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

**Findings from Round 2
(November/December 2020)**

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Section 1 – Introduction and background

Chapter 1: Introduction

Scotland, along with the rest of the world, continues to live through the coronavirus (COVID-19) pandemic. The virus and the associated public health response have had wide-ranging direct and indirect impacts on the health and lives of every family in Scotland. Public Health Scotland (PHS) conducted the first round of the COVID-19 Early Years Resilience and Impact Survey (CEYRIS) in June/July 2020, just as Scotland was emerging from its first lockdown and learning to live with new restrictions to match the changing situation with the virus. CEYRIS was developed to ensure that we capture timely information about the experience and impact of the ongoing public health emergency, on the health and wellbeing of young children (2 to 7 years old) and their families, in Scotland. The crucial developmental stages experienced during this age range make it vitally important that any impact is captured and learning shared, so that Scotland can respond effectively and support families as we continue to live with, and recover from, the pandemic.

The findings from the first round suggested that, overall, COVID-19 and the associated restrictions have had a negative impact on young children and their families in Scotland. Crucially, we found that this effect has been more severe for some families that were already experiencing challenging circumstances, including families from low-income households, single-adult households and households where a parent or child had a long-term condition (LTC). Please refer to the [full set of research reports from round 1](#) of the survey for more details.

The second round of CEYRIS was conducted between 23 November and 7 December 2020. This survey, which repeated many of the questions asked in the first round and included new questions specific to the COVID-19 restrictions at the time, was administered to help us understand how the experiences and impacts of COVID-19 are changing for our young children and their families.

This report presents the findings from the second round of the survey. The report is divided into two main sections:

Section 1 – Introduction and background

- Providing context to the survey, methodology and demographic characteristics of the participants.

Section 2 – Overall results

- An overview of the top-line findings to give the reader an overview of key trends emerging from the data. Results are grouped by the following themes:
 - Key behaviours in children
 - Children's play and learning, use of outdoors and social relationships
 - Experience of parents and carers
 - Experience of COVID-19 and specific infection-control measures

Please note that this report is intended to provide a timely overview of the findings from the second round of the survey in order to make the information gained publicly available as soon as possible. We do not provide interpretations or present change over time at this stage. Detailed analysis, and where appropriate, comparison to the first round will follow in future briefing papers.

National COVID-19 context during the second round of CEYRIS

To provide context to the survey questions and findings, we outline below an overview of the national context in relation to the COVID-19 restrictions in place at the time of the second survey, with specific emphasis on key restrictions impacting children.

Around the time of the first round of CEYRIS, we began to see the number of coronavirus cases declining and a phased easing of the restrictions throughout Scotland. During the summer months, families enjoyed greater freedom to eat out, shop, travel and socialise with others. In August, schools and childcare settings reopened fully in person, with various infection control measures in place. Most formal and informal groups and activities for children were permitted to restart. However, places like soft-play centres were not reopened. Conversely, as autumn

approached, we began to see an increase in cases and the gradual return of restrictions.

At the time of the second survey, schools and childcare settings were open, but households were no longer allowed to meet indoors with other households and outdoor meetings were limited to two households only. Anyone displaying symptoms was required to self-isolate and book a test. Household members (including extended households) were also required to isolate until a negative test result was obtained. Some key milestones with greatest relevance to young children and families are detailed below, continuing from the close of the first round of CEYRIS. The national context at the time of the first round of CEYRIS can be found in the [background report from round 1](#).

- 9 July 2020 – Scotland begins staged move to Phase 3¹ which sees a phased increase in the number of people allowed to gather indoors and outdoors, further opening of retail and reopening of hospitality with some restrictions.
- 10 July 2020 – face coverings mandatory for everyone aged 5 and over for both public transport and shops.
- 21 July 2020 – extension of COVID-19 testing to include children under the age of 5.
- 30 July 2020 – announcement that schools will reopen from 11 August.
- 5 August 2020 – local restrictions introduced in Aberdeen (local restrictions on travel, indoor gatherings and closure of indoor and outdoor hospitality).
- 11 August 2020 – Scottish schools begin to reopen in person with strict infection control measures, with examples including enhanced hygiene, staggered timings and class ‘bubbles’ in primary schools (no physical distancing or face coverings required for pupils).

¹ Available from: www.gov.scot/publications/coronavirus-covid-19-framework-decision-making-scotlands-route-map-through-out-crisis-phase-3-update/ [Accessed 7 March 2021]

- 1 September 2020 – local restrictions introduced in East Renfrewshire, Glasgow and West Dunbartonshire (no indoor meetings in household settings, and schools and childcare settings remain open).
- 10–11 September 2020 – local restrictions extended to Renfrewshire and East Dunbartonshire, and North and South Lanarkshire (no indoor meetings in household settings).
- 22 September 2020 – new national restrictions applied – no indoor mixing in people’s homes, limit of six people from two households outdoors and curfew on hospitality.
- 7 October 2020 – further national restrictions applied to retail, hospitality, outdoor events and indoor exercise classes. Outdoor children’s activities can remain open.
- 30 October 2020 – use of face coverings in schools updated: parents and visitors, staff (where they cannot keep two metres distance from other adults of children) and S4–6 pupils in the top two protection levels are all asked to wear face coverings.
- 2 November 2020 – Scotland moves to a five-level strategic framework which sees local authority level application of COVID-19 protection levels related to local levels of virus transmission.
- **23 November 2020 – CEYRIS 2 opens.**
- 2 December 2020 – First COVID-19 vaccine approved for use in the UK.
- **7 December 2020 – CEYRIS 2 closes.**
- 8 December 2020 – COVID-19 vaccinations begin in Scotland.

Within a month of the survey closing, schools had moved to online learning for the majority of pupils and Scotland entered its second lockdown.

Survey methodology

CEYRIS is an anonymous, online, cross-sectional survey administered using the open-source survey tool LimeSurvey.² Participation in the survey was completely voluntary. Participants were recruited through key third sector, Scottish Government

² For details, see www.limesurvey.org/en/ [Accessed on 30 July 2020]

and local authority parent networks, as well as social media announcements on Twitter, Facebook and Instagram.

To be eligible, participants needed to be a parent or carer of a child aged 2 to 7 years of age and living in Scotland. Participants were asked to focus on just one child in their care when completing the survey. However, they were able to complete more than one survey if they had more than one child in the eligible age range. As the survey was completed anonymously, instances where a participant filled out multiple surveys cannot be identified and due to the cross-sectional design we cannot identify or link those who completed both rounds of the survey.

Information governance, data protection and confidentiality

The survey methodology was subject to completion of a COVID-19 rapid data protection impact assessment. Survey data were treated as confidential, and reporting of the findings followed Public Health Scotland's statistical disclosure protocol to ensure participant confidentiality.

Representativeness of the data and guidance for interpretation and use

Representativeness of a survey informs whether or not the findings from the survey can be generalised to a wider population of interest.

As with most online surveys conducted during the COVID-19 pandemic, the generalisability of CEYRIS is restricted. The second round of CEYRIS was an online-only survey using an open recruitment and purposive sampling approach. Hence, the participants were not representative of the wider population in Scotland. The findings, therefore, need to be interpreted with care as they are only representative of the views of those parents and carers who completed the survey. We provide a breakdown of demographic characteristics below to help guide the interpretation of the findings.

Chapter 2: Demographic characteristics

There was a total of 5,684 valid³ responses to the survey. In the tables below, **base** refers to the total number of participants who responded to the relevant question in the survey. Note that this number differs across characteristics reported in this table since participants were free to skip questions they did not wish to answer. In these tables, we also present the equivalent demographic data from round 1, and where possible provide nationally representative benchmarks from routine survey data and the Scottish Survey of Early Learning and Childcare (**SSELC**). The SSELC was a bespoke study that acted as a baseline for the evaluation of the expansion of Early Learning and Childcare (ELC). It assessed a nationally representative group of 3-year-olds and 4 to 5-year-olds against a variety of measures in 2019. Both SSELC studies are the nearest Scottish data that are available for comparison with the sample in this CEYRIS study. However, it should be noted that the SSELC study does not cover all the ages in the CEYRIS study and, in particular, does not include children above the age of 5 years.

Table 1: Demographic characteristics of the children – Sex

Sex	Round 2 Number (base: 5,373)	Round 2 Percentage (%) of sample	Round 1 % (base: 10,613)	National Benchmark % NRS* (base 345,638)
Male	2,704	50.3	49.5	51.5
Female	2,644	49.2	50.0	48.5
Prefer not to say	25	0.5	0.5	0

***National Records of Scotland (NRS) Mid 2019 Population Estimates:** base refers to the total number of children aged 2 to 7 years old in Scotland.

Around half of the children included in this survey were male and around half were female. This closely aligns with the proportions from both the first round of the survey, and from the population estimates from the National Record of Scotland.

³ Valid responses were those where participants had confirmed they had a child aged between 2 and 7 years of age and continued to the full survey.

Table 2: Demographic characteristics of the children – Age

Age (in years)	Round 2 Number (base: 5,351)	Round 2 Percentage (%) of sample	Round 1 % (base: 10,607)	National Benchmark % NRS (base 345,638)
2	695	13.0	13.6	15.7
3	1,061	19.8	17.2	16.4
4	1,077	20.1	20.1	16.6
5	957	17.9	18.2	16.7
6	885	16.5	17.2	17.1
7	676	12.6	13.4	17.5

The distribution of children's ages within the survey (given the 2 to 7 years inclusion criteria) was broadly similar to that expected based on nationally representative data. However, the CEYRIS sample had slightly fewer 2 and 7-year-olds, and slightly more 3 and 4-year-olds than the national benchmark.

Table 3: Demographic characteristics of the children – Ethnicity

Ethnicity of child	Round 2 Number (base: 5,266 ^a)	Round 2 Percentage (%) of sample	Round 1 % (base: 10,591)	SSELC Phase 2* % Ethnicity of parent (base: 1,377)	SSELC Phase 3** % Ethnicity of parent (base: 563)	National Benchmark % Annual Pupil and Teacher Census [#] (base 697,989)
White	5,079	95.6	96.1	95.3	94.8	95.5
White Scottish	4,653	87.6	87.5	83.2	82.8	78.0
White British	240	4.5	5.2	6.7	6.2	5.9
White non-British	137	2.6	3.4	5.4	5.9	5.8
Any mixed or multiple ethnic group	138	2.6	1.9	n/a	n/a	1.4
Asian, Asian Scottish or Asian British	77	1.4	0.8	n/a	n/a	4.4
African, Caribbean or Black	10	0.2	0.1	n/a	n/a	0.2
Other	11	0.2	0.3	n/a	n/a	2.3
Prefer not to say	45	0.8	0.7	n/a	n/a	n/a

* **Scottish Study of Early Learning and Childcare (SSELC)** data for 4 to 5-year-olds

**SSELC data for 3-year-olds

Annual Pupil and Teacher Census 2019: base refers to children from all ELC, primary and secondary schools in Scotland.

^a Includes those who selected 'White' but did not specify further details at next stage (n=49).

The percentage of participants who selected 'White' as their child's ethnicity was broadly similar to that of the nationally representative samples. However, we had slightly more identifying as 'White Scottish', slightly fewer as 'White British' and about half as many identifying as 'White non-British' than would be expected. We had a higher percentage of participants identifying as mixed or multiple ethnic groups and a lower percentage from Asian, Asian Scottish or Asian British ethnicities.

Table 4: Demographic characteristics of the children – Long-term physical or mental health condition or illness

Does child have a long-term physical or mental health condition or illness	Round 2 Number (base: 5,314)	Round 2 Percentage (%) of sample	Round 1 % (base: 10,539)	SSELC Phase 2 % (base: 1,375)	SELC Phase 3 % (base: 565)
Yes	514	9.7	8.1	10.0	7.0
No	4,733	89.1	91.2	90.0	93.0
Prefer not to say	67	1.3	0.7	n/a	n/a

The CEYRIS sample had a slightly higher proportion of children with a long-term physical or mental health condition or illness than the SSELC samples.

Table 5: Demographic characteristics of the children – Effect of long-term condition or illness

Effect of long-term condition or illness on child's activity	Round 2 Number (base: 497)	Round 2 Percentage (%) of sample	Round 1 % (base: 814)	SSELC Phase 2 % (base: 138)	SELC Phase 3 % (base: 40)
Yes, a lot	168	33.8	31.0	15.0	14.7
Yes, a little	191	38.4	42.3	44.0	45.8
No	133	26.8	25.9	41.0	37.8
Prefer not to say	5	1.0	0.9	n/a	n/a

The CEYRIS sample had a higher proportion of children whose long-term condition or illness was reported as having a lot of impact on their activities, compared to the SSELC samples.

Table 6: Demographic characteristics of the children – Type of condition or illness

Type of condition or illness (select all that apply)	Round 2 Number (base: 503)	Round 2 Percentage (%) of sample	Round 1 % (base: 835)	SSELC Phase 2 % (base: 123)	SELC Phase 3 % (base: 565)
Vision	33	6.6	8.5	12.9	17.5
Hearing	37	7.4	7.3	11.5	0.0
Mobility	67	13.3	13.7	10.0	14.0
Learning or concentrating or remembering	167	33.2	34.3	22.2	16.8
Stamina or breathing difficulty	96	19.1	21.1	24.8	25.0
Mental health, social, emotional or behavioural issues	197	39.2	40.5	29.7	19.5
Other long-term condition or illness	167	33.2	30.5	30.5	22.5
Prefer not to say	10	2.0	1.1	n/a	n/a

The CEYRIS sample had a lower proportion of children with vision, hearing and stamina or breathing difficulties than the SSELC samples. The CEYRIS sample also had higher proportions of children with conditions related to learning, concentrating or remembering; mental health, social, emotional or behavioural issues; and other long-term conditions or illnesses.

Table 7: Characteristics of the parents/carers – Relationship to the child

Relationship to the child	Round 2 Number (base: 5,360)	Round 2 Percentage (%) of sample	Round 1 (%) (base: 10,593)
Mother	4,958	92.5	93.6
Father	254	4.7	4.1
Step-parent	3	0.1	0.2
Grandparent	75	1.4	1.0
Foster carer or guardian	12	0.2	0.3
Other (for example, kinship carer)	40	0.7	0.5
Prefer not to say	18	0.3	0.3

The vast majority of parents/carers who completed the survey were mothers, followed by a smaller proportion of fathers. The remaining participants included step-parents, foster carers and 'other' relationships which could have included kinship care from aunts or uncles, for example.

Table 8: Characteristics of the parents/carers – Age

Age group of parent/carer	Round 2 Number (base: 3,770)	Round 2 Percentage (%) of sample	Round 1 (%) (base: 8,370)	SSELC Phase 2 (%) (base: 1,364)	SSELC Phase 3 (%) (base: 560)
Younger than 20	2	0.1	0	n/a	n/a
20–24	52	1.4	1.2	3.0	4.5
25–34	1,341	35.6	30.7	41.9	48.9
35–44	2,062	54.7	60.5	50.1	43.6
45–54	264	7.0	6.7	4.1	2.9
55–64	34	0.9	0.6	n/a	n/a
65–74	6	0.2	0.1	n/a	n/a
Prefer not to say	9	0.2	0.2	n/a	n/a

The CEYRIS sample had a lower percentage of parents in the youngest age groups (less than 35 years old) and a higher percentage of parents in the older age groups (over 35 years old), than the SSELC samples.

Table 9: Characteristics of the parents/carers – Long-term condition or illness

Does parent/carer have a long-term physical or mental health condition or illness	Round 2 Number (base: 3,872)	Round 2 Percentage (%) of sample	Round 1 (%) (base: 8,906)	SSELC Phase 2 (%) (base: 1,374)	SSELC Phase 3 (%) (base: 564)	National Benchmark (%) Scottish Core Questions*
Yes	907	23.4	17.5	17.9	19.9	15
No	2,918	75.4	80.9	82.1	80.1	
Prefer not to say	47	1.2	1.6			

* **Scottish Government (SG) Scottish Core Questions dataset.** Percentage of adults in households with children present

A higher percentage of parents/carers reported that they had a long-term physical or mental health condition or illness in the CEYRIS sample than in the SSELC samples, and than reported in the Scottish Core Questions dataset for adults in households with children present.

Table 10: Household characteristics – Number of children (<16 years of age) in the household

Number of children (<16 years of age) in the household	Round 2 Number (base: 3,802)	Round 2 Percentage (%) of sample	Round 1 (%) (base: 8,734)	SSELC Phase 2 (%)	SSELC Phase 3 (%)
1	1,211	31.9	30.9	21.7	24.6
2	1,998	52.6	53.7	53.3	55.5
3	482	12.7	12.6	19.8	15.3
4 or more	94	2.5	2.6	5.2	4.6
Prefer not to say	17	0.4	0.3	n/a	n/a

The majority of households contained two children (<16 years of age) in both the CEYRIS samples, which aligned with the nationally representative SSELC samples. In contrast, both CEYRIS samples contained more households with just one child and fewer households with greater than two children than the nationally representative SSELC samples.

Table 11: Household characteristics – Number of adults (16 years or older) in the household

Number of adults (16 years or older) in the household	Round 2 Number (base: 3,796)	Round 2 Percentage (%) of sample	Round 1 (%) (base: 8,728)	SSELC Phase 2 (%)	SSELC Phase 3 (%)
1	537	14.1	10.5	17.7	13.5
2	3,007	79.2	82.6	76.4	79.4
3	162	4.3	4.4	4.9	4.6
4 or more	73	1.9	2.3	1.1	2.6
Prefer not to say	17	0.4	0.2	n/a	n/a

The number of adults (16 years or older) in the households within the survey was consistent with the nationally representative SSELC samples. However, compared to the first round of the survey there were more single-adult households in the sample.

Table 12: Household characteristics – Total income of the household from all sources before tax (pre-COVID-19)

Total income of the household from all sources before tax (pre-COVID-19)	Round 2 Number (base: 3,811)	Round 2 Percentage (%) of sample	Round 1 (%) (base: 8,791)	SSELC Phase 2 (%) (base: 1,253)	SSELC Phase 3 (%) (base: 554)	National Benchmark (%) SHS* (base: 2,253)
Low income households (<£26,000)	841	22.1	15.8	34.0	29.4	30.6
Medium income households (£26,000 – £51,999)	1,256	33.0	32.6	35.8	36.5	47.3
High income households (>£52,000)	1,398	36.7	42.3	30.2	34.2	22.1
Prefer not to say	316	8.3	9.3	n/a	n/a	n/a

* **Scottish Household Survey 2018** percentage of all households with children

The CEYRIS sample contained a greater proportion of households with a high income and a smaller proportion with a low income than the Scottish Household Survey percentage of all households with children present and the SSELC data for households with 3 and 5-year-olds. This difference to the nationally representative samples was less noticeable in this round than was the case in the first round of the survey.

Table 13: Household characteristics – Language spoken at home

Language spoken at home	Round 2 Number (base: 3,880)	Round 2 Percentage (%) of sample	Round 1 (%) (base: 8,918)	SSELC Phase 2* (%) (base: 1,354)	SSELC Phase 3** (%) (base: 554)	National Benchmark (%) Annual Pupil and Teacher Census* (base: 697,989)
English only	3,620	93.3	93.0	90.2	89.0	n/a
English and other language(s)	235	6.1	6.6	8.4	9.2	6.7
Other language(s) only	20	0.5	0.4	1.9	1.8	n/a
Prefer not to say	5	0.1	0.1	n/a	n/a	n/a

* **Annual Pupil and Teacher Census** (2019)

The language spoken in the households was consistent across both CEYRIS samples. The percentage of participants who selected 'English and other

language(s)' was broadly similar to that of the national benchmark but less than that in the nationally representative SSEL samples.

Table 14: Household characteristics – Employment status of the main earner before lockdown

Employment status of the main earner before lockdown (select all that apply)	Round 2 Number (base: 3,840)	Round 2 Percentage (%) of sample	Round 1 (%) (base: 8,853)
Employed (including full-time/part-time, self-employed and casual)	3,414	88.9	95.0
Looking after children or home	198	5.2	3.2
In training	6	0.2	0.1
In education	110	2.9	1.5
Retired	13	0.3	0.2
Unemployed	127	3.3	1.5
Full time carer	88	2.3	Not asked in round 1

While the majority of those who were the main earner before lockdown were employed, the percentage was lower than that of the first round of the survey. Additionally, a higher percentage of respondents were looking after children or the home, unemployed or in education in this second round of the survey.

Table 15: Household characteristics – Local authority

Local authority	Round 2 Number (base: 3,392)	Round 2 Percentage (%) of sample	Round 1 (%) (base: 8,069)	National Benchmark (%) NRS* (base: 345, 638)
Aberdeenshire	77	2.3	10.8	4.1
Aberdeen City	57	1.7	1.8	5.2
Argyll and Bute	249	7.3	2.2	3.1
Angus	75	2.2	2.7	2.1
Clackmannanshire	49	1.4	0.7	1.0
Dumfries and Galloway	27	0.8	1.5	2.4
Dundee City	31	0.9	1.3	2.7
East Ayrshire	183	5.4	2.6	2.3
Edinburgh	128	3.8	9.8	8.9
East Dunbartonshire	238	7.0	4.1	2.1
East Lothian	39	1.1	3.1	2.1
Na h-Eileanan an Iar	14	0.4	0.9	0.4

East Renfrewshire	108	3.2	4.6	2.1
Falkirk	89	2.6	3.9	3.0
Fife	61	1.8	4.3	6.9
Glasgow City	333	9.8	6.2	11.7
Highland	34	1.0	6.1	4.1
Inverclyde	115	3.4	0.8	1.3
Midlothian	35	1.0	2.4	2.1
Moray	77	2.3	1.2	1.7
North Ayrshire	279	8.2	2.0	2.3
North Lanarkshire	142	4.2	3.5	6.6
Orkney Islands	13	0.4	0.5	0.4
Perth and Kinross	133	3.9	2.6	2.6
Renfrewshire	35	1.0	2.2	3.3
South Ayrshire	72	2.1	3.2	1.8
Scottish Borders	47	1.4	1.2	2.1
South Lanarkshire	115	3.4	3.8	6.1
Stirling	214	6.3	2.2	1.6
West Dunbartonshire	257	7.6	3.6	1.7
West Lothian	65	1.9	4.1	3.8
Shetland Islands	Supressed	0.0	0.1	0.4

* **NRS Mid 2019 Population Estimates** – Shows each Local Authority (LA) percentage share of 2 to 7-year-olds in Scotland

Responses were obtained from across all the Scottish local authorities. As was the case in the first round of the survey, there were noticeable differences in the proportion of responses from across local authority areas compared to the percentage share of 2 to 7-year-olds obtained from the NRS data.

As can be seen from the above tables, the sample achieved in the second round of CEYRIS was smaller than that in the first round, but it again shared many similarities with both the nationally representative samples from routine national data/surveys and the SSELc study. However, there were some crucial differences. Firstly, there was a larger proportion of children whose parents said that they had a long-term health condition that limited their everyday activities a lot. The biggest groupings were those children who had learning difficulties or behavioural issues. Secondly, the household income in both CEYRIS surveys was higher than that in the nationally representative SSELc. In fact, although the proportion of middle-income households in both CEYRIS rounds were roughly the same as the SSELc sample, in round 1 of

CEYRIS there were far fewer households in the low-income bracket and a far bigger proportion in the higher-income bracket. This bias remained in round 2, but was somewhat reduced with representation from low-income families increasing and high-income families reducing. This bias may have been due to the mode of delivery of the survey, which required access to digital technology and knowledge that the survey was open and available. Importantly, CEYRIS is not representative in terms of ethnicity, with some minority ethnic groups being under-represented. It is worth noting that the local authority representation varies greatly between rounds 1 and 2. We observed that those local authorities in higher protection levels (e.g. levels 3 and 4) had higher response rates – it may be that those in lower-protection levels were less motivated to participate. We also noticed increased engagement from local authorities where councils and schools sent the survey link directly to parents and carers of eligible children.

Section 2 – Overall results

This section provides an overview of key findings about the experience of children aged 2 to 7 years old, and their families, eight months into the COVID-19 pandemic in Scotland. In this section, we present the overall findings grouped by the key themes:

- Key behaviours in children
- Children’s play, learning, use of outdoor spaces and social interactions
- The experience of parents and carers
- Experience of COVID-19 and specific infection control measures

In total, we had 5,684 valid responses to our survey.⁴ In this section, we report our findings under relevant questions from the survey. Throughout, we combine the proportions of respondents saying that things were worse or much worse and refer to this as ‘worse’, and similarly, we combine responses better and much better and refer to this as ‘better’. We also categorise age in two groups: a younger age group comprising children aged 2 to 4 years and an older age group including children aged 5 to 7 years. Please note, in the charts that follow, **base** refers to the total number of participants who responded to the relevant question in the survey and therefore changes with each question.

Chapter 3: Key behaviours

This chapter describes the key behaviours in 2 to 7-year-olds eight months into the COVID-19 pandemic (November/December 2020) in Scotland. It covers:

- 3.1. Parent and carer perceptions of changes to their child’s life since March–August 2020 in the following areas:
 - a. Sleep
 - b. Behaviour
 - c. Mood
 - d. Ability to concentrate
 - e. Eating behaviours
- 3.2. Children’s mental health and wellbeing, as reported by parents and carers.

⁴ Parents and carers could complete the survey once for every child they cared for within the age range. Therefore, the number of responses related to individual children, not individual families.

3.1 Parent and carer perceptions of changes to their child's life since March–August 2020

Sleep

Over the last two weeks, how often has your child slept right through the night without waking or needing to be comforted?

Overall, in the two weeks before answering the survey, 39% of the children were reported to be sleeping right through the night every night, without waking or needing to be comforted. This figure was lower (30%) in younger children (2–4 year olds) and higher (50%) in older children (5 to 7-year-olds).

Comparing these figures to those from the **Scottish Study of Early Learning and Childcare (SSELC)**, which conducted its research in 2019, we see that the proportion of children sleeping through the night every night still appears to be lower in the CEYRIS sample, with 38% of 3-year-olds and 60% of 4 to 5-year-olds reported to be sleeping through the night in the SSELC sample. The SSELC is a nationally representative study of children so the difference in these figures may be due to the fact that parents answering the CEYRIS study had more concerns about how their children were doing during the initial lockdown period, or because some parents did not have access to the survey due to its mode of delivery, or because children are finding it more difficult to sleep just now.

Figure 1: Sleeping through the night*

* Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 5,198. 2–4 years: 2,738. 5–7 years: 2,460

How would you rate the following areas of your child’s life now, compared to how it was during March–August 2020 (roughly the time schools and childcare settings were closed)?

Overall, parents and carers reported that 62% of children were sleeping about the same at the time of the second survey as they did during the initial lockdown period of March–August 2020. Seventeen per cent were reported to be sleeping worse and 21% were reported to be sleeping better. The figures for younger and older children were similar.

Figure 2: Child's sleep now, compared to during March–August 2020*

* Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,524. 2–4 years: 2,351. 5–7 years: 2,173

Behaviour, mood, amount of physical activity, ability to concentrate and eating behaviour

How would you rate the following areas of your child's life now, compared to how it was during March–August 2020 (roughly the time schools and childcare settings were closed)?

In November/December 2020, the parents and carers of half of the children (50%) rated their behaviour as similar to during the initial six months of the pandemic, while 29% rated as better and 20% as worse. There was a similar pattern for mood, with the mood of almost half of children (46%) rated the same as it was in the initial lockdown period, that of 33% of children rated better, while for 21% it was rated worse.

Changes to physical activity were more varied. For 34% of children, physical activity levels were rated as similar to those during the initial lockdown, while for almost one quarter (24%) of children, they were rated worse. However, for 42% of children, physical activity levels during November/December 2020 were rated as better than during the initial lockdown period. It is important to note that although a large number

of children were reported as having better physical activity levels, the seasonal timing of the second CEYRIS survey (Autumn/Winter), and the fact that most children will have been attending school and or childcare will likely have impacted on questions related to activities and use of outdoors.

For a majority of children, eating behaviour and ability to concentrate were rated as about the same during November/December 2020 as during the initial lockdown period (60% and 61%, respectively). For 12% of children, ability to concentrate was rated as worse, while for 27% it was rated as better than during the initial lockdown period. The percentages of children rated as having worse or better eating behaviour were similar (20% and 21%, respectively).

Figure 3: Child's life now, compared to during March–August 2020*

* Excludes refused (prefer not to say) and missing answers.

Bases: Behaviour: 4,524. Mood: 4,527. Ability to concentrate: 4,521. Amount of physical activity: 4,527. Eating behaviour: 4,529

Breakdown of changes to 'child's life' by age group

The responses to the 'child's life' questions presented above did not differ greatly by age, although there was some suggestion that more children in the older age group were struggling with worsening concentration, physical activity levels and mood, while more children in the younger age group had worsening behaviour and eating behaviours. However, in most cases the differences were small. Figures 4 through 8 present the breakdown by age for each of the measures.

Figure 4: Behaviour*

* Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,524. 2–4 years: 2,350. 5–7 years: 2,174

Figure 5: Mood*

* Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,527. 2–4 years: 2,352. 5–7 years: 2,175

Figure 6: Ability to concentrate*

* Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,521. 2–4 years: 2,349. 5–7 years: 2,172

Figure 7: Amount of physical activity*

* Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,527. 2–4 years: 2,353. 5–7 years: 2,174

Figure 8: Eating behaviour*

* Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,529. 2–4 years: 2,355. 5–7 years: 2,174

3.2 Children's mental health and wellbeing as reported by parents and carers

We used the strengths and difficulties questionnaire⁵ (SDQ) to assess children's behaviour and emotions. Please note that the age breakdown presented in this section differs slightly from those elsewhere in the report, as we have used two different versions of SDQ according to the child's age: one for 2 to 3-year-olds and one for 4 to 7-year-olds.

This section summarises the following measured by the SDQ for both age groups:

- Total difficulties score
- Five psychological and behavioural domains: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationships and prosocial behaviour

Please see Appendix 1 for details on how the SDQ was used to calculate the scores reported in this section.

We again compare the results of the SDQ with those for SSEL, which gives us information on this for children in Scotland prior to COVID-19. As our CEYRIS study sample is not nationally representative, and was self-selected, direct comparisons with nationally representative samples should be interpreted cautiously.

For 2 and 3-year-olds, 61% of the children scored close to average in their total difficulty score. This was slightly higher (69%) in the 4 to 7-year-olds. These figures remain lower than the SSEL baseline where 66% of 3-year-olds and 85% of 4 and 5-year-olds had a total difficulties score of close to average.

⁵ Available from: www.sdqinfo.org/py/sdqinfo/c0.py [Accessed: 07 March 2021]

Figure 9: Total difficulties scores*

* Base for 2 and 3 years: 1,505; 4–7 years: 3,215. Total difficulties score computed by adding up the scores from four domains: emotional symptoms, conduct problems, hyperactivity/inattention and peer relationship problems. Base excludes those who had not answered more than two items for each domain.

Figures 10 and 11 provide a breakdown of the five domains measured in the SDQ for both age groups. For all domains other than the prosocial behaviour, higher scores indicate children are experiencing more difficulties in this area. For the prosocial behaviour domains, lower scores indicate children are experiencing more difficulties. In the figures, the prosocial behaviour scores are shown in a different colour to highlight this difference. Generally speaking, children scoring anything other than close to average indicate that they are experiencing some amount of difficulty in the domain. For 2 and 3 year olds, prosocial behaviour appears to be the area where the greatest proportion of children may need support. For 4–7 year olds, the hyperactivity/inattention domain appears to be the area the greatest proportion may need support with, although this is closely followed by the conduct problems, emotional symptoms and prosocial behaviour domains.

Figure 10: SDQ domains for 2 and 3-year-olds*

* Excludes those who had not answered more than two items for each domain.

Base for peer problems: 1,506

Base for hyperactivity: 1,506

Base for conduct: 1,507

Base for emotional problems: 1,507

Base for prosocial: 1,509

Figure 11: SDQ domains for 4 to 7-year-olds*

* Excludes those who had not answered more than two items for each domain.

Base for 3,216

Base for hyperactivity: 3,215

Base for conduct: 3,215

Base for emotional problems: 3,217

Base for prosocial: 3,216

Chapter 4: Children's play, learning, use of outdoors and social interactions

This chapter describes the play, learning and social activities of 2 to 7-year-olds eight months into the COVID-19 pandemic (November/December 2020) in Scotland.

It covers:

- 4.1. Play and learning activities
- 4.2. Use of outdoor spaces
- 4.3. Social interactions and relationships

4.1. Play and learning activities

How would you rate the following areas of your child's life now, compared to how it was during March–August 2020 (roughly the time schools and childcare were closed)?

Imaginative play

For 47% of the children, parents and carers rated their imaginative play as the same eight months into the pandemic as it had been during the initial lockdown period in Scotland (March–August 2020), for 6% it was rated as worse. However, for 48% of the children, parents and carers rated their imaginative play as better than during the initial lockdown period. The percentage of younger children rated as having improved imaginative play (59%) was higher than for older children (34%).

Figure 12: Child's imaginative play, by age categories*

* Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,520. 2–4 years: 2,350. 5–7 years: 2,170

Home learning activities

How many days in the last week (last seven days) has your child done each of the following things?

The following activities relate to home learning activities, including:

- looking at books or reading stories
- activities involving painting or drawing
- reciting nursery rhymes or singing songs
- recognising letters, words, numbers or shapes.

We also asked about the time spent at school or childcare.

The most common activities were looking at books or reading stories, and playing at recognising letters, words or numbers, which 82% and 73% (respectively) of the children did at least four days out of the last seven. Sixty-nine per cent of the children had sung songs or nursery rhymes on at least four out of the last seven days. Drawing or painting activities were the least common activities, with 58% of children taking part in these activities on at least four out of the last seven days. Participation in drawing or painting and letter or word recognition did not differ greatly

by age. However, fewer 5 to 7-year-olds had looked at books or read stories every day (55%) or sung songs (31%) than 2 to 4-year-olds (65% and 55% respectively). This may have been related to more older children being at school during the day. See **Figures 14 to 17** for details of these breakdowns by age groups.

Figure 13: Looked at books or read stories*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,106. 2-4 years: 2,134. 5-7 years: 1,972

The nationally representative Scottish Study of Early Learning and Childcare (SSELC), found that 62% of 3-year-olds looked at books every day at home but that all 3-year-old children had looked at books on at least one day over the last seven days. The same study found that 57% of 4 and 5-year-olds had looked at books every day for the past week but that 2% of them had not looked at books at all in the same period. However, as our CEYRIS sample is not nationally representative, and was self-selected, these observations should be interpreted with care.

Figure 14: Activities involving painting or drawing*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,099. 2–4 years: 2,130. 5–7 years: 1,969

The SSEL C study found that 23% of 3-year-olds had done some painting or drawing every day in the last seven days but that 1% of them had not done any in the same week. For 4 and 5-year-olds, 25% had done painting or drawing every day but 3% had not done any in the past week.

Figure 15: Recited nursery rhymes or sung songs*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,102. 2–4 years: 2,131. 5–7 years: 1,971

The SSEL C found that 61% of 3-year-olds had sung songs every day in the past week but that 1% had not sung songs at all. For the 4 and 5-year-olds, 51% had sung songs every day but 2% had not sung at all in the last seven days.

Figure 16: Played at recognising words, numbers or shapes*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,096. 2–4 years: 2,125. 5–7 years: 1,971

The SSELG found that 39% of 3-year-olds had done letter, number or shape recognition every day in the last seven days but that 2% had not done this at all in the past week. For 4 and 5-year-olds, 42% had done letter, number or shape recognition every day in the last seven days but 2% had not done it at all.

Attended school and/or childcare

Overall, 57% of children had attended school and/or childcare on five out of the last seven days (38% of 2 to 4-year-olds, 77% of 5 to 7-year-olds), 8% had attended every day (4% of 2 to 4-year-olds, 12% of 5 to 7-year-olds) and 7% had not attended school or childcare at all in the last week (10% of 2 to 4-year-olds, 4% of 5 to 7-year-olds).

Figure 17: Number of days the child attended school and/or childcare*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,075. 2-4 years: 2,122. 5-7 years: 1,953

Has your child been routinely attending any organised (in-person) activities/classes/groups/sports clubs (outside of school/childcare) over any period since August 2020?

Forty-one per cent of children routinely attended indoor organised (in-person) activities while these were permitted to run, with 19% of children attended outdoor activities. In contrast, half of the children (50%) had not. There was a higher proportion of younger children not attending any organised in-person activities (61%), compared to the older age group (39%).

Figure 18: Regular attendance at organised in-person activities during the period between August–December 2020*

* Excludes refused (prefer not to say) and missing answers. May add up to more than 100 as participants could select more than one response

Bases: Overall: 4,119. 2-4 years: 2,139. 5-7 years: 1,980

Played actively inside (for example, PE, dancing, games)

Forty-seven per cent of children had played actively (that is, played in a physically active way) inside (outside of school or childcare) on at least four out of the last seven days, while 9% had not played actively inside at all in the last week. Fewer children in the older age group had played actively inside most days of the week (39%) compared to younger children (56%) (**Figure 19**).

Played a screen-based game (for example, on a phone, tablet or computer)

Fifty-three per cent of the children had played a screen-based game (outside of school or childcare) on at least four of the last seven days. This was higher in the older age group (62%) than in the younger age group (43%). Overall, 20% of children had not played screen-based games at all in the last week, 10% in the older age group compared to 28% in the younger children (**Figure 20**).

Figure 19: Number of days the child played actively inside*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,071. 2–4 years: 2,118. 5–7 years: 1,953

Figure 20: Number of days the child played a screen-based game*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,078. 2–4 years: 2,118. 5–7 years: 1,960

4.2. Children's use of outdoor spaces

Time spent outdoors

How would you rate the following areas of your child's life now, compared to how it was during March–August 2020 (roughly the time schools and childcare were closed)?

For 34% of children, their parents and carers rated the amount of time spent outdoors as the same at the time of the second survey, compared to during the initial lockdown period and for 28% they rated it as worse. However, for 38% of the children, the amount of time spent outdoors was rated as better at the time of the second survey than during the initial lockdown period. More 5 to 7-year-olds were rated as worse (34%) and fewer rated as better (33%) compared to younger children (23% and 42% respectively).

Figure 21: Time spent outdoors now, compared to during March–August 2020*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,521. 2–4 years: 2,345. 5–7 years: 2,176

How often in the last week (last seven days) has your child done each of the following things?

Only 43% of children had played outside (outside of school or childcare) on at least four out of the last seven days. This was slightly higher in the younger age group (49%), compared to the older age group (37%). Fifteen per cent of children had not played outside at all in the last week (**Figure 22**). Only 31% of children had been for a walk, cycle or scoot in the local area on at least four out of the last seven days. This was slightly higher for the younger age group (37%), compared to the older age group (25%). Fourteen per cent of children had not been for a walk, cycle or scoot at all in the last week (**Figure 23**). Only 13% of children had been to a park or other local greenspace on at least four out of the last seven days. This was again slightly higher in the younger age group (17%), compared to the older age group (8%). Thirty-one per cent of children had not been to a greenspace at all in the last week (**Figure 24**).

Figure 22: Number of days child played outside in the last week*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,093. 2–4 years: 2,127. 5–7 years: 1,966

Figure 23: Number of days child has been for a walk, cycle or scoot in the local area in the last week*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,090. 2–4 years: 2,123. 5–7 years: 1,967

Figure 24: Number of days child went to park or other greenspace in the last week*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,076. 2–4 years: 2,119. 5–7 years: 1,957

Access to outdoor spaces

As well as use of outdoors spaces, the survey asked about children's access to different types of outdoor spaces, including at home (for example, a garden or communal space), in the local area. For 89% of children, their parents and carers reported that they had access to private outside space at home, whereas 3% had no access to outside space at home. Further, 13% had access to communal outdoor spaces, 7% had a private patio area and 2% had access to a balcony (percentages add up to more than 100 as respondents could select all that apply). In addition, 93% of children had access to good-quality greenspace in the local area, while 7% did not. The high proportion of children reported as having access to private outside space at home, and good-quality greenspace in the local area, is influenced by the characteristic of our sample, with a greater proportion of our participants coming from high-income households than is nationally representative. This will be explored in more detail in future reports.

4.3. Children's social relationships

The survey included questions that provide some insight into children's social interactions and relationships since lockdown began. These include questions about speaking with friends and family, as well as parent reported changes to the quality of their child's relationships.

How often in the last week (last seven days) has your child done each of the following things?

Spoken to friends or extended family (online or otherwise)

Overall, parents and carers reported that 53% of children had not spoken to friends (outside of school or childcare) at all in the last week, with one quarter of children (25%) having spoken to friends on at least four out of the last seven days. Older children had more contact with friends than younger ones (**Figure 25**). In comparison, fewer children had not been in contact with extended family at all, with only 14% having not spoken to extended family members at all in the last seven days, although a smaller percentage had spoken to extended family members on at least four out of the last seven days (34%). Slightly fewer older children had contact

with extended family members on most or all days (28%), compared to younger children (39%) (**Figure 26**).

Figure 25: Number of days child has spoken to friends in the last week*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,031. 2–4 years: 2,087. 5–7 years: 1,944

Figure 26: Number of days child has spoken to extended family in the last week*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 4,056. 2–4 years: 2,108. 5–7 years: 1,948

Parental reported change in quality of child's relationships

How would you rate changes to the quality of your child's relationship with the following groups, compared to before the coronavirus pandemic?

Parents and carers were asked to rate the change in the quality of their child's relationships with some of the people in their lives. For each of the relationships asked about, a large proportion were rated as experiencing no real change in the quality of the relationship. However, where negative impacts were reported, this was greatest for relationships between close family members outside of the child's main households (examples provided were parents and siblings with whom the child did not live full time). For those whom this question applied to, 38% were rated as having worse relationships with close family members with whom they did not live full time. Similarly, 35% were rated as having worse relationships with their grandparents, and 30% of applicable children were reported to have worse relationships with their friends. Siblings and parents/carers within the household had the largest proportion of reported improved relationships since before the pandemic (34% and 31% respectively). Teachers and childcare providers, had the highest proportion rated as the same as before the pandemic (69% and 70% respectively). There was little to no difference between the age groups, hence the breakdowns are not presented.

Figure 27: Parental reported change in child's relationships due to the pandemic*

*Excludes refused (prefer not to say) and missing answers. Excludes 'Not Applicable' responses.

Base for Close family members (outside of child's main household including parents and siblings the child does not live with full time): 2,983.

Base for Siblings (within household): 2,625.

Bases for Parents/Carers (within household): 3,654.

Base for Grandparents: 3,639.

Base for Teachers: 2,899.

Base for Childcare providers: 2,366.

Base for Friends: 3,576.

Chapter 5: The experience of parents and carers

This chapter describes the experience of parents and carers of 2 to 7-year-olds eight months into the COVID-19 pandemic (November/December 2020) in Scotland. It covers:

- 1 parents' and carers' health and wellbeing
- 2 the impact of COVID-19 on parents' and carers' employment and income
- 3 parents' and carers' experience of key children's services
- 4 parents' and carers' thoughts and feelings about schools reopening.

5.1. Parents' and carers' health and wellbeing

Below are some statements about feelings and thoughts. For each statement, please tick the box that best describes your experience of each over the last two weeks.

We used the Short Warwick-Edinburgh Mental Well-being Scale⁶ (SWEMWBS) to assess the mental wellbeing of parents and carers. This is an established survey instrument for examining differences in population mental wellbeing in adults. It is not used as a clinical assessment tool, so scores on the scale have no meaning in isolation. The questionnaire asked seven positively worded questions about the respondent's thoughts and feelings over the previous two weeks. Responses to the questions are combined to produce a mental wellbeing score.

This chapter summarises responses for:

- overall mental wellbeing score
- the seven individual questions of the scale.

⁶ Available from: <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>
[Accessed 07 March 2021].

Please see **Appendix 2** for details on how the SWEMWBS scores reported in this section were calculated.

The mean SWEMWBS score could be calculated for 3,826 parents and carers. The mean score was 21. This figure remains lower than expected.⁷ While there is currently no comparison available for average SWEMWBS for Scottish parents, the population norms developed from the Health Survey for England (2011) suggest an average score of 24 for adults. As previously stated, the CEYRIS sample is not nationally representative and therefore these differences should be interpreted with care.

Figure 28 shows responses to the seven individual questions that are used to calculate the SWEMWBS score. There was little difference between the parents and carers of younger and older children, so these breakdowns are not reported.

⁷ Available from:

https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/wemwbs_population_norms_in_health_survey_for_england_data_2011.pdf [accessed 16 March 2021]

Figure 28: Responses to individual Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) questions – Round 2*

*Base for optimistic: 3,832; useful: 3,829; relaxed: 3,830; dealing with problems: 3,833; thinking clearly: 3,827; feeling close to others: 3,829; make up own mind: 3,827. Excludes missing and refused (prefer not to say) responses. Due to rounding of percentages to whole numbers, the cumulative percentages may not always add up to 100.

5.2. The impact of COVID-19 on household income

Has your household income changed as a result of coronavirus and the restrictions?

The parents and carers of 61% of the children in the survey reported that there had been no change to household income, while 4% reported an increase. However, for 35% of children, their household income had reduced because of the pandemic.

Figure 29: Effect of pandemic on household income*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 3,709. 2-4 years: 1,918. 5-7 years: 1,791

For those who reported a reduction in household income as a result of the pandemic, we asked a series of further questions about the impact of that reduction in income. As illustrated in **Figure 30**, the majority of those who reported reduced income indicated that it had not impacted on the areas asked about. However, for a consistent proportion of children, the reduction in household income had impacted on their family's ability to pay for certain essentials. For example, the parents and carers of 225 children reported that their reduction in income resulted in being unable to pay household bills, while over 125 children were living in households where the reduction in income had resulted in being unable to buy enough food.

Figure 30: Impact of reduction in income – Round 2*

*Excludes refused (prefer not to say) and missing answers. Excludes 'Not Applicable' responses.

Base for food: 1,196.

Base for childcare: 939.

Base for credit card bills: 1,117.

Base for rent/mortgage: 1,178.

Base for household bills: 1,203.

5.3. Parents' and carers' experience of key children's services

Please answer the following questions to help us understand your experience of key services for children since August 2020 (around the time schools and childcare reopened).

Health visitor

Overall, 78% of parents and carers of children aged five years or under reported that they had not wanted, or needed, to access a health visitor since August 2020, with 22% reporting that they had wanted to use this service.

Of those who reported wanting, or needing to use the health visitor service since August 2020, 43% had used the service face-to-face and 40% had used the service remotely (online/telephone). However, the parents and carers of 17% of children reported that they had wanted to use the service, but had not.

Figure 31: Experience of access to health visiting service – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access a health visitor: 608

The most common reason for those who would have like to use the health visitor service but did not was 'I did not want to be a burden at this time' (34%), followed closely by 'I thought the service was not running' (31%). Other common reasons included lack of knowledge about how to access (23%), and not being able to speak to someone (19% 'unable to get through on the phone' and 18% 'no-one returned my call').

Figure 32: Reasons for not accessing health visitor service – Round 2*

*Excludes refused (prefer not to say) and missing answers. Base: 104

General practitioner (GP)

Overall, the parents and carers of 65% of the children reported that they had not wanted, or needed, to access a GP service since August 2020, with 35% reporting that they had wanted to use this service.

Of those who reported wanting, or needing, to use the GP service since August 2020, 29% had used the service face-to-face and 62% had used the service remotely (online/telephone). However, the parents and carers of 9% of children reported that they had wanted to use the service, but had not.

Figure 33: Experience of access to GP service – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access a GP: 1,376

The most common reason for those who would have like to use the GP service but did not was 'I did not want to be a burden at this time' (41%), followed by 'I was unable to get through on the phone' (28%).

Figure 34: Reasons for not accessing GP – Round 2*

*Excludes refused (prefer not to say) and missing answers. Base: 123

Allied health professional

Overall, the parents and carers of 87% of the children reported that they had not wanted, or needed, to access an allied health professional (AHP) service since August 2020, with 13% reporting that they had wanted to use this service.

Of those who reported wanting, or needing, to use an AHP service since August 2020, 21% had used the service face-to-face and 52% had used the service remotely (online/telephone). However, the parents and carers of 27% of children reported that they had wanted to use the service, but had not.

Figure 35: Experience of access to allied health professional services – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access AHP: 487

The most common reason for those who would have liked to use an AHP service but did not was 'other' (29%), followed by 'I thought the service was not running' and 'The service was running, but they could not fit me in' (both 23%). This was closely followed by 'I did not know how to access this service' (22%).

Figure 36: Reasons for not accessing allied health professional services – Round 2*

*Excludes refused (prefer not to say) and missing answers. Base: 130

Out-of-hours GP

Overall, the parents and carers of 65% of the children reported that they had not wanted, or needed, to access out-of-hours GP services since August 2020, with 35% reporting that they had wanted to use this service.

Of those who reported wanting, or needing, to use out-of-hours GP services since August 2020, 46% had used the service face-to-face and 44% had used the service remotely (online/telephone). However, the parents and carers of 10% of children reported that they had wanted to use the service, but had not (**Figure 37**).

Due to small numbers for those who would have liked to use out-of-hours GP services, but did not, we are unable to show the breakdown of reasons why. However, the most common reason for not using this service was 'I did not want to be an extra burden at this time' (38%).

Figure 37: Experience of accessing out-of-hours GP service – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access out-of-hours GP: 258

Accident and Emergency (A&E)

Overall, the parents and carers of 92% of the children reported that they had not wanted, or needed, to access A&E since August 2020, with 8% reporting that they had wanted to use this service.

Of those who reported wanting, or needing, to use A&E since August 2020, 93% had used the service face-to-face and 4% had used the service remotely (online/telephone). However, the parents and carers of 3% of children reported that they had wanted to use the service, but had not (**Figure 38**).

Due to small numbers for those who would have liked to use A&E, but did not, we are unable to show the breakdown of reasons why. However, the most common reason for not using this service was 'I did not want to be an extra burden at this time' (50%).

Figure 38: Experience accessing A&E – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access A&E: 319

Dentist

Overall, the parents and carers of 59% of the children reported that they had not wanted, or needed, to access dentist services since August 2020, with 41% reporting that they had wanted to use this service.

Of those who reported wanting, or needing, to access a dentist since August 2020, 23% had used the service face-to-face and 3% had used the service remotely (online/telephone). However, the parents and carers of 74% of children reported that they had wanted to use the service, but had not (**Figure 39**).

The most common reason for those who would have like to use dentistry services but did not was 'I thought the service was not running' (51%) (**Figure 40**).

Figure 39: Experience of accessing dentistry services – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access dentist: 1,581

Figure 40: Reasons for not accessing dentistry services – Round 2*

*Excludes refused (prefer not to say) and missing answers. Base: 1,167

Support to access food

Overall, the parents and carers of 95% of the children reported that they had not wanted, or needed, to access support to get enough food for their family since August 2020, with 5% reporting that they had wanted this support.

Of those who reported wanting, or needing, support to get enough food for their family since August 2020, 10% had accessed support face-to-face and 40% had accessed support remotely (online/telephone). However, the parents and carers of 50% of children reported that they had wanted to access support to get enough food for their family, but had not (**Figure 41**).

The most common reason for those who would have like to access support to get enough food but did not was 'I was not eligible for the support I wanted' (47%), followed by 'I did not know how to access support' (40%) (**Figure 42**).

Figure 41: Experience of access to support with food – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access to support with food: 162

Figure 42: Reasons for not accessing support to get enough food – Round 2*

*Excludes refused (prefer not to say) and missing answers. Base: 81.

School staff

Overall, the parents and carers of 47% of school-aged children reported that they had not wanted, or needed, to speak to school staff one-to-one about their child since August 2020, with 53% reporting that they had wanted this support.

Of those who reported wanting, or needing, to speak to school staff one-to-one about their child since August 2020, 21% had accessed support face-to-face and 66% had accessed support remotely (online/telephone). However, the parents and carers of 13% of children reported that they had wanted to speak to school staff one-to-one about their child, but had not (**Figure 43**).

The most common reason for those who would have liked to speak one-to-one with school staff but did not was 'I did not want to be an extra burden at this time' (51%), followed by 'The school did not offer this' (46%) (**Figure 44**).

Figure 43: Experience of speaking one-to-one with school staff – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to speak with school staff: 1,401

Figure 44: Reasons for not speaking with school staff one-to-one – Round 2*

*Excludes refused (prefer not to say) and missing answers. Base: 181.

Nursery staff

Overall, the parents and carers of 51% of pre-school aged children reported that they had not wanted, or needed, to speak to nursery or other childcare staff one-to-one about their child since August 2020, with 49% reporting that they had wanted this support.

Of those who reported wanting, or needing to speak to nursery or other childcare staff one-to-one about their child since August 2020, 46% had accessed support face-to-face and 43% had accessed support remotely (online/telephone). However, the parents and carers of 11% of children reported that they had wanted to speak to nursery or other childcare staff one-to-one about their child, but had not (**Figure 45**).

The most common reason for those who would have liked to speak one-to-one with nursery or other childcare staff but did not was 'I did not want to be an extra burden at this time' (68%), followed by 'The nursery/childminder did not offer this' (32%) (**Figure 46**).

Figure 45: Experience of speaking one-to-one with nursery or other childcare staff – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to speak with nursery staff: 971

Figure 46: Reasons for not speaking one-to-one with nursery or other childcare staff – Round 2*

*Excludes refused (prefer not to say) and missing answers. Base: 104.

Family support worker

Overall, the parents and carers of 97% of the children reported that they had not wanted, or needed, support from a family support worker since August 2020, with 3% reporting that they had wanted this support.

Of those who reported wanting, or needing, support from a family support worker since August 2020, 19% had accessed support face-to-face and 48% had accessed support remotely (online/telephone). However, the parents and carers of 33% of children reported that they had wanted to speak to a family support worker, but had not (**Figure 49**).

The most common reason for those who would have liked to access a family support worker but did not was 'I did not know how to access this service' (58%) (**Figure 48**).

Figure 47: Experience of accessing family support worker – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access a family support worker: 115

Figure 48: Reasons for not accessing family support worker – Round 2*

*Excludes refused (prefer not to say) and missing answers. Due to small numbers, some responses have been collapsed into 'other'. Base: 38

Social worker

Overall, the parents and carers of 98% of the children reported that they had not wanted, or needed, support from social work services since August 2020, with 2% reporting that they had wanted this support.

Of those who reported wanting, or needing, support from social work services since August 2020, 36% had accessed support face-to-face and 42% had accessed support remotely (online/telephone). However, the parents and carers of 22% of children reported that they had wanted support from social work services, but had not received any (**Figure 49**).

Due to small numbers for those who would have liked to use social work services but did not, we are unable to show the breakdown of reasons why. However, the most common reason for not using this service was 'I did not know how to access this service' (32%).

Figure 49: Experience of accessing social work services – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access social work services: 86

Voluntary or community organisation staff

Overall, the parents and carers of 96% of the children reported that they had not wanted, or needed, support from voluntary or community organisation staff since August 2020, with 4% reporting that they had wanted this support.

Of those who reported wanting, or needing, support from voluntary or community organisation staff since August 2020, 16% had accessed support face-to-face and 50% had accessed support remotely (online/telephone). However, the parents and carers of 34% of children reported that they had wanted support from voluntary or community organisation staff, but had not received any (**Figure 50**).

The most common reason for those who would have liked to access support from voluntary or community organisation staff but did not was 'I did not know how to access this service' (39%) (**Figure 51**).

Figure 50: Experience of accessing voluntary or community organisation staff – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for those who wanted or needed to access voluntary or community organisation staff: 163

Figure 51: Reasons for not accessing support from voluntary or community organisation staff – Round 2*

*Excludes refused (prefer not to say) and missing answers. Due to small numbers, some responses have been collapsed into 'other' Base: 56.

5.4. Parents' and carers' thoughts and feelings about schools reopening

Return to school or other childcare

Has your child returned to, or started, school, nursery or other childcare since these settings reopened?

For the older age group (generally those old enough for primary school) only 1% were not attending any setting, compared to 8% in the younger age group. Ninety-eight per cent of 5 to 7-year-olds had returned to or started **school**, as had 6% of 2 to 4-year-olds. Twenty-seven per cent and 56% of 2 to 4-year-olds had returned to, or started at, private and/or local authority **nursery** settings (respectively).

Figure 52: Started, or returned to school or childcare settings since they have reopened – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Bases: 2-4 years: 2,122. 5-7 years: 1,956

What are the main reasons your child is not attending school, nursery or childcare? (select all that apply)

For those children who had not returned to, or started, school or other childcare settings since they reopened (n=182), parents and carers were asked to provide details about the main reason their child was not attending these settings. It is important to note that responses are shown for all age groups. However, only 18 out of the 182 children were in the 5 to 7 years age group, so the findings are mainly representative of the parents and carers of younger children. The most common reason for children not returning to, or starting, school or other childcare settings since they reopened was 'I do not require childcare' (49%), followed by 'other' (25%) and 'I cannot afford childcare' (24%). Concern about their child becoming ill with coronavirus was the next most common response (12%).

Figure 53: Reasons for child not returning to, or starting, school or other childcare settings when they reopened – Round 2*

*Excludes refused (prefer not to say) and missing answers. Base: 174.

Below are some statements about thoughts and feelings related to school and childcare. For each statement, please state the extent to which you agree.

Parents and carers whose child had returned to, or started, school or other childcare since these settings reopened were asked their opinion on a series of statements about how they felt about their child being back. The parents and carers of the majority of children agreed that they were confident that settings were doing what they needed to reduce risk (89%) and that they were confident that settings were helping children to settle in (91%). Further, parents and carers of the majority of children also agreed that their child was happy to go into the setting (90%) and seemed to enjoy their time there (94%). Concern about children catching and passing the virus on presented much more mixed findings. The parents and carers of 38% of children agreed that they were concerned about their child becoming ill with the virus, while 36% disagreed. Similarly, 47% agreed that they were concerned that their child would pass the virus on to someone else, while 28% disagreed. There was little difference between the older and younger age groups, so these breakdowns are not presented individually.

Figure 54: Parent/carer thoughts and feelings about being back at school – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Bases: reducing risk: 3,793; support to settle in: 3,788; child becoming ill: 3,745; child passing virus on: 3,758; child happy to go: 3,791; child enjoying time there: 3,793.

With schools and childcare now back open, are you able to fully access the childcare you need to resume work (and other) commitments?

Overall, the parents and carers of 83% of children reported that since schools and other childcare settings had reopened, they were able to access sufficient childcare to allow them to resume their normal work (and other) commitments, with 17% reporting that they were still unable to access sufficient childcare (base: 3,784). This did not differ greatly by age.

What are the main reasons for not being able to access the childcare required to resume your normal work (or other) commitments?

Those who answered that they were unable to access sufficient childcare were asked to provide the main reasons for this.

For all ages, the most common reason for being unable to access sufficient childcare, despite schools and other childcare settings reopening, was 'Loss of or reduction in informal childcare (e.g. care provided by grandparents)' (44%). For the older age group, the next most common reason was 'Closure or restriction of after-school and/or breakfast clubs' (45%). However, this was less of an issue for the younger age group (12%). For the younger age group, the second most common reason was 'Formal childcare not available' (21%), closely followed by 'Childcare available does not cater for the needs of my child' (17%). Both of these issues were also reported for older children, but to a lesser extent (11% and 7% respectively).

Figure 55: Reasons for not being able to access sufficient childcare – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Bases: Overall: 914. 2–4 years: 438. 5–7 years: 476.

Chapter 6: Experience of COVID-19 and specific infection control measures

This chapter describes children's direct experience of COVID-19 and specific infection control measures eight months into the COVID-19 pandemic (November/December 2020) in Scotland. Overall, the parents and carers of 16% of the children reported that there was someone in the child's household who was classed as clinically vulnerable (base: 3,529). This chapter covers the following areas:

- Experience of self-isolation
- Experience of face-covering
- Experience of bereavement

6.1 Self-isolation

Parents and carers were asked to report if their child had been required to self-isolate. They were asked to report both short periods while awaiting test results, as well as any longer periods after a positive test. The parents and carers of 31% of the children reported that their child had self-isolated for a short period while awaiting test results, while 14% reported their child had self-isolated for a longer period (up to 14 days) due to them or a close contact testing positive for coronavirus (**Figure 56**). There was little difference between the age groups, so these breakdowns are not reported.

Those who reported their child had been required to isolate were also asked to report the number of separate occasions that this had happened. **Figure 57** shows that 68% of children that had been required to self-isolate for a short time while awaiting results and 86% of children that had been required to isolate for a longer period due to them or a close contact testing positive for coronavirus had only needed to do this once in the time between August and completing the survey, while 23% and 13% (respectively) had needed to enter self-isolation twice. Eight per cent of the children who had needed to self-isolate for a short period, and 1% of the children who had needed to self-isolate for a longer period had done so on three or

more occasions in the period between August and completing the survey. There was little difference between the age groups, so these breakdowns are not presented.

Figure 56: Experience of self-isolation – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for short period of isolation: 3,767. Base for longer period of isolation: 3,736

Figure 57: Number of times child had been required to self-isolate – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Base for short period of isolation: 1,140. Base for longer period of isolation: 501

6.2 Experience of face coverings

Parents and carers were asked to agree or disagree with a series of statements about their child's experience of face coverings. The parents and carers of 83% of children did not agree that their child got upset when seeing others wearing a face covering and 81% agreed that their child seemed unfazed by others wearing a face covering. The response to the other two statements were more mixed. The parents and carers of 41% of children disagreed that their child found it difficult to understand people speaking when they were wearing a mask. However, 36% agreed. Similarly, 56% agreed that their child was happy to wear a face covering, while 30% disagreed (**Figure 58**). There was little difference between the age groups for all statements other than 'My child is happy to wear a face covering'. Here, the parents and carers of 65% of 5 to 7-year-olds agreed with this statement, compared to 42% of 2 to 4-year-olds. **Figures 59 to 62** present the breakdowns by age group for each statement.

Figure 58: Experience of face coverings – Round 2*

*Excludes refused (prefer not to say) and missing answers. Excludes 'Not Applicable' responses.

Bases presented in the individual breakdowns below.

Figure 59: Child finds it difficult to understand people speaking if they are wearing a face covering – Round 2*

*Excludes refused (prefer not to say) and missing answers. Excludes 'Not Applicable responses'.

Bases: Overall: 3,617. 2–4 years: 1,757. 5–7 years: 3,617

Figure 60: Child gets upset at seeing others wear face coverings – Round 2*

*Excludes refused (prefer not to say) and missing answers. Excludes 'Not Applicable responses'.

Bases: Overall: 3,633. 2–4 years: 1,873. 5–7 years: 1,760

Figure 61: Child seems unfazed by others wearing face coverings – Round 2*

*Excludes refused (prefer not to say) and missing answers. Excludes 'Not Applicable responses'.

Bases: Overall: 3,666. 2–4 years: 1,870. 5–7 years: 1,796

Figure 62: Child is happy to wear a face covering – Round 2*

*Excludes refused (prefer not to say) and missing answers. Excludes 'Not Applicable responses'.

Bases: Overall: 2,889. 2-4 years: 1,118. 5-7 years: 1,771

6.3 Experience of bereavement

Parents and carers were asked about their child's experience of the death of close family or friends, for any reason, since the beginning of the coronavirus pandemic. The parents and carers of around one in five children (21%) reported that their child had experience the death of a close relative or friend since the beginning of the pandemic.

Figure 63: Experience of bereavement since the beginning of the pandemic – Round 2*

*Excludes refused (prefer not to say) and missing answers.

Bases: 3,793

Conclusion

This report provides an overview of the findings from the second round of the COVID-19 Early Years Resilience and Impact Survey (CEYRIS). The survey ran from 23 November to 7 December 2020 and provides information on the experience of young children and their families eight months into the pandemic.

While this report is relatively high level, it forms the basis for a series of briefing papers which will follow to provide more in-depth analysis and interpretation of the data. These briefings will focus on how the experience and impact of the pandemic is changing over time, as well as providing analysis by key demographic variables to allow us to explore the impact on different groups of the population. These reports will be on our [webpages](#) when available.

Appendix 1 – Strengths and difficulties questionnaire

The SDQ is a brief emotional and behavioural screening questionnaire for children and young people and comprises 25 items. Two versions of the SDQ were completed by parents and carers of children aged 2 to 7 years old, one by those with children aged 2 to 3 years old and the other by parents and carers of children aged 4 to 7 years old. Responses were scored according to the methodology of Youth in Mind: www.sdqinfo.org/py/sdqinfo/c0.py

The 25 items are categorised into five domains, each comprising five items: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems and prosocial behaviour. The scores of the 20 items from the emotional symptoms, conduct problems, hyperactivity/inattention and peer relationship problems domains (i.e. omitting the prosocial behaviour scale) were summed to give a total difficulties score according to the Youth in Mind methodology. Sample statistical syntax can be found here: www.sdqinfo.org/c3.html

The total difficulties score, and the scores for the four domains that contribute to it, were categorised further for reporting: 'close to average', 'slightly raised', 'high' and 'very high' with a higher score indicating more difficulties in the domain. For the prosocial subscale, the scores were categorised as 'close to average', 'slightly lowered', 'low' and 'very low' with higher scores indicating more positive behaviour.

Appendix 2 – Short Warwick-Edinburgh Mental Well-being Scale

SWEMWBS assesses mental wellbeing through seven positively worded statements about thoughts and feelings experienced over the previous two weeks

<https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/>

It was completed by the parents and carers about their own mental wellbeing.

This short version of the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is Rasch compatible and therefore has better scaling properties but requires a transformation of the raw scores for analysis. The raw survey scores were converted into transformed scores using the required conversion table

(https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/using/howto/swemwbs_raw_score_to_metric_score_conversion_table.pdf) and range from 7 to 35.

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