportion of main earners in small families were employed on permanent contracts than those in larger families (82% and 72% respectively). A greater proportion of main earners in larger families were self-employed/freelance or stay-at-home parents.
In terms of change in employment status as a result of lockdown, a slightly higher proportion of parents in small families reported no difference (74% compared to 71% in large families). A higher proportion of parents in larger families reported that their hours or pay had been reduced. However, the differences in terms of numbers are relatively small.

Figure 5.19 relates to the overall household income and suggests that the income in smaller families is less likely to have changed and that the income in larger families is slightly more likely to have been reduced as a result of lockdown.
6. Child and parental long-term conditions (LTC)

Introduction

The presence of a long-term health condition within a family is another factor that may have resulted in a differential impact from COVID-19 and associated restrictions. Parents were asked to report whether they or their child had a physical or mental health condition that was expected to last more than 12 months. Figure 6.1 shows that 8% of respondents had a child with a long-term health condition, while 18% had a long-term health condition themselves. A small proportion (3%) reported both their child and themselves having a long-term health condition.

Figure 6.1 Presence of a long-term condition

<table>
<thead>
<tr>
<th></th>
<th>Child LTC</th>
<th>Parent LTC</th>
<th>Child and parent LTC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>n</strong></td>
<td>850</td>
<td>1,558</td>
<td>275</td>
</tr>
<tr>
<td><strong>%</strong></td>
<td>8.1</td>
<td>17.8</td>
<td>3.1</td>
</tr>
</tbody>
</table>
This section focuses on the families in which it was reported that the child is living with a physical or mental health condition that is expected to last for more than 12 months and the next section focuses on families where the parent reports a long-term mental or physical health condition.

**Child LTC and wellbeing**

There is a clear difference in SDQ total difficulties results when split by children with no LTC and those with an LTC. 62% of those no with condition were close to average overall, compared to 34% of children living with a condition.

![Figure 6.2 SDQ total difficulties by presence of long-term condition (child)]
There is a difference between all five of the SDQ domains, as shown in Figure 6.3, based on whether the child had a long-term condition. The most notable differences are for hyperactivity, where 60% of children with no health condition scored close to average, compared to 36% of children living with a condition and peer problems, where the proportions are 76% and 54% respectively. These data show, unsurprisingly, that children with no long-term physical or mental health condition need less support when it comes to mental health and wellbeing.
Child LTC and sleep

Children living with a health condition are less likely to sleep through the night than children who do not live with a health condition. Figure 6.4 below shows that 26% of those living with an LTC slept through the night every night, compared to 43% of children with no LTC.

![Figure 6.4 Sleeping pattern over the last two weeks, by presence of long-term condition (child)]

Child LTC and behaviour during lockdown

Of all of the areas of a child’s life that were asked about in the CEYRIS survey, the decline as a result of lockdown is worse for children who live with a long-term condition. The biggest differences can be seen in relation to sleeping and the ability to concentrate. For the former, 45% of parents of a child with an LTC said that this had become ‘worse’ or ‘much worse’, compared to 31% of parents of a child with no LTC. Similarly, in terms of the ability to concentrate, 52% said this had become ‘worse’ or ‘much worse’, compared to 39% of parents of a child with no health conditions. Overall, these data show that children with a health condition have experienced more of a decline across many areas of their life as a result of COVID-19 and associated restrictions.
Child LTC and parental mental health and wellbeing

Figure 6.6 uses data from SWEMWBS to look at parental wellbeing in relation to whether their child has a long-term physical or mental health condition. Results show that there is a difference in the results between the two groups.
Figure 6.6 shows that 13% of parents of a child with no long-term health condition scored low on SWEMWBS, compared to 23% of parents of a child with a health condition. Similarly, 17% scored high in the first group, compared to 12% in the second. In other words, parents of children with a long-term health condition were more likely to be faring poorly in terms of their own mental health and wellbeing during lockdown than parents whose child did not have a long-term health condition.

**Child LTC and access to services**

Parents of a child with a long-term physical or mental health condition were less likely to report not having needed a service, for all services other than nursery staff/childminder. The differences are most noteworthy for AHP (54% compared to 93%), school staff (38% compared to 59%), health visitor (70% compared to 87%) and GP (60% compared to 76%).
Of the eight services asked about in the survey, the responses to two were different for parents with a child with an LTC and those without (health visitor/family nurse and social worker). For health visitor/family nurse, 43% of those with a child with an LTC
needed access but did not get it, compared to 35% for other parents. Similarly, 38% of parents of a child with an LTC needed access to a social worker and did not get it, compared to 23% of other parents. However, it is important to note that the number of parents needing access to a social worker and not getting it is low (26 for parents of a child with an LTC and 25 for others).

**Child LTC and income and employment status**

Parents of a child with a long-term physical or mental health condition were less likely to report that the main earner in their household was employed on a permanent contract in the pre-lockdown period (69% compared to 81% for other parents). The main earner in families with a child with a long-term health condition was more likely to be a stay-at-home parent or unemployed compared to the main earner in families where the child did not have a health condition, although the numbers involved in these categories are small (stay-at-home parent, 56 for parents of a child with an LTC compared to 220 for others; unemployed, 23 for parents of a child with an LTC compared to 103 for others).

Figure 6.9 Employment status of main earner immediately prior to lockdown, by presence of long-term condition (child) (%)

Figure 6.10 shows a clear pattern in relation to the pre-COVID-19 income category of parents of children with and without a long-term health condition. 32% of parents with a child with a long-term condition fell into the lowest income group, compared to 16% of parents with a child without a condition. Moreover, only 29% of parents with a
child with an LTC fell into the highest income category, compared to 48% of the other parents.

There was very little difference in terms of change in employment status for the main earner between parents with a child with a long-term physical or mental health condition compared to those without.
However, Figure 6.12 suggests that there was a difference in terms of changes to the overall household income between parents of a child with a long-term health condition and those without. 49% of the former said there had been no difference to the household income, compared to 54% of the latter. Similarly, 48% of the former said the overall household income had reduced, compared to 43% of the latter. In other words, a greater proportion of parents with a child with an LTC experienced a reduction in overall household income during lockdown.

**Parental LTC**

As well as in relation to their child, parents were also asked to provide information on whether they had a long-term physical or mental health condition that was expected to last more than 12 months. The reason for this was to understand the extent to which these families had been disproportionately affected by COVID-19 and associated restrictions. Figure 6.13 shows that 18% of respondents indicated that they had a long-term health condition.
Figure 6.13 Presence of a parental long-term condition

<table>
<thead>
<tr>
<th></th>
<th>Parental LTC</th>
<th>Child and parental LTC</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>1,558</td>
<td>275</td>
</tr>
<tr>
<td>%</td>
<td>17.8</td>
<td>3.1</td>
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</table>

Parental LTC and children’s mental health and wellbeing

Analysis of SDQ scores show a clear difference between the proportion of children achieving ‘close to average’ on the total difficulties score when split by those with a parent who does not have an LTC and those that have a parent who does have an LTC. 64% scored ‘close to average’ in the first group, compared to 46% in the second.

The same pattern can be seen for each of the five domains within the SDQ, as shown in Figure 6.15. This indicates that children of parents with a long-term physical condition were doing much less well than other children in relation to psychological wellbeing and behaviour during lockdown.
Parental LTC and sleep

Figure 6.16 shows that children of a parent with a health condition less frequently slept through the night compared with other children.
Parents with an LTC reported that 33% of their children slept through the night every night over the last two weeks, compared to 43% of children whose parents did not have a long-term health condition.

**Parental LTC and children’s behaviour during lockdown**

Figure 6.17 shows the extent to which there was a change in children’s behaviour during lockdown. In all cases, the decline was worse for children whose parent has a long-term health condition.
The biggest difference can be seen in relation to sleep, where 43% of parents with a health condition reported that their children’s sleep was ‘worse’ or ‘much worse’ compared to 30% of other parents. Similarly, 41% of parents with a health condition reported that their child’s eating behaviour was ‘worse’ or ‘much worse’ compared to 29% of other parents. Time spent outdoors, ability to concentrate, mood, behaviour, imaginative play and physical activity also declined more for children of parents with a health condition during lockdown than for other children.

**Parental LTC and parental mental health and wellbeing**

Figure 6.18 shows the SWEMWBS bands for parents living with a long-term health condition and those not living with a long-term health condition. It illustrates that there is a difference in terms of mental health and wellbeing between the two groups. 27% of parents living with a health condition fell into the low SWEMWBS band,
compared to 11% for other parents. Similarly, only 8% of parents with a health condition had a high SWEMWBS score compared to 19% of parents with no health condition.

**Parental LTC and access to services**

In terms of access to services, there was a difference between parents with a health condition and those without reporting that they did not need a service (for all services other than contact with nursery/childminder). The biggest differences could be seen for GP (65% not needed this service compared to 77% of other parents) and health visitor/family nurse (77% not needed compared to 88% of other parents).
Figure 6.20 focuses on the parents who reported they needed access to a service, and whether or not they managed to gain access. Of the eight services asked about in the CEYRIS survey, there was a difference in responses for parents living with a long-term health condition and those without for four of them (health visitor/family nurse, GP, AHP and social worker). In each case the proportion of parents who did not get access was larger for parents living with a long-term health condition. The biggest difference was for social work service, where 37% of parents with a long-term health condition did not manage to get access compared to 20% of other parents (although numbers involved here are small; 31 and 17 respectively). In relation to health visitor/family nurse, 45% of parents with a health condition were unable to get access compared to 33% of other parents. For AHP the difference was 49% compared to 42% and for GP services it was 17% compared to 12% of other parents. These results indicate that, across all services, parents living with a long-term condition were more likely to want to access services during lockdown.
However, in half of the services asked about, a smaller proportion of these parents managed to gain access to these services when compared with other parents.

**Parental LTC and income and employment status**

A smaller proportion of parents with a long-term health condition reported that the main earner in their household was employed on a permanent contract (73% compared to 82% of other parents). On the other hand, they were more likely to be stay-at-home parents or unemployed than other parents. For the unemployment category the numbers involved were relatively small – 66 for parents with no LTC and 60 for parents with an LTC.

Similarly, more parents with an LTC fell into the low-income category compared to other parents (32% compared to 14%) and fewer fell into the highest one (34% compared to 50%). In other words, parents with a long-term health condition were less well off than other families prior to lockdown.
Although Figure 6.23 shows that a slightly smaller proportion of parents with a health condition experienced no change in employment status as a result of COVID-19 and associated restrictions, there is no difference between the groups for any of the changes asked about, other than ‘other’. This includes categories such as being asked to take unpaid leave or leaving a job due to childcare commitments, although the numbers involved here are small.
In terms of overall household income, there is no difference in the proportion who have experienced a reduction between parents living with a health condition and those who are not.

7. Relationship between child and parental wellbeing

Introduction

Parental wellbeing (as measured by SWEMWBS) has already been explored in relation to specific family characteristics such as income, lone parents, large families and long-term physical and mental health conditions. This section focuses on parental wellbeing and some of the factors that may be related during lockdown, namely children’s psychological wellbeing, behaviour and income reduction.

Parental wellbeing and SDQ

Figure 7.1 shows the results for SDQ total difficulties split by parental wellbeing. There is a clear association between how well children were doing emotionally and how well parents were doing emotionally during the lockdown period. For those children scoring ‘close to average’, 7% of parents fell into the low wellbeing band and 23% fell into the high wellbeing band. For those children scoring very high on SDQ
total difficulties, meaning that they need a lot of additional support, 30% of parents fell into the low wellbeing band and only 4% fell into the high wellbeing band.

Parental wellbeing and children’s behaviour

Figure 7.2 looks at the association between the decline in some areas of children’s behaviour and parental wellbeing during the lockdown period and shows a clear association in all areas. The biggest difference can be seen in relation to mood. 69% of parents in the low wellbeing group reported that their child’s mood had become ‘worse’ or ‘much worse’ during lockdown, compared to 25% of parents in the high wellbeing group. Similarly in relation to behaviour, 71% of parents in the low wellbeing group reported that their child’s behaviour had become ‘worse’ or ‘much worse’ compared to 27% of parents in the high wellbeing group. For all of the other behaviours asked about in the survey, there was also a much more notable decline for children of parents who were not doing as well as others in terms of mental health and wellbeing during this time.
Income reduction

Figure 7.3 looks at the proportion of parents experiencing a reduction in overall household income as a result of lockdown. There is an association between reduction in income and parental wellbeing during lockdown. 51% of parents in the
low wellbeing band experienced income reduction, compared to 43% in the average band and 39% in the highest parental wellbeing band. Since it has already been shown that there is a clear association between parental wellbeing and child wellbeing and behaviour, the decline in income may well have been one reason for the decline that has occurred in child wellbeing during the lockdown period.

Figure 7.3 SWEMWBS Bands split by income reduction

![Bar chart showing SWEMWBS Bands split by income reduction](chart.png)