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The impact of Covid-19 on the mental health & learning of young children

JUNE 2021

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- develop research capacity by involving postgraduate students and early career researchers
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ABOUT THIS REPORT

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Summary

The project was a partnership between York St John University and Kids Planet Day Nurseries, investigating the impact of Covid-19 on the mental health and learning of young children, as perceived by practitioners and parents. Data were collected from a survey and interviews with practitioners, and interviews with parents whose children were cared for within KPDN settings. Although Covid-19 has been recognised as a global trauma and presents as the same 'objective' reality for all, each person has had a unique experience of it, influenced by the social, physical and psychological variables which characterised their lives. Specifically, it was discovered that the key person role was disrupted, significantly affecting the 'triangle of trust' between parent, child and practitioner, thus reducing the consistency of the emotional support for children as the pandemic progressed. Children with special educational needs and disability (SEND) were particularly affected. Assumptions were made about children's resilience that did not always reflect awareness of the emotional and psychological impact of a traumatic event on young children. It was concluded that, as we reflect on lessons learned from the pandemic, we should place greater emphasis on the centrality of positive relationships and engage in further research to learn more about what is required to create and sustain networks of support, particularly during times of crisis.

1. Introduction

Covid-19 is recognised as a global trauma, threatening people's lives and wellbeing across all communities (Woods et al., 2020), including those of children. Smelser (2004, p. 33) cites Freud as saying that the traumas of childhood 'are all the more momentous because they occur in times of incomplete development and are for that reason liable to have traumatic effects' (Freud, 1963, p. 361).

Kids Planet Day Nurseries (KPDN), an independent provider of early years education and care for 7,500 children in the north of England, realised from the outset that the pandemic was likely to have a major impact on the lives of young children. In April 2020, senior managers from KPDN approached researchers at York St John University's School of Education, Language and Psychology, and requested a partnership approach, both to research the impact of Covid-19 on the young children with whom they were working, and to identify ways that would equip practitioners and parents with the knowledge, understanding and skills to prevent mental health problems in the present and the future.

A first phase of the research took place between June and September 2020. Ten themes emerged, which were then grouped into four meta-themes:

- Covid-19 as a traumatic experience
- the professional and emotional responses of KPDN practitioners and managers
- the emotional impact of Covid-19 on children
- and the experience of Covid-19 from the perspective of parents.

The second phase, which is the focus of this report, took place between October and March 2021, and included a focus group, a second survey and further in-depth interviews.

The significance of this inquiry, and others investigating the impact of Covid-19, is that we are studying a global phenomenon that, from an 'objective' perspective, is the same entity for all people on the planet; but from a 'subjective' perspective, is experienced differently by each individual. These experiences are shaped by the individual's situatedness within a diversity of factors, including geographical location, local government

policy, economic status, age, ethnicity, overall health, predisposition to feelings of anxiety, levels of resilience, and the number and nature of other stressful events that they may simultaneously be experiencing.

Specifically, based on our findings from the first phase of the project, we were aware that the impact of Covid-19 on the mental health and learning of young children could not be separated from the awareness, emotions and behaviours of the adults responsible for their care. Consequently, in this study, it became our aim to understand more about the nature of the complexity of singular lives. Bronfenbrenner's (1979, 2005) ecological systems model provided a theoretical model to demonstrate the intertwining relationship between the child and their physical and psychological needs, the early years practitioners, the parents, and the wider social and political contexts in which they were respectively located.

2. Literature review

The academic literature on the impact of Covid-19 on very young children is so far limited, due to the recent advent of the pandemic. The *European Early Childhood Education Research Journal* produced a special issue, specifically exploring plural narratives about Covid-19 and early childhood (Bertram & Pascal, 2021, p. 1). These highlighted the variable impact that the pandemic has had, depending on the psychological and social environment in which the child was living (Howes et al., 2020; Pascal et al., 2020).

From an early stage, evidence has been emerging about how anxiety generated by Covid-19 has affected the lives of young children (Howes et al., 2020). Relevant in this context, then, is literature which explores the effects of trauma on children and on what they need for their emotional wellbeing. Trauma is experienced when 'previous feelings of safety and security are replaced by perceptions of danger [and] chaos' (Neal, 1998, p. 3). Mantovani et al. (2021, p. 36) draw on Bronfenbrenner's (2005) model to give an account of an individual as a 'systemic and socio-ecological construct', arguing that parents, carers and educators all have an influential role to play in strengthening the mental wellbeing of children. Resilience, defined as 'the ability to bounce back from adverse life events', is viewed as a capacity of the individual, but is essentially dependent on the interactions that take place in the child's living environment, where the quality of relationship and support impacts on the child's learning and feelings of security.

The importance of creating emotional security for children is well recognised in the literature. The allocation of a key person is seen as central to this, as it 'puts the *relationship* between this practitioner and child at the centre of good early years practice' (Brace, 2020, p. 2, emphasis in original). Brace explains how being a container for a child's distress allows for the pain to be expressed and provides space for the emotional pain to be thought about and processed. She develops her argument to show how practitioners may unconsciously develop 'defensive strategies' to protect themselves from being present and emotionally available.

The 'woeful lack of recognition of the complex nature of professional roles in attachment work' is highlighted by Page and Elfer (2013, p. 556). As Covid-19 spread through society, including early years settings, it became a central aim of this research to identify how practitioners responded to the crisis, and what information it reveals about the strengths and areas for further development required of those working closely with young children, who are likely to be reflecting the emotional stress and anxiety of the adults around them.

3. Research design

The main aim of the research was to investigate what impact the Covid-19 pandemic has had on young children, and to identify action that can be taken to safeguard their long-term mental health and wellbeing as a consequence of experiencing a global crisis. A second aim was to investigate the possible interactive relationship between psychoanalytic and cultural theories of trauma (Alexander, 2004), using Bronfenbrenner's (1979, 2005) ecological systems model of child development as an initial conceptual framework.

A mixed methodology approach was selected. Quantitative data were collected using an online survey sent out to early years practitioners. Informed by findings from the first phase of the research, the survey questionnaire was structured into three substantive blocks, focusing on:

1. the traumatic experience of the pandemic
2. the impact of Covid-19 on work and professional practice
3. the emotional impact of Covid-19 on children.

Qualitative data were gathered from a focus group which met on six occasions, and from 31 interviews undertaken with 22 practitioners, managers and parents. Seven practitioners and three parents were interviewed more than once, allowing for changes in their experiences over time to be recorded and analysed. All the focus group meetings and interviews took place over Zoom to enable the contributors to see one another. This was recorded, and the video file was immediately converted to audio files by the researcher prior to transcription. A copy of their transcript was made available to the interviewee, with the opportunity to give feedback or make corrections. Interviews were analysed using interpretive phenomenological analysis.

Ethical approval was gained through the York St John ethics committee. All research participants were provided with an information sheet concerning the research and signed a consent form prior to involvement. Every attempt was made to safeguard confidentiality, through removing identifying details from the transcripts and anonymising settings and participants.

4. Findings & discussion

As Covid-19 progressed, the most noteworthy outcome was the very different psychological responses to the crisis. The survey shows clearly that for the majority (57.52 per cent), responses fluctuated over time, influenced by what else was going on for the individual, physically and emotionally. Of particular significance was the centrality of relationships: individuals who felt connected in a positive way to others, both in their personal lives and with their work colleagues, were more likely to stay positive in the face of challenges presented by Covid-19. Conversely, a breakdown in relationships enhanced feelings of stress and anxiety.

Three specific, though connected, central findings are discussed in this section. First, the main relationship in a child's life while being cared for in an early years setting is with their key person. During the pandemic, the key person role was extensively disrupted, impacting on the child's emotional security. Second, children with special educational needs and disabilities (SEND) were especially impacted by the fragmentation of the SEND support system as the result of changes due to Covid-19. Finally, although all children's lives were severely disturbed, unfounded assumptions were made about children's resilience, without apparent awareness that there may be a dissonance between presenting behaviour and inner feelings.

Since 2008, the adoption of a key person system has been a mandatory requirement for all early years settings within the early years foundation stage (DCSF, 2008; DfE, 2017). A key person has the main responsibility for working with a small group of allocated children. It is an approach which advocates an attachment-based pedagogy through the formation of a special relationship between a named practitioner and a child (Elfer et al., 2011). Recently published non-statutory guidance for the sector, *Birth to 5 Matters* (Early Years Coalition, 2021), highlights how the key person role involves developing a 'triangle of trust' with the child and their family. The key person supports the child to feel 'emotionally secure when away from home' and provides a reassuring point of contact for the parents (p. 30). Our findings highlighted how vulnerable the key person role was to discontinuity and disturbance throughout the pandemic, with increased feelings of psychological and emotional distress in practitioners, children and

parents. Many different challenges were encountered through the different phases of the pandemic, which put strain on establishing and maintaining the 'triangle of trust'.

'When she didn't go for months, it was literally heart-breaking to send her back in there. Because everything changed, the rooms changed, the key workers [sic] changed and because she hasn't been in it for so long, the first two weeks were horrible – for me, as a parent, and for her.'

Parent 1a

Although the commitment of staff to supporting the young children in their care, despite the inherent risks to themselves, was in evidence, the establishment of warm, responsive and interactive relationships was more difficult to achieve due to the many changes to practice and provision that had to take place in order to ensure the physical safety of staff and children.

'Obviously, the priorities changed... It was all about the health and safety of the children. How to keep them safe and how to keep staff safe.'

Senior leader A

Key persons could not necessarily be with their assigned key children; parents were no longer allowed into the setting and new arrangements had to be made when dropping off and collecting children from the nursery. Initial visits for new children transitioning into nursery had to be curtailed, impacting on relationships, particularly within baby rooms.

'We've had to cut our pre-admission, so that [baby's] visits into nursery with the parent is down to 15 minutes. 15 minutes is not a very long time to pass over all the information when a baby has potentially never been with any other adult before.'

Staff S3b

Support 'bubbles' were introduced, but with the increase in numbers of staff and children testing positive for Covid-19, the majority of settings involved in the project had to close bubbles at various times which 'affected staffing and... affected morale I think as well' (senior leader B).

'So it's just, it's a bit of juggling at the minute with Covid. So, we're doing our best to make sure that everyone's in ratio, which is the main thing really.'

Manager 2c

Ensuring statutory requirements for staff-to-child ratios are met has implications for other priorities in the setting and has meant that SEND co-ordinators (SENDCOs), who are the key point of influence in establishing and implementing the setting's SEND support, are struggling to fulfil the requirements for their role. Restrictions on movement within the setting has meant that SENDCOs (who often have key person responsibilities as well) cannot be released to advise and support colleagues working with children with emerging needs or a diagnosis of SEND.

'With these bubbles, I would say, this has been the biggest – not being able to have somebody in the room or somebody to cover you because of the bubble situation has been quite a big impact really – on the SENDCO side of things, you know, as a professional to get out to do things.'

SENDCO 3a

The SEND code of practice (DfE, 2014) makes clear that the SENDCO must ensure that parents are closely involved throughout, and their insights should inform actions taken by the setting.

'If parents aren't particularly on board, but you think you've got a child who has got an extra need and you want to get them that support, that is particularly hard when you're trying to get your parent onside to actually agree to let services get involved when you've not got that personal contact with them all the time to give those little drip, drip feeds.'

SENDCO 2a

The pandemic has presented many barriers to being able to carry out the SENDCO role effectively, with many difficulties being encountered when trying to liaise with professionals beyond the setting. This has been a source of great stress and worry, especially as it impacts directly on the quality of care and support available for the children. Depending on the local authority area, many external agencies have been unable to visit nurseries and complete assessments or update plans.

'The vision impairment teacher's been in, I think, once since Covid. I know occupational therapy have been in, I think, once or twice. I don't think physio

have been in to nursery to see him. And I know the special needs inclusion team haven't been in to see him. Speech and language [therapists] have not been in to see him either.'

Parent of child with complex needs 1c

Our findings also showed that there were differing perceptions concerning children's resilience. Most assumed that the pandemic had not affected them.

'As for the children, they just took it all in their stride. We all thought with them all coming back they'd be quite upset, unsettled and it would be like them having to re-start their nursery time again. But they have all seemed to have come back in and just got on with it, like it's just "normal".'

FG 1 staff

Others acknowledged that how settled a child was depended on a number of factors, but that routine, consistency and the special relationship the child had with the key person were significant.

'We had a few that struggled at the beginning, but we've got a two key worker system. So we've been lucky enough to have staff in that they're familiar with, that they're comfortable with and settle in with nicely. It does take time, and like I said, every child is different.'

FG 1 manager A

Some considered that resilience related to where the child had spent their time through the pandemic.

'I feel I can tell the different resilience between the children who were here throughout [the first lockdown] compared to the children who are returning from lockdown. I feel the children of key workers who have been here, have a higher resilience than children who are returning back.'

FG 1 manager B

Only a few demonstrated an awareness of how difficult it is to know how children are feeling and responding.

'You have to sort of look at everything and I think that's the thing that we found... You have to look at every family and things differently in a way because you have to look at what their experience is and what their past experience has been to almost see maybe how they will become, or how they will change and how things will affect them as they go back to normality as such.'

FG 3 manager

5. Conclusion

The data collected in this project were rich and varied. The main finding was the unique nature of each response, given that the initiating event was the same for all; and within that, the centrality of relationships. Specifically, this means paying attention to the ‘triangle of trust’ between practitioner, parent and child, with particular notice being given to children with special needs. This supports Bronfenbrenner’s model, which proposes an intricate interconnection between the development of the individual child, and the micro, meso, macro and sociohistorical contexts in which that life is lived. Our conclusion is that there needs to be more research that explores in depth the nature of the intertwining relationship between unique lives and the diverse contexts in which those lives are lived. Emphasis should be placed on the *processes* involved in moment-by-moment relational interactions, rather than seeking to discover generalisable and replicable outcomes that can be applied to large groups of people, regardless of individual circumstances.

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