

Growing up during lockdown:

The impact of Covid-19 on the children and families involved
in Let's Grow Together! Infant & Childhood Partnerships



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An Roinn Leanai, Comhionannais,
Míchumais, Lánpháirtíochta agus Óige
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Executive Summary

The Covid-19 pandemic has impacted all aspects of life for populations across the globe. The physical health burden of the virus predominately impacts adults. However, the psychological burden of the pandemic has had a significant impact on the development and wellbeing of babies and children. The impact of one's social environment and experiences, in the first five years of life, in determining lifelong health and well-being is well recognised. Therefore, the adverse impact of the pandemic on infants and babies needs to be considered both immediately and in the long term.

A body of literature is already emerging relating to the experiences of children and families as a result of Covid-19 and the related restrictions. This report contributes to the emerging evidence by focusing particularly on the experience of families living with disadvantage. It draws on the experience of the Let's Grow Together! Infant and Childhood Partnerships CLG (hereafter Let's Grow Together) and the families who participate in the programme.

Family life was altered substantially during lockdown. Lack of social interaction, school closure, employment uncertainty, financial instability and changes to daily living all adversely impacted on the physical, social, and mental health of adults and children. Increased levels of parental stress, social isolation and economic hardship have become evident. Organisations such as Let's Grow Together who work with families in low-income communities, have been adjusting their services to overcome barriers and provide continued, high-quality support. However, the long-term impact on infants and children remains to be seen. The aim of this research was to explore the impact of COVID 19 restrictions on vulnerable children (aged 0 to 6) and their families who were registered with the Let's Grow Together, located in an area of socio-economic disadvantage in southern Ireland.

A convenience sample of 15 mothers were contacted by the staff from the Let's Grow Together multidisciplinary Infant Mental Health (IMH) home visiting team. All agreed to participate in semi-structured telephone interviews. Interview topics included family experience of lockdown, impact social support, family services, personal coping and parental stress. The UCLA short-form loneliness scale and the Parental Stress Scale (PSS) were incorporated. Interviews were conducted in November 2020. A focus group was also conducted with the IMH home visiting team. Results of the study are analysed in four key areas: the impact on children; positive impact on families; loss of services and the impact on parents.

Parental concerns for their children related to six categories: Altered behaviour; Lack of services; Social Isolation; Missed School; Impacts on Mental Health; and Physical health. Concerning behaviours in relation to developmental regression, feeding, sleep and worrying new behaviours such as repetitive hand washing were reported by parents and staff. 27% of families experienced hunger during Covid-19 restrictions and staff raised concerns regarding the added burden of substandard housing and overcrowding.

Thirteen of the 15 mothers reported that their children had experienced delayed or cancelled medical appointments. These included speech and occupational therapy, hospital appointments, developmental assessment, and others. Out of a total of 21 cancelled appointments, only three had been rescheduled as face-to-face appointments, and a further four were conducted by telephone.

Loneliness and isolation were issues for parents with 27% not having seen family and 53% not having seen a friend in the previous month. 66% scored greater than five on the loneliness scale. The mean stress score was 44 (range 37 to 56), indicating high levels of loneliness and stress. Staff also raised concerns regarding maternal stress and mental health and highlighted the lack of services for parents.

In conclusion, Covid 19 has had a disproportionate impact on vulnerable children. There is evidence of regression and issues regarding self-regulation and socio-emotional development. Lack of services and the offering of alternative appointments by phone results in loss of the crucial face to face contact between families and services. The pandemic has exacerbated inequalities in the early years of life and this is a crisis in the making.

Recommendations

1. This is a small study on one group of young children and their families who are experiencing disadvantage. Let's Grow Together very evidently supported families who needed additional help in navigating a period of crisis. Families coping with disadvantage experience crisis on an ongoing basis. Funding and staffing of area-based childhood programmes such as Let's Grow Together should be ringfenced and expanded so that those who need it most have access to high quality community-based supports. These services are best placed to respond at the level of the child, family, and community adequately and appropriately, and need to be sustained and expanded to all communities experiencing disadvantage.

- 2.** Crises such as the Covid-19 pandemic have a disproportionate impact on vulnerable populations. Services for children from disadvantaged areas, including schools and health services, need to be prioritised and protected in times of crisis. Schools and early years settings must never be closed on a blanket basis, particularly for children most in need. This study highlights the impact of the loss of such structure, space, and routine on family life and child health and development.
- 3.** Prior to the Covid-19 crisis, many children were already on very long waiting lists for early intervention and developmental support services. Early intervention and primary care services for the under-five population needs to be prioritised in the reopening of health services. This is a population who cannot wait, and every effort must be made to ensure that they are not exposed to further delays and long waiting lists.
- 4.** 'Catch Up' clinics for children whose appointments were delayed should run concurrently with regular clinics for children coming of age for services, to ensure that two cohorts of children are not negatively impacted by the pandemic.
- 5.** Many of the families involved in this study were already experiencing stress before Covid-19. This study illustrates the impact of parental stress on child development. Services need to be put in place to care for and support parents in that early critical stage of their child's life.
- 6.** Financial implications of Covid-19 have been considered nationally for many priority groups. However, the financial implications for the most vulnerable of families have largely been overlooked. A government level response is necessary to reduce the inequalities in access to children's services including early intervention.
- 7.** A year in the life of a young child is a very long time, particularly for those who need additional support. Investment in the early years is essential to combat the social, emotional, and broader developmental impacts of Covid-19 and to prevent potential lifelong negative outcomes for many years to come.

1. Background

The Covid-19 pandemic has impacted all aspects of life for populations across the globe. The physical health burden of the virus predominately impacts adults. However, the psychological burden of the pandemic has had a significant impact on the development and wellbeing of babies and children (Sinha et al., 2020, Spinelli et al 2020).

Research on early childhood outlines the importance of the first five years of life as a crucial time-period for social and emotional development, which lays the foundations for life-long health and well-being (Duncan et al., 2012, Shonkoff et al., 2012). A child's early lived environment greatly impacts how they interact with the world, how they socialize with their peers and how they cope with adverse events and is therefore crucial to long term mental health outcomes. A positive home environment helps to build resilience and provides a solid foundation for healthy adolescence and adulthood (Bethell et al., 2014). The quality of this foundation is contingent on the relationship with a primary care giver, as children are dependent on their caregiver to respond to their physical, social, and emotional needs. Parental well-being is therefore essential for healthy child development (Traub & Boynton-Jarrett, 2017). Access to a wide range of supports from family, friends, the community, and professionals is key to supporting caregivers to maintain their own psychological wellbeing, allowing them in turn to support their children's needs. Any impediment to this essential period of brain growth and development may impact on a child's future wellbeing (Shonkoff et al., 2012). During adverse events such as the pandemic, children need a safe and reassuring relationship with their caregivers and a safe and positive home environment for them to thrive (Russell et al., 2020).

As a result of Covid-19 and the related restrictions, family life was altered substantially. Lack of social interaction, school closure, employment uncertainty, financial instability and changes to daily living all adversely impacted on the physical, social, and mental health of adults and children (Park et al., 2020). Increased levels of parental stress, social isolation and economic hardship were evident, particularly among vulnerable families who were already experiencing disadvantage (Rosenthal et al., 2020).

Globally, psychological symptoms in children are now more widely reported than before the Covid-19 pandemic. There has been an increase seen in irritability and low mood, sleeping problems, issues with eating and toileting and increased anxiety (Panda et al., 2021, Prime et al., 2020, Philippe et al 2021).

Moreover, the mental health impact of the pandemic is estimated to be greater among vulnerable populations (O'Connor et al., 2021). A national population level study in Germany indicated that children and adolescents from low socioeconomic and migrant backgrounds, and those with limited living space bore a greater mental health burden due to Covid-19 (Ravens-Sieberer et al., 2021).

This is similarly reflected in the recent research from the Growing Up in Ireland study, a longitudinal study on Irish children's health and wellbeing spanning over twenty-two years. Studies undertaken on this cohort during the pandemic found that more than one in five children aged 12 had behavioural changes because of the lockdown. Additionally, the study found that families who were in the lowest income group pre-pandemic were the most likely to have difficulty making ends meet, trapping them in a persistent cycle of poverty. Social isolation was prevalent with children from lower income groups having less participation in physical and social activities and spending less time outdoors than children from higher income backgrounds. In terms of schooling, lower income groups had less access to equipment or had to share their equipment with siblings, had no quiet place to study and had less reliable internet access than their higher income peers. Similarly, lack of access to internet resources was seen as a barrier to accessing healthcare services. Both parents and children reported an increase in self-reported 'low mood' during the lockdown, further highlighting the physiological burden of Covid-19 on the family unit (Murray et al., 2021).

The Irish governmental report on the preliminary assessment of the social impact of Covid-19 recognised that vulnerable families living in areas of disadvantage are facing increased challenges. These range from financial issues to loss of social networks and increased child welfare concerns (Department of the Taoiseach, 2020). This inevitably has an impact on young children, with those who were already vulnerable being at greater risk.

Loss of support services, which had previously been accessible to children and families, further compounded this burden (Sinha et al., 2020). The closure of essential child health service and the redeployment of staff to Covid-19 testing and vaccination administration has been widespread in Ireland. The full effect of these closures on child development are not yet known. Children no longer had access to early intervention services, school-based supports or time to play and socialize with friends outside of the home.

Organisations which support families have had to change the way they work, with a shift to support being delivered remotely through telephone or online. Organisations such as Let's Grow Together who work with families in low-income communities, have been adjusting their services to overcome barriers and provide continued, high-quality support.

Let's Grow Together! Infant & Childhood Partnerships CLG

Incorporating the Young Knocknaheeny Area Based Childhood Programme, the main objective of Let's Grow Together is to govern, support, and develop area-based prevention and early intervention programming and approaches that support early childhood development, relationships, and environments. Let's Grow Together aims to set the foundations for infant and child development, learning, wellbeing, and quality of life outcomes, and by doing so mitigate the intergenerational impact of child poverty. The subsidiary objectives are:

- Respectfully enhancing skills and early childhood development knowledge, of all parents, practitioners, and services.
- Strengthening and supporting all relationships and environments that are important to every child's early development.
- Embedding systems and community change to support early childhood development.
- Undertaking participatory learning and evaluation, documenting and policy development.

This work is underpinned by an innovative Infant Mental Health Framework and draws on best international evidence and practice. The core work of Let's Grow Together is funded by the Department of Children, Equality, Disability, Integration and Youth and is part of the Area Based Childhood Programme within the TUSLA Child & Family Agency.

Vision

Our communities are places where children experience happy, healthy, and thriving childhoods that last a lifetime, and no child is left behind.

Mission

To work in partnership with everyone important in children's lives, sharing knowledge, skills and resources, empowering families and enabling children through their relationships and in their communities to be nurtured, fulfilled, achieving and learning.

Area Based Prevention and Early Intervention Approach

The activities of Let's Grow Together are part of a community-based, prevention and early intervention model which is multi-layered and multi-sectoral: evidence-informed direct service provision (programmes and interventions) within communities with families and in partnership with other services; evidence-informed capacity building (training, education, mentoring, coaching) using a supportive approach with interagency partnerships and childhood services; evidence-informed processes of promotion and awareness at community, local and regional level; and national Area Based Programme Level and policy in partnership with another 11 sites.

Infant Health and Well-being Strategy

A key element of Let's Grow Together is the Infant Health and Well-being Strategy which aims to promote healthy and holistic development of children from 0-3 years of age. The strategy takes a two-pronged approach – developing the capacity of practitioners in the area to engage with vulnerable families, using evidence-based Infant Mental Health approaches; and developing the capacity of families. This includes a pre-birth to three IMH Home-visiting Programme designed to support infants and their caregivers in the family's home and is delivered by an interdisciplinary team. The home visiting programme creates opportunities to support emerging parent - infant relationships and the development of secure and stable attachment.

The aim of this report is to examine the impact of the Covid-19 pandemic on children and families registered with the Let's Grow Together IMH Home visiting programme. The report will explore the experiences of a sample of families during the first year of the pandemic through first-hand accounts from the parents and views of the interdisciplinary team involved in the delivery of the programme.

2. Methods

2.1 Research questions

1. What impact has Covid-19 and the subsequent lock down had on vulnerable children (pre-birth to age 6) and their families registered with the Let's Grow Together programme and how have needs changed as a result?
2. What has the impact been on usual supports for children in the pre-birth to age 6 age group?
3. What are the implications for Let's Grow Together and broader early childhood support services into the future?

To address these research questions, a mixed methods approach was used. The study consisted of two key components: a parental questionnaire (administered by telephone); and a focus group with Let's Grow Together frontline staff (remotely via Microsoft Teams).

2.2 Parental survey

A convenience sample of parents who were in receipt of services from the IMH home-visiting programme were invited to participate in the parental survey. The parental questionnaire consisted primarily of a series of closed questions with a small number of open-ended questions. The questionnaire examined:

- Family experience of lockdown and current levels of social support
- Impact of family services
- Impact on personal coping
- Impact on social supports
- Parental stress

Two scales – the UCLA 3-Item Loneliness Scale (Hughes et al., 2004) and the Parental Stress Scale (Berry and Jones, 1995) – were incorporated into the questionnaire. The 3-item loneliness scale is a validated instrument which is widely used as a robust means of measuring loneliness. The three items are: in the past 2 weeks, how often do you feel (i) lack of companionship, (ii) left out and (iii) isolated. The 3-point response scale for each item ranges from 'hardly ever or never' (1 point) to 'often' (3 points), and the total score is the sum of all items, which ranges from 3 to 9, with higher scores indicating a higher level of perceived loneliness. The Parental Stress Scale (PSS) is a measure of the extent to which parents experience stress while also measuring the positive aspects of parenting. The PSS consists of 18 questions with responses along a five-point scale; strongly disagree, disagree, undecided, agree, strongly agree.

During routine home visits (all conducted remotely), the Let's Grow Together Infant Parent Support Workers informed parents about the study and asked if they were interested in participating. If they wished to participate, the support worker read the study information sheet and obtained consent from the parents to be contacted by the research teams. Contact details for those who consented were forwarded confidentially to the research team in University College Cork, who organised a suitable time and date for telephone interview. All interviews were conducted in November and December 2020.

2.3 Focus group with Let's Grow Together interdisciplinary home visiting team

A focus group was conducted with five members of the Let's Grow Together interdisciplinary home visiting team – two Oral Language Officers (OLO), and three Infant Parent Support Workers (IPS). As frontline workers, interacting with families both prior to and throughout the lockdown, they had first-hand knowledge of the impact on the children and their families.

Topics covered in the focus group included:

- Perceived changes for families and children as a result of lockdown;
- Impact of Covid - 19 related changes to usual supports to vulnerable children;
- New ways of working and responses to needs which arose as a result of the Coivd-19 pandemic.

The focus group was conducted remotely via Microsoft Teams. It was recorded and transcribed verbatim. Thematic content analysis was applied to the data. Words and meanings were coded. These codes were clustered into categories. Eventually categories were grouped together according to their meaning to form overarching themes.

The findings outlined in this report are both quantitative and qualitative. Results from the parental questionnaire and the thematic analysis of the staff focus group were combined to give a complete picture of the impact of the Covid-19 pandemic and related restrictions on the lives of children and families.

2.4 Ethical approval

The study received ethical approval from the Social Research Ethics Committee, University College Cork.

3. Results

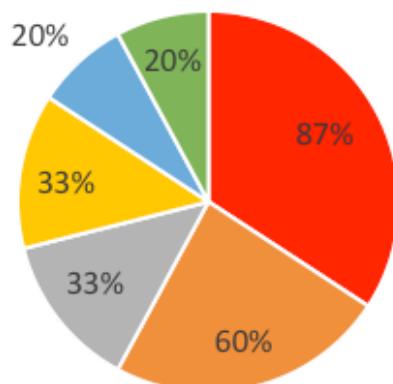
Fifteen families were contacted as part of the study and all agreed to be interviewed. All interviews were conducted with mothers. Between the families, there were a total of 35 children. Family size ranged from one to six children with all families having at least one child in the zero to six age group. One child was born during the pandemic. Three families had an adult child, one family included a teenager. Seven families consisted of a lone adult with children, six families comprised two adults with children and two families were living with extended family. Eight mothers stated that their children were in receipt of support from community-based organisations (other than Let's Grow Together) prior to lockdown.

At the time of interviews, in November 2020, none of the families had direct exposure to Covid-19. Three mothers reported that they knew someone who tested positive and only five families knew someone who was restricting their movement. One mother reported that she knew somebody who had died.

The impact of Covid-19 restrictions on the families and delivery of services was multifaceted. This report outlines the impact under the following headings: Impact on children, positive impact on families, loss of services, impact on parents.

3.1 Impact on children

Lockdown proved to be a very worrying time for parents. Of the 15 parents interviewed, 14 reported that they were worried about their children during this time. Causes for concern related to six categories with parents reporting more than one category, see Figure 1.



Why parents worried about their children

- Social Isolation
- Behaviour
- Lack of Services
- Missing School
- Mental Health
- Physical Health

Figure 1: Why parents worried about their children

The majority of parents (87%) reported concerns related to the impact of social isolation on their children. While (60%) expressed concern regarding changes in behaviour. This included 'meltdowns' and 'acting out' as well as developmental and speech regression, and loss of social skills. Some parents highlighted worrying new behaviours such as repetitive hand washing. Related to social isolation and challenging behaviour was the worry about missing school/pre-school (33%). This was seen as an exacerbating factor as it disrupted the children's routine. Concerns expressed by parents are outlined in Table 1.

Concern	Reason
Behaviour	<i>always had concerns but more noticeable during lockdown</i> <i>acting out</i> <i>lazy</i> <i>meltdowns</i> <i>too many melt downs</i> <i>not socialising, like a locked-up animal</i> <i>isolation made her shy</i> <i>constant hand sanitising</i> <i>obsessing about hand washing</i>
Social Isolation	<i>lockdown destroyed children - no social interaction</i> <i>not seeing friends</i> <i>change in rules causing confusion</i> <i>lack of social interaction</i> <i>she is a bit distant and doesn't play with other children so she needs constant contact to develop this</i> <i>live in apartment with no garden, and parks closed, so nowhere to play outside no visits allowed so no social interaction</i> <i>too much television</i> <i>couldn't see friends</i> <i>missed friends</i> <i>lost family support made it more difficult</i> <i>worried that they couldn't go out</i>
Mental Health	<i>affected them mentally</i> <i>frustrated, down, missed friends</i> <i>worried for the mental health of the children</i>

Concern	Reason
Missing School	<i>youngest has speech problems and he wasn't going to creche - worried about his speech. all schooling was disrupted - no learning took place. three youngest on spectrum poor social skills, missed school older child no school and couldn't go out online schooling, couldn't afford internet access and technology they needed</i>
Lack of Services	<i>needed physiotherapy worried about lack of services afraid to look for help because of Covid not worried about Covid but was about lack of service for children very worried about children still on waiting list for Early Intervention and speech and language</i>
Physical health	<i>epilepsy and brain damage increased seizures, speech loss and not meeting milestones speech development suffered worried in case they caught the virus</i>

Table 1: Concerns raised by parents regarding their children during lockdown

The home visiting team also detailed behavioural changes among the children in their caseloads. These behaviours included changing sleep patterns, fussy eating, toileting issues, altered play and disrupted self-regulation.

Children's regulation is where it [family tension] is showing up a lot. Parents are ... describing their child's change in their behaviour either through the child interactions with others in the family or their play or their eating, sleeping, bowel movements like everything. (Staff FG 220-225)

Definitely in my caseload...sleep was becoming a huge issue...and regulating their behaviour. I definitely (especially in the first good few months) had so many conversations about home regulation and self-care for the parent so that they would be able to regulate their child. Fussiness around feeding and maybe toileting as well for the older toddlers was tricky for some of them (Staff FG 336-344)

Parents and the home visiting team were very concerned about the impact of school closures and general lack of social interaction on children. This was particularly of concern where children had additional needs. Parents worried about the impact on speech, social skills and the risk of developmental regression. The knock-on effect on children's mental health was also a concern.

Play is important in terms of general development and interactions [however] kids weren't able to play through creche or pre-school.

Playgrounds were closed, lots of families don't have access to outdoor spaces (Staff FG 722-725)

The home visitors recognised the stress that covid was placing on children and that the changes in behaviour were a stress response. However, they were concerned at the long-term impact on some children.

It is a healthy stress response like you would expect to see that from a psychological point of view that if they weren't responding to the stress in their environment that would nearly be more concerning unless their parents were really good at managing the stress around them (Staff FG 356-359)

[Some parents] knew that their child was stressed through their behaviour, so they decided..."Now is not the right time to wean my baby" or "right now is not the right time to toilet train " (Staff FG 367-371)

Some kids will recover [from negative impact of COVID] more easily than others, it depends on what their ...resilience is like and that depends largely on what the parents ...can manage and come back from (Staff FG 383-386)

3.2 Meeting basic needs

Four out of the 15 families reported going hungry on a regular basis during lockdown. However, it is clear from the focus groups with Let's Grow Together staff that the problem was more widespread among the families engaged in the programme. The problem of substandard housing, and the difficulties faced by families living in these conditions was also highlighted.

it just really became quite stark during this period when families could not leave their homes [which were] in such poor quality, completely inappropriate, over-crowded and they were stuck there. (Staff FG 174-180)
Families were almost kind of stuck in substandard housing or overcrowded housing situations and I think tensions were maybe heightened because of the fact that you had children living with parents who were living with grandparents. (Staff FG 199-204)

I think that it's difficult if... your house isn't up to scratch ...mould on the wall... stuff everywhere ... condensation running down the windows (Staff FG 574-583)

3.3 Positive impact on families

Eight mothers felt that there were positive aspects to lockdown – the remaining seven did not. Having time together as a family was the most frequently reported positive aspect of lockdown. Cancelled appointments and school closure were seen to contribute to an increase in family time. Interestingly, work stopping on the local construction project was also seen as a positive as there was less noise, dirt and traffic and it was safer to go for walks with the children.

Family time also meant more time for activities with children. All the mothers reported on the activities they enjoyed their children. 'Arts and crafts' mentioned by 60% of the mothers was the most popular activity, followed by outdoor activities (33%) and indoor games (33%). The range of activities enjoyed is outlined in Figure 2.

Activities mothers enjoyed with their children during lockdown

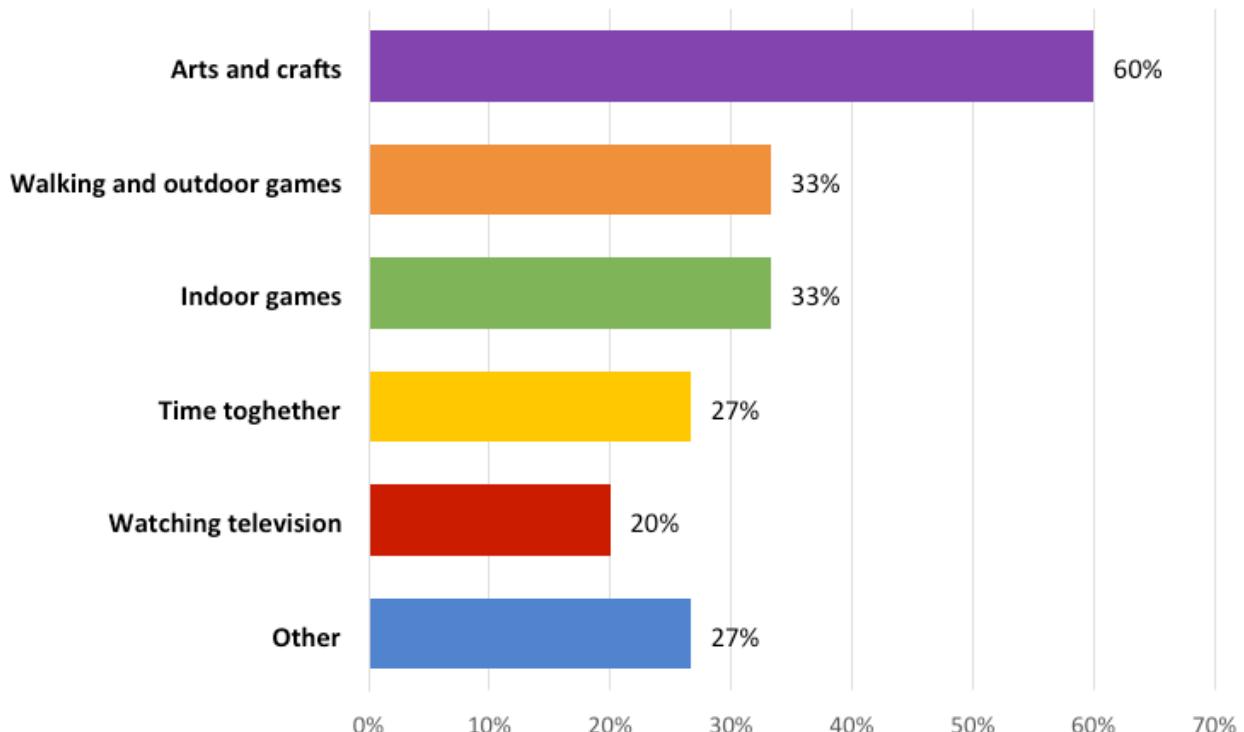


Figure 2: Activities mothers enjoyed with their children during lockdown

3.4 Loss of services

In total, 13 out of the 15 families interviewed experienced cancelled or delayed medical appointments for their children between March and November 2020. Five children had multiple services cancelled (see Table 2).

Service	Appointments cancelled since March 2020	Appointment rescheduled by November 2020	
		Telephone	Face to face
Speech Therapy	6	1	1
Public Health Nurse	2	0	2
Dietitian	2	1	0
Physiotherapy	2	0	1
Occupational Therapy	1	0	0
Psychology	1	0	0
Hearing Test	1	1	0
Early Intervention	1	0	0
Hospital Appointment	5	0	0
Total	21	3	4

Table 2: Number of medical appointments cancelled and rescheduled (March to November 2020)

3.4.1 Primary care

Eleven mothers reported cancellation of services for their children at a Primary Care level. Six of these involved Speech and Language therapy, two involved Public Health Nurse appointments, two dietitian appointments, two physiotherapy appointments, one hearing test appointment, one psychology appointment, one occupational therapy appointment and one early intervention appointment. A further two parents reported that they were made aware that their child's time on the waiting list for early intervention services would be prolonged. In addition, the majority of parents alluded to the difficulties they experienced in contacting a General Practitioner during lockdown.

3.4.2 Hospital appointments

Five parents reported cancellation of hospital appointments for their children. Interestingly, appointments at the tertiary children's hospital in CHI Crumlin were not cancelled. This may be because all of the children's units in Cork are located in general hospitals some of which became Covid-19 centres but CHI Crumlin (it being a children's hospital exclusively) did not.

3.4.3 Rescheduled appointments

Of the 21 reported cancelled appointments, only one third (7) had been rescheduled by November 2020. Of the rescheduled appointments, three were by telephone only (See table 2). One of these telephone appointments was for a hearing test. In this instance the mother expressed concern regarding the accuracy of a hearing test being conducted over the phone.

3.4.4 Impact of service disruption

The impact of service disruption was raised as a source of concern in the parental interviews and in the Let's Grow Together staff focus group. Parents reported that they had been informed that services for their children would be delayed until 2022 at the earliest, with some families waiting indefinitely for rescheduled appointments. The potential impact of service disruption on child development outcomes in both the short and long term was highlighted in both the parental interviews and in the staff focus group.

My child is going back (regressing) and I don't know how to help him reach his milestones (Parent interview)

Some families are being told that they won't get [child development] services until 2022...we were told the other day that it has now gone from 6 months to 24 month waiting lists so that's just really concerning in terms of us making a referral you know children having to wait that long has such a huge impact on their lives (Staff FG 457-470)

You can't really class a 24 month wait for an assessment as early intervention...I mean the services may as well as not exist for those children because they will have aged out by the time they get seen at all ...[they] won't have that opportunity to catch up with their peers or reach their full potential whatever that may be (Staff FG 622-642)

Deployment of staff from developmental assessment and support services to assist with the pandemic was also a cause for concern.

Staff in those services [child development] were redeployed so families didn't even have a port where they could just maybe even contact that professional and say "Look I am really worried" and maybe get some reassurance over the phone (Staff FG 493-496)

[As a result of COVID] families didn't have developmental checks so things that maybe could be flagged at an eighteen month check now might not be flagged until you know at two and a half (Staff FG 389-392)

The time sensitive nature of child development support and intervention was highlighted in the staff focus group and reiterated by some parents expressing concern about missing their children's developmental milestones.

I do think there are quite significant impacts on some of the children ...presenting with a developmental delay or a developmental difficulty. They have now missed out on quite a significant amount of time for interventions (Staff FG 393-397)

[As lockdown continued] reality started to dawn "Okay I am on the waiting list and now that the therapist is closed, how long is my child going to be waiting for assessment?" (Staff FG 128-130)

One in five of the parents interviewed reported that they had opted to pay for private developmental services for their child to bridge the gap in mainstream services. Paying for private access to services placed extra financial stress on families. It resulted in sacrifices such as moving back in with the extended family or experiencing hunger. However, some of the private services were also cancelled as a result of COVID.

Even some of the private [child development] clinics ...also had to close for a couple of months so their wait[ing] lists were back logged as well (Staff FG 481-491)

Let's Grow Together staff reported that delay in access to early intervention, was a leading driver of parental concern and stress in the group.

I think then on top of that [child developmental difficulties] there is a maternal mental health and anxiety and fear knowing 'we have missed out on this'...they aren't getting any support from anybody...because...that service was gone [due to Covid] and they were left...trying to figure out a new plan of action (Staff FG 401-411)

Parents relied on the Let's Grow Together home visits for developmental support and such service played an essential role in supporting families in combatting social isolation.

I did find myself sometimes speaking to families and thinking if Let's Grow Together wasn't here would these families have anyone to speak to about this [lack of child development services] would they have anyone to reassure them (Staff FG 496-499)

The Let's Grow Together home visiting team also felt that this crisis highlighted the need for change in the approach to developmental support services.

There needs to more of a balance going forward [between the social model of health care and medical model] because otherwise there is just going to be these never-ending waiting lists that children sit on and never get seen or get seen too late (Staff FG 616-621)

3.5 Impact on parents

In addition to impacting directly on children, Covid-19 restrictions also had a significant impact on parents. Heightened levels of stress and loneliness as well as the impact of uncertainty and lack of self-care were evident.

3.5.1 Loneliness and lack of support

Of the 15 parents interviewed, 10 scored greater than five on the loneliness scale, which indicates that they were experiencing a significant degree of loneliness. When specifically asked whether they were lonely, 12 parents reported that they felt lonely either 'some of the time' or 'often'.

Despite the easing of restrictions, in the month prior to the study, many parents remained isolated. Twenty-seven percent had not seen a relative in the past month while 53% had not seen a friend. Thirteen percent of mothers had seen neither family nor friends in the past month and also scored very highly on the loneliness scale. Over a quarter had only one or two people they could call on if they needed help. However, the majority were actively linked to family and friends via social media. See Figure 3 for details on social support.

Maternal social support in the past month (November 2020)

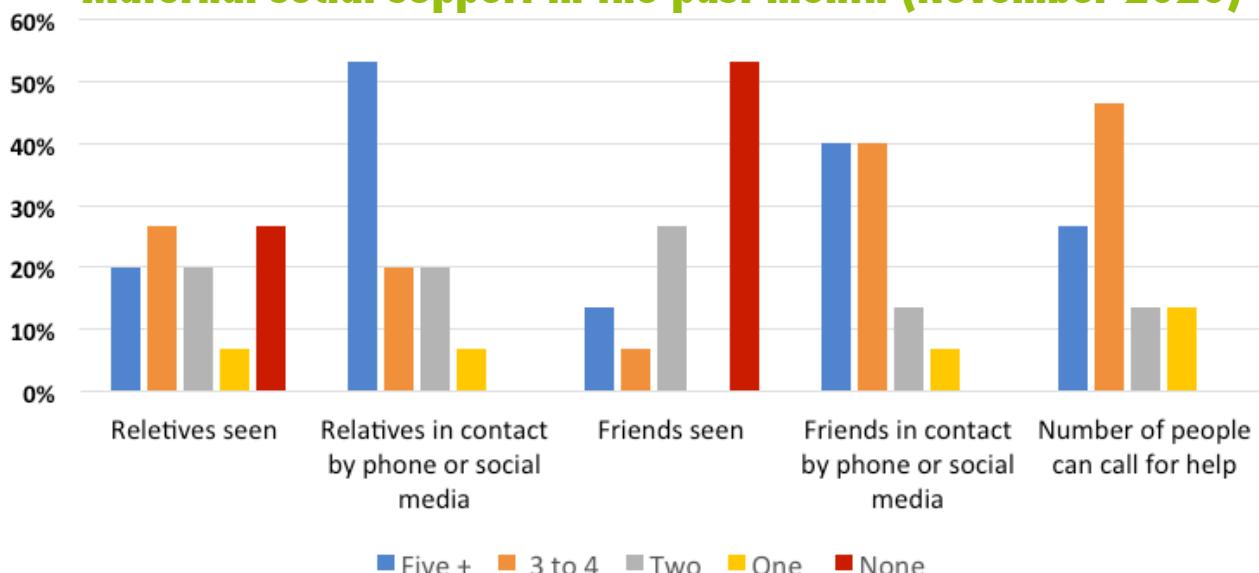


Figure 3: Maternal social support in the past month (November 2020)

3.5.2 Parental stress

Stress among the mothers was measured using the Parental Stress Scale (PSS). The mean PSS total score for this group of mothers was 44 with a range of 37 to 56. This is indicative of a high level of stress. However, a number of very positive attitudes to parenting were recorded. All 15 mothers strongly agreed with the statement 'there is nothing I wouldn't do for my child(ren) if it was necessary. Likewise, all mothers either strongly agreed or agreed with the statements 'I feel close to my child(ren)' and 'I enjoy spending time with my child(ren)'. The majority (87%) either agreed or strongly agreed with the statement 'I am happy in my role as a parent'.

Conversely, parental stress was evident. The majority of mothers (87%) agreed or strongly agreed with the statement 'Caring for my child(ren) sometimes takes more time and energy than I have to give'. Furthermore, 66% agreed or strongly agreed with the statement 'The major source of stress in my life is my child(ren)'. Concern regarding their children's behaviour was also echoed here with 60% of parents either strongly agreeing, agreeing or being undecided regarding the statement 'The behaviour of my child(ren) is often embarrassing or stressful to me'. Full results of the PSS scores are outlined in Table 3. One mother stated:

"the worst time of my life. Very scary, very fearful, I thought the whole world would end. Still fearful and very anxious. Ended up seeing a psychiatrist and councillor. I had counselling calls during lockdown.'

Lack of self-care was also evident. Mothers were asked what they did for themselves during lockdown. Fifty percent responded that they had not done anything. A further two mentioned activities with their children only. The remaining parents mentioned walking and reading as the things they did for themselves.

		Strongly disagree	Disagree	Un decided	Agree	Strongly agree
1	I am happy in my role as a parent	1	1		5	8
2	There is little or nothing I wouldn't do for my child(ren) if it was necessary					15
3	Caring for my child(ren) sometimes takes more time and energy than I have to give		1	1	6	7
4	I sometimes worry whether I am doing enough for my child(ren)		1	1	7	6
5	I feel close to my child(ren)				11	4
6	I enjoy spending time with my child(ren)				4	11
7	My child(ren) is an important source of affection for me				1	14
8	Having child(ren) gives me a more certain and optimistic view for the future	1		1	2	11
9	The major source of stress in my life is my child(ren)	1	1	3	2	8
10	Having child(ren) leaves little time and flexibility in my life		2	1	8	4
11	Having child(ren) has been a financial burden	1	5	2	6	1
12	It is difficult to balance different responsibilities because of my child(ren)	1	5	1	7	1
13	The behaviour of my child(ren) is often embarrassing or stressful to me	2	4	3	3	3
14	If I had it to do over again, I might decide not to have child(ren)	10	2	1		2
15	I feel overwhelmed by the responsibility of being a parent	3	4	3	4	1
16	Having child(ren) has meant having too few choices and too little control over my life	3	6	2	4	
17	I am satisfied as a parent			2	8	5
18	I find my child(ren) enjoyable				8	7

Table 3: PSS: number and category of responses to each question

Concern with regard to parental stress levels was also evident in the focus groups.

[In] the first couple of weeks like maternal mental health and anxiety was really, really a massive issue (Staff FG 115)

They [parents] were just in this panic mode and stress response mode [for] some of them it was housing, some was food, some it was just uncertainty was triggering their threat response and they just couldn't settle themselves (Staff FG 306-308)

[Peoples] capacity to manage is running out because there has been no let up since March...they have run out of ...that bit of resilience that was keeping them going ...they are just tired (Staff FG 594-602)

Access to support services for the parents themselves was also highlighted as a source of stress.

There was families who couldn't access addiction services (because the addiction services weren't taking new referrals) who were in crisis during that time (Staff FG 422-424)

The GP's are somewhat [gate] keepers for those services [mental health services] so it was reliant on parents being able to get through to GP's to be referred...the only alternative to parents who had mental health difficulties during that time was to present to A&E but there was certainly a fear I think amongst a lot of people around... the risk of contracting Covid (Staff FG 425-431)

Some families ...have a lot of social anxiety and they [have to] pluck a lot of courage to go and ring the GP ...it was really difficult as a practitioner to try and, I suppose, to encourage families to continue to try and access these services (Staff FG 442-450)

4. Discussion

While children and adolescents are largely unaffected by Covid-19 in terms of morbidity and mortality, results from this study reflect the psychosocial impact of lockdown, particularly among children and families who were already coping with disadvantage.

Concern for the welfare of children was very evident from both the parents and the Let's Grow Together home visiting team. Key areas of concern identified were behavioural changes, closure of services, social isolation, and overall impacts on mental and physical wellbeing. These concerns had a knock-on effect on parental stress, which in turn directly impacts a child's ability to self soothe and develop the resilience to cope with their own stress (Shonkoff and Fisher, 2013).

Measures to reduce the spread of Covid-19, such as lockdown and social distancing, radically reduced children's opportunities to engage in peer relations outside their household (Darmody et al., 2020). The closure of schools and crèches created a disruption in routine that in turn had an impact on child behaviour and contributed to isolation. Parents worried about the impact of social isolation on their child's speech development, social skills and their ability to meet developmental milestones. The Let's Grow Together home visiting team also reflected on this change in behaviour reported by the parents.

Play is essential for healthy childhood development, as children learn how to interact with their environment and their peers through play (Milteer et al., 2012). With school closures and social distancing measures in place, families have had to cope with adapting to new routines and imaginative ways to play. Mothers reported they had no outside space for their children to play in. The removal of routine combined with social isolation and lack of play contributed to behavioural changes for children in the study with 60% of parents reported some level of concern with regard to their child's behavioural development. Behavioural concerns included changing sleep patterns, fussy eating, altered play, self-regulation, and toileting issues.

Several studies highlight the impact of a change in routine and social isolation on behavioural patterns in children, which is consistent with the findings from this study (de Araújo et al., 2020, de Figueiredo et al., 2021, Crawley et al., 2020). Research has shown that increased child boredom significantly predicted

changes in eating pattern such as emotional overeating and increased snack frequency in between meals. Additionally, dysregulated sleep patterns, lack of play and persistent social isolation may increase childhood stress and invoke negative behavioural changes such as acting out and regressive tendencies (de Araújo et al., 2020). The behavioural changes noted during the lockdown prompted some parents from the group to delay toilet training or weaning their children. This raises concerns regarding the children's achievement of key developmental goals in a timely manner.

Emerging evidence suggests that prior psychological or behavioural problems in children may potentially be a strong risk factor for negative behavioural outcomes during a lockdown (Adegboye et al., 2021). Therefore, as many of these children were showing some behavioural difficulties prior to the pandemic, the effects of lockdown put them at an even higher risk for negative behavioural outcomes.

While the lockdown itself brought stress and uncertainty to the general population, the effects of the pandemic on populations already coping with disadvantage was often more profound. The Parental Stress Scale (PSS) is one of the most widely used psychological instruments for measuring the perception of stress in parents. A higher score on the PSS indicates a higher level of perceived stress (Berry and Jones, 1995). However, those who live in persistent stress may under report their true level of stress, as it becomes their perceived norm (Epel, 2018). Overall, the mean PSS total score for the group of mothers in this study was 44, highlighting a high level of stress among the group which may be underreported.

Research surrounding the PSS shows that during periods of prolonged heightened stress, parents often show an increase in negative feelings including depression and anxiety. Additionally, parental distress and parental mental health in disaster situations are associated with increased vulnerability to distress and poor mental health in children and adolescents (Russell et al., 2020). The reasons for the stress in this study were multifaceted and families all had their own unique and individual struggles during the lockdown. The Let's Grow Together home visiting team played a significant role in preventing and relieving parental stress by promoting positive mental health within the group. Parental support from the home visiting team involved significant time during telephone appointments spent discussing the emotional impact of the lockdown and finding ways to build resilience.

A lack of self-care and a sense of isolation could be felt from the group with the majority of parents reporting feeling lonely some of the time or often. Many did not have a solid support network available to them. A strong support network offers parents a sounding board for their concerns and helps to promote self-regulation by reducing isolation and stress (Coyne et al., 2020). Parental mental wellbeing is essential in promoting positive mental health in their own children. A parent's ability to self-regulate helps them to create a healthy relationship with their child. As young children rely heavily on their caregiver, self-regulation and self-care for the mothers was promoted by the Let's Grow Together team.

A solid relationship between a child and parent helps to foster resilience and allows the child to develop coping mechanisms to adequately deal with stressful events (Traub & Boynton-Jarrett, 2017).

While the lockdown provided opportunities for enhanced parent-child relationship, this relationship was strongly contingent on the psychological wellbeing of the parent (Achteberg et al., 2021, Cobham et al., 2016). However, staff reported that the families who had a level of resilience prior to the lockdown were losing their ability to cope well. This highlights the way in which infectious diseases often trap vulnerable populations into a cycle of poverty, deprivation and stress, negatively impacting their physical and mental wellbeing well beyond the physical threats of the disease.

While isolation was a major cause of concern for the parents, financial stress is also a well-known cause of persistent parental stress. Families from this study reported that they often went hungry and relied on the goodwill of others to feed their family, further compounding a sense of stress and isolation as they were unable to meet their families' basic needs. Additionally, some families lived in unsuitable accommodation for their needs, which was often overcrowded and did not have access to internet facilities which were needed to facilitate home schooling. This mirrors findings from the Growing up in Ireland survey which showed that children from lower socioeconomic backgrounds were less likely to attend home schooling due to deprivation (Murray et al., 2021). Additionally, children who live in persistent food and housing poverty are at risk for poor social and health outcomes in adolescence and adulthood (Harker, 2006).

Perhaps the most pertinent concern voiced in the focus group and from the parents was the impact of the closure of healthcare services on children. Many

of the families faced the cancelation of primary care services such as speech and language therapy, audiology and early intervention. While a few of the appointments were rescheduled using telehealth, i.e. appointments taking place over the telephone, some of the appointments were not, leaving families facing uncertainty. The provision of early childhood health services in a remote format must be approached with care, as it removes the valuable face to face interaction between families and service providers and is a key opportunity for communication with parents.

Many of the families who were financially struggling during the lockdown reported paying for private access to services, such as speech and language therapy. This comes at the expense of meeting their own basic needs such as food and adequate accommodation, further compounding parental stress. This added financial pressure was not always a solution to bridge the gap in services. Currently the waiting list for early intervention services is approximately 24 months and this will have grown longer during the pandemic.

The deployment of staff from children's services to Covid-19 testing and vaccination centres responded to an immediate crisis but has potentially contributed to long-term problems due to unmet child and parental needs. As the first five years of life are when crucial child developmental milestones are met, there is a real concern that children who were deprived of essential timely early assessment and intervention will be left behind and will have missed the opportunity to reach their developmental potential. Many children who are struggling developmentally may have been missed, leading to direct negative consequences for the child's future life. The closure of early intervention services during the pandemic further exacerbated existing delays and problems within the current services and highlighted the need to examine existing medical model of developmental support services in Ireland and consider a more equitable socially orientated model.

Closures were not limited to children's services, leaving families with limited options to turn to when facing a crisis. Families reported difficulty contacting GPs and other health care professionals such as addiction supports. Cancellation of health and social support appointments was a common phenomenon. With no certainty regarding rescheduling of appointments, it is feared that many at risk families will fall through the cracks of the healthcare services. This may lead to an increase in avoidable negative health outcomes.

While globally the shift to online healthcare provision has been viewed positively, those from lower socio-economic backgrounds have unequal access

to the equipment and internet services needed to access health services, therefore creating an additional health inequity. This inaccessibility of services combined with the physical isolation of lockdown and minimal outlets available to relieve stress, has compounded the sense of isolation within the families, in turn making it increasingly difficult to access support services. The Covid-19 pandemic and the subsequent lockdown in Ireland has directly impacted the children, families and staff of Let's Grow Together This study highlights the impact of Covid-19 on children and their families and adds to a growing body of evidence on the psychosocial impacts of Covid-19 on children. It highlights how infectious diseases disproportionately negatively affects vulnerable populations.

On a positive note, many of the parents reported that having more family time at home was a beneficial aspect to the lockdown and the home visiting team helped to facilitate home activities by providing items for arts and crafts. It is suggested that more free time with the family could potentially serve as a protective factor for stress as it provides an opportunity for child-parent relationships to develop (Proulx et al., 2021).

The mothers readily undertook the additional caring burden that resulted from loss of supports for children with additional needs. In addition to spending additional time playing with and teaching their children, they did what they could to seek out alternative appointments (even putting themselves in financial difficulty to afford private services) and dealt with meeting the practical, concrete needs of their families. This was not without an impact on their own well-being. The often-mentioned traditional saying that 'it takes a village to raise a child' could not be applied in the context of Covid-19. Parents, particularly mothers, compensated as best they could for the loss of social and community support but the extent to which these losses will have a long-term impact on children and families remains to be seen.

5. Recommendations

1. This is a small study on one group of young children and their families who are experiencing disadvantage. Let's Grow Together very evidently supported families who needed additional help in navigating a period of crisis. Families coping with disadvantage experience crisis on an ongoing basis. Funding and staffing of area-based childhood programmes such as Let's Grow Together should be ringfenced and expanded so that those who need it most have access to high quality community-based supports. These services are best placed to respond at the level of the child, family, and community adequately and appropriately, and need to be sustained and expanded to all communities experiencing disadvantage.
2. Crises such as the Covid-19 pandemic have a disproportionate impact on vulnerable populations. Services for children from disadvantaged areas, including schools and health services, need to be prioritised and protected in times of crisis. Schools and early years settings must never be closed on a blanket basis, particularly for children most in need. This study highlights the impact of the loss of such structure, space, and routine on family life and child health and development.
3. Prior to the Covid-19 crisis, many children were already on very long waiting lists for early intervention and developmental support services. Early intervention and primary care services for the under-five population needs to be prioritised in the reopening of health services. This is a population who cannot wait, and every effort must be made to ensure that they are not exposed to further delays and long waiting lists.
4. 'Catch Up' clinics for children whose appointments were delayed should run concurrently with regular clinics for children coming of age for services, to ensure that two cohorts of children are not negatively impacted by the pandemic.
5. Many of the families involved in this study were already experiencing stress before Covid-19. This study illustrates the impact of parental stress on child development. Services need to be put in place to care for and support parents in that early critical stage of their child's life.
6. Financial implications of Covid-19 have been considered nationally for many priority groups. However, the financial implications for the most vulnerable of families have largely been overlooked. A government level response is necessary to reduce the inequalities in access to children's services including early intervention.
7. A year in the life of a young child is a very long time, particularly for those who need additional support. Investment in the early years is essential to combat the social, emotional, and broader developmental impacts of Covid-19 and to prevent potential lifelong negative outcomes for many years to come.

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