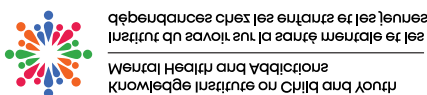


CARING FOR INFANTS, TODDLERS AND PRE-SCHOOLERS DURING COVID-19:

OVER 2,000 FAMILIES ACROSS CANADA SHARED THEIR STRUGGLES



CARING FOR INFANTS, TODDLERS AND PRE-SCHOOLERS DURING COVID-19:

OVER 2,000 FAMILIES ACROSS CANADA SHARED THEIR STRUGGLES

SUMMARY

The COVID-19 pandemic, and all its pervasive shifts, has negatively impacted families who have children between 0 to 6 years old. The implementation of public health guidelines to curb the spread of the COVID-19 virus has led to the prolonged closure of schools and child development services. Limited recreation opportunities disrupted children's daily routine, leading to social and physical isolation. Families have faced increased pressure and competing demands of managing childcare, schooling, and work from home; the disintegration of regular social supports has resulted in deterioration of their health and well-being.

The objective of this study was to capture the voices of families with children under 6 years old across Canada to understand their experiences and the impact of the COVID-19 restrictions on them. The study utilized an open-ended survey designed to capture information on the types of services families with young children utilized before and during the first lockdown. The survey aimed to understand the impact of changes in access to services and supports on children, parents, and caregivers.

Key findings highlighted that approximately 75% of families with children under 6 years of age reported challenges accessing essential services for children's development. This significant disruption in services and routine was perceived as a source of stress that negatively impacted their children's mental health and well-being. The lack of formal and informal supports added to the unrealistic expectation of managing working from home while raising and educating young children, which was seen as concerning in 66% of families. 43% of respondents, including pregnant women, new mothers, and mothers of young children, were unsatisfied due to the poor quality of virtual health care and longer than expected wait times for seeking essential healthcare services for themselves and their children. Contrarily, 20% of the respondents reported that access to virtual services was accompanied by a positive reduction in travel time and administrative complexities.



A program of



Knowledge Institute on Child and Youth
Mental Health and Addictions
Institut du savoir sur la santé mentale et les
dépendances chez les enfants et les jeunes



réseau pour
la santé du cerveau
des enfants



THE SCHOOL
OF PUBLIC POLICY

BACKGROUND

The COVID-19 pandemic and associated public health measures have unintended consequences on children and families (Lancet 2020), particularly among families caring for young children (Singh et al. 2020). Throughout the pandemic, several policy approaches have been used in Canada to ‘flatten the curve’ and reduce the spread of the COVID-19 virus¹ (Lancet 2020). The policy approaches can be categorized as cancellation of services, associated lockdowns, social and physical distancing, school and daycare closure, recreational spaces and non-essential workplace closure (McCoy et al. 2020). Lockdowns and school closures have resulted in the seclusion of young children from their friends and relatives (Canada 2020 a). Closure of recreational spaces and daycares, particularly during the first wave of the pandemic that started in March 2020, disrupted the daily routine of young children and toddlers. Closure or reduction of services in schools and daycare settings, community support programs and therapeutic services is known to profoundly isolate children.

For families, subsequent lockdowns and service disruptions have increased the responsibilities and demands of managing caregiving, homeschooling and work, resulting in decreased resiliency and increased stress (Canada 2020 b). Unfortunately, very few reports have specifically addressed how the pandemic has impacted families with very young children (Davidson et al. 2020). As the first 3 years of life are widely acknowledged as a time of unique development, influencing lifelong physical and mental health outcomes (UNICEF 2010), these closures are most unfortunate as these kids risk missing out on this period of critical development. Moreover, the first 3 years of life are associated with an unequalled period of growth and maturation of the brain, (Centre for Disease Control and Prevention, 2021), and thus, infants are susceptible to exposure to stress and adverse events that may impair their long-term development and health (Seehagen 2015). Therefore, concerted efforts must be made by governments at all levels and service delivery agencies to prevent them from such experiences.

Considering the above, the Infant and Early Mental Health Promotion (IEMHP) at the Hospital for Sick Children in collaboration with the Knowledge Institute on Child and Youth Mental Health and Addictions, Kids Brain Health Network (KBHN) and Children First wanted to hear and capture the voices of Canadian families regarding how services for children under 6 years of age were affected by COVID-19 restrictions. We aimed to identify areas where service improvements can better meet the needs of families with newborn infants, toddlers, or preschoolers, even during pandemic restrictions.

¹ COVID-19 is an infectious disease caused by a newly discovered coronavirus, SARS-COV-2, which was first identified in Wuhan, China, in December 2019. On 11th March 2020, the World Health Organization (WHO) declared it a pandemic.

OBJECTIVES

An brief survey <https://imhpromotion.ca/Research/Covid-19-and-IEMH> was sent across Canada, which focused on collecting information for following purposes:

1

To understand what services and information do parents access prior to and during the COVID-19 pandemic to support the well-being of their children and families

2

To understand what services or information would have been helpful during this unique and challenging time

3

To assess what were the barriers parents faced while accessing and navigating the services and resources to support the well-being of their children and family

4

To analyze the challenges and benefits experienced by the families while accessing services virtually during the COVID-19 pandemic

5

To know what improvements could be made in the type and quality of information and services available during the pandemic

RESEARCH METHODOLOGY

Our project team performed a secondary data analysis where the survey respondents' information was non-identifiable and anonymous i.e. respondents were not asked to include personal identifiers or other identifying information. The University of Calgary's Conjoint Health Research Ethics Board (CHREB) reviewed and approved the secondary analysis of the survey. 2,147 respondents with children under 6 years of age across Canada participated in the online survey during late summer/early fall of 2020. This time period was selected due to the fact that it corresponded to the end of the first wave of the pandemic. The survey was administered, and data was collected and stored with Research Electronic Data Capture (REDCap) servers.² The survey was conducted in English and French and the survey responses were merged for analysis.

In the survey, respondents were asked open-ended questions about their experiences accessing services, supports and information during the first wave of the COVID-19 pandemic. Out of the 2000 respondents, 392 answered the open-ended questions. The responses to the open-ended questions were so abundant and varied that we decided to analyze them separately from the brief survey we originally intended to collect about the use of services. A researcher from the School of Public Policy at the University of Calgary performed a secondary data analysis where the survey respondents' information was non-identifiable and anonymous.

Data analysis of the open-ended responses was guided by interpretive description, using an inductive thematic approach facilitated by the NVivo version 12³. The analysis included code generation and validation. The analysis process included reading survey responses, developing main policy themes, creating sub-categories within the thematic areas, and systematic collation by one coder. Finally, the data was coded into key thematic areas and sub-themes. Rigour was established by evaluation of themes and sub-themes by the principal investigators.

² REDCap is a secure, web-based application designed exclusively to support data capture for research studies (REDCap n.d.).

³ NVivo is an application used to organize, manage, and catalogue qualitative data for further analysis (NVivo 2022).

SURVEY RESPONDENTS' DETAILS

Of the 2,147 Francophone and Anglophone respondents, 1,186 fully completed the online survey, and 392 responded to the open-ended questions. The respondents were divided into various cohorts as per the age group and their household income for data analysis. The following table illustrates the demographic information of the respondents:

Survey Sample Size(n)	2,147
Number of respondents who fully completed the survey	1,186
Number of respondents who responded to open-ended questions	392
Sample size Characteristics	<ul style="list-style-type: none"> a. Families and caregivers having children between 0 to 6 years. b. Anglophone Respondents: 1,129, Francophone Respondents: 57 c. Respondents' identification with racial or ethnic minority background: 229, Respondents not identifying with racial or ethnic background: 937, Those who chose not to respond: 17
Gender	Female Respondents: 1,098 Male Respondents: 79 Non-Binary Respondents: 7 Others: 3
Geography	All Canadian Provinces and Territories

Table 1: Demographic Information of the Survey Respondents

KEY FINDINGS

The key findings from the survey are divided into four policy themes:



THEME 1

Access to Information and Services

- Access and Navigation Experience
- Quality of Information



THEME 2

Babies, Toddlers and Preschoolers' Well-being

- Learning and Development Concerns
- Emotional Well-being



THEME 3

Health and Well-being

- Families' Mental Health
- Future/New Mothers' Health



THEME 4

Experience Accessing Virtual Services

- Challenges
- Positive Experiences

Figure 1: Key Themes and Sub Themes which emerged from the Qualitative Analysis



THEME 1

Access to Information and Services

Subtheme A:

ACCESS AND NAVIGATION EXPERIENCE

Overall, 1600 respondents (individuals) reported challenges in accessing important services, such as childcare, child development programs, early intervention, developmental screening, counseling/therapy, home visits, and pre/postnatal care in the survey. Figure 2 shows that access to all these services by respondents decreased during the pandemic as compared prior to the pandemic.

Respondents were asked which services they were accessing prior to and during the first wave of the pandemic for their child from prenatal to age 6. This graph represents the percentage of respondents accessing each service before and during the pandemic.

Services Accessed Before and During the First Wave of the COVID-19 Pandemic

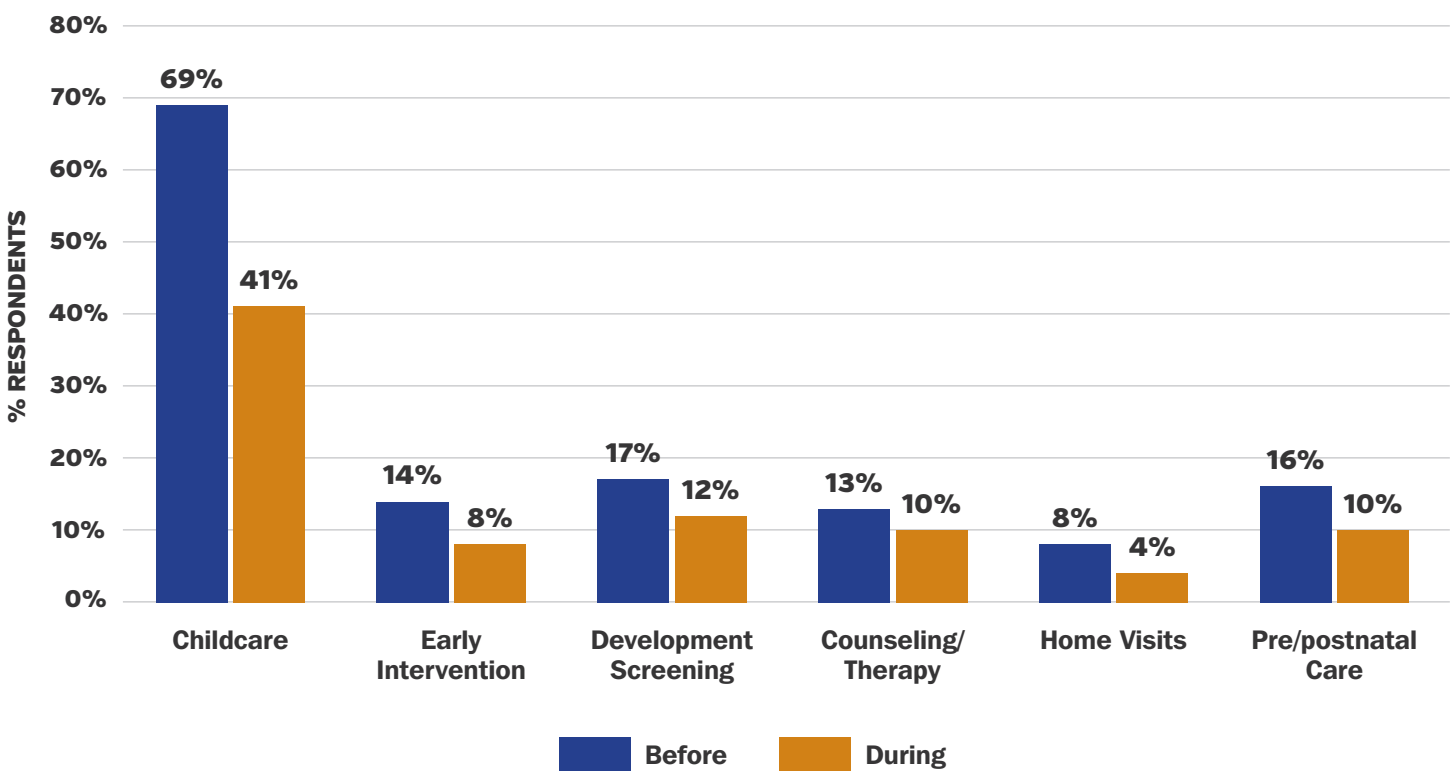


Figure 2: Reduction in the services accessed before and during the pandemic by the percentage of respondents. The most significant reduction was observed in accessing childcare services.

Notably, 72% of the families with children under 6 years of age reported challenges in accessing essential services for children's development such as childcare and primary care services due to disruption of services. Furthermore, 24% of respondents reported long wait times while making appointments with doctors at clinics and accessing limited daycare spots.



THEME 1

Access to Information and Services

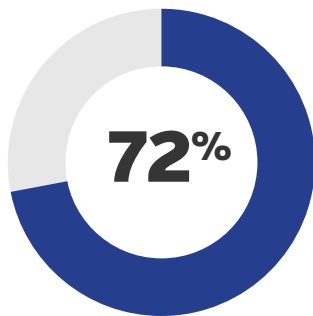
Subtheme B:

QUALITY OF INFORMATION

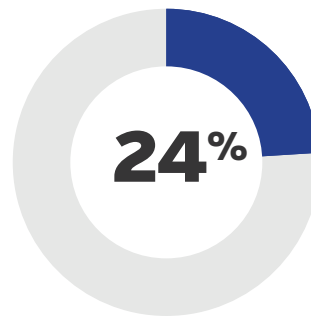
“The hardest part was that information kept changing and there was not one place to look for it. Information is very confusing and misleading.”

The quality of COVID-19 information provided about the pandemic was another common concern: 35 % of respondents shared that public health messaging was confusing and rapidly changing. For example, information on the impact of the COVID-19 virus on children lacked specificity for young children, including newborns, babies, toddlers, and preschoolers. A participant mentioned, *“The hardest part was that information kept changing and there was not one place to look for it. Information is very confusing and misleading”*. A lack of a centralized approach to accessing and navigating information was another reported challenge. For example, 22% of respondents shared that they had difficulties locating and navigating online resources related to mental health and well-being for families, babies, toddlers, and children aged between 0 to 6 years. In addition, 10% of respondents found that COVID-19 information on social media was overwhelming and questioned its credibility.

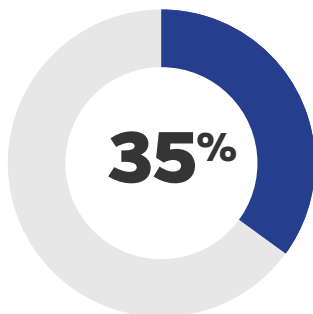
Access to Information and Services Findings at a Glance



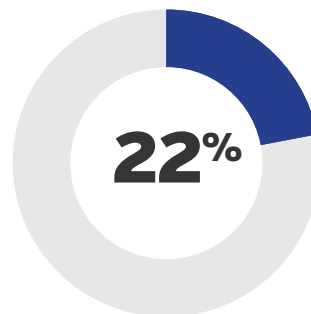
Reported challenges accessing essential services for children, such as childcare and primary care



Mentioned about long wait times while making doctors' appointment and when looking for day care spots



Reported that public health messaging was rapidly changing and confusing



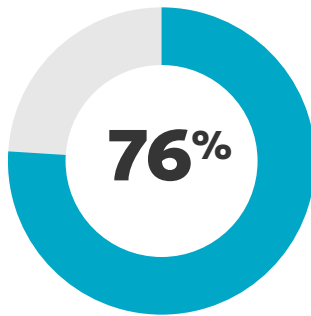
Mentioned about difficulties navigating online resources on mental health



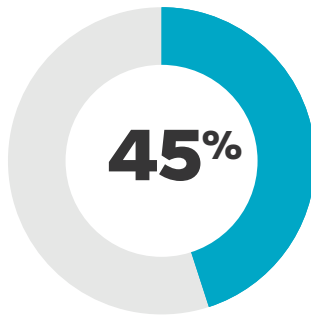
THEME 2

Babies, Toddlers and Preschoolers' Well-being

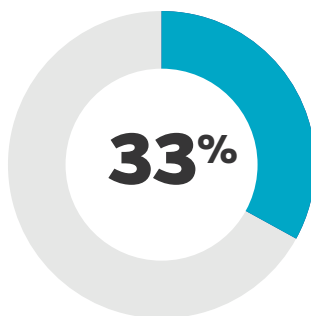
Access to Babies, Toddlers and Preschoolers' Well-being Findings at a Glance



Reported being concerned about young children's mental health and well-being



Reported being concerned about children's poor ability to manage a wide range of emotions and lack of engagement in day to day activities



Reported that closure of spaces, such as library and parks, affected children's development

Subtheme A:

LEARNING AND DEVELOPMENT CONCERNS

Respondents were concerned that the lockdown measures, limited socialization, and play opportunities affected their child's overall development. 33% of respondents reported that closure of community support services, such as libraries and parks, was a significant source of concern for their young children's development. Consequently, the respondents reported difficulties with keeping their children engaged in day-to-day activities. Closure of essential support services is associated with reduced learning and development opportunities, resulting in social isolation and negative impacts on children's mental health (Larsen, Helland and Holt 2021).

THEME 2

Babies, Toddlers and Preschoolers' Well-being

Subtheme B:

EMOTIONAL WELL-BEING

Alarming, 76% of respondents reported being concerned about the impacts of the pandemic on their young children's mental health and emotional well-being, particularly during the lockdown, with the disruption of routines and child development services. Concerning issues include poorer ability to manage a wide range of emotions, feeling of being bottled up, lack of engagement in daily activities was reported by 45% of respondents. A respondent shared:

“My 6-year-old daughter, who is usually happy, one day broke into tears, and I asked her why and she said she didn't know. I'm not a psychologist. I'm only a mother who feels helpless.”



THEME 3

Health and Well-being

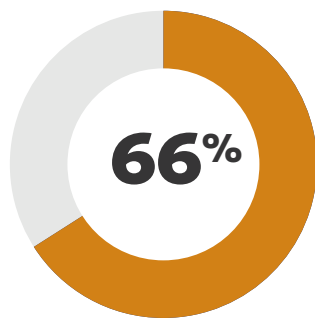
Subtheme A:

FAMILIES' MENTAL HEALTH

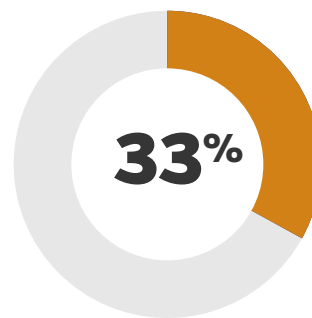
Concerning mental health, respondents shared a range of stressors. A vast majority of respondents at 66% found it challenging to manage work and children simultaneously, which negatively impacted their mental health. A participant shared that *“I have found balancing work and childcare very hard and wish that my work was more flexible.”* Additionally, a troubling 33% of respondents were worried about meeting their families' financial needs due to loss of employment or reduction in work hours. Furthermore, 30% of respondents reported a lack of childcare options as another major stressor that impacted the parents' mental health. A respondent mentioned, *“The effect of loss of childcare options is affecting my psychological wellness and the financial stability of our future, as I am now unable to go to work.”* In addition, 24% of respondents mentioned lack of respite and social support as another stressor.

Around 20% of respondents used a range of mental health symptoms terminology associated with the stressors as mentioned above. For instance, 13% of respondents said symptoms included *stress, emotional disturbances, loneliness, physical and mental exhaustion, and depression*. 7% of caregivers reported experiencing burnout and frustration due to a lack of formal and informal support while managing jobs and children.

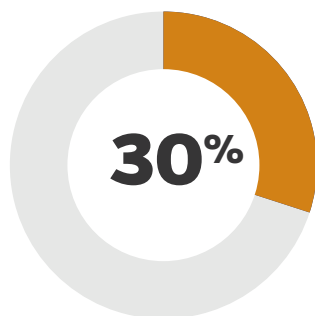
Top Mental Health Stressors Shared by Respondents



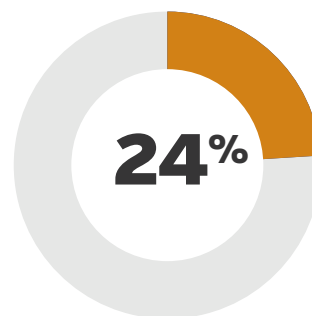
**Challenges in
managing work and
children**



**Difficulty meeting
family's financial
needs**



Loss of childcare



Inadequate respite



THEME 3

Health and Well-being

Subtheme A:

FAMILIES' MENTAL HEALTH

continued

Interestingly, with regards to the age group, mental health concerns were highest in the respondents aged 36 to 45 years at about 61%. This was followed by the respondents from the age group of 26 to 35 years, as illustrated in figure 4a.

For children under 6 years old, mental health concerns were the highest among households with two children at 39%, followed by three children at 11%, as shown in figure 4b.

Percentage of Respondents who Reported Mental Health Concerns as per their Age Groups

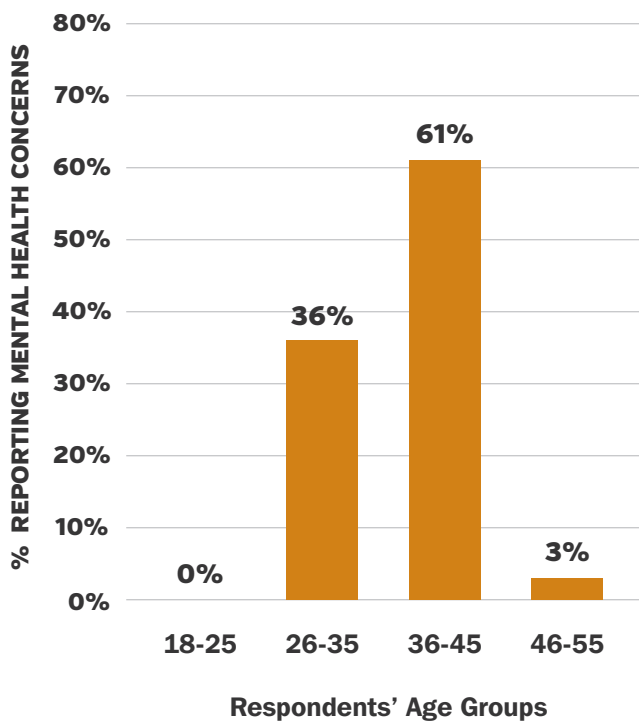


Figure 4a: Mental health concerns reported across various age groups. The respondents in the age group of 36 to 45 years reported the highest mental health concerns.

Percentage of Respondents who Reported Mental Health Concerns having Children under 6 years

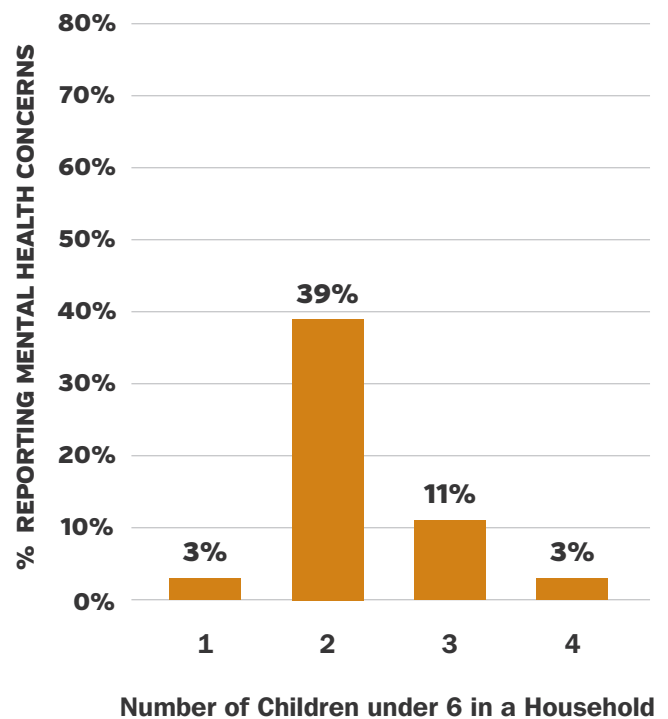


Figure 4b: Mental Health Concerns reported by the respondents who have children under six years of age in a household. The mental health concerns were greatest among the respondents having two children under 6.

THEME 3

Health and Well-being



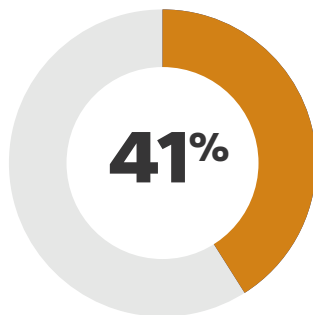
Subtheme B:

FUTURE/NEW MOTHERS' HEALTH

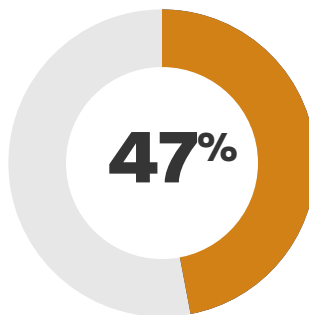
There were several unique concerns and challenges reported by new mothers immediately before and after birth. For example, new mothers felt that the no-visitor policies imposed impacted their well-being. They did not have enough opportunities to see their family members and seek much-needed support. 41% of mothers said that they had poor experiences at the hospitals post-delivery due to inadequate postpartum care.

47% of mothers of infant children expressed concern about the lack of support services such as new mothers' counseling, mental health support, and delays related to infant wellness checks. In addition, 23% of mothers also reported fewer opportunities for socialization for both the mothers and toddlers due to the pandemic as many social support groups, such as infant breastfeeding support groups and social bonding groups, were cancelled. Consequently, new mothers highlighted that they felt stressed about caring for their infants and isolated due to inadequate support and information.

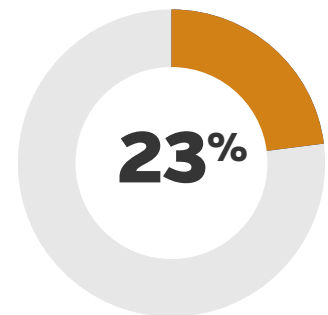
Health and Well-being Findings at a Glance



New mothers reported having inadequate postpartum care after delivery



Reported lack of services, such as new mothers counseling and access delays for infant wellness checks



Reported cancellation of support groups for mothers and infants



THEME 4
Experience Accessing Virtual Services

Subtheme A:
CHALLENGES

“I still would like wellness checks and doctor’s visits to be in person, we had our 9 months old’s wellness check on the phone, and it felt pretty lacking.”

43% of respondents, including pregnant women, new mothers, and mothers of young children, were unsatisfied due to the poor quality of virtual health care and longer than expected wait times for accessing essential healthcare services for their children. Mothers of infants reported that virtual visits prevented their infants from receiving vital developmental assessments, such as height and weight measurements, limiting the information they received on the growth and health of their new baby. A respondent said, *“I still would like wellness checks and doctor’s visits to be in person, we had our 9 months old’s wellness check on the phone, and it felt pretty lacking.”* 10% of parents of students who are attending school remotely expressed concern about poor levels of participation due to low attention span among children and inadequate in-person interaction. Understandably, the respondents expressed concerns about their children’s academic success.

Percentage of Respondents who Faced Challenging Experiences Accessing Virtual Services as per Members in a Household

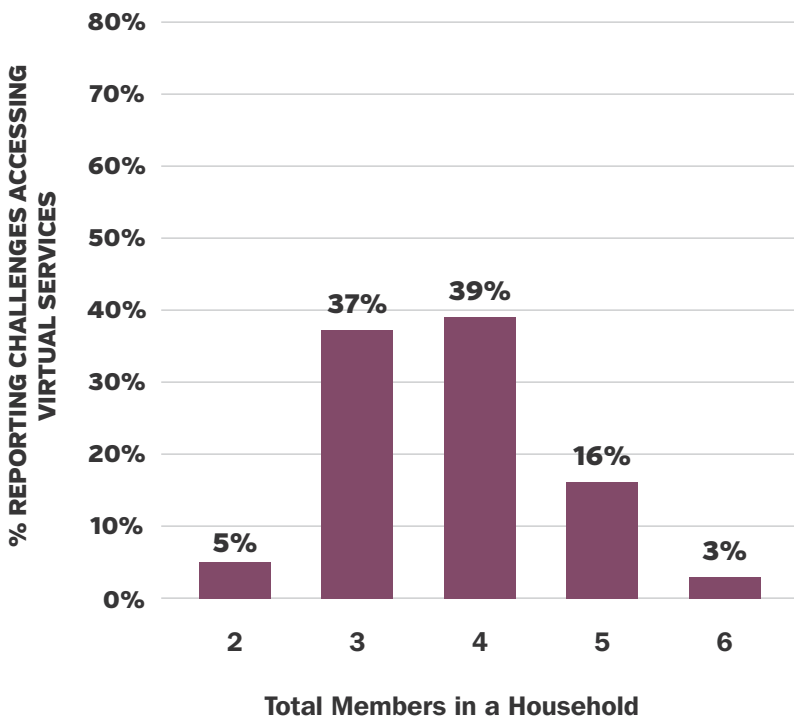


Figure 5 indicates the percentage of respondents who faced challenging experiences when accessing virtual services as per the number of members in a household. The families that experienced the most challenges were comprised of three- and four-household members, with 37% and 39% of families reporting challenges, respectively.

Figure 5: Challenging experiences reported by respondents when accessing virtual services as per the total members in a household. Note that the percentage of respondents with challenging experiences belonging to ‘four- and three-members’ households are similar.

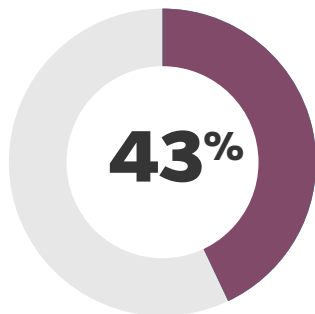


THEME 4 Experience Accessing Virtual Services

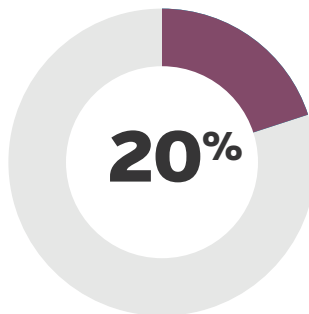
Subtheme B: **POSITIVE EXPERIENCES**

Compared to the 78% respondents expressing discontent over virtual services, 20% of respondents reported that accessing virtual medical services, particularly visits to doctors, was an efficient process as it cut down travel and wait time at clinics. Furthermore, respondents reported less administrative burden, such as filling out forms and reduced interaction with the support/front-line staff when it comes to accessing medical services.

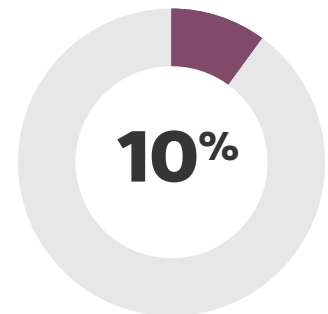
Experience Accessing Virtual Services Findings at a Glance



Mothers reported being unsatisfied with the quality of virtual health care and longer than expected wait times for accessing healthcare services for children



Respondents were satisfied with virtual healthcare services



Respondents reported that they were concerned about their children's academic success

STUDY LIMITATIONS

One of the study's limitations was that the qualitative data coding was done by one coder, which sometimes results in coder bias. Therefore, there are study-specific nuances in interpretation and reflection on the qualitative findings. However, themes were presented to and discussed with the Principal Investigator for secondary data analysis for the overall review and feedback. Another limitation is that the study shows qualitative results based on open-ended responses. The analysis of responses is tied to thematic and sub-thematic areas, which is a unique characteristic of qualitative analysis. Caution should be used to link the qualitative results to the overall survey results.

CONCLUSION

Through this study, we heard the voices of families with young children under 6 years of age and found that the COVID-19 pandemic profoundly impacted the health and functioning of families and their children. The pandemic policy response, such as the closure of community spaces, daycares, and schools, had a far-reaching impact on learning and development and the overall well-being of babies, toddlers and children. Families experienced disruption in their work-life balance and social lives due to competing demands of work and lack of childcare, and new mothers struggled to find access to postpartum care resulting in mental health concerns.

Similar studies (British Medical Journal 2021, Canada 2020 c), conducted after the first wave of the pandemic, found that initial policy responses to curb the spread of the COVID-19 virus increased the risk of isolation among children and negatively impacting their cognitive development. Studies (Canada 2021, Rice and William 2021, UNICEF 2020) have also highlighted that families with young children faced increased pressure to balance their work-life and children's needs. The health needs of new and expecting mothers changed significantly. Population-specific policy responses are needed that reflect the priorities and diverse needs of families with young children both during the unprecedented waves of the pandemic and future emergencies.

ACKNOWLEDGEMENT

It was only through the contribution of many organizations that this survey and the analysis of the data collected could be completed. We want to acknowledge the contributions of the following agencies:

Infant and Early Mental Health Promotion, Hospital for SickKids

<https://www.sickkids.ca/en/learning/our-programs/infant-and-early-mental-health-promotion>

in collaboration with the Knowledge Institute on Child and Youth Mental Health and Addictions

Children First, Windsor

<https://www.children-first.ca/>

Knowledge Institute for Child and Youth Mental Health and Addictions

<https://www.cymha.ca/en/index.aspx>

Department of Biomedical and Molecular Sciences, Queens University

<https://dbms.queensu.ca/>

Kids Brain Health Network

<https://kidsbrainhealth.ca/>

The School of Public Policy, University of Calgary

<https://www.policyschool.ca/>

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kids
brain health
network



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la santé du cerveau
des enfants



THE SCHOOL
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