



Childcare and Wellbeing in Times of Covid-19



Child and Parental Wellbeing during the Covid-Pandemic

Working Paper 1, February 2022, UKRI Covid-19 rapid response project 'Childcare and Wellbeing in Times of Covid-19'

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The Covid-pandemic and the public health measures aimed at containing the virus, such as lockdowns, physical distancing and self-isolating, radically changed family life and daily routines. The pandemic has had particularly dramatic effects on households with dependent children due to the closure of schools and childcare settings. In this working paper we discuss how 'one year of Covid', from spring 2020 to spring 2021, affected the wellbeing of families with children aged 0-15. The findings presented here draw on analysis we conducted using data from two representative, longitudinal British surveys – the Understanding Society and the Next Steps Cohort study – examining how indicators of behavioural and mental health of children and their parents changed during the pandemic. Secondly, we present rich new data from 50 qualitative in-depth interviews we conducted with parents living with dependent children in Scotland that elucidate changes to daily family life in more detail and the pandemic experiences and challenges children and their parents faced.

This working paper forms part of a series of resources published from the UKRI rapid response project 'Childcare and Wellbeing in Times of Covid-19'. The full research report, other thematic briefing and working papers, blogs and presentations are available on the *Childcare and Wellbeing* website www.childcare-covid.org.¹

Key Points:

- **School and childcare closures and social distancing**, while important public health measures to control the spread of Covid-19, **affected the mental health and behaviour of children negatively** in many occasions but also, led parents and children to find **creative ways of spending their time**. Older children struggled more due to reduced social interactions and travel restrictions than the younger ones, but generally recovered once lockdowns were lifted. Young children displayed more longstanding behavioural changes.
- **The pandemic has had a negative impact on the wellbeing of parents**. Both men and women living with dependent children were significantly more likely to experience an increase in symptoms of psychiatric disorder, feeling more stressed and having more conflicts with their partner during the pandemic than adults without children.
- The **decline in wellbeing was greatest for mothers** with two or more children, young mothers, and single mothers.
- **Women shouldered the lion share of childcare and home schooling** during Covid-lockdowns, leaving many exhausted and lacking regenerative 'me-time'. This may have long-term negative effects on women's health and gender equality.
- **Juggling work with childcare, home schooling and domestic work was one of the strongest stressors for parents** with dependent children. Access to informal support by grandparents and wider social networks was greatly missed by families during lockdowns.
- **Access to outdoor space, establishing home routines and sharing care and domestic responsibilities** between partners or 'household bubbles' were the **most important factors supporting family wellbeing** during lockdowns.
- Our research highlights the **importance of crisis-resilient school and childcare infrastructure** to support family wellbeing and combat gender inequality.

¹¹ This project has been funded by the Economic and Social Research Council under the UKRI Covid-19 rapid response scheme grant no. ES/V015435/1

What did the study involve?

In the early days of the pandemic, there were competing narratives of parental and child wellbeing expressed. Some found that increased family time together and less time commuting could improve family wellbeing ([Changing Populations, 2021](#); [Clayton et al., 2020](#)). Whilst others pointed to the stresses of juggling work, home schooling, childcare and other responsibilities, particularly for those in deprived areas where there was less local community support ([Ruppanner et al., 2020](#); [Beaver et al., 2020](#)).

To overcome issues that other studies faced – e.g. not nationally representative samples; small-scale qualitative studies; lack of comparison with pre-pandemic situation² – we followed a mixed-method approach in our research drawing on newly gathered qualitative data and secondary quantitative data, to explore through in-depth interviews the challenges and coping mechanisms of different types of families living in different circumstances, as well as to investigate changes across time in families' behavioural, emotional and mental wellbeing using descriptive statistics, regression analysis and longitudinal mixed models. This provided depth (detailed understanding of circumstances and causes) and breadth (nationally robust evidence) of the Covid-impact on child and parental wellbeing between spring 2020 and spring 2021.

Data Source	Coverage	Description
Understanding Society (UK Household Longitudinal study - UKHLS) – COVID-19 study	Parents of children aged 0-15 Children aged 10-15 Children aged 5-11 (mothers' responses)	<ul style="list-style-type: none"> UKHLS' Covid sweeps collected nationally representative responses from 14,000-18,000 sample members (aged 16 and over) with children aged 0 to 15, allowing us to look at changes in their mental health status through time Youth survey collecting data on the Strengths and Difficulties questionnaire (SDQ) from around 1,300-1,400 children in July 2020, November 2020 and March 2021 A sample of mothers of approximately 1,100 and 1,400 who completed the Strengths and Difficulties questionnaire (SDQ) of children in July 2020, September 2020 and March 2021
Longitudinal Cohort Studies (Covid-19) survey	Parents of children aged 0-4	<ul style="list-style-type: none"> Nationally representative data from 'Next Steps' cohort (born 1989-90), gathered in May 2020 from across the UK 450 parents of children aged 0-4
Qualitative Interviews ³	Parents living with dependent children in Scotland (at least one child aged 0-12)	<ul style="list-style-type: none"> In-depth interviews with 50 families recruited via the Scottish Health Research Register (SHARE database) Purposive sample of rural and urban parents/carers in Scotland from different socio-economic backgrounds (dual earners, key workers, single parents, BAME families, families with members having life limiting health issues, and socio-economically vulnerable families)

² Studies with such limitations are, for example, Gibson et al. 2021; Pallan et al., 2021, Shum et al. 2021, Zamaro and Prados, 2021.

³ All qualitative data was anonymized; all real names and locations have been removed and replaced by pseudonyms in the quotes.

Study Findings: The Mental Wellbeing of Children and their Parents during the Covid-Pandemic

The research findings in this report are presented in three sections: firstly, we discuss the impact of the pandemic on children's mental and behavioural wellbeing; thereafter, we present evidence on parental wellbeing; lastly, we discuss challenges and coping mechanisms of different groups of families and their specific circumstances.

Children's Wellbeing during the Pandemic

During 2020 and 2021 there were two UK-wide 'lockdowns' imposing strict legal limits on social contacts and movements in the wake of rising Covid-cases and hospitalizations that led to the widespread closure of schools and childcare settings: from March to May/June 2020 and from January to February/March 2021. Measures were also tightened in three of the four UK nations during October (Northern Ireland and Wales) and November (England) for two to four weeks. In Scotland a local tier system was established with different measures for different regions depending on case numbers. The nationally representative Understanding Society (UKHLS) survey sent out youth questionnaires to 10-15 year olds asking about their behavioural and mental wellbeing at three intervals, in July 2020, November 2020 and April 2021. In addition, the survey asked mothers of 5-11 year olds to report on younger children's mental and conduct health in July 2020, September 2020 and March 2021. These points in time do not fully match the nation-wide lockdown periods but can give insights into changes in children's mental health over the course of the pandemic. Our secondary analyses of child-related data showed that there was an increase in behavioural and mental health difficulties in children aged 10-15 during the pandemic.

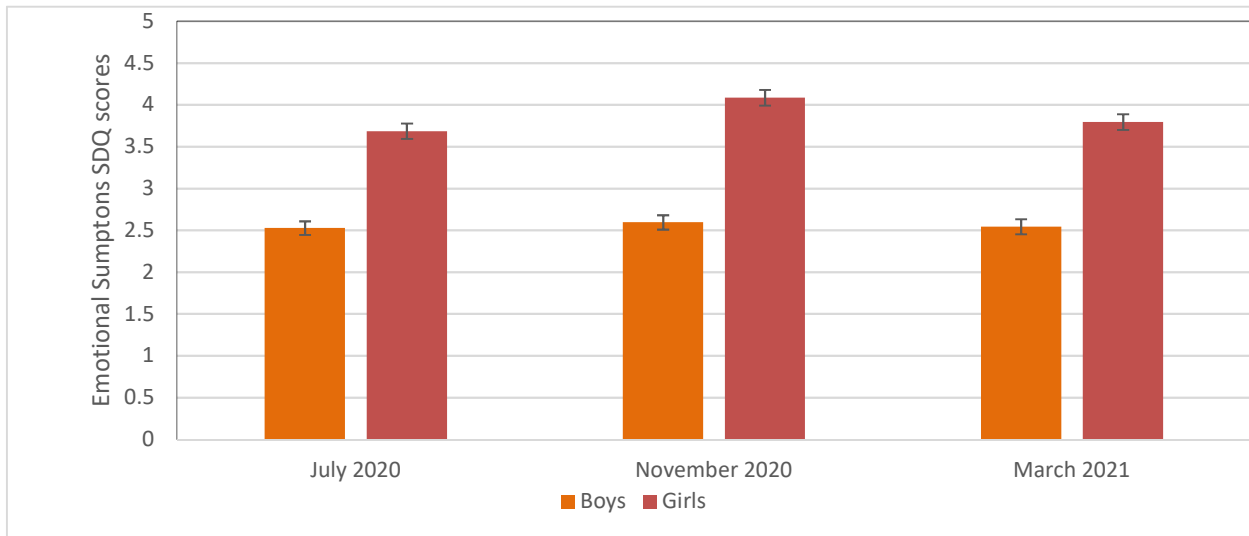
While it is difficult to establish clear links between levels of social restrictions and children's wellbeing from the available survey data, **rising incidents in poor behavioural and mental health in older children seem to coincide with lockdown and school closure periods.** In November 2020 ('lockdown' period) **17% of girls aged 10-15 and 8.3% of boys** of that age-group reported a change from close to average standards to **high or very high⁴ behavioural and mental health difficulties compared to pre-pandemic times.**⁵ We can observe a similar pattern when comparing so-called Strengths and Difficulties Questionnaire's (SDQ) scores for behavioural and mental health wellbeing of 10-15 year olds between July 2020 (eased restrictions) and March 2021 ('lockdown' period): 12.1% in girls and 4.1% in boys reported a change from close to average to 'high' or 'very high' SDQ score, suggesting poorer behavioural and mental health wellbeing in spring 2021.

Girls and boys aged 10 to 15 reacted differently to the difficulties they faced during the pandemic: **girls** presented substantially more difficulties in the sub-scale of **emotional symptoms** during the pandemic than boys (Figure 1), and **boys** had more difficulties with **'conduct problems'** than girls (Figure 2). These findings are consistent with pre-pandemic findings and research highlighting that mental health problems manifest themselves differently in girls and boys (Davis et al., 2018).

⁴ The total score of the Strengths and Difficulties Questionnaire (SDQ) ranges from 0 to 40. A three-band classification has been used to distinguish between children with a 'High' or 'Very High' level of difficulties compared to children with 'close to average' or 'slightly raised' levels of difficulties. A score of 17 or more in the total SDQ is considered a 'High' or 'Very High' score following Goodman's method of score (2001) and revised UK's cut-points (www.sdqinfo.org).

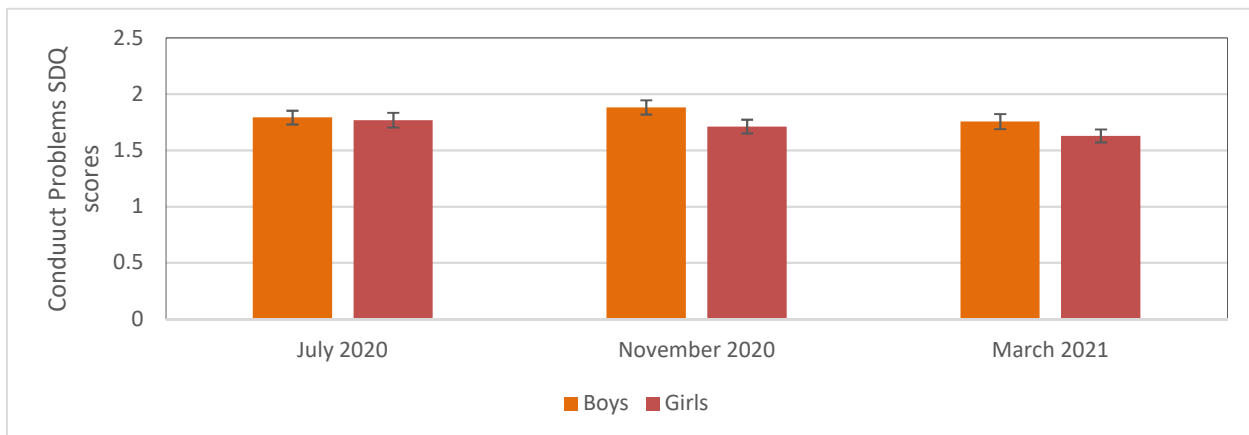
⁵ It is worth noting that changes in children's wellbeing between different time points observed with the SDQs are not unidirectional: while scores may go up for some children (meaning poorer mental health) they may go down for others (meaning improved mental health). However, for the same two periods examined here, fewer children made the transition from poor to average scores of behavioural and mental wellbeing, and this was particularly the case for girls.

Figure 1: Overall change in SDQ scores of the sub-scale Emotional Symptoms for boys and girls (aged 10-15) during the pandemic



+Note: Number of observations ranges between 616 and 740 depending on the time point and sex of the child
 Source: Data from Understanding Society mainstage and COVID-19 study.

Figure 2: Overall change in SDQ scores of the sub-scale Conduct Problems for boys and girls (aged 10-15) during the pandemic



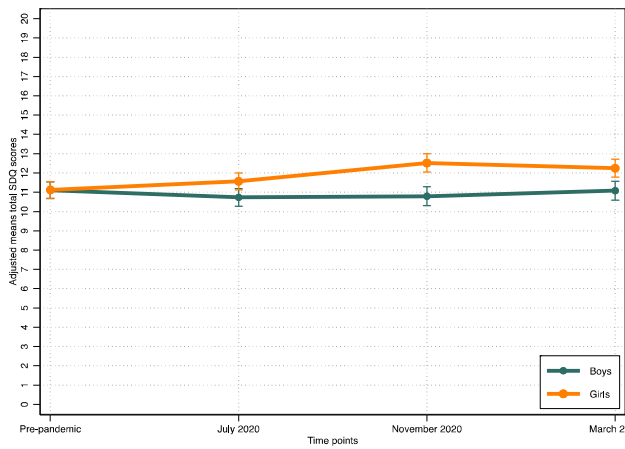
Note: Number of observations ranges between 616 and 740 depending on the time point and sex of the child
 Source: Data from Understanding Society mainstage and COVID-19 study

A slightly different picture emerges regarding the mental health of **younger children, aged 5-11**: while the number of young **boys with mental health problems had increased slightly** by March 2021 compared to pre-pandemic times, the mental health of young **girls remained fairly stable** in this period (see Figures 3a and 3b).⁶ In contrast with the older cohort, mothers of younger children found no significant differences in the emotional difficulties between girls and boys but, again, there were more 'conduct problems' in boys. This contradicts general research findings that suggest generally poorer mental health in girls (e.g. see Davis et al., 2018). A possible explanation here might be that this 'acting out' of boys' distress during the pandemic was more noticeable to parents, in contrast to the more internalized distress in girls.

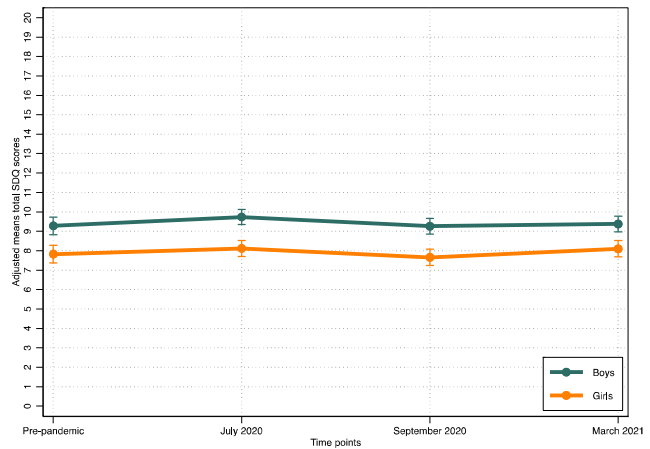
⁶ See 'Childcare and Wellbeing in Times of Covid-19' Project Report for more information on statistical models and results.

Figure 3: Adjusted means and confidence intervals (95%) of total SDQ score and gender of the child at different time points

3a) Children aged 10 to 15:⁷



3b) Children aged 5 to 11:⁸



Source: Data from Understanding Society mainstage and COVID-19 study

The findings for older (10-15) and younger children (5-11) are not directly comparable as older children (10-15) responded to questions on their wellbeing themselves, whereas primary carers reported on the younger children's (5-11) wellbeing. These results from our quantitative data analyses, however, resonate with our qualitative findings: parents told us their older children had a worse experience during Covid-lockdowns than their younger siblings. This was because of missing their friends, social activities and their social spaces. A particularly contentious aspect for older children was 'home schooling', causing tensions and conflicts in families during lockdowns.

Younger children seemed to adapt more easily to the changed life circumstances and enjoyed spending more time with their parents and close environment. At the same time, children under the age of 3 displayed stronger behavioural changes than older children, lasting beyond the lockdown periods, with many parents voicing concern over the way very young children had internalised social distancing rules as 'normal' behavioural patterns. Parents gave us many examples on how young children have adapted to digital means of communication and how they felt alienated by engaging with wider family following lockdowns or going out into public.

"My kids now, I think [my younger son] especially, he sees a video camera and he's like, "Yeah, right, who, they speaking to me?". I mean, he just sees a phone now and thinks, right, this is the norm, and I just feel so bad.... I don't want my kids to think that talking over a phone is the norm." (Megan, 2 children)

"The only thing I'd say about my six month old, because she hasn't actually been around a lot of people, she's quite strange. So, I had family over at the weekend and she gets quite upset... Because, normally, when babies are born they have people come and see them constantly, whereas she never had that." (Kathleen, 2 children)

⁷ Sample of mothers with children aged 10 to 15 for whom they completed a self-administered Strengths and Difficulties questionnaire; averages in pre-pandemic only for children aged 5 and 8. Estimates obtained with multilevel mixed models (time nested within children, 2,451 observations, and children nested within mothers, 1,954 observations) controlling for: single-parent household, child's sex, household size, mother in paid employment.

⁸ Sample of mothers with children aged 5 to 11 for whom they completed a self-administered Strengths and Difficulties questionnaire; averages in pre-pandemic only for children aged 5 and 8. Estimates obtained with multilevel mixed models (time nested within children, 2,214 observations, and children nested within mothers, 1,130 observations) controlling for: single-parent household, child's sex, household size, mother in paid employment.

"[My daughter] really doesn't know any different whatsoever... she thinks we should stay home all the time so when we take her out now she just wants to come home and she's only three, you know, it's not fair. She doesn't understand that you can go out and do things" (Judith, 2 children)

In summary:

Our study found that 'lockdowns' and other social distancing measures in the wake of the pandemic **impacted on children's behavioural and mental wellbeing.** While further public health measures, including the periodic closure of schools and early learning and childcare settings, may be unavoidable to contain the spread of the Covid-virus, it is important to remember that **schools and early learning and childcare settings** not only provide important educational resources and opportunities for children, but also **play a vital role in supporting children's emotional and behavioural wellbeing.** Future **policy planning** thus needs to carefully weigh public health benefits of periodic closures of education and childcare settings against potential health impacts on children, as well as **include remedial action plans to boost children's wellbeing following closures.**

Children's and Parents' Wellbeing: Connections

The family environment and relationships are also important factors influencing children's wellbeing (Marryat & Martin 2010). However, while evidence of the negative impact of the COVID-19 pandemic on adults and children psychological distress have flourished in the last few months (Daly et al., 2021; Pierce et al., 2020; Serrano-Alarcón et al., 2022), there is scarce research on the relationship between children's mental health and that of their parents (Vizard 2020).⁹ In a second step we explored in our study how children's mental wellbeing during the pandemic was affected by the mental distress/stress of their parents.

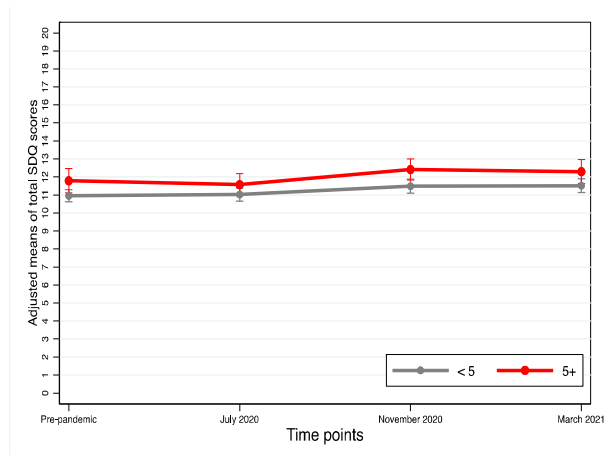
A key finding is that **children's mental health during the pandemic was significantly associated with their parents'/carers' mental health.** This was particularly the case with respect to mothers' health: in cases where mothers experienced a substantial decline in wellbeing during the pandemic (represented by a 5+ point increase in mental health problems on the General Health Questionnaire) their children's mental health also degenerated during the pandemic. Younger children were more strongly affected by their mothers' mental wellbeing during the pandemic, which could be explained by the stronger attachment of young children at this developmental stage. One in five (21.2%) mothers in psychological distress reported that their child aged 5 to 11 also presented poor or abnormal mental/behavioural wellbeing in July 2020. Again, the effect was more pronounced during nation-wide lockdown periods (see Figures 4a and 4b).¹⁰

⁹ A notable exception is the study using a convenience sample of children aged 4 to 16 in the UK by Raw and colleagues (2021); they found evidence about the negative effect of worse parental mental health on the levels of conduct problems, hyperactivity and emotional symptoms of children during the first months of the pandemic.

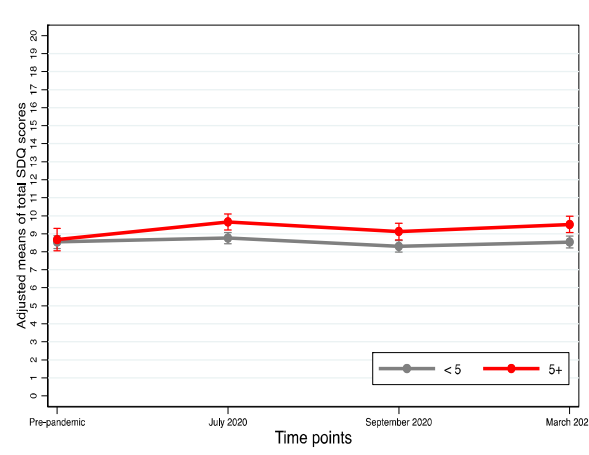
¹⁰ To ensure that these findings on the relation between children's mental health during the pandemic and that of their mothers are not confounded with other effects, we controlled for a series of factors such as age of parent, couple status, employment status; as well as comparing data collected during the pandemic to pre-pandemic data.

Figure 4: Adjusted means and confidence intervals (95%) of total SDQ score and psychological distress of mothers at different time points: the grey line represents the mental wellbeing of children whose mothers' wellbeing remained stable throughout the pandemic; the red line shows changes in the mental wellbeing of children whose mothers suffered psychological distress during the pandemic.

4a) Children aged 10 to 15¹¹



4b) Children aged 5 to 11¹²



Source: Data from Understanding Society mainstage and COVID-19 study

In summary:

Our findings on **the link between children's mental wellbeing and that of their mothers** highlights **the importance of a holistic policy approach that supports the wellbeing of children and their parents/carers alike**, and that is cognisant of the relational aspect of family wellbeing.

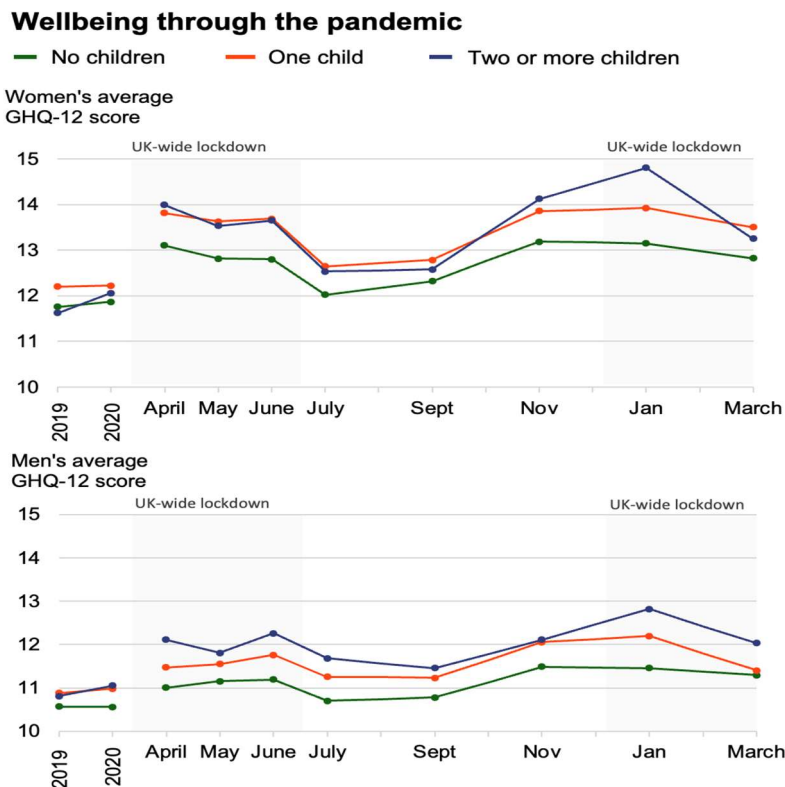
Parents' Wellbeing during the Pandemic

Next, we examined the effect of the pandemic on the mental wellbeing of parents. Data gathered from the Understanding Society survey allows us to explore how the mental health of adults in the UK changed throughout the pandemic. Employing the General Health Questionnaire (GHQ-12) that comprises twelve questions screening for minor psychiatric disorders, we found that the pandemic negatively impacted on the mental wellbeing of adults generally. But, the negative effects of the pandemic on mental wellbeing was stronger for parents with children aged 0-15 compared to non-parents. **Women consistently reported poorer mental wellbeing than men, with mothers particularly suffering in their mental health during the pandemic.** Moreover, during the second national-wide lockdown (January to March 2021), there was a sharp increase in mothers with two or more children who experienced poor mental health (see Figure 5 – a high GHQ-score indicates poorer mental health).

¹¹ Sample of mothers with children aged 10 to 15 for whom they completed a self-administered Strengths and Difficulties questionnaire; averages in pre-pandemic only for children aged 5 and 8. Mothers' GHQ 'Caseness' of four or more indicate psychological distress. Estimates obtained with multilevel mixed models (time nested within children, 2,451 observations, and children nested within mothers, 1,954 observations) controlling for: single-parent household, child's sex, household size, mother in paid employment.

¹² Sample of mothers with children aged 5 to 11 for whom they completed a self-administered Strengths and Difficulties questionnaire; averages in pre-pandemic only for children aged 5 and 8. Mothers' GHQ 'Caseness' of four or more indicate psychological distress. Estimates obtained with multilevel mixed models (time nested within children, 2,214 observations, and children nested within mothers 1,330) controlling for: single-parent household, child's sex, household size, mother in paid employment, age of mother.

Figure 5: Changes in wellbeing, indicated by GHQ score, before and during the pandemic (2019 to March 2021) comparing respondents with no children, one child and two or more children, by gender

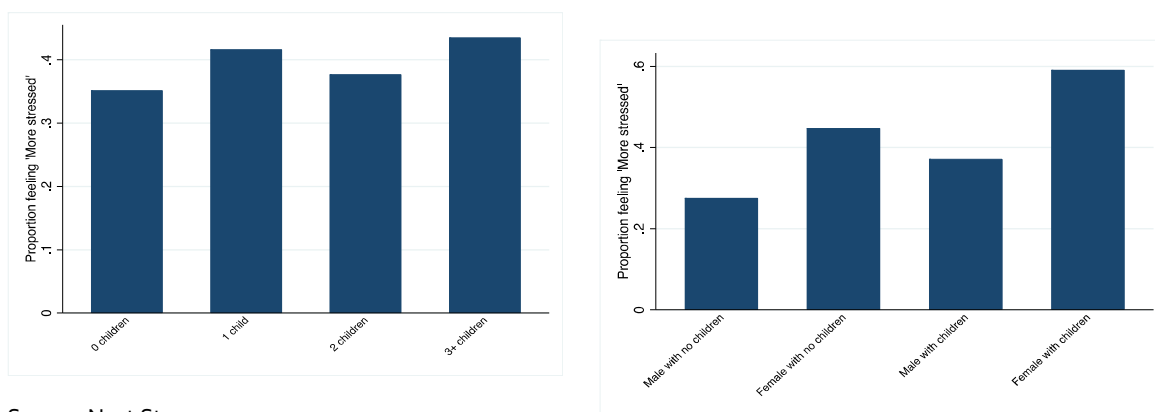


Source: Data from Understanding Society mainstage and COVID-19 study.

The peaks in mental health problems coincide with the two nation-wide lockdown periods in spring 2020 and early 2021, during which schools and most childcare settings were closed and families' access to informal childcare was considerably restricted, while also being more pronounced during the second lockdown in 2021. Mental wellbeing of British adults improved during periods in which Covid-restrictions were eased, yet mental health scores for parents, particularly mothers, remained elevated compared to pre-pandemic levels indicating poorer mental health.

These findings are corroborated by another set of representative data that consists of responses from young adults (aged 30-31) in the Next Steps cohort study on their experience of stress during the pandemic: generally, **women were more likely to report feeling stressed than men; parents were more stressed than those without children; and mothers expressed the highest levels of stress.**

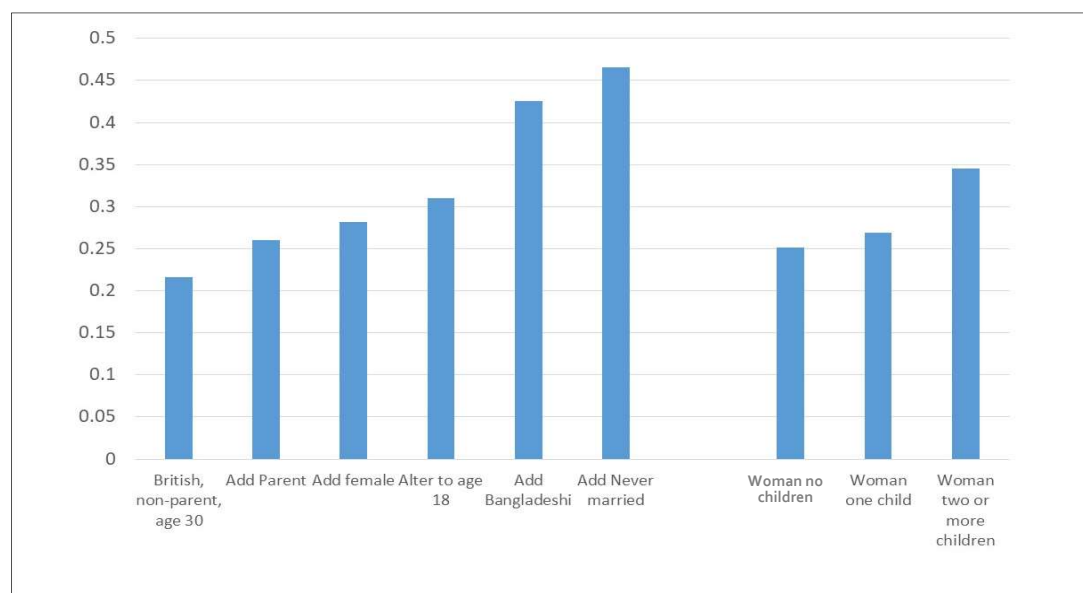
Figure 6: Descriptive statistics on proportion of 'feeling more stressed' in the pandemic compared to before, by gender and number of children



Source: Next Steps survey

Perhaps particularly concerning is where individuals suffer a sharp decline in their mental health in the context of changing circumstances. In a next step, and returning to the UKHLS data, we looked at who was most at risk of a sharp decline in their mental health during July 2020 (following the first nationwide lockdown) compared to 2019, measured as a 5-point increase on the GHQ-12 mental health scale and controlling for a series of socio-demographic variables (such as gender, age, number of children, ethnicity). Again we found that **mothers with two or more children, younger parents and single parents experienced the highest risk of suffering a sharp decline in their mental wellbeing** (as indicated by a sharp increase in GHQ score).¹³

Figure 7: Probability of a five point increase in the GHQ score (during the early phase of the pandemic compared to before)



Source: Data from Understanding Society mainstage and COVID-19 study.

¹³ See 'Childcare and Wellbeing in Times of Covid-19' Project Report for more information on statistical models and results.

As for ethnicity, no clear picture emerged: while there was indication that some ethnic minority groups, mainly from Pakistani and Bangladeshi background and from 'mixed other' background, were at higher risk of mental health decline, this was not the case for other ethnic minority groups. Generally, those in employment were at higher risk of poor mental health than those not working/not seeking employment, with mothers on maternity leave being at highest risk of a sharp decline in mental wellbeing (followed by the unemployed and self-employed). Modelling also suggested that those who self-identified as keyworkers were less likely to experience a decline in mental health than non-keyworkers.¹⁴ However, our interview findings point to intensive pressures regarding the reconciliation of work and family life in key worker and other working families, which we will discuss below.

In summary:

There is clear evidence that the mental wellbeing of the British population across all generations suffered in the wake of Covid, and particularly so during lockdown periods. However, **the decline in mental health was particularly pronounced for the following groups: women, larger families, younger people and single parents.** Our findings suggest that there is need for a **particular focus in Covid-recovery policy on supporting women with dependent children;** there is a risk that the negative impact of the pandemic can cause health problems for women as well as for their children if not addressed, with negative long-term effects on gender equality and on child outcomes.

In the next section we look in more detail into why this is the case. Here, our qualitative data can help shed light on the experiences and specific challenges families, and in particular mothers, faced during Covid-lockdowns.

Family Life during the Pandemic: Challenges and Coping Mechanisms

Based on what parents in Scotland told us, the most challenging aspect of the two national lockdowns, which could explain the afore-reported declines in parental wellbeing, was the intense experience of **multiple and simultaneous responsibilities and demands** around home-schooling, childcare, and employment, combined with increased household chores. Key workers who could not work from home saw additional challenges with reduced childcare facilities.

"It's either you're parenting or you're working. And even sort of in the evenings when the little one's in bed, even without having any work to do you're still sort of on alert for, is he crying, does he need me. There's no sort of rest." (Joanne, 1 child, employed not on furlough)

"I had the kids all day and then I was at work all night and then you come in and you basically just take the dog for a walk and go to bed, and it was like that every single day" (Jeremy, 2 children, keyworker not on furlough)

The most prevalent experience emerging from one year of Covid is that of **exhaustion** and **stress** in parents.

"It feels like so much has happened and yet nothing has happened... this whole experience has just been really hard... trying to keep everyone else's spirits up and trying to find things to do and, yes, like where [my son] is concerned you just get exhausted with trying" (Leanne, 2 children, couple family)

"[My husband] was working all the time. So, it was me and on the days that I was in the hospital I was shattered... I'd come home, my legs were like jelly, I was, you know I generally didn't sleep well the night before and so I would end up having a really long nap in the afternoon because I just couldn't, I was just exhausted. So, it was really hard..." (Jasmine, 1 child, couple family, key worker)

The **situation was particularly acute in families where both parents were working** during Covid-lockdowns (either from their 'home office' or as key workers) **and in one-parent families.** In some of

¹⁴ For a detailed discussion of our analyses see 'Childcare and Wellbeing in Times of Covid-19' Project Report.

the families we interviewed, one of the parents had to reduce their working hours or quit their job due to childcare responsibilities. The situation was more manageable in families where either or both parents were furloughed during lockdowns.

"It was really, really difficult and that's continued. So in the end I decided to leave my job as well at [name of company], just because I guess it was the pressure, you know?" (Philip, 1 child, dual earners and not furloughed)

"I couldn't get a place in the [emergency childcare] Hub so that made it very difficult... So, unfortunately I left that position because I still had quite a while of the girls needing home-schooling and no family around to help and stuff." (Lisa, 3 children, dual earners mix of keyworker and not furloughed parents)

"I think it was quite difficult simply because... I work in the NHS, we were completely hammered at the time and there was no break from work and then it was coming home and then there was no break from home schooling... It was just constant, and then it was finishing school work and then making dinner and then going to work." (Fay, 2 children, single parent, keyworker)

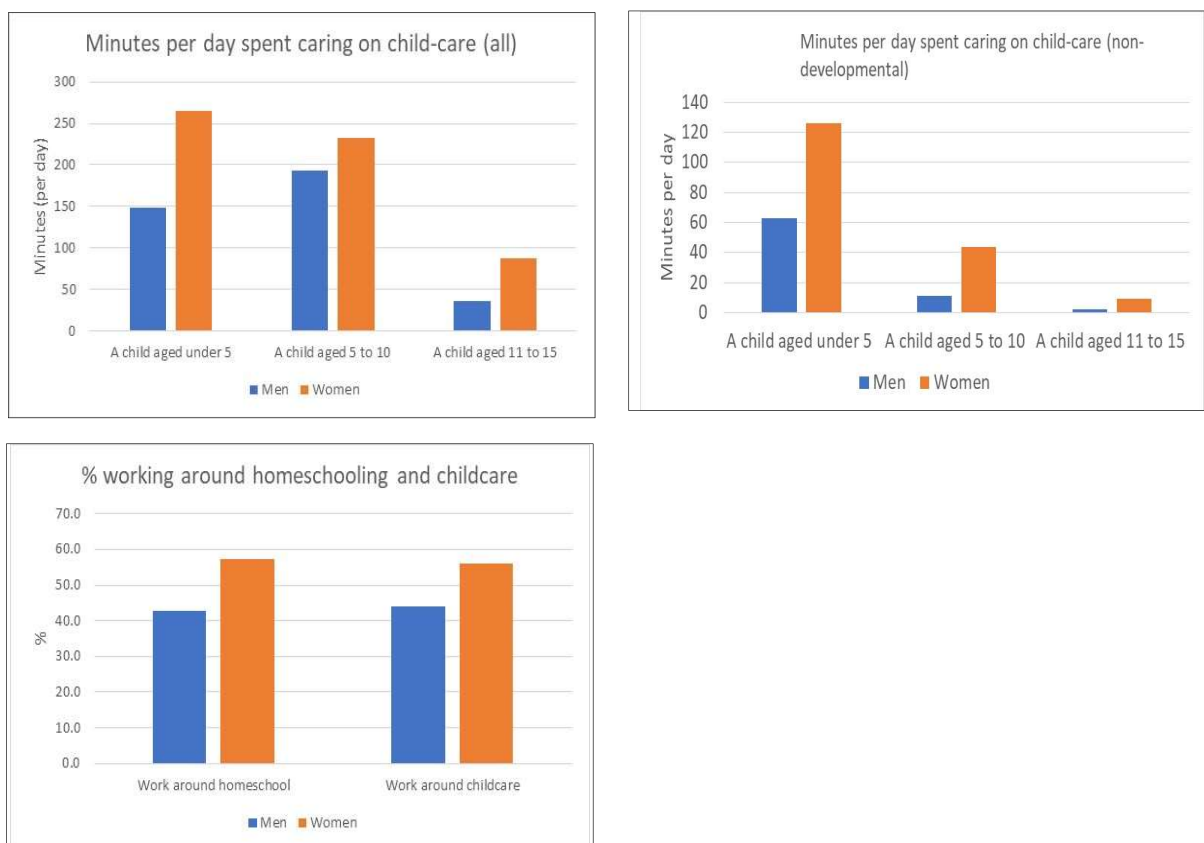
It was in particular **mothers** who **bore the brunt of the pandemic**: who put in the extra hours of domestic work, did most of the home schooling and childcare, while juggling their day jobs. The biggest challenge we heard again and again from the mothers we interviewed was a **lack of regenerative 'me-time'** and a sense of **deep exhaustion**, suggesting that mothers sacrificed their own wellbeing to avert harm from their children, and to keep family life functioning.

"I love my children, but being stuck with them 100% of the time is hard, and I did see me... nipping to the shop to get whatever I might have needed, and then sitting in the car for 10 minutes just to get that sanity, and having to brace yourself to go back in, because you know, you're going back to more home-schooling, or fighting, or stuff." (Kerri, 3 children, single parent)

"I think that would be my biggest stressor: not being able to just get out of my head for five or 10 minutes even... I was kind of struggling and wished I could have just had five minutes to myself." (Leila, 2 children, couple family)

Our qualitative findings about the additional burden of home-schooling and extra childcare, particularly on mothers, are also reflected in representative quantitative Time Use data. In the pandemic, Time Use data suggest that women spent considerably more time than men on childcare - particularly for younger children and particularly for non-developmental care (such as nappy changing, cooking, washing), and that women were most likely to juggle work, home-schooling and childcare.

Figure 8: How childcare was shared between men and women during the pandemic



Source: ONS analysis of Time Use survey and Survey of Opinions and Lifestyles

The mothers we interviewed explained that the **situation was particularly difficult when there were children of different age groups in the household**, and that they struggled in finding ways to support all their children simultaneously with their home schooling/early education at different educational levels, on the side of keeping up with their jobs and household chores. **Mothers expressed feelings of guilt and conflict** in not being able to give their children the attention they craved in the context of the multiple demands they faced. Parents, and in particular mothers, also explained how the multiple roles they played in the home – as teachers, ‘home office workers’ and parents – created tensions with their children. Home schooling in particular was described as a source of conflict and contention in families.

"I really can't emphasize enough how much we hated home schooling." (Allan, 2 children)

"No, it [home-schooling] didn't go well... incredibly hard... I actually listened to one of her classes, and I didn't get it... So, how did it make me feel, probably like a little bit useless... that brings up feelings of inadequacy." (Nikki, 1 child)

"[I felt] very stressed. It did cause some arguments between my partner and me for a little while. We did have differing ideas on discipline and how things should be done... And then I think, like going on a loop that was then feeding back to the little one. Basically, bedtime was a godsend on days like that." (Jane, 1 child)

An additional stressor was the **falling away of tried and tested family routines** during lockdown: in ‘ordinary times’, family life is heavily structured by school, childcare and work timetables, public holidays, social club programme and community activities. Lockdowns left families in limbo. Families that were able to devise their own personal ‘adhoc’ schedules and routines seemed to cope better during Covid lockdowns as new-found family routines created resilience. Families that struggled with the loss of routine due to the closure of educational and childcare infrastructure, alongside the lack of informal support, reported more difficulties.

"There's not the same routine, there's not the same amount of work getting done, there's a lot more time spent on the TV and the computer and the phone and all these things and so it was difficult" (Fay, 2 children, single parent and key worker)

"I've gone from being quite fit and doing quite a lot of exercise to doing none... just watching TV. And I went from maybe having a drink once a week to... I was drinking during the week as well." (Nikki, 1 child, single parent)

Apart from employment conditions (e.g. key workers, not furloughed parents) and family structure (one-parent household), some personal circumstances like **having life-limiting, underlying health issues also resulted in more challenging experiences** of COVID-19 lockdowns. For these families there was often additional anxiety and stress, particularly if it was the children who were the vulnerable ones. This sometimes led parents to restrict interactions beyond lockdown periods. It also put extra pressure on parents' childcare duties since they did not want to mix with other households and risk their children's health. Above all, the most difficult experience was the requirement to 'shield':

"We very much kept ourselves to ourselves in the sense that we didn't really want to be around other people, you know, because not everybody will wear a mask and sanitise their hands. Although things had eased we were very much still taking every precaution that we can really." (Christine, 1 child with special needs)

"I felt it was all quite suffocating... and I had no escape [since] I wasn't allowed to leave the house. It was very, very difficult. It was almost like I was being punished for being ill" (Mary, 2 children, life-limiting illness)

Interestingly, belonging to the 'BAME group' and being 'socio-economically worse off' did not figure as defining factors of the 'lockdown-experiences' of the families we interviewed. An explanation for this could be that Covid-restrictions closed off those place-based and financial resources for all families in general that families with ethnic minority backgrounds or those in economically vulnerable positions often lack, namely access to informal childcare by relatives (and friends) and the option to buy in domestic and care services.

During lockdowns, families had to cope without the support of grandparents or other relatives and friends, irrespective of whether these lived nearby or thousands of miles away, and the **challenge of being cut off from regular informal support networks** was a recurring theme in our interviews:

"It was really difficult.... I got a fever, that's in isolation, so it wasn't fun. The whole – the home-schooling with a child in Primary 3, a child in Primary 5, and at this point a child in High School as well; I was juggling different stages of education, as well as being ill and having no support, because you don't have your family able to come and help you. It was not fun." (Kerri, 3 children, single parent, key worker)

While economic worries were exacerbated for families in vulnerable socio-economic circumstances, the pandemic also created challenging experiences for families with more financial resources: some of the dual earner families we interviewed that had relied heavily on the ability to buy-in private childcare to reconcile work and family responsibilities prior to the pandemic – either exclusively or as a means to top up public entitlements – found themselves struggling considerably with the new situation.

To overcome the challenges created by the closure of schools and childcare settings during lockdowns, families developed **new daily routines**, with some mentioning putting in place a 'rota' between parents/carers to manage childcare effectively.

"We effectively went into a shift system where I would work 5am till 2pm and [my wife] would work 2pm until 9pm ... All through the working days and the weekends we would have alternate days so I would work Saturdays or Sundays and one of us would stay home with the kids. ... Normally I was picking them up when I finished work... [My wife] was pre-cooking ready meals for me... the slow cooker was used hugely" (Allan, 2 children, dual earner household - both key workers)

"Between me, my mum and my ex-husband, we came up with a kind of a set rota of what I could do at work and where [my daughter] would go in between" (Laura, 1 child, single parent, not on furlough)

The introduction of the Covid-measure of **'family bubbles' or 'extended households'** in July 2020 greatly alleviated the situation for those families that were able to include relatives or friends into a 'bubble' to support childcare and family life. Some even brought in relatives from abroad to live with them in order to cope with the challenges of combining work and childcare. 'Bubbling up' with other households helped families rebuild resilience and facilitated family routines. For those families that were not able to link up with relatives or friends as a 'bubble', either because of health issues and the need for shielding, due to distance or other, the situation remained challenging.

"The second lockdown my mum was part of our bubble so she could come over now and again which definitely helped... just to have somebody else there to, you know, to help with lunches or what have you, was really helpful compared to the first time where it was literally just us" (Scarlett, 2 children, couple family)

Only a small number of the families we interviewed were entitled to **emergency childcare** for their children during lockdowns, however, generally the experiences they shared with us were not positive. Issues mentioned were lack of clarity regarding entitlements; long travel distances to the emergency hubs; unfamiliar staff and environments creating challenging situations for very young children; quality of childcare and lack of developmental activities (for more information on childcare arrangements during Covid see our Working Paper 2).

Despite the numerous challenges that families were faced with during the pandemic, from the stories we heard there also emanates a great sense of strength and resilience, ingenuity and **creativity in developing new ways of coping**, new routines and engaging in family activities.

The most important source of family resilience during Covid-lockdowns was green outdoor space. All 50 stories we collected refer to the importance of access to safe, natural outdoor space as a positive booster against adversity for family life. Interestingly, particularly respondents living in rural areas voiced 'feeling lucky' of having access to the 'great outdoors'. On the other hand, 'urban families' seemed content with the outdoor space they had, as long as they had free access to immediate outdoor space such as a garden or a communal area. In accordance with the importance of 'being outdoors', most families we interviewed experienced the first lockdown and Covid restrictions during spring and summer 2020 as easier to cope with than the second lockdown that started in January 2021, when they were less able to spend time outdoors due to the weather. This point may explain the stronger decline in parental mental wellbeing during the second national lockdown as observed in our quantitative analysis.

"We've got so much outdoor space here, that I feel really privileged... in a way it's easier to be isolated on an isolated island that you're used to living in... we're so lucky up here" (Holly, 4 children, Highlands)

"We live on a farm so we're completely isolated, we've got huge, big walks, we had a big garden so in terms of luck we were very lucky, we weren't in a flat without a garden like so many people are. We had hundreds of acres around us to go walking, a massive garden" (Suzie, 2 children, Scottish Borders)

Another factor that became important for families during periods of strict social distancing was **internet connectivity and the use of electronic devices**; with particularly rural families pointing out the importance of social media for children to connect with their peers.

"[My daughter] is playing video games more, but at the same time, those are also the video games where she's got the online chat with her friends, with it being in a rural location, that's sometimes the only way that she can maintain that contact with her friends, especially when we're in lockdown." (Marina, 1 child, Highlands)

"...There's no-one local so [our son] has nobody... I was quite amazed at how difficult he actually did find it because he was cooped up in a house with two adults, you know, with no child interaction whatsoever... So the only contact he was having, which was good in a way but then obviously bad, was the Xbox" (Abigail, 1 child, Highlands)

While the overarching impact of the Covid-pandemic seems to be exhaustion in parents, particularly mothers, parents also reported **positive effects of the unprecedented new situations** that Covid-lockdowns created for families. Families reported enjoying the **extra family time** with loved ones and described a **strengthening of family bonds**. This is corroborated in representative quantitative findings (UKHLS) that suggest 28% of mothers and 24% of fathers felt their relationship with their children had improved during the pandemic (compared to 5% of mothers and 4% of fathers saying they had a worse relationship with their children following the pandemic).

Families also enjoyed engaging in social activities together (cooking, crafts, etc). And some families also experienced home schooling as an enriching experience that allowed them to bring in creativity and a personalized element into their children's education. This was particularly the case for families where there was a parent that was either furloughed or not in employment during lockdown periods.

"I started teaching him how to cook. We got some toddler cookbooks." (Jane, 1 child)

"We would just go out for long walks, you know, trying to teach him to cycle his bike" (Don, 1 child)

"[My daughter] was like, "Well actually, I would really like to do dissection." Okay, went down to the butchers and we got an eyeball and a heart from the butchers, and we actually did dissection, which she thoroughly loved, and that has been one of our highlights." (Marina, 1 child)

Conclusions

In the findings presented here, we have brought together evidence from different quantitative datasets and new qualitative data from interviews with 50 parents to begin to build a picture of the pandemic experience of families and the impact on the wellbeing of children and their parents. We presented analysis of the behavioural and mental wellbeing of children aged 5-11 and 10-15 across three time points during the pandemic compared to pre-pandemic times, as well as parents' observations on their children's wellbeing throughout the pandemic. Our analysis found similar levels of average wellbeing for girls and boys through the pandemic. However, girls' emotional symptoms were poorer compared to boys, while boys had worse conduct problems. Moreover, children aged 5-11 with a psychologically distressed mother experienced greater emotional and mental health difficulties during the pandemic. Our interviews highlighted different impacts on younger and older children, as reported by their parents. Secondly, we looked at how parental wellbeing changed through the pandemic with declines in parental wellbeing coinciding with the strictest lockdown periods, when childcare options were restricted and schools closed.

Our research demonstrates that schools and early learning and childcare services not only provide important educational resources and opportunities for children but also play a key role in supporting children's social, emotional and behaviour wellbeing – as well as the wellbeing of parents/carers. This suggests that public health benefits of periodic closures of education and childcare settings should be carefully weighed against potential health impacts on children and their parents; policy planning should also include remedial action plans to boost children's and parents' wellbeing following closures.

An increase in psychological distress during the pandemic was most pronounced for mothers, particularly for mothers with two or more children. It is clear from our research, and corroborated by other studies (Sevilla and Smith, 2020; Herten-Crabb and Wenham, 2021; Hjálmsdóttir and Bjarnadóttir, 2021; (Cameron et al., 2020; Xue and McMunn, 2021), that women have borne the brunt of the pandemic by providing the lion share of extra childcare, home schooling and domestic work during pandemic lockdowns, leading to poorer mental health and high levels of exhaustion in women. There is a risk that the pandemic will exacerbate existing gender inequalities if the effects of gendered caregiving and home-making are not addressed in future policy directions.

We also found that there was a higher risk for children to suffer in their mental health if their mothers experienced poor mental health during the pandemic, suggesting that, in order to be effective, policies aimed at boosting children's wellbeing need to take a holistic approach that supports all family members, children as well as their parents.

Our qualitative research suggests that the challenges families faced during Covid-lockdowns were multiple and complex and that it may not be possible to single out individual characteristics that might make families vulnerable. Rather, it is the layering of multiple forms of vulnerability causing families to struggle. In addition our findings indicate that there are certain forms of social inequality that to date, may not have been at the forefront of policy approaches in combating social disadvantage but that mattered during the Covid-pandemic, such as access to green outdoor space, housing, and internet connectivity, and that may require further attention for Covid-recovery policy.

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