

Perspectives of socioeconomically disadvantaged parents on their children's coping during COVID-19: Implications for practice

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Abstract

Disruptions caused by COVID-19 have the potential to create long-term negative impacts on children's well-being and development, especially among socioeconomically disadvantaged children. However, we know little about how socioeconomically disadvantaged families are coping with the pandemic, nor the types of support needed. This study presents qualitative analysis of responses to an open-ended question asking parents how children are coping with the restrictions associated with COVID-19, to identify areas in which these cohorts can be supported. Four main themes were identified: health concerns, schooling difficulties, social isolation and adjustment to restrictions. Health concerns included exacerbation of pre-existing health conditions, fear about the virus, difficulty getting children to understand the pandemic and increased sedentary behaviour. Schooling difficulties referred to the challenges of home schooling, which were behavioural (e.g. difficulty concentrating) and logistical (e.g. technology). Social isolation, expressed as missing friends, family and/or institutions was common. Finally, parents expressed that children experienced both positive adjustments to

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restrictions, such as spending more time with family, and negative adjustments such as increased screen time. Many responses from parents touched on topics across multiple themes, indicating a need for comprehensive, holistic assessment of children's and families' needs in the provision of support services. The content of the themes supports calls for resources to support children and families including increased financial and practical accessibility of social services, physical health and exercise support, mental health support and COVID-19 communication guides.

KEYWORDS

children, COVID-19, pandemic, parenting, socioeconomic disadvantage, support needs

INTRODUCTION

In addition to the health impacts of COVID-19 infection for children, several concerns have been raised about the indirect impacts of the pandemic on children around the world, particularly those impacts arising from school closures and social distancing requirements (Toros, 2021). As well as their primary function of education provision, schools address many of children's basic needs, including food (Dunn et al., 2020), physical activity (Guan et al., 2020) and health and mental health services (Golberstein et al., 2020). In addition to school-based services, COVID-19 and its restrictions have reduced accessibility of formal and informal community-based supports for both children and parents. Reduced access to core services for families and children as a result of COVID-19 and its related restrictions places increased pressure on parents as they guide themselves and their children through an unprecedented global health crisis, all the while seeking to maintain family functioning and meet children's social and emotional development needs.

The stakes are high for parents, as mid-pandemic events and their immediate effects have potential long-term consequences for their children's development. Even short-term interruption of access to essential services can lead to long-term negative impacts on educational attainment, physical health and psychosocial functioning (Dunn et al., 2020; Rundle et al., 2020). The immediate effects of the pandemic are already playing out: 34.7% of parents of children aged 0–12 in a US study reported that their children's behaviour had changed during the first few weeks of the pandemic, including increased sadness, depression and loneliness (Lee et al., 2021), 41.5% of parents of children aged 7–13 in a Turkish study reported that their children had gained weight (also in the first few weeks of the pandemic) (Adibelli & Sümen, 2020), and several studies across the world have found that the majority of parents report that their children have had increased screen time and decreased physical activity (Adibelli & Sümen, 2020; Lee et al., 2021).

The impacts of COVID-19 restrictions are expected to be more pronounced among lower socioeconomic status children (Cowie & Myers, 2021). Lower socioeconomic status children are more likely to need support to access and use devices and the internet to facilitate online

schooling, and are less likely to have appropriate study spaces in their homes, which may contribute to widening gaps in literacy and numeracy between socioeconomically advantaged and disadvantaged children (Evans & English, 2002; Van Lancker & Parolin, 2020). In addition, in the absence of the structured mealtimes and school nutrition programmes, lower socioeconomic status children are at higher risk of weight gain than their advantaged counterparts (Rundle et al., 2020). The risk of weight gain is further compounded by the lower physical activity arising from shelter-in-place instructions, increased screen time and lack of access to playgrounds and schoolyards (Guan et al., 2020).

This study explores the perceptions of a sample of socioeconomically disadvantaged parents of their children's coping during the COVID-19 pandemic. A 'parent' in this context refers to anybody with primary care of children under 18, including grandparent and other family member carers, foster carers, biological parents and other caregiving arrangements. The parents and their children were residing in Perth, Western Australia at the time of the study. During the study period, between May and July 2020, Australia's international border and Western Australia's state border were closed. Though COVID-19 daily cases never exceeded 400 (among a population of 2.6 m), restrictions were in place throughout the study period including purchase limits on grocery items, the closing of pubs, churches and gyms and the shifting of community services online.

These restrictions are relevant to the present study as, although necessary in the face of an unprecedented health crisis, they did limit the support available to both parents and children. While essential services such as emergency food and financial relief remained accessible in modified formats (e.g. delivery of food hampers rather than a publicly accessible food bank) and many non-essential services such as mental health and parenting services implemented virtual service delivery options, these options are not direct substitutes. As noted above, people experiencing socioeconomic disadvantage are less likely to have the privacy and space required for effective service delivery at home, nor adequate internet speed and bandwidth for regular virtual service delivery. In addition, less tangible informal supports that arise from social interaction with peers and workers at services are difficult to replicate in the absence of in-person interaction. Accordingly, families navigated an uncertain and unexpected situation without access to the services that they relied on in 'normal' circumstances.

In addition to restrictions on community and social services, schools were fully closed for a brief period (3 weeks), followed by 2 weeks of optional in-person attendance or online schooling at the parent's preference, then full in-person attendance was required. Mask wearing was not mandated or recommended by public health officials for any age groups in 2020 in Western Australia. The decision to close schools was unprecedented in recent Australian history, and meant that children had to rapidly adapt to significant disruptions to their routines, online learning and loss of play and social opportunities. Similarly, parents had to learn how to facilitate online schooling for their children, and for many this occurred at the same time as transitioning to working from home themselves. While schools were closed for a short period of time, the duration was unclear in the midst of the closures and, once they reopened, there was also uncertainty around whether closures would occur again.

Australia is a wealthy country with quite strong social security, thus the experience of socioeconomic disadvantage is very different to that in countries that do not have such benefits. In addition, to help mitigate the financial impact of COVID-19 on people, the Australian Government introduced wage subsidies for those who were employed and supplements to welfare payments. In terms of per-capita expenditure and expenditure as a proportion of Gross Domestic Product, these were some of the most extensive economic support measures worldwide (International Monetary Fund [IMF], 2021). Accordingly, Australia may represent a 'mild' case of the possible

impacts of COVID-19 on children due to the minimal initial spread of COVID-19 and the rapid implementation of strong economic relief for individuals, and the present study is generally most relevant to high-income countries. However, the impacts of the pandemic arising from the interruption to services and institutions (such as schools) and general instability and uncertainty are likely to be experienced, albeit to varying extents, by children across the world.

It is important to note that not all of the impacts of the pandemic have been negative. Many families, in studies conducted across the world, reported in the early stages of the pandemic that they were able to spend more time with their children and enjoy more quality family time (Lateef et al., 2021; Lee et al., 2021). Despite this, large proportions of parents met criteria for major depression and anxiety (Cameron et al., 2020; Lee et al., 2021) and parenting stress was common, particularly associated with homeschooling (Lateef et al., 2021; Lee et al., 2021). Further, positive impacts of COVID-19 were more likely to be experienced by two-parent families whose employment and income was unaffected (Lateef et al., 2021). In turn, the negative effects of the pandemic on parents are more likely to be present among lower socioeconomic parents. Mothers with low socioeconomic status are more likely to be younger, unemployed, experience depression and experience high levels of parenting stress, and less likely to have social supports on which to lean in general, let alone during a pandemic (Menon et al., 2020). Further, parents' access to support services was also constrained during COVID-19: only 21.5% of parents of children aged 0–8 in an online, primarily Canadian sample presenting with clinically relevant depression or anxiety during the pandemic had accessed counselling in the month prior (Cameron et al., 2020).

COVID-19 presents an array of contextual stressors that impede effective parenting for all parents, but especially those of lower socioeconomic status. In addition to increased parental risk factors and the practical issues around schooling and socialisation, socioeconomically disadvantaged families are more likely to rely on school- and community-based programmes to fulfil basic needs such as food and healthcare (Dunn et al., 2020; Golberstein et al., 2020). Economic stimulus measures during COVID-19 such as increases to welfare payments may alleviate the financial burden of meeting basic needs, however, food shortages, transport difficulties and non-government service closures are still likely to impede lower socioeconomic families' ability to meet their needs (Dunn et al., 2020; Services Australia, 2020).

Further compounding the practical realities of parenting during COVID-19, lower socioeconomic status parents are subject to more risk factors and have fewer supports to facilitate effective parenting during COVID-19. However, lower socioeconomic status does not universally result in suboptimal parenting and poor children's outcomes. More responsive and stimulating parenting mitigates the impact of social risk factors on children's outcomes, and parents can be supported to develop such parenting skills and styles (Burchinal et al., 2006). Parental functioning is thought to be determined, in general terms, by the psychological resources of parents, characteristics of children and sources of stress and support (Belsky, 1984). In line with this, as a contextual stressor that further strains the resources available to parents at the same time that many external supports are inaccessible, the pandemic is likely to have negative impacts on parental functioning. Parental education (parental skill building programmes) and parental support (initiatives and interventions to address particular concerns of or for parents) can enhance parents' psychological resources and provide support for managing contextual stressors (Miller & Sambell, 2003). However, it is extremely important that parenting education and support does not blame or problematise parents, and instead empowers them to utilise their unique skills and manage the particular needs they have and experiences they manage that affect parenting, such as employment, financial issues, partner relationships and one's own health and mental health (Wade et al., 2022; Smith, 1997; Cottam & Espie, 2014). In this regard, few studies have examined

how lower socioeconomic status children and families are coping with the pandemic, leaving gaps in our understanding of the types of support that are most needed and wanted by these families.

Therefore, this study provides data on families' experiences of the pandemic, and thus contributes to the sparse evidence of children's responses during pandemics (Jiao et al., 2020; Lateef et al., 2021). Building this evidence base is crucial, both because of the long-term flow-on effects of COVID-19 and other pandemics on children's development, and because it is anticipated that outbreaks of novel viruses will become a persistent feature in our global future (Scudellari, 2020). Accordingly, identifying risks, needs and opportunities for parents navigating these circumstances is critical to minimise the negative impact on parents and children.

METHODS

Study context

Data were collected as part of a longitudinal study on entrenched disadvantage in Perth, Western Australia. Potential participants were identified by partner non-government service delivery agencies as having two or more of the following 'eligibility criteria' for hardship and entrenched disadvantage: reliance on welfare payments, unstable housing, unemployment or underemployment, physical or mental disability or mental health issues, inadequate social support and low education. Interested participants were invited to a service convenient to them to complete a Baseline survey (after providing informed consent). Baseline surveys were completed between November 2018 and April 2019. The Baseline surveys revealed that the vast majority of participants were experiencing multiple disadvantages across the abovementioned domains (see Seivwright & Flatau, 2019 for further information about the full study sample).

The second annual wave of survey data collection of the study was underway when COVID-19 and its associated restrictions came into play. In response to this, the research team added questions to the survey about the impacts of COVID-19 and re-engaged study participants that had already completed their second wave survey to complete the supplementary COVID-19 questions. Participants were provided with an AUD25 gift card or direct bank deposit to compensate them for their time completing the COVID-19 supplementary survey. Data were collected between May and July 2020. Ethical approval was obtained from The University of Western Australia Human Research Ethics Committee (RA/4/20/4793).

Sample

A total of 158 people completed the COVID-19 survey. Of these, 86 (54.4%) had one or more children under the age of 18 in their care ($\mu = 2.08$, $\sigma = 1.42$, range = 1–8), and form the sample of parents in the current study. One parent's response was not categorised as it referred only to adult children. Table 1 provides the demographic characteristics of the sample of parents.

TABLE 1 Sample demographic characteristics ($n = 86$)

Variables	Values
Age - Mean (SD)	44.88 (14.45)
Gender - N (%)	
Female	72 (83.7)
Male	14 (16.3)
Aboriginal and/or Torres Strait Islander - N (%)	
Yes	20 (23.3)
No	66 (76.7)
Occupation last week - N (%)	
Not in the labour force	58 (67.4)
Caring responsibilities/home duties	37 (43.0)
Health condition or disability	9 (10.5)
Retired	6 (7.0)
Education	5 (5.8)
Not actively seeking work	1 (1.2)
Employed	16 (18.6)
Employed, but away from work	4 (4.7)
Unemployed and actively seeking work	8 (9.3)

Instrument

Data were collected using a survey instrument on the Qualtrics software platform. The survey comprised mostly quantitative questions about a range of factors in participants' lives, such as housing, employment, health, mental health and social connections. In addition to the quantitative questions, some open-ended questions were included in the survey instrument to capture selected subjective experiences in greater depth. All surveys were facilitated by an interviewer over the phone or via video call. Interviewers were instructed to type out open-ended responses verbatim.

Given the unprecedented nature of the pandemic and the lack of clarity about how it was going to unfold, an exploratory qualitative approach was determined to be appropriate for exploring early impacts on children through the eyes of their parents. Accordingly, the data for this manuscript are participants' responses to the open-ended question: 'We are interested in how COVID-19 is affecting children. How are your children coping with the COVID-19 restrictions?'

Analysis

Each response was subject to line-by-line coding by one author (AS). The coding was inductive, such that each response was analysed line-by-line and labels (open codes) assigned that describe the theme observed. Codes were non-exclusive, as a participant's response could touch on multiple themes. The open codes derived from the line-by-line coding were then grouped thematically into higher level themes. The coding schema, comprising the open codes and their higher level themes, was then provided to another author (ZC) who coded each response according to the

schema, noting any open codes that were missing from the schema. A high level of agreement (75.3%) between coders was achieved. ZC and AS then discussed their codes for each response and collaboratively decided upon the final schema (presented in [Figure 1](#), below). All coding was undertaken in Excel.

RESULTS

A total of 26 open codes emerged from analysis of the open-ended responses. These were grouped into four themes: health concerns ($k = 40$), schooling difficulties ($k = 20$), social isolation ($k = 34$) and adjustment to restrictions ($k = 67$).

Health concerns

Several parents noted health concerns for their children arising from COVID-19 restrictions. For some ($k = 3$) these pertained to physical health; two parents noted physical health consequences of sedentary behaviour, reflected in comments such as ‘Gaining weight because they are not going out doing anything. They are eating me out of house and home’. Related to food, another parent commented ‘I had to feed her fast foods because the stores were getting empty of things’. Additionally, children’s comorbidities were a concern for some ($k = 3$) parents. This meant taking extra precautions around social contact, and particularly around school: ‘she has asthma so have to be extra careful’, ‘has a few disabilities...not comfortable going back to school due to health issues’, and ‘... [Son] was off school (haemophiliac) since they started to pull kids out of school. He has a low immune system’.

Concerns related directly to COVID-19 were quite common among children, as reported by their parents, presenting as difficulty understanding the virus ($k = 13$) and fear of the virus ($k = 11$).

Parents reported that they had difficulty getting their children to understand the virus and, in particular, the reasons underpinning the restrictions on their activities. This was attributed to age by the parents whose children were not yet school aged ($k = 2$) and had difficulty understanding COVID-19, reflected in statements such as ‘Because they’re all under 4, they don’t fully understand what’s going on’. Understanding why the virus meant that they could not see friends and family seemed to be the biggest issue that children had difficulty reconciling: ‘She didn’t understand why she couldn’t go to her friends or school. She was feeling really lonely’, ‘He was really confused to start with. He couldn’t understand why we couldn’t go out and hug people’, and ‘they don’t understand why, why we can’t spend time with my sister and my mum’. Some difficulty was also reported around adhering to hygiene and social distancing guidelines: ‘Very hard for them - they like to go out, they want to touch everything, have to keep them washing their hands, have to keep the house very clean’. In one case, providing clear explanations of the virus and precautions to prevent it led to anxiety when a co-parent did not adhere to precautions:

Their father took them four times to the supermarket in 1 day in March and they were distressed as I’d explained why it was risky and I wasn’t taking them. They were apprehensive if we did go out and someone came too close, even now they do not like people coming too close (Parent comment).

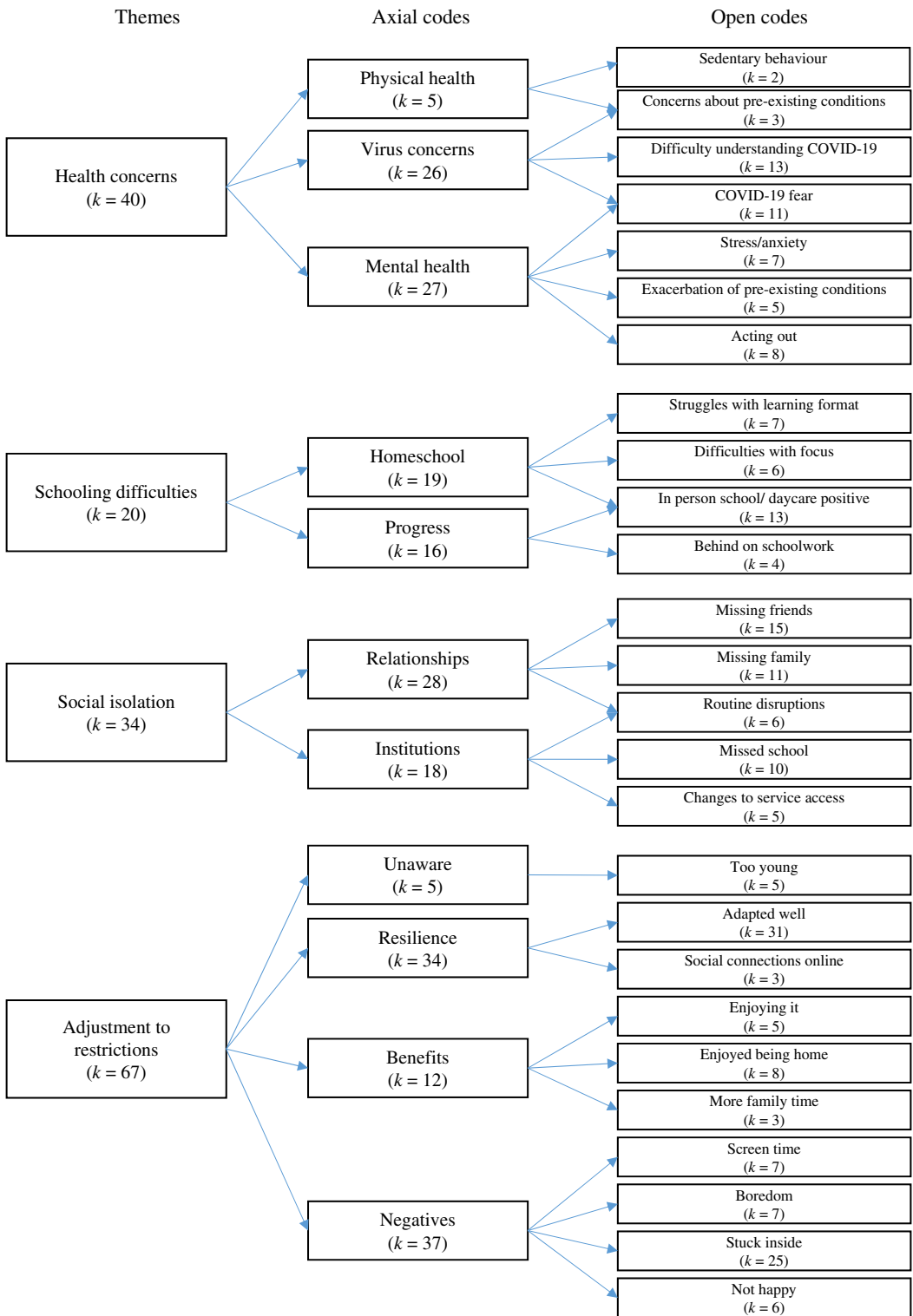


FIGURE 1 Qualitative coding schema

Parents reported that their children ‘...were scared’, ‘...really worried about it’, and ‘a bit paranoid’. Fear of the virus presented itself in multiple ways. Parents said their children ‘Became afraid to go out’. ‘...didn’t want to leave the house’, and ‘...were apprehensive if we did go out’. Some children ‘... were very worried that they would catch it’, whereas others were worried family members would contract the virus. Parents attributed these fears to the media around COVID-19, noting that news reports contributed greatly to children’s fears about the virus:

At the beginning it was all over the news and they did not take it seriously until they saw people getting sick and dying, really affected them. Became afraid to go out. When it was time to be able to go out, they refused cos were too frightened (Parent comment).

At first, when all there was, was doom and gloom on the news she got quite worried and upset, because it was like ‘if you get it, you’re going to die’. It got to the point where she was scared to hug her dad when he visited (Parent comment).

One parent managed their child’s stress by not putting ‘... the news on when he was home’ and making ‘a positive game out of it for him’, as they had ‘discovered it was how [they] conducted [themselves] that bounced off him, so tried to stay fun and stress free’.

The mental health consequences of isolation and sedentary behaviour were also apparent: ‘because of the isolation it has bought out different mental health issues with my two children’ [sic]. Parents reported that the COVID-19 restrictions exacerbated their children’s pre-existing mental health conditions ($k = 5$), such as anxiety, ADHD, autism spectrum disorders and suicidality. One parent of four children mentioned space was an issue, as they have ‘no big back yard’ for their ‘two children [with] high functioning ADHD, so [it has] been hard for them to be active’. Parents also reported that their children ‘Struggled with no exercise or going out cos of his anxiety so out every day walking the dog to help with his mental health’, and that they ‘had to increase the children’s anti-anxiety medication’.

Short-term mental health effects associated with COVID-19 restrictions were also evident in the form of stress and anxiety ($k = 7$), and causing children to act out ($k = 8$). Stress and anxiety emerged through statements such as ‘She was having some anxiety as she doesn’t like being told she can’t do things such as have play dates with friends’, ‘children are panicking’, and ‘getting stressed at home’. Acting out varied in severity, from ‘getting snippy’, to being ‘off the planet. He’s been misbehaving. Very disruptive in the class and answering back to the teachers’, to becoming ‘very intolerable. My son did a runner for 24 hours’.

Schooling difficulties

The transition to home schooling created difficulties for some children with respect to difficulty focusing ($k = 6$), struggling with the learning format ($k = 7$) and falling behind with schoolwork ($k = 4$). Difficulties focusing during home school were expressed in statements such as ‘in school they can really put their mind inside, you know the whole time when they’re in school but when you’re at home, she said she’s always distracted by so many things’, and ‘Online school was difficult to get them motivated’.

Struggles with the learning format were articulated in vague statements such as ‘not being ready for online learning’ and ‘one child couldn’t cope’, and more specific statements such as

'Struggled with learning at home. Technology didn't work, needed support to get the computer to work', and 'My daughter is in Year 12 so it actually caused a lot of problems for her. Not being able to speak to her teacher, not being able to see her friends, doing everything on line which is hard for her'. With respect to falling behind on schoolwork, one parent said it was their children that were concerned: 'The twins feel they have missed out on work at school and they were worried that they would be far behind when they went back to school', while the remaining three parents simply stated that their children were behind at school. Notably, only one parent reported that their child benefited from home school.

Several parents ($k = 13$) noted positive impacts of remaining in or returning to in-person school or day care. Returning to school alleviated boredom for some: 'He felt bored and the boredom does not last because he is already gone back to school [sic]', 'Son was bored every day, but since being back at daycare it has made it a lot easier', and 'They were not happy with the home school because they were bored and restless. They have been much happier since the parents said they can go back to school'. The benefits of social interaction were also noted, and the academic benefits of returning were also evident: 'now she's at school on the campus, she says she's doing well and able to cope with all the homework and assignments'.

Social isolation

Many parents made statements that indicated that their children experienced the effects of social isolation. For some, this was about missing friends ($k = 15$) and missing family ($k = 11$), evident in statements such as 'She found it really hard - she's a very social kid and she loves her friends', and 'Not liking it, wants to see family and friends'. For some ($k = 3$), the restrictions impacted upon custody arrangements, indicated by statements such as '[daughter] is a bit down because of restrictions on visits (through DCPFS) [Department of Child Protection and Family Services]', and a grandparent carer noted that 'They really felt upset about not seeing their dads, my sons'. The restrictions and their effects also disrupted home routines for six parents, for example, two parents reported disruptions to sleeping routines and others made statements such as 'When lockdown happened routine went out the window', and 'Everything was contradictory, I'd always tried to limit screen time, now they have it a lot more'.

Social isolation extended to institutions, with some ($k = 10$) parents reporting that their children missed going to school: 'Really sad, grandson really missed going to school', and 'My child is frustrated not being able to go to school and see his friends'. Some ($k = 5$) parents reported that their children's access of non-government services had changed during the COVID-19 pandemic. For two, this was not expressed as a negative change, but the remaining three indicated it was negative through statements such as 'we've tried zoom and she's not keen on it' and 'it's been very hard to meet her needs. She's going to [mental health service] but they only do video calls'.

Adjustment to restrictions

Over one third ($k = 31$) parents reported that at least one of their children were coping well, such that they experienced no or minimal apparent ill effects from COVID-19 and its restrictions. Five of them attributed this to the child being too young to understand, three reported that their children were successfully maintaining their social connections online, and 20 reported that they were 'coping well' or 'took it really well'.

Some parents reported that their children had had a positive experience, having more family time ($k = 3$), enjoying it ($k = 5$), so much so that for some, 'their whole thing was party time, big holiday' and 'thinks they are on holiday, staying in PJ's all day', and enjoying being at home ($k = 5$).

However, some children did not enjoy the restrictions. This was expressed by six parents in statements to the effect of 'not happy'. Many children were not happy about being stuck inside ($k = 25$). Being stuck inside affected children in several different ways, for some it was simply frustration with being 'cooped up', others struggled with a lack of activity – 'they were pretty much housebound apart from going on walks. They are active children and found this difficult', 'It's negatively impacting them all, they are going crazy at home, they need to go out and interact', and 'They miss swimming lessons, missing doing activities outside'. Boredom ($k = 7$) was expressed quite bluntly with statements such as 'My daughter found it very boring', 'Very bored' and 'She got bored'.

Being confined to the home increased screen time ($k = 7$) for the children. Increased screen time was expressed as a positive for the children of two respondents, indicated by statements 'she did a lot of work on it and [it] kept her busy', and 'still having contact with friends over games on the computer, that helped him'. The remaining five parents expressed concerns about passive screen time: 'watching a lot of TV and spending more time inside the house and as a result doing less physical activity', 'Playing a lot of video games. Watching more TV than usual. Less physical contact'.

DISCUSSION

This study explored parents' perceptions of children's coping with COVID-19 and its restrictions. The themes that emerged provide contemporaneous early evidence for many of the impacts predicted by clinicians and public health experts, and provide further insight into how these impacts manifest. They also point to several opportunities for increased support to mitigate the impact of external stressors brought about by COVID-19 on effective parenting.

Health concerns were prominent among our sample. Several parents reported concerns about their children's lack of physical activity and, in some cases, weight gain. Naturally, the focus of schools has been the transfer of core curriculum to online learning modes. However, given the physical and mental health benefits of exercise and the increased need for those benefits in light of the impacts of COVID-19, there is a clear need for physical education and healthy lifestyle resources to facilitate children's health and well-being while adhering to physical distancing and other public health advice (Guan et al., 2020; Rundle et al., 2020).

Concerns about exacerbation of pre-existing physical and mental health conditions were evident, reflecting the higher prevalence of such conditions among socioeconomically disadvantaged cohorts (Spencer et al., 2015). In addition, many parents made mention of fear and anxiety about the virus among their children. Studies have found that 'emotion contagion' among families is prevalent during COVID-19, such that children of anxious and/or depressed parents are more likely to experience symptoms of anxiety and depression (Adibelli & Sümen, 2020; Lateef et al., 2021; Lee et al., 2021). This suggests a strong need for support for both parents' and children's health, particularly mental health. Accessibility is crucial and difficult in light of limitations to in-person contact and the sensitive nature of some supports such as psychological services, as well as the lower financial means that lower socioeconomic households have to acquire private services. A range of support services and modes of delivery, such as telehealth services, after hours phone services, and peer support, are needed to meet the varied needs and accessibility challenges for parents and children, particularly those who are socioeconomically disadvantaged (Golberstein et al., 2020; Lee, 2020; Wang et al., 2020). In addition to mental-health

specific support services, there is evidence that online family leisure games can serve to mitigate the anxiety and stress associated with home confinement (Manzano-León et al., 2021).

The stress and anxiety that were common in our sample often resulted in acting out, in turn causing distress for parents. Online parenting resources may help support parents by increasing their awareness of particular parenting issues, techniques and methods (Şenol & Üstündağ, 2021). Clear communication would also help to assuage fears about COVID-19 and difficulty understanding it, which were very common among our sample. Dalton and colleagues note that effective communication about COVID-19 must be simple, honest and age-appropriate (Dalton et al., 2020). Age appropriateness refers not just to simplicity of language but consideration of children's comprehension of cause, illness and blame or guilt. They suggest to first understand what children believe so that information can be tailored to be meaningful to them. However, general guidelines and materials for COVID-19 communication at different ages, that are accessible through different channels (e.g. online, television, hard copy brochures), could support parents in communicating to their children.

Schooling difficulties were extremely common, with only one participant reporting that their child benefited from home schooling. Many parents reported that their children struggled with the online format, focusing at home and falling behind. They also reported that their children missed going to school. Given the limited evidence on the contribution of school closures to control of coronaviruses, the direct experiences of children and parents support that suggestion that the full spectrum of consequences should be considered in policy decisions relating to school closures (Viner et al., 2020). When school closures are necessitated, it is important to ensure that parents are adequately supported, as taking on the unanticipated additional role of educator can be a significant stressor for parents and therefore children (Lateef et al., 2021). For example, though most parents in the study of Lee et al. (2021) reported receiving educational resources from their children's school, parenting stress was common and parents with depression and anxiety felt less equipped for home schooling. Accordingly, support required will vary from parent to parent, and will not be limited to educational resources, instead including mental health support, parenting support and perhaps even instrumental support, such as meal preparation to relieve stress.

Feelings of social isolation, such as missing friends and family were very common. Given that high functioning families and social support from peers are thought to be protective factors for adolescent development (Orben et al., 2020) and mitigating factors against the health effects of disadvantage (Braveman & Gottlieb, 2014), more research is required on how to support young people's relationships during physical separation. Services and resources that reduce family stress and increase young people's self-esteem would also facilitate this.

Somewhat unsurprisingly given the resilience of children, several parents report that their children had adapted well, were spending more time with family and enjoyed being at home and the novelty of the situation. However, even among many of those who were coping well, boredom, increased screen time and feelings of being stuck inside were common. The fact that many children and (as these reports came via parents) families enjoyed more time together, even under such stressful circumstances, suggests that families may benefit from more quality time together in general. This may be facilitated by flexible working arrangements and ideas and opportunities to participate in activities as a family, especially those that do not involve screen time in light of parents' concerns about screen time, which are certainly not unique to the pandemic or this study (Wade et al., 2022). These activities may include sports and other games, walks and hikes, cooking classes or art, craft or language classes (in line with individual families' interests and available resources).

Overall, the findings point to a need for resources to support children, families and communities in maintaining physical and psychological well-being during COVID-19. As these findings are derived from a lower socioeconomic sample, they support existing literature suggesting that

the need for such resources is particularly pronounced among socioeconomically disadvantaged children and families, who are more likely to experience these ill effects and less likely to have the means to address them without support. Particular areas requiring attention include mental health support for both parents and children, physical activity plans, maintaining social connections and resources for communicating with children at different age levels about COVID-19.

In terms of how practitioners and policy-makers may action these findings and their implications, consideration should be given to the range of factors that may be affecting children's well-being through holistic, individualised assessment and treatment. For example, a mental health practitioner seeing a child should enquire about indirect factors that may be impacting the child's mental health such as low physical activity and explore the reasons behind it (e.g. anxiety about catching the virus, lack of awareness about the benefits of exercise, embarrassment about proficiency, depression). Similarly, a teacher who notices a child struggling to focus should seek to understand why, and consider that factors such as anxiety may contribute.

At the government and service policy level, there are clear, broad suggestions that may benefit parents and children generally and through pandemics and other major stressful events. These include ensuring that there are adequate mental health and parenting supports for parents, and that these supports are flexible and accessible (e.g. can be accessed in different ways, and at different times including outside of business hours). Past literature has been extremely critical of pushes for parental education and support programmes underpinned by rhetoric of parental blame and value judgements (Cottam & Espie, 2014; Cullen et al., 2016; Smith, 1997). Accordingly, parental support options should be strengths-based and person-centred, such that parents identify the support that they need and are helped to identify the internal and external resources available to meet their support needs, as opposed to prescriptive programmes that provide a generic set of skills without consideration of whether those skills are present, wanted or needed. Drawing on the Belsky (1984) model, these supports would increase awareness and utilisation of psychological resources among parents, and help to manage and reduce the impact of contextual stressors. Further, in addition to general government advice about what to do to stay safe and to keep children safe (in a pandemic and in other contexts), governments and public health officials could produce materials that guide parents about how to talk about these measures with their children.

This study is exploratory and represents only one of the many pieces of research that need to be undertaken on the short- and long-term impacts of COVID-19 on families. Though examining the impacts on children through the perspectives of their parents is common (e.g. Adibelli & Sümen, 2020; Lee et al., 2021) and valuable as parents are the main providers of support and guidance for children, supplementary research undertaken with children directly would likely uncover additional support needs. In addition, future research should endeavour to examine differences in experiences among children by sex and age, and give consideration to other contextual variables such as the depth and nature of disadvantage present and availability of resources such as social support. In terms of further research on parents, while a sample of 85 responses is substantial for qualitative data, generalisability of findings would be enhanced by quantitative studies on larger samples. In addition, it is possible that parents with stronger feelings about the question asked provided more detailed responses, thus future qualitative studies should be designed to allow further probing into participants' responses.

It is also important to note that data for this study were collected in the early stages of the pandemic and, though the pandemic persists at the time of writing, it is in quite a different stage. For example, particularly in high-income countries, vaccination rates have reduced the risk of death and serious illness, potentially reducing some of the virus-related anxiety that parents in our study reported in their children. In addition, the social and mental health benefits of schooling have been emphasised in academic, political and public spheres thus school closures are generally now considered to be 'last

resort' measures. On the other hand, the longevity of the pandemic and the introduction of protections such as mask-wearing in schools may mean that pandemic-related anxiety is still a prominent issue among children and, indeed, their parents. In terms of how the data collection timeframe affects the implications of our results, a number of the themes that emerged related to COVID-19 exacerbating issues that commonly affect people experiencing socioeconomic disadvantage, such as physical and mental health conditions. In that sense, COVID-19 is merely another factor compounding disadvantage and the recommendations for support for these underlying conditions are still pertinent. Themes specifically related to COVID-19, such as virus anxiety and sedentary behaviour due to mandatory home confinement may still be present, but in different forms (e.g. virus anxiety about long COVID and sedentary behaviour due to voluntary home confinement). Finally, this research was conducted in a high-income country with universalised healthcare and a strong social safety net. Accordingly, needs and support options are appropriate to that context and a separate program of research is recommended to examine impacts in lower income countries.

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ETHICS

Ethical approval was obtained from The University of Western Australia Human Research Ethics Committee (RA/4/20/4793).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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BIOSKETCH

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