Children's social interactions and play during the COVID-19 restrictions: A mixed-methods exploration of the views and experiences of children and their caregivers.

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Signature: Clare Sowman (04.11.21)

Abstract

The 2019 novel coronavirus disease (COVID-19) pandemic and subsequent restrictions on families in England interrupted children's typical social activities. The requirement to stay at home issued by the government (Prime Minister's Office, 2020a) in Spring 2020 meant that children's access to social interactions in settings such as schools, clubs, parks, neighbours' gardens, family member's homes was affected. In this research, my aim was to explore the impact of COVID-19 restrictions on children's social lives. I focused on children in middle childhood (defined here as 7-11) owing to the significant role of friendships and peer interaction for children in this age range (Maunder & Monks, 2019). In both phases of the research, the focus was on children's experiences prior to the full school reopening in September 2020.

In phase one, I sought to understand any changes in children's social interactions and play during the COVID-19 restrictions and factors associated with changes. Data collected in phase one included questionnaire responses from 68 caregivers and 63 children, in addition to interviews with seven caregivers. In phase two, I interviewed seven children to gather their perceptions of any changes to their social interactions and play during COVID-19 restrictions.

For analysis, I examined questionnaire data separately for caregivers and children using both descriptive and inferential statistics. I then also analysed a linked sample of questionnaire responses where both caregiver and child had completed the survey (n = 80; 40 paired responses). To analyse interview data, I used reflexive thematic analysis (Braun & Clarke, 2019) to understand participant's experiences and perspectives.

The findings of this research illustrate the many ways in which children's social interactions with household and non-household members had changed during the COVID-19 restrictions. Findings discussed include changes to children's: time spent with others; mediums of interaction and digital media use; quality of relationships with others; and experiences of social wellbeing. The findings also document some factors associated with changes to children's social interactions including factors associated with the caregiver (e.g. working commitments or self-efficacy), factors associated with familial context (e.g. space within the home) and factors associated

with the child (e.g. gender or additional needs). Results highlight the ways in which participants both positively and negatively appraised changes to social interactions.

The findings from questionnaire and interview responses are presented separately in chapters four to seven and are then followed by an overall discussion in chapter eight. In chapter eight, I bring together findings from the quantitative and qualitative results into four key areas which are: Positive aspects of changes to children's social interactions; increased use of digital media for social interactions; the impact of caregiver self-efficacy on children's social interactions; and the impact of caregivers' working patterns on children's social interactions.

I end by considering limitations to this research and outlining areas where these findings could be applicable beyond the COVID-19 pandemic for practice, policy, and future research.

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List of Abbreviations

Abbreviation	Meaning
C	Child interview participant
C19PRC	COVID-19 psychological research consortium
C1Par	Child interview participant's parent or carer
EHCP	Education Health and Care Plan
MMR	Mixed methods research
MSLSS	Multidimensional student life satisfaction scale
P	Adult interview participant
PEP	Personal education plan
PP	Pupil
PSE	Parental self-efficacy
RCPCH	Royal College of Paediatrics and Child Health
RQ	Research question
SEN	Special educational needs
SFSE	Social facilitation self-efficacy
TA	Thematic analysis
TEPS	Trainee educational psychologists
UK	United Kingdom
WEMWBS	Warwick-Edinburgh Mental Well-being Scale

1.0 Introduction

The emergence of the global COVID-19 pandemic brought about considerable change in the lives of children and in particular, their social lives. The government advice issued in March required all families including children to stay at home (Prime Minister's Office, 2020a). One hour a day was permitted for exercise locally. Following this, on the 10th of May 2020 the restrictions began to be relaxed and children were able to spend unlimited time in open spaces with members of their own household (Prime Minister's Office, 2020b). However, many local facilities remained closed with playgrounds in parks for example not allowed to re-open until the 4th of July (Prime Minister's Office, 2020c). For children, their geographies changed greatly as access was no longer permitted to spaces which they would typically use for recreation and leisure (Mukerjee, 2020) alongside this, most of children's social activities (e.g. football practice) were suspended (Clemens, Deschamps, & Fegert, 2020) and typical rituals of family life – such as birthday parties or wedding celebrations – were also put on hold (Prime et al., 2020). Pre-pandemic, children of 8-11 years typically spent 6 hours a day in school alongside spending 2-3 hours outside of the home and largely without their parents (Institute for Fiscal Studies, 2020). This time away from parents included taking part in social activities, travelling to school or interacting with friends (The Institute for Fiscal Studies, 2020). Altogether, lockdown brought about a huge reduction in the time that children were able to spend with other children, in clubs, at school or outside of their own families (The Institute for Fiscal Studies, 2020).

There appears to be good reason to feel concerned about the impact of COVID-19 on people's wellbeing. In what has been described as an "unprecedented disruption to social interaction" (p88, Carel, Ratcliffe & Freose, 2020) lockdown is said to have interrupted the pervasive social experiences which constitute typical daily life (Carel, Ratcliffe & Freose, 2020). Furthermore, historical studies centred on similar events indicate that lockdown may have an adverse effect on people's psychological wellbeing. To explore the effect of the COVID-19 lockdown on individual wellbeing, researchers at King's College London (Brooks et al., 2020) completed a review of research from historical quarantines such as Ebola in 2014 and the H1N1 influenza pandemic in 2009. The authors (Brooks et al., 2020) found that historical quarantines

were associated with an array of negative psychological outcomes including anxiety, fear, grief, anger, emotional exhaustion and depressive symptoms. The authors also compared the features of the COVID-19 lockdown to quarantine and found that: fear of infection, duration of quarantine, frustration and boredom, inadequate supplies and inadequate information were all associated with psychological outcomes for individuals (Brooks et al., 2020). Unfortunately, whilst the reviewers (Brooks et al., 2020) have suggested cause for concern regarding adult wellbeing, they did not account for the experiences of children. This seems pertinent as in contrast to other historical pandemics, children appear less susceptible to COVID-19 than adults (Pavone et al., 2020) and therefore may not necessarily feel similarly to adults regarding lockdown.

When exploring published articles concerning the psychological impact of COVID-19 on children and young people there is limited research and that which is published often pertains to the experiences of children in other countries. Additionally, whilst there are some interesting discussion pieces which consider the impact of lockdown on children's social isolation (e.g. The Lancet, 2020; Melchior, 2020), research studies are more limited and tend to explore children's emotional wellbeing with less consideration of the role of their social activities in relation to this. In the current research my aim was to address this gap by considering how children's social interactions and play may have changed as a result of COVID-19 lockdown.

1.1 Positionality and Personal Influences

In the years prior to beginning this research, I have had many experiences which have led me to value and respect children's social interactions and play. As a child, I recall spending a lot of time playing outside with other children and now, I look back upon these experiences as beneficial and formative. In my professional experiences to date, I have held different roles working with children through which I have often been able to observe and be around children who are playing and socialising. Both in early years and in primary education, I have spent lots of time in playgrounds and playing fields, witnessing first-hand how children's interactions in this space can bring them both joy and distress. Building on these interests in a more academic respect, completing a level three Forest School Practitioner course reinforced my view of the value of child-led play and social interactions. In other positions, working

at a school holiday club or volunteering as a Brownie leader with Girlguiding, I have seen how structured play provision can also be exciting and enjoyable for children. More recently, and through my experiences on placement as a trainee educational psychologist, I have noticed how children, their teachers and their parents and carers often place emphasis on the child's interactions with peers. In approaching this research, I held the view that social interactions and play are of great importance in child wellbeing and development.

When planning my thesis research, I was interested on children's social experiences and in my initial research proposals I wrote about themes linked to social interaction on the playground. However, in response to the COVID-19 pandemic – which emerged half-way through my second year as a trainee in March 2020 – it was not possible to continue with my initial research plan. The nature of the initial plan involved direct playground observations and as the pandemic progressed, it became increasingly apparent that this was no longer feasible. Given my pre-existing interest in children's social interactions and play, many of my reflections during the initial months of the pandemic related to the impact of national lockdown on children's social lives. I was concerned about children's access to peers but also aware – though my initial considerations of playtime – that social experiences were nuanced and thus children's experiences may be too. When formulating my new research plan, I drew upon my initial interest in social interactions and play in the hope of better understanding the influence of COVID-19 on children in this regard.

2.0 Literature Review

2.1 Overview

In this research, I am interested in the way that COVID-19 may have affected children's social interactions and play. Before exploring research pertaining to this topic, I will begin by considering why social interactions and play are believed to be important in childhood and middle childhood. I will also explore how social interactions can be difficult for children under 'normal' circumstances. Following this, I will discuss some research about the impact of COVID-19 on children and young people before arguing for more research into children's social interactions and play during the pandemic. Finally, I will share some research regarding the potential impact of contextual factors on children during the pandemic, considering the way that these factors may influence family systems. I conclude by arguing for the need for more research into the social interactions and play of children in England during the COVID-19 pandemic with attention given to the role of contextual factors.

There are multiple definitions of the age range which constitutes middle childhood however many authors talk of this age range as "the school years" (P 236. Gifford Smith & Brownell, 2002). In this research, I define middle childhood as ages 7 to 11; this age range aligns with the UK junior school education and has been used by UK-based researchers (Howard et al., 2017; Maunder & Monks, 2019).

2.2 Search Strategy

To find literature for this review I used databases including: Education Research Complete, British Education Index, Psychology and Behavioural Sciences Collection, Taylor and Francis Online, and APA PsychInfo. To search for more ongoing or more recent COVID-19 articles I used the research summaries on the website of The Royal College of Paediatrics and Child Health (RCPCH) and Google Scholar searches. I also accessed some literature - such as government updates –via known websites (e.g. gov.uk). Primary source articles were included if judged to be relevant. In addition to this, I explored articles referenced within primary sources alongside any database suggestions (e.g. 'People also read').

Search terms used in this review included: Middle childhood, childhood, child, children, play, leisure, social, social participation, social inclusion, peer relationships,

peer interaction, friendships, friends, special educational need, SEN, additional needs, family interaction, sibling interaction, COVID-19, COVID, lockdown, pandemic, context and factors. Various combinations of search terms created using Boolean operators were used to aid specificity of the search, for example:

- ((Childhood) AND (Play OR Social))
- ((peer relationships or peer interaction or friendships AND COVID))

The initial literature review was completed from April 2020 to September 2020; additionally, when writing up the final thesis for submission a search was made to seek out any additional relevant papers published between October 2020 and May 2021.

Given the novelty of this research base, some interesting data pertaining to children's experiences has been collected not by researchers in universities, but rather by organisations who have regular contact with children and young people through their work with them throughout this pandemic. Alongside this, some university groups have published preliminary research findings on their own websites whilst studies remain ongoing. I will consider this literature as it is some of the only available data which provides the views of children and young people here in the United Kingdom (UK). The limitations of some of this research include: a lack of discussion or analysis related to other literature, sometimes limited information regarding methodology and - where studies are conducted by charities or organisations affiliated with the government – there is perhaps a greater potential for recruitment and reporting biases.

2.3 The Beneficial Role of Social Interactions and Play in Childhood and Middle Childhood

Interaction has been defined by Rubin, Bukowski and Parker (2007) as "the social exchange of some duration between two individuals" (p12.) Interactions can be positive or negative, can occur with a range of others (e.g. friends, enemies, siblings, parents) and can lead to a range of outcomes. Social interactions are considered a key aspect of human life: Bjorrklund and Pellegrini (2011) state that, "One cannot consider "human nature" independent of the social world in which people live and develop" (p76.). Compared with other mammals, human infants must go through an

extended period of immaturity (childhood) before reaching reproductive age (Bjorklund & Pellegrini, 2011). This time - which is characterised by play and socialising- is thought to be evolutionarily adaptive, enabling children to master the social rules and skills required for success in adult life (Bjorklund & Pellegrini, 2011). Children interact with others in playful and non-playful ways (Rubin, 2001) and whilst defining the point at which an interaction could be defined as play is complex (Burghardt, 2011), many theorists have indicated that children's social interactions– both playful and non-playful – contribute towards their development (e.g. Vygotsky, 1978; Bruner, 1990; Pellegrini & Smith, 1998). In this research I refer to 'social interactions and play'; my concept of interaction is taken from Rubin, Bukowski and Parker (2007) and my reference to play is included to reflect its omnipresence in childhood interactions (Burghardt, 2011).

Children's social interactions and play are associated with various positive outcomes including social and emotional development, academic engagement, and wellbeing. In contrast to interactions with caregivers or adults, children's interactions with one another provide an interaction context with more equal power distribution (Piaget, 1932). Through more equivalent status with peers, children are believed to be more spontaneous and open with their ideas or play thus facilitating disagreement and consequential social learning (Piaget, 1932). The emotional and social experiences that children share with one another through play are productive in developing their self and interpersonal awareness's (Treverthen & Panskepp, 2017). Playful interactions can help children to: understand and regulate their own emotions (Pansekpp, 1998; Sutton-Smith, 2003; Brinkman, 2011); adjust their corresponding responses to others (Hart, 2017); and avoid social fallout (Pellis & Pellis, 2009). By providing a context for disagreement and negotiation, moments of relative stress in social interactions with peers help children to accommodate new ways of thinking; this is thought to ultimately benefit their adjustment to school (Pellegrini & Bohn, 2005).

Positive social interactions are also believed to give children a sense of wellbeing. In a study by Howard et al (2017) children described how playing could make them feel happiness and enjoyment alongside a sense of escaping from reality. These emotional responses have been related to children's neurobiological development, with playful interactions having the potential to illuminate neural circuits of 'social joy'

(Panskepp, 1998, Burgdorf, Panksepp & Moskal, 2011). Social interactions can help children to develop a sense of connectedness and relatedness (Baumeister & Leary, 1995); children have described how socialising with peers is important for their sense of belonging (Prompona et al., 2019).

When thinking about children's social interactions, middle childhood marks a point of change where children's social activities become more detached from adults around them (Gifford-Smith & Brownell, 2003). For example, at age 2 only 10% of children's social interactions are typically directed towards peers whereas by middle childhood peer interactions make up 30% of children's interactions (Rubin, Bukowski & Parker, 2007). Between the ages of 7 and 11 children's social interactions become more focused on developing shared identity and building favourite peer relationships (Gifford-Smith & Brownell, 2003). These relationships are impactful not only on children's wellbeing at that time but also in later developmental outcomes. Maunder and Monks (2019) found that reciprocal high-quality friendships are associated with self-worth for children aged 7-11. In contrast, difficulties with peer relationships and friendships for children in middle childhood have been associated with worse psychological outcomes in adolescence (Schwartz et al., 2015).

Much research exploring children's social interactions is situated in the school context (Gifford-Smith & Brownell, 2003). This is a pertinent setting for children in the UK in middle childhood where – in contrast to older children - primary school pupils (7-11) tend to be educated in more consistent groups (Maunder & Monks, 2019). In light of a gradual reduction in the duration of breaktime for primary aged pupils in England (Baines & Blatchford, 2019), many authors advocate for the benefits associated with children's play and social interactions during break time (Lester & Russell, 2008; Pelligrini & Bohn, 2005). In their report - which looked in-depth at the experiences of primary children in UK schools – Baines & Blatchford (2019) found that children's top response when asked "What is the best thing about breaktime?" was the opportunity to be with friends: 84% of year 5 students chose this. Through play and socialing at school, children can develop friendships and these friendships can increase school engagement, reduce school avoidance (Antonopoulou, Chaidemenou, & Kouvava, 2019) and improve school achievement (Colum & McIntyre, 2019).

2.4 Challenges Associated with Social Interactions and Play in Childhood and Middle Childhood

Despite the many positive benefits of social interactions at play time (Lester & Russell, 2008), schools often restrict children's social interactions and play and there is evidence to suggest that children dislike this. Baines and Blatchford (2019) found that many children in year five were concerned about adults banning activities such as running or climbing on certain equipment (Baines & Blatchford, 2019). Similarly aged children (7-11) from UK primary schools have also said that restrictions on their play can lead to boredom or sadness (Howard et al., 2017).

Children's experiences of social interactions and play are also not unanimously positive. In the aforementioned research, Howard et al., (2017) replicated the view that play was important for developing friendships however the children also described how they could feel isolated or sad if 'left-out' by other children (Howard et al., 2017). Although only a few children described play in relation to negative experiences, Howard et al., (2017) noted that the "darker side of play" was worthy of attention. A prevalent concern – which was noted by 53% of year 5 children - in the research by Baines & Blatchford (2019) was the bad behaviour of other children at playtime. Some conflictual interactions can be helpful for social development (Pellis & Pellis, 2009) - for example in the research by Howard et al., (2017) children described many learnt coping strategies – however some children are regularly rejected by peers (Rytioja, Lappalainen & Savolainen, 2019) or experience victimisation or harassment at school (Schuster, 2001). Frequent negative social experiences and limited peer-acceptance can place children at greater risk of becoming withdrawn, anxious, lonely, developing a low sense of self-esteem (Rubin et al., 2009) or internalising behaviour (Flook et al., 2005).

One group of children who are sometimes construed within research to be 'at-risk' for negative social experiences are children with special educational needs (SEN). Research intended to measure reciprocal friendship and popularity has indicated that children with SEN can be more rejected and less popular than non-SEN peers (de Monchy et al., 2004; Avramidis & Wilde, 2009; Pinto et al., 2019; Nepi et al., 2013). In some studies, these views are supported by pupils with SEN who report concerns about their relationships (Dimitrellou & Hurry, 2019). In one study with children with

SEN, Nowicki and Sandieson (2003) suggested that children educated in mainstream settings can experience a range of difficulties including isolation, rejection and bullying. Where present, negative social experiences for children with SEN are believed to impact school belonging (Dimitrellou & Hurry, 2019; Nepi et al., 2013) and social self-concept (Avramidis & Wilde, 2009; Nowicki & Sanieson, 2013; Pijl et al., 2010).

However, whilst some studies indicate that children with SEN can struggle socially, other researchers have suggested that this may not be the case (Woods, 2009; Calder, Hill & Pellicano, 2012). When asked for their view, children with SEN do not always feel negatively about their social experiences. In work exploring children's self-concepts Avramidis (2010) found that the SEN and non-SEN groups did not differ in their perceptions of social acceptance. In another study, Edmonson & Howe (2019) found that when interviewed, deaf children reported feeling part of friendship groups and enjoying positive social experiences. Fredrikson et al., (2007) found that pupils with SEN were the least accepted and the most rejected on peer-nomination measures, yet they did not differ from non-SEN peers on measures of belonging. Similarly, in research with children with Autism Calder, Hill & Pellicano (2012) found that participants felt similarly satisfied with their friendships despite varied levels of social inclusion. These studies are a reminder that 'negative' results on quantitative measures of friendship or popularity (e.g. deMonchy et al., 2004) do not necessarily equate to negative social self-perception. Eliciting children's own viewpoints regarding their social interactions and play appears key in understanding their experiences.

2.5 COVID-19 and Children

There are several overseas researchers who have looked at the impact of COVID-19 on children: Italian parents have indicated that their children (4-10 years) have been experiencing mood changes including increased irritability or fearfulness (Pisano, Galimi, & Cerniglia, 2020); 76.6% of Spanish and Italian parents reported that their children (3-18 years) were experiencing difficulties concentrating (Orgilés et al., 2020); and parents in China (3-18) have reported their children have been clingy, distracted or persistently questioning (Jiao et al., 2020). However, none of the three above studies (Pisano et al., 2020; Orgilés et al., 2020; and Jiao et al., 2020) directly

sought the views of children or considered their social activities in relation to their wellbeing despite the central role of social interaction in children's wellbeing (Howard et al., 2017). Although international research suggests that children have struggled psychologically with the impact of COVID-19, these findings are not necessarily comparable with lockdown in England. For example, in Spain, children were unable to leave their houses for 3 to 5 weeks and many children in this study were from the Basque region and lived in flats with no outdoor space or balconies (Nahia et al., 2020).

In UK-based research, initial findings suggest that young people's mental health and wellbeing may be being adversely impacted by COVID. In the University of Oxford's Achieving Resilience during Coronavirus (ARC) study (Fox et al., 2020) and the Universities of Sheffield and Ulster's joint COVID-19 Psychological Research Consortium (C19PRC) study (Levita, 2020), initial findings suggest that some adolescents are experiencing loneliness (Fox et al., 2020), anxiety and symptoms akin to COVID-19 associated trauma (Levita, 2020). To measure trauma, Levita (2020) used a scale devised by Perrin, Meiser-Stedman and Stiff (2005) where trauma is measured using eight items relating to intrusive thoughts and avoidance behaviour. However, although some adolescents in the C19PRC Study (Levita, 2020) agreed with statements such as, "*I think about COVID-19 when I don't mean to*" the authors also found that 30-40% of the respondents felt that nothing had changed because of the pandemic. This indicates that even though some adolescents appear to be particularly impacted by COVID-19 (Levita, 2020), there are still a wide range of experiences. Additionally, whilst both studies (Levita, 2020 and Fox et al., 2020) explore a range of outcomes and behaviours for adolescents, neither study captures the experiences and viewpoints of younger children. This is interesting given that the adolescents specifically reference loneliness (Fox et al., 2020) and peer interaction is assumed to be particularly important for children in middle childhood (Maunder & Monks, 2019).

Another limitation in research exploring children's experiences with COVID-19 is the tendency for researchers to emphasise the challenges and difficulties which children may face and overlook more positive outcomes. Several studies have indicated that not all children have struggled psychologically because of COVID-19. For example, researchers in China found that children under 18 showed far lower COVID-19

related distress than adults (Qiu et al., 2020). Other children are thought to have psychologically benefitted from lockdown: 31% of Italian parents from the Pisano et al (2020) study reported that their children appeared calmer. Similarly – and despite emphasising loss in their questions to children regarding lockdown ("What do you miss?") Nahia et al (2020) found that some children reported feeling relaxed and happy with their families at home.

Some studies conducted in the UK exploring the experiences of younger children have provided more positive accounts. In Scotland children aged 8-14 appeared to feel a sense of connection and wellbeing reporting: enjoyment when spending time with family (92%); happiness with the friends they have (92%); feeling supported by friends (83%); and having fun things to do in their days (75%) (Children's Parliament Scotland, Summer 2020). This could suggest that these children are still feeling socially connected with peers. The Children's Commissioner for Wales (2020) found that 66% of 7–11-year-old Welsh children felt happy most of the time and 53% felt worried not very often. The results of research with younger children in Scotland and Wales appear more positive than those with adolescents (Fox et al., 2020) however there are still small groups of children who have found aspects of their lives more difficult; for example, 26% of the Scottish sample (Children's parliament Scotland, 2020) reported feeling lonely. Given that 26% of children experienced loneliness and 92% reported feeling happy with the friends they have (Children's parliament Scotland, 2020), it may be that satisfaction with friends is not protective against loneliness for some. This is another example of the complexities associated with understanding children's social interactions (Rubin et al., 2007).

When exploring research about the impact of COVID-19 on children, it is important to consider what is meant by wellbeing. Historical definitions of wellbeing can be separated into two traditions: hedonic wellbeing and eudaimonic wellbeing (Westerfof & Keyes, 2010). In the hedonic tradition, wellbeing is related to experiences of high positive affect (e.g. pleasure, fun, relaxation) and low negative affect (Bradburn, 1969). In the eudaimonic tradition, wellbeing is understood as having realized your potential, undertaken personal growth, and self-actualised or expressed yourself (Ryff, 1989). More recent publications indicate that wellbeing definitions remains varied, with many overlapping definitions or uses of the term in research and practice (Mansfield, Daykin & Kay, 2020). Brandshaw and Richardson

(2009) argue that wellbeing should not be seen as a unitary construct but rather as a collection of multiple domains. One such multi-domain concept of wellbeing is outlined by Pollard and Lee (2003) who suggest that there are five domains of wellbeing commonly referenced within child-development research: social, psychological, cognitive, physical and economic. In early studies exploring the impact of COVID-19 on children, wellbeing is often taken to mean different things. For instance, in work by Children's Parliament Scotland (2020) the authors asked children questions about fulfilment or satisfaction (e.g. having fun things to do). Whereas other studies focus more on children's emotional state with regards to feelings of loneliness, happiness or worry (e.g. Pisano et al., 2020). The presence of varied definitions can make it more challenging to compare and contrast the accounts presented by different researchers in different countries.

2.6 COVID-19 and Children's Social Interactions and Play

Despite the important role of play and socialising in child development (Bjorklund & Pellegrini, 2011) analyses of children's psychological adjustment to COVID-19, show limited attention to this topic. Several international studies (e.g. Pisano et al., 2020 and Qiu et al., 2020) reference children's emotional state without considering their activities or experiences. Overlooking social interactions may limit our understanding as where researchers consider children's social and play activities alongside their emotional and psychological wellbeing, our ability to infer *why* children may feel lonely or more relaxed is enhanced.

Although there is limited research which explores children's views regarding their social interactions and play during the pandemic, there are some international studies which have explored this. In research with children in Switzerland, Estonia and Canada, Stoeklin et al., (2021) asked children about their social activities and wellbeing and found that participants were very concerned about separation from friends. Children explained how they would like to play and speak with their friends face-to-face with many expressing disappointment about the limitations of digital technology (Stoeklin et al., 2021). Interactions with household and non-household family members were also important to the Swiss, Estonian and Canadian children (Stoeklin et al., 2021) with respondents explaining how relationships with family members had changed through time spent doing activities together. The research by

Stoeklin et al., (2021) highlights the benefits of exploring children's wellbeing alongside their social activities and play, it also demonstrates the value of speaking directly to children regarding their experiences. In another study with Spanish children aged 3-12, researchers found that the children missed socialising with other children and that this was leading to feelings of loneliness and sadness (Nahia et al., 2020). The children also reported missing their grandparents and their teachers – valued sources of interaction (Nahia et al., 2020).

Some academics have used inverted commas to highlight how children used digital media to "see" their friends during lockdown (Bent, 2021; Cowie & Myers, 2020) however few studies have spoken to children or young people to understand how they feel about such interactions. Where digital use is discussed, there is a tendency to present this as an area for concern or to display increases in screen-time alongside other 'negative' psychological or physiological outcomes with limited attention to potential benefits, this is a common issue in research and media coverage of screen-time (Bell, Bishop & Przybylski, 2015). The idea that technology use is inherently bad is pervasive in society (Orben, 2020) despite the finding that research evidence to support these claims is limited (Orben & Przybylski, 2019). Related to this are caregiver perceptions of screen-time; Mukherjee (2019) explores how caregivers may try to manage screen-time use in their own homes, often opting to employ limits or to regulate children's media use.

When exploring media use during COVID-19, many researchers have presented concerns. In a study by Orgilés et al., (2020) statistics pertaining to increases in screen time are reported alongside statistics relating to decreases in physical activity and sleep quality. Mantovani et al., (2021) found that parents of Italian children aged 1-10 were concerned about "excessive use" (p.42) of digital technologies and that older children (aged 6-10 in this sample) were using digital technologies for online interaction. The authors (Mantovani et al., 2021) present statistics regarding increased screen time alongside a range of findings about psychological outcomes such as poorer concentration and irritability with the inference being that the two are linked. In both of these studies however, the potentially social nature of screen time is not fully explored despite the finding that moderate amounts of screen-time are not unanimously harmful (Przybylski & Weinstein, 2017). Furthermore, children's views on these interactions were not elicited.

In contrast to negative accounts, Fry (2021) argued that media use had been a “lifeline” (p.37) which facilitated social support and shielded American adolescents from isolation. Similarly, Ellis et al (2020) explored the social and emotional experiences of Canadian adolescents during lockdown and found that interacting with peers online was associated with both lower levels of loneliness and greater depressive symptoms. The authors (Ellis et al., 2020) also noted that virtual communication could increase the likelihood of ostracism or bullying. By addressing the social aspect of adolescents’ activities in relation to their well-being, Ellis et al., (2020) provide a more nuanced picture of the relationship between screen use, interactions and outcomes. In Spain, Nahia et al., (2020) spoke with children and found that they did not all enjoy digital communication with peers, many argued that it was just not “the same”. The above studies demonstrate the relevance of considering the ways in which children’s interactions may have continued using digital mediums, they also illustrate a gap in research with younger children and children in England.

One way to think about children’s social experiences during lockdown is to consider research about their social experiences pre-lockdown. Whilst several researchers have noted that some children have missed friends (Stoeklin et al., 2021; Nahia et al., 2020) few studies considered how time away from the social environment of school may be positively regarded by some children. As aforementioned, some children find that their peer interactions are typically characterised by feelings of isolation, anxiety or low self-esteem (Rubin et al., 2009; Howard et al., 2017) and thus it is perhaps understandable that for these children - and possibly all children who at times must experience disagreement and negotiation (Pellegrini & Bohn, 2005) - time away from others may bring greater ease. This could be particularly relevant for children and young people with SEN who some have argued are more likely to experience peer victimisation (Schwab et al., 2015) or rejection (Mand, 2007). However, as described above it is important to note that not all children with SEN experience social difficulties. In considering the potentially protective nature of lockdown, Hoekstra (2020) described how school closures might reduce exposure to bullying, conflict and social or academic pressure for some adolescents. The notion of a lockdown as a social shield for some children is worthy of consideration given the range of challenges which some children typically experience when interacting

with peers (e.g. Schuster, 2001). However, despite views on the topic (e.g. Hoekstra, 2020) there is limited research in this area and few studies which have sought children's own views on this topic.

2.7 Contextual Factors and Children's Social Interactions and Play During COVID-19

There were concerns about the impact of socio-economic status and/or other vulnerabilities on families during this crisis. In an open letter to the government, over 1500 paediatricians and child development 'experts' raised concerns regarding social and health inequalities for children and families from less advantaged backgrounds during school closures (RCPCH, 2020). Clemens et al., (2020) described how children might be considered to be in one of three groups: those for whom lockdown will have been advantageous and they will prosper; those for whom lockdown will have mild adverse effects due to difficulties accessing online learning or social opportunities; and those for whom lockdown will be harmful as they find themselves in increasingly dangerous home environments. These authors call for researchers and governments to give special consideration to groups who were facing economic, social or psychological adversity pre-lockdown.

Several authors have considered the impact of poverty during the pandemic. Van Lancker & Parolin (2020) consider how social and health outcomes for children living in poverty may be particularly disadvantageous owing to limited financial and educational resources at home. In initial research with children and their caregivers, Barnado's (2020) have found that children living in poverty expressed the most concern regarding family finance. Evidence from other health-related emergencies also highlights the significant role of financial resources: during the 2014 Ebola outbreak in West Africa children and women from the most deprived backgrounds suffered the worst psychological, social and economic hardship as a result of the outbreak (United Nations Office for the Coordination of Humanitarian Affairs, 2015). There are many social and political differences between Africa and the UK and Ebola appears to be considerably different to COVID-19, however the role of deprivation in shaping familial outcomes in response to adversity is perhaps shared (Prime et al., 2020). Whilst Van Lancker & Parolin (2020) and Barnado's (2020) draw attention to potentially vulnerable groups, they do not explicitly consider how finances might

affect children's social interaction. For example, one might argue that limited access to space at home for play with siblings or limited access to video technology for calling friends may present a significant barrier for some children.

In addition to concerns regarding finance, there are other contextual factors which may be relevant to children's outcomes in response to COVID-19. Race may be a factor: Prime et al., (2020) note how experiences of marginalisation and/or racism might influence familial coping and child outcomes. Research with British Asian parents supports this concern with the finding that children with Chinese heritage had been subjected to racist bullying during the pandemic (Pang, 2021). Specific health needs of family members may also be relevant. Barnado's (2020) found that young carers felt particularly isolated due to the need for shielding and worries about family members' health. Health concerns could also impact caregiver stress or wellbeing (Prime et al., 2020). Related to the impact of wealth, it is also possible that the location of the family home might be significant. Browne et al., (2016) found that contextual stress related to poor neighbourhood quality could impact family relationships and child wellbeing. The research above documents some of the ways in which contextual factors might be associated with children's interactions during the pandemic including: experiences of bullying; isolation from peers; or turbulence in family relationships.

Considering children with SEN, Barnado's (2020) believe that some have been disproportionately affected by closure of services and structures which provided them with social support. Moreover, others have suggested that some children with additional needs may have found it more difficult to understand abrupt pandemic-related changes to their activities and interactions (Couper-Kenney & Riddell, 2021) or to use digital mediums of interaction (Canning & Robinson, 2021). Unfortunately, research which elicits the viewpoints of children with SEN is limited (Couper-Kenney & Riddell, 2021) and initial findings or arguments are often based on existing research findings or caregivers' viewpoints.

Although children's experiences pertaining specifically to their social interactions are often absent from conversations surrounding the pandemic, children's social interactions during the pandemic have received attention from academics with an interest in family systems (e.g. Prime et al., 2020). In these accounts, social

interactions are considered in terms of relation quality rather than quantity and the emphasis is on the ways in which interactions – or proximal processes (Bronfenbrenner & Morris, 2006) – can act as a mechanism which contributes to other outcomes such as anxiety or happiness. Notwithstanding these differences, the consideration of interactions can aid our understanding of children's interactions within this research. The conceptual framework proposed by Prime, Wade and Browne (2020) illustrates how interactions within the family system might mediate the relationship between the COVID-19 pandemic and child adjustment. Alongside describing a range of contextual risk factors associated with familial and child wellbeing in response to COVID-19, Prime, Wade and Browne (2020) also consider factors associated with resilience. The balance within this framework provides a tool through which to consider the positive outcomes which have been documented (e.g. Children's Parliament Scotland, 2020) alongside the difficulties which children and families have experienced (e.g. Fox et al., 2020).

Central to the framework by Prime, Wade and Browne (2020) is the idea that COVID-19 related stress enters the family system through its impact on caregivers, this in turn is believed to impact upon other relationships within the family. There are multiple stressors which might have affected caregivers during the pandemic. Feminist researchers have highlighted the specific challenges faced by parents navigating childcare commitments alongside work during lockdown (Crook, 2020). As part of this, many caregivers have had to balance home schooling and work (Pozas et al., 2021), something which is believed to have had a negative impact on their welling (ONS, 2020). In particular, there has been international and national concern about the impact of additional childcare commitments on women (United Nations, 2020; Smith et al., 2021); with data from UK-families suggesting that women have been spending more time caring for and home-schooling their children than men (Adams-Prassl et al., 2020). In another study, Willner et al., (2020) found that caregivers whose children had SEN were experiencing stress owing to difficulties accessing social support. These studies illustrate the importance of considering factors which may have influenced children indirectly through influence on their caregivers.

Prime et al., (2020) describe how caregiver stress might contribute to poorer parent-child interactions citing a range of historical studies which support this suggestion.

For example, Neppl, Senia & Donnellan (2016) found that economic hardship which led to conflict between parents and stress was associated with harsher parenting approaches and subsequent externalising behaviour displayed by children. Conversely, when researching families in Iowa who had experienced economic decline, Conger and Conger (2002) found that positive parental relationships and nurturing parent-child interactions characterised by warmth and affection alongside appropriate monitoring were able to shield children from negative emotional and behavioural outcomes. Early studies exploring COVID-19 from Italy and Spain suggest that caregivers' stress-levels are associated with their perceptions of familial harmony and children's wellbeing (Orgilés et al., 2020). It would be helpful to understand from both caregiver and child perspectives, how children's social interaction within the home might have changed as a result of the pandemic and risk-factors (e.g. wealth, home location) associated with this.

Although not noted by Prime et al., (2020) one factor which has been associated with caregiver coping and child outcomes is self-efficacy. Self-efficacy is an individual's belief in their ability to complete a task (Bandura, 2006), it is understood that our sense of our own personal efficacy influences our actions (Jones & Prinz, 2005). When exploring the role of self-efficacy within families, researchers often look at parental-self-efficacy (PSE). This has been described as "the expectation caregivers hold about their ability to parent successfully" (Jones & Prinz, 2005, p.342). A review of research into PSE has shown that it is influential across a range of outcomes for parents and children (Albanese et al., 2018). With regards to social interactions, research with Finnish families found that high PSE was associated with higher social competence in children and lower loneliness (Junttila et al., 2007). This suggests that PSE is potentially relevant to both the quality and amount of children's social interactions.

Some initial research has explored the role of PSE in relation to COVID-19: in Italy, researchers have identified a relationship between PSE and children's emotional regulation (Morelli et al., 2020); in Poland researchers have found associations between PSE and positive parent-child interactions (Gambin et al., 2020). The research in Italy (Morelli et al., 2020) and Poland (Gambin et al., 2020) accessed PSE in different ways, using what Jones and Prinz (2005) might term 'general' or 'specific' measures. Whilst the two aforementioned studies (Morelli et al., 2020;

Gamin et al., 2020)– and the plethora of existing literature (see Albanese et al., 2019 for a review) – underscore the potential relevance of PSE in outcomes for children during the pandemic, there is little existing research which explores children's social activities in relation to PSE. There is also not yet a great deal of research completed with families in England.

Moving beyond child and caregiver interactions, Prime et al., (2020) describe how contextual stress can enter the family system via caregiver stress and detrimentally impact sibling relationships too. However, the authors (Prime et al., 2020) also consider how sibling relationships can be protective during familial adversity. In a UK-based study, Gass et al., (2007) found that positive sibling relationships - characterised by affectionate older siblings - were associated with reduced internalising behaviour (for younger siblings) in response to highly stressful life events. Similar findings were also reported in America, where Davies et al., (2018) found that secure sibling relationships characterised by warmth and affection could protect adolescents from emotional insecurity following parental separation. Currently, very little information is available regarding children's interactions with siblings during lockdown or factors which may have shaped these interactions.

As is illustrated in research regarding sibling interactions and relationships, family systems can provide comfort and resilience during adversity. Understanding the protective nature of family interactions might be particularly helpful in relation to COVID-19 given the number of studies where children have reported enjoyment of time spent at home with their family (e.g. Nahia et al., 2020; Stoeklin et al., 2021). In her family resilience framework, Walsh (2016) explores how individual response to adversity is best explored through a family system model encompassing: belief systems, organisational processes, and communication/problem solving processes. Interactions feature frequently in Walsh's (2016) framework and she references the value of connectedness, positive interactions, sharing of emotions, cooperation and caregiving.

2.8 Summary

Social experiences – whether joyful, conflictual or neutral – are believed to be beneficial to children's development, wellbeing and school adjustment. Yet owing to the global outbreak of the COVID-19, many children experienced a curtailment in

their social opportunities owing to lockdown. Initial studies exploring the impact of COVID-19 have suggested that some children have been feeling anxious, lonely, bored or frustrated. Alongside this, other studies have also highlighted exceptions where children have felt as they did previously or have enjoyed time at home with family. In both evaluative accounts, interactions with others appear to play a role.

Existing studies into COVID-19 tend not to explicitly explore the social experiences of children, focusing more on children's mental health. Published research in the UK into children's experiences is also limited. Where research into COVID-19 has addressed social interaction, the results are mixed. On the one hand, some studies suggest that children have experienced loneliness as they have missed contact with peers. However, on the other hand there is the argument that for some children who find 'typical' interaction challenging (e.g. due to peer victimisation), lockdown may have provided some relief. On the second point regarding the protective nature of lockdown in relation to social activities, research is more limited.

Digital forms of interactions appear to have been relevant to children during the pandemic however much research exploring this explores screen-time in solely quantitative ways with a tendency to suggest negative associations. There is limited research which explores the digital interactions of younger children and children with SEN during the pandemic and limited attention to the potentially positive role of digital media use.

Within the context of increased time at home, some researchers consider how interactions have been a source of difficulty with family relationships under strain. However, available accounts from children are often positive about time spent with family and there is research which attests to the potentially protective role of sibling and parental relationships during lockdown. Thus, the experiences of children may be variable.

There are several contextual factors which are thought to influence child outcomes during the pandemic however little available research exploring the impact of these factors on children's interactions during COVID-19. When considering family systems models, Prime et al., (2020) propose that contextual factors have impacted interactions within the family however there is limited information about how this may be happening during the emerging COVID-19 pandemic.

Where researchers elicit child voice, social activities and interactions are often mentioned in relation to wellbeing however in general, children have not had many opportunities to share their views during the pandemic (Cuevas-Parra, 2021). Moving forward, more research conducted with children in the UK and more research which explores how children have experienced social interaction during this time would be helpful. As part of this, it may also be useful to consider how factors such as family context might influence child experience.

3.0 Methodology

In this chapter I will: state the aims of the research; describe my epistemological influences and approach; and provide the research questions for phases one and two. Following this, I will summarise the study design before looking at each phase of the research in turn to outline the: recruitment procedures, data collection materials and processes, and data analysis techniques.

3.1 Research Aims, Study Design and National Context

3.1.1 Research aims

My aim in this research was to explore the impact of COVID-19 on children's social interactions and play. The aims for each phase are as follows:

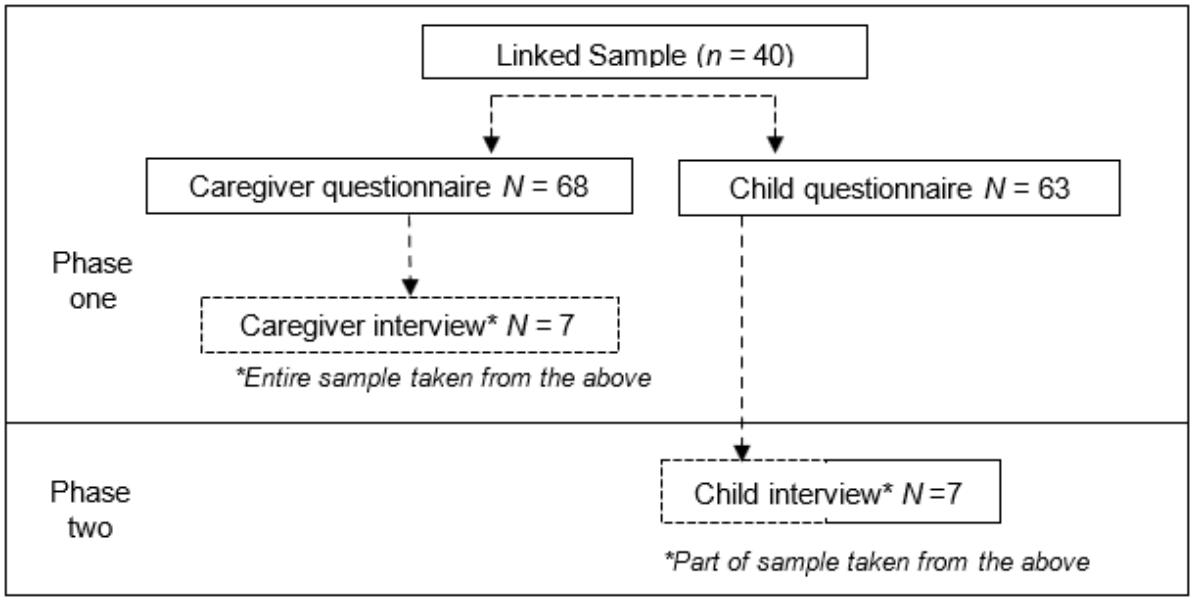
- **Phase one:** To understand any changes in children's social interactions and play during the COVID-19 restrictions. As part of this understanding, to consider factors associated with changes and caregivers' perceptions.
- **Phase two:** To explore children's perceptions of any changes to their social interactions and play during COVID-19 restrictions prior to the school return.

3.1.2 Study design

Study design is illustrated in Figure 1. As outlined in section 3.2, I approached study design in an emergent way. Initially, it was unclear if it would be possible to interview children so for phase one I attempted gain a basic picture of any changes through an online questionnaire for caregivers and an online questionnaire for children. Following this, to deepen my understanding of my initial research questions as part of phase one, I interviewed a sample of caregivers who had completed the questionnaire. For phase two, I wanted to give more attention to children's voices and to elicit their perceptions in more depth. As the pandemic measures evolved it became evident that it would be most feasible to interview children virtually. Therefore, for phase two, I conducted semi-structured interviews with children – some of whom had also participated in the phase one questionnaire.

Figure 1

Study Design

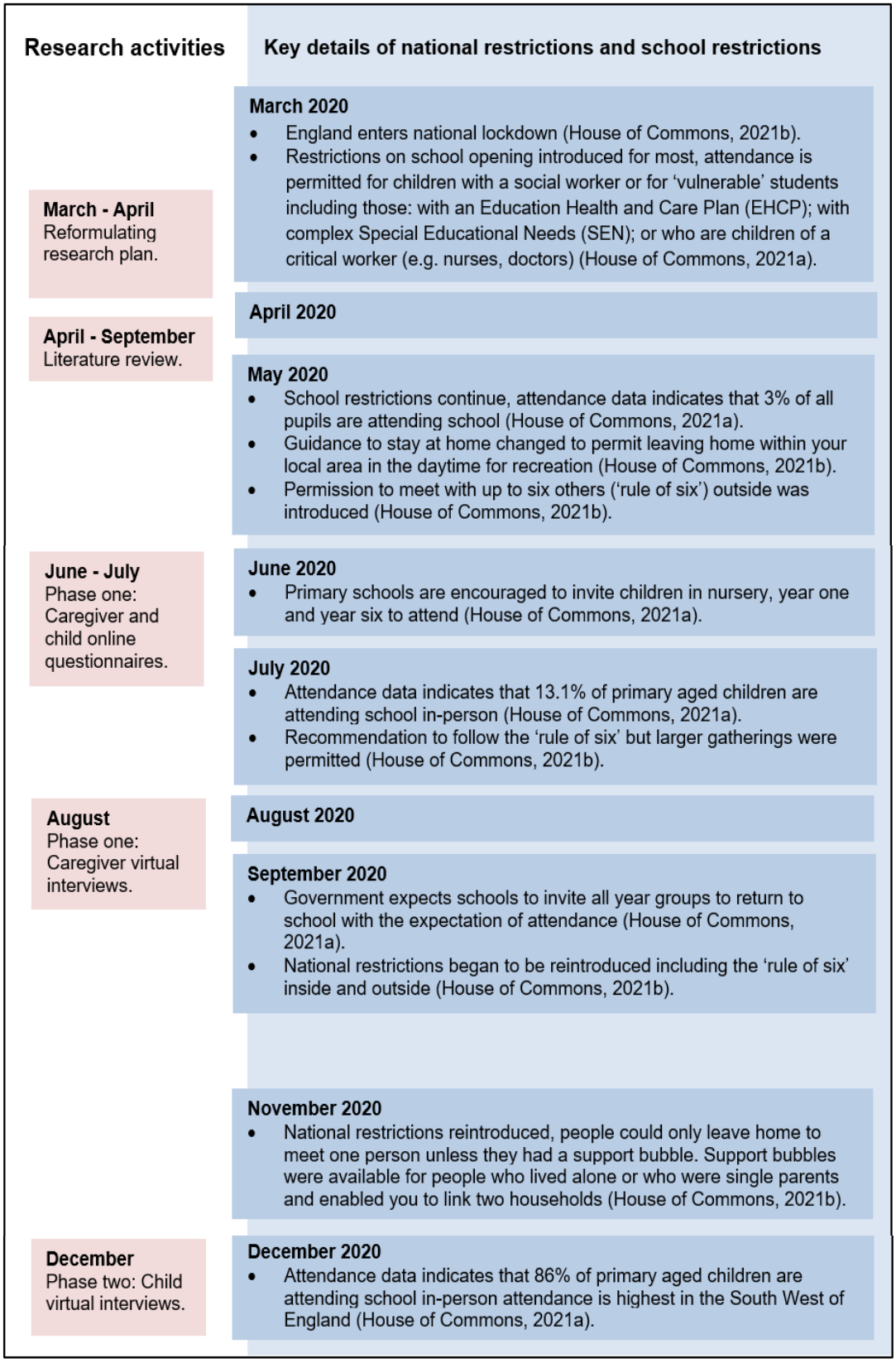


3.1.3 Research activities in relation to the national context

Some summary details regarding the national context of COVID-19 restrictions in England including school restrictions are included in figure 2 alongside details of key research activities. Phase one data collection - including online questionnaires and interviews with caregivers – took place from late June 2020 through to August 2020. Phase two interviews with children took place in December 2020. During phase one, there was a shift from most primary school year groups not attending in person to some year groups (year one and six) attending. During phase two, all year groups had been expected to attend school for the previous four months. The context beyond schools changed many times throughout my research and restrictions have been both relaxed and reintroduced many times from the month where the government introduced the initial national lockdown (March 2020) to date. Summary information regarding a timeline of the lockdown restrictions imposed upon schools and wider society is available from the House of Commons Library (House of Commons, 2021a; House of Commons, 2021b), details relevant to this research have been summarised in figure 2.

Figure 2

Research Activities in Relation to the National Context



3.2 Epistemological Influences and Approach

Many research textbooks suggest that researchers should consider their paradigmatic position (e.g. Gray, 2018) arguing that outlining one's 'triad' of ontology, epistemology and methodology is key (Crotty, 1998). However, in this research, my approach does not align solely within one paradigmatic position or 'container concept' (Biesta, 2015). Instead, my research approach has been shaped by multiple epistemological influences - which I will explore below – alongside practical considerations and constraints brought about by the COVID-19 pandemic. The dominant idea that research must be informed by one unitary paradigm has been challenged on the grounds that researchers may be discouraged from exploring diverse assumptions underpinning their research (Biesta, 2015). Whilst highlighting many shortcomings with the view of paradigms as unitary constructs, Norwich (2020) proposes that researchers adopt flexible research designs where methodology is central and epistemological positions can be plural.

In early planning stages, I had initially hoped to complete my research in a prespecified way, however the COVID-19 pandemic led me to approach my research in an unfolding or emergent way (Miles, Huberman & Saldaña, 2013). In response to the changing research context around me, I used a mixed method design where I endeavoured to gain a better understanding of my research questions through sequential layers of data collection. To do this, I used questionnaires followed by interviews and I sought views from both caregivers and children. One of the advantages of mixed methods research (MMR) is the researcher's ability to deepen and expand their understanding of research questions (Cresswell, 2012) and improve inferences by integrating both quantitative and qualitative data (Tashakkori & Cresswell, 2007).

Epistemologically, MMR is often associated with pragmatism (Teddlie & Tashakkori, 2012), in some ways my approach was pragmatic however my epistemological position does not align with philosophical pragmatism. In approaching my research design with reference to the practical constraints around me, I used what Biesta (2005) referred to as 'everyday pragmatism' however as Norwich (2020) explained, "there is a difference between being pragmatic about research methods and pragmatism as an epistemological or philosophical stance" (p7). By adopting

methodological pragmatism and only attending to methods, researchers may overlook their underlying and influential philosophical assumptions (Maxwell & Mittapelli, 2010). To apply methodological pragmatism in just this way in the current research could limit my application of thematic analysis (TA) where researchers are advised to: “Be fully cognisant of the philosophical sensibility and theoretical assumptions informing their use of TA” (Braun & Clarke, 2019, p.6). Yet whilst I am cautious not to claim use of pragmatism on purely methodological grounds, there are elements of philosophical pragmatism which have shaped my approach. For instance, my emphasis on what children *did* during the pandemic could be likened to the focus on action in Deweyan pragmatism, similarly Deweyan pragmatism also suggests that one can explore problems through experience: something I attempted to achieve in interviews (Dewey, 1915).

Alongside some associations with pragmatic epistemological approaches, I was also influenced by realism in my research. Maxwell and Mitapalli (2010) suggest that researchers using MMR to combine quantitative and qualitative can interpret findings using critical realism. In their depiction of critical realism, Maxwell and Mitapalli (2010) suggest that there is one reality and multiple perspectives or experiences of that reality. Critical realist approaches (e.g. Bhaskar, 1989) can aid interpretation by addressing the influence of context on participant’s experiences and perspectives (Maxwell & Mitapalli, 2010). Critical realists view reality as something which exists in an open system where things can change in response to variations in context (Norwich, 2020). To be valid, Maxwell and Mitapelli (2010) argue that researchers need to demonstrate awareness of what Norwich (2020) refers to as the open system of contextual influences: this is considered more important than procedural purity. My research did employ critical realism in the sense that I did believe in the existence of a real pandemic and I sought to explore this reality, perceptions of it and influences on these perceptions.

3.3 Research Questions

There were seven initial research questions (Figure 2 and Figure 3) an eighth research question was added during analysis of phase one interviews.

3.3.1 Phase One Research Questions

Figure 3 shows the initial five research questions for phase one, these included:

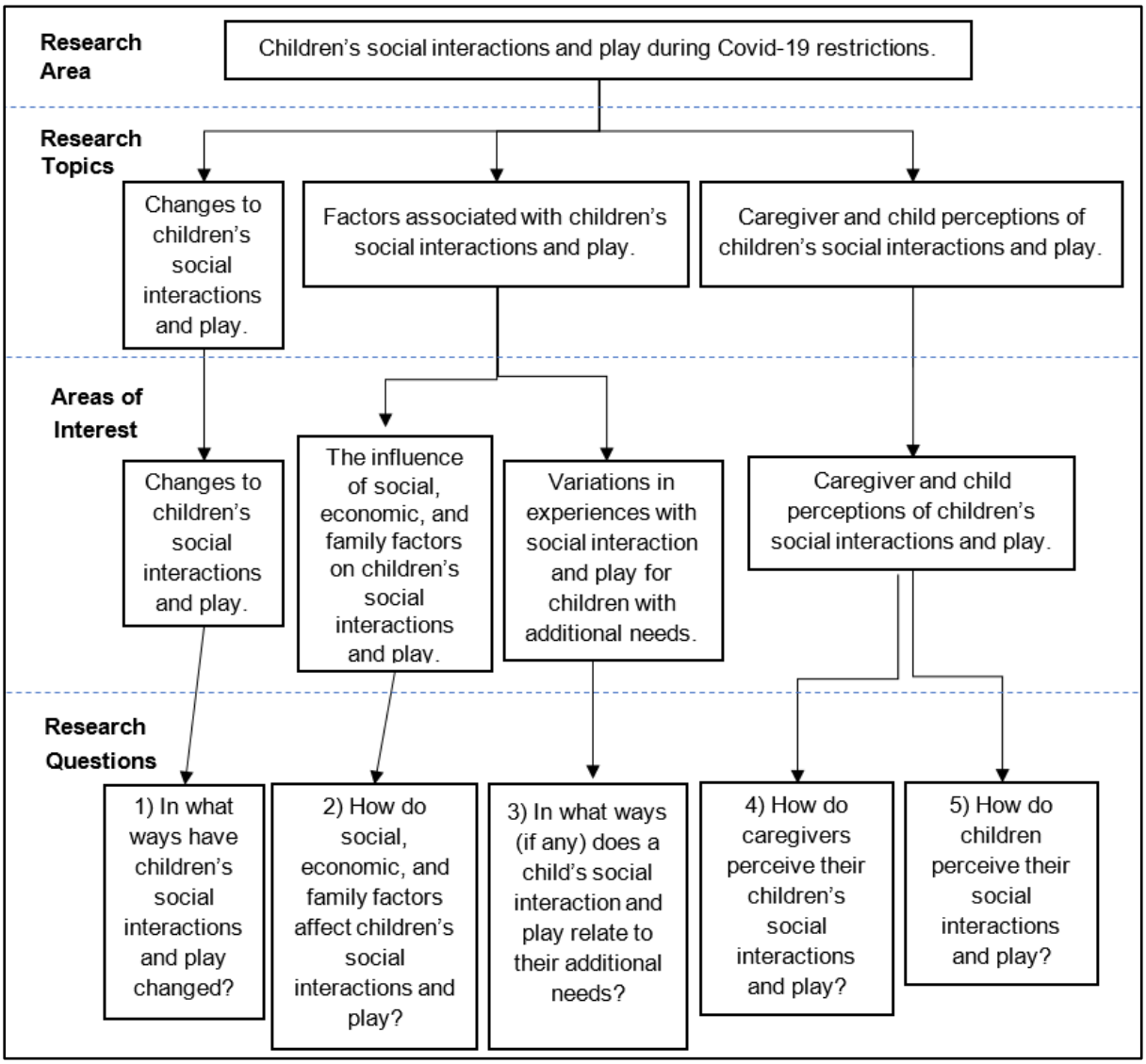
- **Research question one:** In what ways have children's social interactions and play changed?
- **Research question two:** How do social, economic, and family factors affect children's social interactions and play?
- **Research question three:** In what ways (if any) does a child's social interaction and play relate to their additional needs?
- **Research question four:** How do caregivers perceive their children's social interactions and play?
- **Research question five:** How do children perceive their social interactions and play?

As part of thematic analysis of caregiver interviews an additional research question was created:

- **Research question six:** What changes do caregivers notice in their children in relation to any changes to their child's social interactions and play?

Figure 3

Research area, topics, interests and questions for phase one.



3.3.2 Phase Two Research Questions

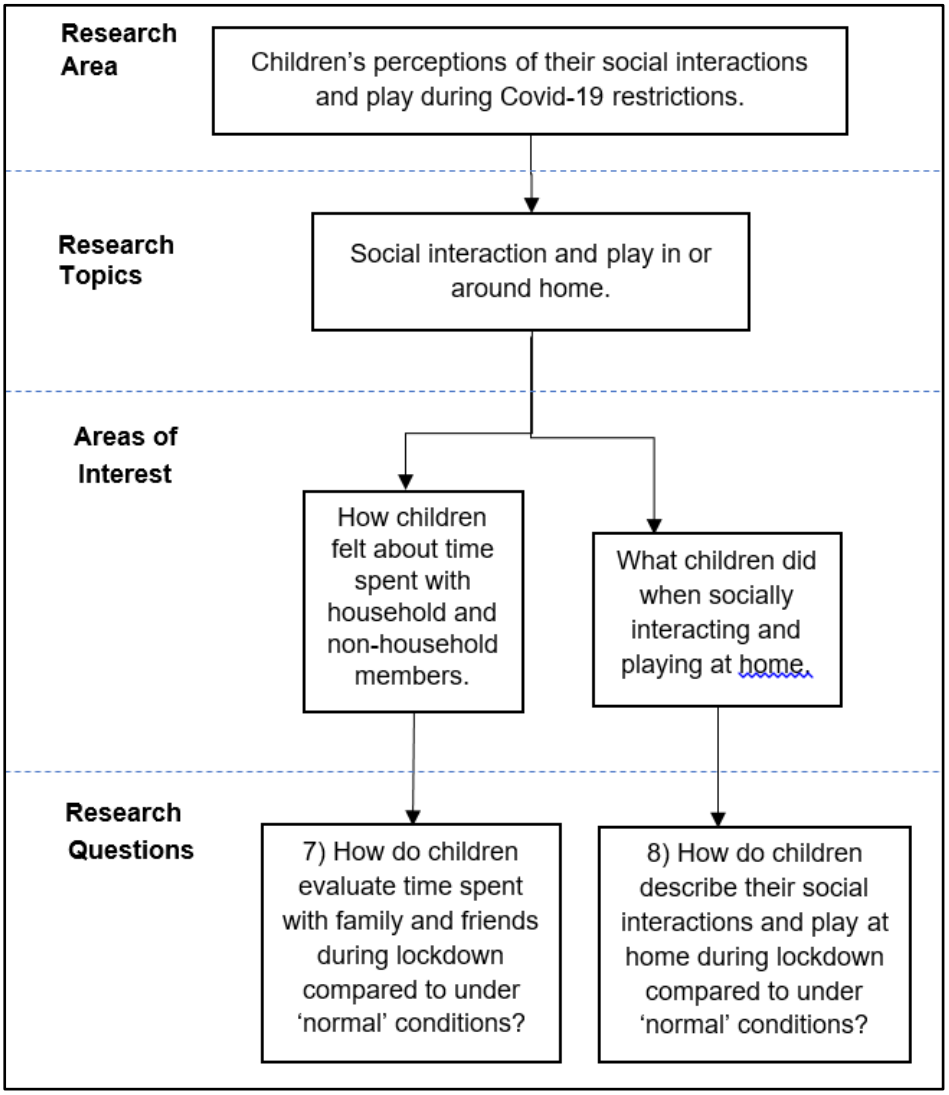
For phase two, my initial focus was broad and in part this was a response to the changing context. When speaking with children as part of phase two, it was necessary allow discussion of their return to school because this was a salient part of their experience at the time in which interviews were conducted. However, when analysing and discussing the findings I have decided to focus on the children's experiences at home as this was more in-keeping with the focus of phase one. Results which explore the children's views regarding their return to school are included in the appendices (appendix K).

Figure 4 outlines the research questions for phase two, these included:

- **Research question seven:** How do children evaluate time spent with family and friends during lockdown compared to under 'normal' conditions?
- **Research question eight:** How do children describe their social interactions and play at home during lockdown compared to under 'normal' conditions?

Figure 4

Research area, topics, interests and questions for phase two.



3.4 Phase One Research Methods

3.4.1 Recruitment

3.4.1.1 Online questionnaires. Participants were caregivers of children aged 7-11 (*N* = 68) and children aged 7-11 (*N* = 63). Initially, I asked known contacts in

educational psychology services in southwest England to share recruitment materials with their mainstream or specialist primary school contacts. I contacted interested schools to provide more information and consent forms. School leaders were invited to disseminate recruitment materials and a link to the online questionnaires to caregivers in their key-stage two cohort. Schools used a range of approaches to do this: school newsletters; email or similar (e.g. ParentMail); and social media channels (e.g. Facebook). I provided written copy for emails and a small poster for schools to post on social media. Recruitment materials (appendix A) explained that the research was not being conducted by the school and that it was not obligatory for students or caregivers to participate. Paper copies of questionnaires were offered to schools for any interested participants who may not have internet access. In return for involvement, schools were provided with an anonymous summary report of responses from participants at their school (appendix L).

For online recruitment, I identified a caregiver's Facebook group (e.g. Bath Mums and Dads) within each southwest local authority area. Local authority areas included: Bath and North East Somerset, Bristol, Cornwall, Devon, Gloucestershire, Plymouth, Somerset, South Gloucestershire, and Torbay. Given that research question three related to the role of additional needs, I also identified one caregiver's community Facebook group for each local authority area with an emphasis on children with additional needs (e.g. South Gloucestershire Caregivers). Finally, to increase participant numbers I shared recruitment materials on my Facebook feed and some friends shared this, the post was open to participants from across England.

3.4.1.2 Semi-structured Interviews. Participants for the follow-up semi-structured interviews were taken from a sample of those who had participated in the online questionnaire; this was opportunistic sampling (Gray, 2018). At the end of the questionnaire, caregivers were asked if they would be interested in participating in further phases of the research, 42 participants expressed interest. From the list of 42, 35 were chosen to reflect a diverse range of responses to the questionnaire items and to include some caregivers who indicated that their child had additional needs (n = 11) and some who did not (n = 24). A resultant seven caregivers participated in follow up interviews.

3.4.2 Materials

The caregiver questionnaire was created online using Jisc Online surveys. I piloted the survey with two parents I knew who have children aged 7-11. As a result of the initial pilot, several typos were removed and the option of 'not applicable, not a household member' was added to questions 14, 15 and 17. Table one shows links between the questionnaire and the research questions; some questions are in an abridged format however the full questionnaire is available in the appendices (appendix G).

Given the novelty of the research area, access to literature for questionnaire design was limited therefore I also used related previous research and my own understanding of the COVID-19 pandemic in relation to my research aims. When writing questions about interaction partners I considered work by Howard and colleagues (2017) exploring play in middle childhood. For questions about interaction mediums, I drew on my experiences of working with young people and on personal accounts of friends with children regarding the ways in which their children were interacting during the pandemic. When considering contextual factors that may be impacting children's play and socialising, I had access to commentary which suggested that various contextual factors may relevant (e.g. Prime et al., 2020) however published research exploring the nature of this was limited. Given these limitations, I wrote questions pertaining to contextual factors by considering: available published or unpublished literature (e.g. Clemens et al., 2020; Barnardos, 2020; RCPCH, 2020); published research exploring contextual factors that impact upon children (e.g. Son et al., 2014); my broader theoretical understanding of systems theories (e.g. Bronfenbrenner & Morris, 2006); and my awareness of factors which may be important based on my experiences at the time (e.g. media reports or conversations at work). For the questions about additional needs, I drew on categories of special educational needs outlined in the Code of Practice (Department for Education, 2015).

To explore the potential role of caregiver self-efficacy in relation to children's social interactions, I included a number of questionnaire items about this. Bandura (2006) posits that self-efficacy scales are most relevant when tailored to the domain in question: in this instance, I sought to measure caregivers' perceptions of their

capability with regards to facilitating their child's social interactions and play during the COVID-19 pandemic. Given the novelty of the topic area and the requirement for self-efficacy items to be closely aligned to the task and situational demands (Bandura, 2006), it was necessary to create new self-efficacy questions. I later considered the self-efficacy items together under a shared label of social facilitation self-efficacy (SFSE). I chose this term to reflect caregiver's perceived capability to: devise plans (e.g. think of ways for their child to socialise with other children); set plans in motion (e.g. contact other parents); and support their child's interactions with others (e.g. encouraging their child).

In his work, Bandura (2006) explains that measurement of self-efficacy ought to be phrased with questions around participants' perceived capability, therefore participants were asked to consider their confidence in their ability (self-efficacy) to do tasks by responding to a scale with descriptive labels ranging from 'Highly certain can do' to 'Cannot do at all'. To account for barriers which may make an efficacy question impossible to answer (e.g. a child not having siblings) the option of 'not applicable' was included to the response scale. Subsequent analysis of the internal reliability of the scale is provided in chapter 5 alongside consideration of any relationship to other information around self-efficacy collected through interview.

Table 1

Research Questions Associated with Caregiver Questionnaire

Research Question	Caregiver Questionnaire Question
1: In what ways have children's social interactions and play changed?	Q14. How much time is your child spending interacting with the following members of your household now compared with a typical day before lockdown? Q15. How well your child is getting on with household members now compared to before lockdown? Q17. Please consider the ways in which your child plays and socialises with people who do not live in your household now compared to a typical day before lockdown. Q17a. What has been the impact of these changes? Q17b. Are there other ways in which your child interacts with children who do not live in your household? Q18. Please consider the amount of time that your child is spending playing and socialising with people who do not live in your household now compared to a typical day before lockdown. Q18a. What has been the impact of these changes?
2: How do social, economic and family factors affect children's social interactions and play?	Q13. Who is currently living in your household during lockdown? Q16. Do you feel that any of the following factors [a] have impacted upon your child's play and socialising during lockdown? Q16a.-Q16g. Why? Q21. On a scale of 0 - 10, please rate how confident you feel about the following statements. (a measure of parental self-efficacy). Q21a. Please describe your responses.

3: In what ways (if any) does a child's social interaction and play relate to their additional needs?	Q11, Q11a, Q11b, Q11c – Demographic questions related to child's additional needs. Q11c.i. Please identify to what extent you agree with the following statement: My child's additional needs have impacted on their play and socialising with other children during lockdown. Q11c.ii. Please explain your answer by giving as much detail as possible.
4: How do caregivers perceive their children's social interactions and play?	Q20. Please indicate the extent to which you agree with the following: Q20a. I am concerned about the long-term impact of lockdown on my child's social skills. Q20b. I am concerned about the long-term impact of lockdown on my child's friendships. Q20c. I am satisfied with the frequency of my child's play and socialising with others. Q22. Have you noticed any positive changes to your child's play and socialising with others since lockdown? Please describe them. Q23. Have you noticed any negative changes to your child's play and socialising with others since lockdown? Please describe them. Q24. Is there anything else that you would like to add?
5: How do children perceive their social interactions and play?	Q20. Please indicate the extent to which you agree with the following: Q20d. My child is satisfied with the frequency of their play and socialising with others

Note. Questions are presented in an abridged format; a full version is available in the appendix (appendix G).

[a] Response options included: Parental working pattern; limited access to space within the home; the location of the home (e.g. rural and isolated or perhaps somewhere unsafe for outdoor play); additional needs of another household member

(e.g. illness or disability); limited access to technology; academic pressures on child; none of the above; and other.

3.4.2.2 Children's Questionnaire. I created the children's questionnaire online using Qualitrics. I piloted the questionnaire with two children aged 7-11 (one girl and one boy) who were family friends. As a result of the pilot, I changed some of the examples provided to children alongside categories (e.g. by video games I added the example activities of 'Super Mario or Roadblox'). Table two shows links between the questionnaire and the research questions.

For research question one, I based the list of play and social interaction activities on research about play in middle childhood (Howard et al., 2017). I also used the research by Howard et al., (2017) to inform the options for interaction partners. For research question five, I wanted to think about how children's well-being wellbeing in relation to their social experiences and changes to these. To explore this, I wanted to look at a more general measure of wellbeing whilst also focusing in more depth on children's sense of social wellbeing. When conceptualising 'social wellbeing' I drew influence from the work of Graham et al., (2016) who found that children often situate their understanding of well-being in relational contexts and appraise wellbeing with regards to the experiences that they shared with peers (e.g. laughing, sharing secrets, being bullied) and their positive affective responses to these (e.g. feeling happy, feeling less worried). In this research, I define 'social wellbeing' in terms of children's affective experiences within their social relationships with other children. My definition of 'social wellbeing' differs from other definitions of social wellbeing which look at an individual's social functioning within society (Westerhof & Keyes, 2010).

Graham et al., (2006) did not create a social wellbeing scale however it was possible to identify a multi-domain measure of wellbeing from which to take questions. The Multidimensional Student Life Satisfaction Scale (MSLSS) (Huebner, 1994) is a multi-domain wellbeing scale which covers areas including family, friends, school, living environment and self. I felt that the first nine 'Friends' items in the MSLSS (Huebner, 1994) captured some of the sentiment of social wellbeing that I sought to explore. The MSLSS (Huebner, 1994) items included in the children's questionnaire were: My friends treat me well; My friends are nice to me; I wish I had different

friends; My friends are mean to me; My friends are great; I have a bad time with my friends; I have a lot of fun with my friends; I have enough friends; and my friends will help me if I need it. To build upon this, I then considered the themes identified by the child participants in the Graham et al., (2016) paper and added a further five items which were not captured by the list in the MSLSS, these related to the themes of: laughter and fun; worries and confiding; exclusion; and bullying. The five items I added as a result of this were: I laugh with my friends; I can tell my friends about things that are worrying me; Children bully me; Children leave me out; and Children encourage me to do bad things.

In addition to the wellbeing items which I chose to reflect my concept of 'social wellbeing' I also included questions from the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), this scale has been shown to be appropriate in use with children under eleven (Liddle & Carter, 2015). The WEMWBS (Liddle & Carter, 2015) items were included to provide a more general measure of wellbeing which could support inferential analysis pertaining to play and socialising (e.g. is there an association between children's social activities and their general wellbeing?). In the full WEMWBS, Liddle and Carter (2015) include three additional optional questions which can be included as a social desirability indicator, these include: 'I have always told the truth'; 'I like everyone I have met'; and 'I always share my sweets'. In addition to concerns about questionnaire length, I felt that the social desirability questions would be less effective in the context of lockdown where a question such as 'I like everyone I have met' may be literally interpreted by a child as everyone they have met during lockdown, which may in some instances be only their parents. As a result of these concerns, I opted not to include the additional social desirability sub-test items. The risk associated with this is that participating children who might respond in ways that they perceive to be socially desirable (e.g. positive responses) may not be identified. I discuss this in the limitations section.

I used a pictorial scale towards the end of the children's questionnaire to improve participant engagement and user experience. Sauer et al., (2021) indicate that pictorial scale elements used alongside simple verbal cues can be supportive for children given that they typically have relatively lower literacy levels than their adult-counterparts. Although some researchers have highlighted concerns regarding the validity of children's responses pictorial scales (e.g. Hall, Hume & Tazzyman, 2016)

others have suggested that they can speed-up processing time for respondents (Strange et al., 2016). Moreover, Sauer et al., (2021) argue that any concerns regarding variability of responses using pictorial scales is reduced when participants respond to multiple items – this was the case in the current research where multiple items were used to create both a sum and mean score. The children who piloted the questionnaire felt that the pictorial scale was easy to understand and "more fun" therefore I decided to maintain the pictorial scale but to add simple verbal cues to aid understanding.

Table 2

Research Questions Associated with Children's Questionnaire

Research Question	Children's Questionnaire Question
1: In what ways have children's social interactions changed?	Q3. Compared to before lockdown, how much do you do the things below at the moment? [a] Q4.Compared to before lockdown, who do you do the things below with at the moment? [a]
5: How do children perceive their social interactions?	Q5. Compared to before lockdown, how much do these things happen at the moment? [b]

Note. Questions are presented in an abridged format; a full version is available in the appendix (appendix H).

[a] Response options included: Sports (e.g. cycling, football); Play outside games (e.g. tag or hop scotch); Play video games or online games (e.g. Super Mario or RoadBlox); Use technology (e.g. iPad or computer); Play board games (e.g. Dobble or Monopoly); Play make believe or pretend games; Do creative activities (e.g. painting or colouring); Play with toys (e.g. Lego or LOLdolls); Play fight; Watch TV (e.g. Netflix or PawPatrol); and Other.

[b] Response options included: My friends treat me well; My friends are nice to me; I wish I had different friends; My friends are mean to me; My friends are great; I have a bad time with my friends; I have a lot of fun with my friends; I have enough friends; My friends will help me if I need it; I laugh with my friends; I can tell my friends about

things that are worrying me; Children bully me; Children leave me out; and Children encourage me to do bad things.

3.4.2.3 Caregiver Semi-Structured Interview Schedule. Individual interviews are considered useful where participants have a personal 'stake' in the topic (Braun & Clarke, 2013). Therefore, given the participants' personal relationship with the subject matter, I felt that individual interviews would be more appropriate than focus groups. I structured the Caregiver interview schedule to reference the participants' initial questionnaire responses before giving them an opportunity to expand upon these (e.g. "*In your survey response you told us a little about changes to X's play and socialising. You said that _____. Tell me more about that")*.

3.4.3 Procedure

3.4.3.1 Questionnaires. There were two online questionnaires: one for caregivers, and one for children. It was optional but not necessary for participants to complete both questionnaires therefore in some families only the child completed the questionnaire, in some only the caregiver did and in other families, both the caregiver and the child completed a questionnaire. In instances where both caregiver and child had completed a questionnaire, participants were invited to link their surveys by providing a real name or pseudonym for the child, this was later used to match cases for analysis.

All participants accessed their online questionnaires through a weblink shared in caregiver recruitment materials. The questionnaires were preceded by information and consent documents and a section outlining what was meant by the phrase, 'Play and Socialising'. Consent was sought before the questionnaire continued. Information was adapted for children and caregivers were encouraged to support their child with reading (appendix E). Caregivers also had to answer a screening question to check that their child was aged 7-11.

3.4.3.2 Caregiver Semi-Structured Interviews. Prior to interviews, participants were invited to complete information and consent forms. When we 'met' for virtual interviews, I went over the information and consent documents and reiterated that there were no right or wrong answers, that it was acceptable to not answer questions or to terminate the interview if desired. Alongside this, I spent time informally chatting with participants for around five minutes to develop rapport.

Interviews were conducted via Microsoft Teams. When participants were ready, I checked that they were comfortable with me starting the recording.

Whist some suggest that interviewers strive for maximum neutrality to support validity (Haslam & McGarty, 2003), interviews are not neutral as “a qualitative interviewer is a human being” (p 80. Braun & Clarke, 2013). Madill (2011) suggests that neutrality could damage rapport between interviewer and interviewee whereas adopting a more personal style can help create rapport with participants (Babbie, 1995). To support validity in another way, Arksey & Knight (1999) encourage interviewers to build rapport with interviewees: they believe this encourages participants to trust the interviewer and share their thoughts openly. I used a semi-structured interview schedule with only key topic areas and prompt questions prepared in advance. After introducing each topic through a question, dialogue was flexible to help participants to share their views in their own way.

Although semi-structured interviews are asymmetric interactions guided by a researcher’s objectives, they can share some qualities with informal conversation (Madill, 2011). When interviewing, I used “non-evaluative guggles” (e.g. mm, I see, aha) (Braun & Clarke, 2013) to demonstrate interest and encourage the interviewee to continue; I also used confirmations occasionally (e.g. yes, mm hmm, of course) to demonstrate empathy and provide a level of cooperation which might support the interviewee to continue (Koole, 2003). The interview format enabled me to follow the participants’ leads. Wengraf (2002) outlines the benefits of being able to improvise during interviews by following up in the moment in a more natural way; I tried to do this through open questions (e.g. That’s interesting, tell me more).

3.4.4 Data Analysis

3.4.4.1 Questionnaires. I analysed the questionnaire data with IBM SPSS Statistics Version 24. This involved separate analysis of three datasets: the Caregiver questionnaire; the children’s questionnaire; and finally, the linked sample of caregivers and children.

For each dataset, I began by checking for missing data and excluding participants where either the entirety or a considerable amount of their data was missing. I then prepared the data if required: for example, ensuring that the variable levels were correct and reversing and negatively coded scale items. Each dataset was then

analysed in relation to the research questions, with both significant and non-significant findings reported. This began with descriptive analysis looking at frequencies, percentages and average scores.

There were many Likert-style questions in the questionnaire where participants were rating change (e.g. much less, somewhat less etc) or agreement (e.g. strongly agree, somewhat agree etc). As a result, most of the data is ordinal (Blaikie, 2003). Some argue that use of a mean average is inappropriate with ordinal Likert-style data because the 'distances' between responses cannot be assumed to be equal (Blaikie, 2003). Likert-style data also often shows a skewed distribution (Jamieson, 2004). Statisticians suggest that the median is a more appropriate measure of central tendency with such data (Jamieson, 2004 and Blaikie, 2003). Other academics have challenged this view by highlighting that mean values can be helpful as a measure of central tendency in instances where the data are normally distributed (Sullivan & Artino, 2013). Within my analysis, I have cited both mean and median values – this is beneficial as it enables the reader to spot any skew within the dataset. In the results section, I focus on median values for a number of reasons: firstly, as this has been suggested (Blaikie, 2003) and secondly, as my dataset and groups within are often small in number.

Where descriptive statistics suggested differences between groups or variables, I ran inferential tests. Given that my dataset was largely ordinal and non-parametric (normal distribution cannot be assumed) I used non-parametric analyses (Haslam & McGarty, 2003) and chose the most appropriate test for the format of the data these included: The Friedman test for analysing differences in the central tendency of scores where groups were related; Wilcoxon signed-rank tests to follow identify the nature of any differences identified by the Friedman test; Mann-Witney U test to explore differences between different groups; and Spearman's Rho where correlation analysis was required. When using Wilcoxon signed-rank tests to explore multiple pairings of variables, the likelihood of identifying significant results by chance is increased therefore a Bonferroni adjustment can be used. To use the Bonferroni adjustment prior to a Wilcoxon signed-rank test, I divided the intended significance level by the number of tests that I intended to run as part of each Wilcoxon signed rank-test.

I calculated composite self-efficacy scores for each participant by adding their responses to the eight self-efficacy items. Self-efficacy items were written to reflect caregiver's confidence with facilitating social interactions for their child, I have called this social facilitation self-efficacy (SFSE). Reliability analysis indicated that there was good internal consistency for the SFSE items with this sample (Cronbach's alpha = 0.915) with no items leading to a higher Cronbach's alpha if deleted.

3.4.4.2 Semi-Structured Interviews. I used a reflexive thematic analysis (TA) approach to analyse interview data (Braun & Clarke, 2019). As there are many ways to approach reflexive TA, researchers are encouraged to considering their approach and epistemological position (Braun & Clarke, 2020). As my approach has been guided by critical realism, I have been interested in knowable realities (e.g. what has changed for people and how) alongside the perspectives and emotions that participants associate with these realities. Braun and Clarke (2013) have noted that TA is appropriate for researchers who adopt a critical realist stance. As to my views on the impact of COVID-19, my view when approaching interviews was informed by an initial exploration of questionnaires and the variability, I saw in these. I was also influenced by findings from my literature review which highlighted the differences in experiences.

When describing TA, Braun and Clarke (2020) explain that themes should ideally reflect shared patterns of meaning within the data rather than just topic summaries. However, they also note that it can be appropriate to use topic summaries where researchers reflect on this and justify the need (Braun & Clarke, 2020). In my research, some of my questions were about understanding *what* had changed and *how* – in this way I was analysing the data with a critical realist informed assumption that there were tangible, knowable, and 'real' changes which participants could describe. Therefore, when interpreting the data for these research questions, I did focus more on latent aspects of the transcripts and used a more topic-based approach to theme description at times. However, in other aspects of my analysis I considered different research questions which emphasised participants' perspectives and emotions. When analysing the transcripts in light of these research questions, I focused more on understanding shared meaning in the way that Braun and Clarke (2020) describe.

3.4.4.2.1 Familiarisation and Transcription. I familiarised myself with my data though transcription. To transcribe, I played each audio recording using VLC Media Player, listened to short sections at a time, typed what I heard and replayed many sections of audio recording several times to unsure that the transcription was a thorough representation of the interview. My approach was informed by Braun and Clarke's (2013) description of orthographic transcription, with my aim being to produce a transcript which recorded what was said and by who with minimal adaptation or interpretation.

To promote consistency across transcriptions I created and used a notation system (appendix I). I replayed each recording on a separate day to check for accuracy.

3.4.4.2.2 Coding. To begin, I re-read through each of my transcripts and noted any ideas or concepts by physically annotating each transcript. Then I imported each digital transcript file into NVivo 12 before repeating the coding process by working through each transcript and coding various sections. At times, my coding was interpretive - for example noticing emotions which participants were expressing – and at other times my codes were more descriptive and focussed on latent aspects of transcripts such as which interaction mediums the caregivers spoke about (Braun, Clarke, & Rance, 2015). Often, whilst coding a transcript I would become aware of a code which reminded me of something from a previous transcript, this would lead me to revisit earlier transcripts to amend or add codes. At other points, I would notice one or more similar codes and I might condense or relabel codes for consistency. The process was ever evolving and with each transcript I coded I would have cause to reflect and revisit previous transcripts and codes.

3.4.4.2.3 Identifying and Reviewing themes. To transition from codes to themes, I printed a paper copy of each code list (a summary of all text which had been associated with a code) and worked through the codes, sorting them into similar categories and condensing where required. Where I noticed that text from one code list fitted better with another and I would go back to NVivo and change this. As I worked through this process of reviewing codes, I wrote each code on to a post-it note and began to create visual maps to reflect groupings in relation to the data and research questions. If I felt that code labels were pertinent to more than one

research question, then I duplicated them for the theme maps. I omitted some codes if I felt they were not relevant to the research questions or lacked conceptual coherence. Though this iterative process, I was able to group codes into (loosely) named themes and sub themes and to create visual maps.

3.4.4.2.4 Naming Themes and Writing Up. Using the thematic maps as a starting point I began to write my themes by addressing one research question at a time. As I did this, my theme names changed and I noticed places where subthemes could be condensed or reconfigured. With some datasets, I felt that two research questions could be addressed within one thematic map. With other datasets, I felt I needed to create a new research question to reflect meaning in the data. I amended my thematic maps as I went along, and I produced digital maps using Microsoft Word to reflect my final themes and sub-themes. I incorporated quotes from the code lists into my write up; these were largely used in an illustrative fashion to provide examples for my points. After producing an initial written summary of my themes and sub-themes, I went back through my themes and subthemes with reference to the literature.

3.5 Phase Two Research Methods

3.5.1 Recruitment

Participants were children aged 7-11 (n = 7) and their caregivers. Initial recruitment was completed by using contacts from the phase one interviews. At the end of phase one interviews, I asked participants if they would be interested in being contacted regarding further involvement in the research. I contacted interested adult participants via email with links to digital information and consent documents for adults and for children. In addition to this recruitment strategy, I also contacted schools who had participated in phase one asking them to share recruitment materials with caregivers via email.

3.5.2 Materials

Because the interview schedule was semi-structured, I had prompt questions and key topics in mind but was able to adapt questions in response to the child. Having a semi-structured approach was quite important with the children's interviews not only due to the benefits listed above, but also due to the varied experiences of the

children. Some of the children I had interviewed returned to school in June, whereas others went back in September; owing to the variability, I had to be flexible in the way that I worded questions.

Phases in the children's interview schedule were structured in relation to events in time: the initial lockdown; the initial return to school; and school now. Prior to talking about each topic, I used warm up questions to familiarise the child with the time in question (e.g. "*Do you remember when we first went into lockdown last year? When we had to stay inside and we couldn't go to the park?*) children were asked to talk briefly about what they could remember and this was used to check their understanding (e.g. "*Tell me, what can you remember about that time?"*). As the interview progressed, the semi-structured format meant that I was able to make use of the children's words within my follow up questions (e.g. "*Oooh, ____what does___ mean?"*).

To support children to respond, each topic of discussion was introduced alongside visual prompt pictures (e.g. a closed playground or children playing at home) this was shared virtually. Alderson et al (2005) highlight the importance of supporting children to create and share meaning, they note that considered and appropriate artefacts can empower children to do this. When introducing each phase of time, I also included some prompt images to support understanding.

3.5.3 Procedure

Prior to interviews with children, I asked participants' caregivers to read through the consent and information forms with their child. When I 'met' children virtually on Microsoft Teams, I asked a caregiver to be present initially whilst we said hello. In this conversation, I told the child a bit about me and I talked to them about some of the key themes around consent and participation. Children were reminded that there were no right or wrong answers and that they could say, "Don't know" or "Not sure" if they did not know: I felt that this worked well as most of my participants said this on one or two occasions during the interviews. During interviews, the caregiver was then asked to remain in the background (e.g. same room) and to be on-hand if the child would like them there. In three of the seven initial interviews with children, caregivers sat alongside the child for support.

There are both positive and negative aspects of having caregivers present in interviews with children. In a summary of research with children aged 6 to 11 years, Gardner & Randall (2012) identified that caregivers could support children by scaffolding or prompting them during interviews. Similarly, the authors (Gardner & Randall, 2012) noted that caregiver presence in interviews could become problematic where the caregiver begins to shape the interview, leading what the child says or forcing the child to cooperate. Given that the context surrounding my research necessitated the use of video call for interview, my primary decision to involve caregivers was related to safeguarding. However, by having caregivers available I noticed that in interviews where they were drawn upon by the child for support, that there were many benefits to this. In one interview for example, the child's caregiver helped the process by remodelling language to suit the child's understanding – this participant would have found it difficult to access a verbal interaction without scaffolding from a familiar adult. I was also mindful of the need to fully document any caregiver prompting or involvement within my transcription and in write-up where this was influential. In one interview – where I felt that caregiver involvement had been too great – the transcript was omitted. I also terminated this interview slightly earlier when I began to wonder if the child was feeling coerced (albeit kindly) by his mother to comply.

Individual interviews – with caregiver support on-hand – were chosen for ease. Additionally, individual interviews can help participants to share personal experiences that may become lost in a focus group format (Braun & Clarke, 2013). In a comparison between the use of focus groups versus individual interviews, Heary and Hennessy (2006) found that there were no significant differences in children's responses across the two formats. Individual interviews have also been referenced as being: a more supportive format for children talking about personal or family difficulties (Michell, 1999), and a preferred format for children in care (Punch, 2002). Both the suitability for 'vulnerable' groups and the way in which individual interviews can facilitate open conversations about personal topics are relevant to my sample and research questions.

3.5.4 Data Analysis

Data analysis for phase two interviews was completed in the same way as phase one data analysis.

As aforementioned (see 3.5.2) questions in the children's interview enabled the children to talk about the return to school. As part of thematic analysis, I considered children's experiences regarding the school return and produced themes and sub-themes pertaining to this. When writing the thesis however, I have opted not to include these results as they represent a different domain of the child's experience (school) which does not closely align with the literature review, aims and research questions. Results relating to the child's school return have been included in the appendix (appendix K).

3.6 Integrating Questionnaire and Interview Findings

In the final chapter of this thesis (8.0 Discussion) I draw on both the qualitative and quantitative results and attempt to integrate these to consider key findings which arise across the different components of the research.

3.7 Ethical Considerations

My ethical considerations were informed by The British Psychological Society's (BPS) Code of Ethics and Conduct (BPS, 2018). The BPS code (BPS, 2018) highlights the importance of considering changing context when making ethical decisions, this requirement was of the upmost importance within my research because of the changing national context regarding the COVID-19 pandemic and the impact of this upon families. Many of my research decisions – such as the delay in interviewing children – were shaped by my awareness of the potential impact of the pandemic and the requirement to work sensitively around this. As such, I undertook regular conversations with my research supervisors to help me to ensure that I was approaching the topic of the COVID-19 pandemic in a sensitive and responsible way.

Prior to undertaking different aspects of my research, I sought ethical approval from the University of Exeter's College of Social Sciences and International Studies Ethical Board. I submitted separate ethical applications for: phase one caregiver and child questionnaires (Appendix F1); phase one caregiver interviews (Appendix F2); and phase two child interviews (Appendix F3). All three ethical applications were

approved (Appendices F1, F2 and F3). In the below sections, I reference some of my ethical considerations in light of aspects of the BPS ethical code (BPS, 2018).

3.7.1 Respect

The BPS principle of respect outlines the importance of considering "the dignity and worth of all persons, with sensitivity to the dynamics of perceived authority or influence over persons and peoples and with particular regard to people's rights" (BPS, 2018, p.5). Within this research, I thought carefully and repeatedly about how best to ensure that participants were respected within the research process not only through being informed and consenting but also through having the space to speak openly about their experiences with the reassurance that this information would be handled confidentially.

When conducting this research, I only collected data via interviews or questionnaires if participants had provided informed consent. For online questionnaires, I provided separate information and consent forms for both adults (Appendix B) and children (Appendix C). Whilst caregivers were always asked to consent to their child's participation in the child questionnaire, children were also given an opportunity to provide their own consent. Some flexibility and open-ended responses within the questionnaire design enabled participants to also share written responses where Likert-style questions had not felt appropriate to them.

For caregiver virtual interviews, I provided information and consent (Appendix D2) prior to the meeting and then I recapped this content with participants prior to beginning the interview (Appendix D3). Before interviewing children virtually, I sought informed caregiver consent (Appendix E4) and I provided caregivers with child-friendly information and consent documents for them to share with their child (Appendix E5). Then – provided that both children and their caregivers had provided consent to participate – when I met the child and their caregiver online, I took time to recap the key information around their involvement to check for their understanding and consent (Appendix E6). Only when I was reassured that participants had provided informed consent – and understood how video recordings would be handled - did I ask their permission to begin video recording.

In interviews with children, I was particularly mindful of the power imbalance which children may perceive if asked to work alone with an external adult. To counteract

this – and in consideration of other factors (see 3.6.3) – I invited children to have their caregiver beside them during interviews. I also ensured that the children were reminded that it was acceptable to say if they were unsure about a question or if they wanted to end the interview (Appendix E6).

All records of data obtained in this research were handled confidentially and with great care. Video recordings from interviews were stored in line with The University of Exeter's data handling procedures (detail available in Appendices D2 and E4). After I had typed an anonymised transcript of a video recording, it was deleted. Questionnaire data, was also anonymised and stored in line with The University of Exeter's data handling procedures (detail available in Appendices B and C). At the end of the questionnaire and interview, participants were reminded of their right to withdraw their data and were provided with information about how to do this.

3.7.2 Responsibility

When thinking about my responsibility towards my participants, I was conscious of the sensitivity of discussions around the COVID-19 pandemic and also around the topic of social interaction. My questionnaires and interview schedules were carefully considered with this in mind, discussed with both my supervisors and approved by University of Exeter's College of Social Sciences and International Studies Ethical Board (Appendices F1, F2 and F3). Should any questions in either the questionnaires or interviews make participants feel uncomfortable, I sought to ensure that participants were fully informed about their right not respond to questions or to withdraw their participation entirely (see 3.8.1). Additionally, I signposted participants to contacts with whom they could discuss any concerns. With children for example, the interview script said, "If you are worried or confused about any of the questions then you can talk to the adult who looks after you at home. If you are feeling upset then you can stop taking part at any time." For child interviewees, I asked caregivers to consider their child's likely response to the interview topics prior to providing their consent for their child's participation.

During interviews, I was particularly mindful of the sensitivity around power imbalances and used the semi-structured nature of the questions to allow participants to redirect the topic of conversation if they wished. With child participants, I was attentive to their responses and where I sensed that they might be

unsure about their response or lost for ideas, I would remind them that it was okay not to answer with a simple comment like, “It's okay if you aren’t sure about that one. Shall we talk about something else?” Ensuring that caregivers were present in the room with their children provided some reassurance that if the child participants had any worries or concerns, they would have the company and support of a familiar adult should they wish.

Regarding issues of safeguarding, prior to interviews with children I asked caregivers to provide their child’s school name and county. This information was collected to enable me to contact the designated safeguarding officer in the child’s school to pass on any safeguarding concerns if necessary. If interviews led me to have any concerns about the child’s immediate safety, then I planned to contact the relevant local authority’s multi-agency safeguarding hub. As a Trainee Educational Psychologist, I hold a level 3 safeguarding certificate and an enhanced disclosure and barring service (DBS) check. For questionnaires, I also sought children’s school name in order to enable me to follow safeguarding procedures should any concerns arise. As aforementioned, caregivers were asked to remain present in the same room as the child during virtual interviews with children.

4.0 Results: Phase One Questionnaires

4.1 Caregiver Questionnaire

68 caregivers were asked to describe a focus child whom they lived with during lockdown. Most were female (female *n* = 64; male *n* = 4). There were 10 participants aged 50-59 years; 38 aged 40-49 years; 17 aged 30-39 years; and three aged 25-30 years. Most participants were either parent or step-parent to the focus child (*n* = 59); nine participants did not to indicate their relationship to the focus child. Participants were predominantly from South West England (*n* = 58); eight were from South East England; one was from Yorkshire and The Humber; and one did not select a local authority area.

Genders of focus children were balanced (female *n* = 34; male *n* = 33; non-binary *n* = 1). There were: 11 focus children aged 11; 13 aged 10; 19 aged 9; 14 aged 8; and 11 aged 7. Ethnic diversity was limited: most focus children were White (*n* = 66); one was Asian; and one participant did not indicate their child's ethnicity.

4.1.1 Changes to Children's Social Interactions

4.1.1.1 Social Interactions with Household Members. Compared with a typical day before lockdown, participants felt that their children were spending 'Much more' time with caregivers (*Mdn* = 5) and 'Somewhat More' time with younger children (*Mdn* = 4). Wilcoxon pairwise comparisons with a Bonferroni adjustment (significance value lowered from $p < .05$ to $p < .017$) indicated that the change (increase) in time spent interacting with caregivers was significantly different to the change (increase) in time spent interacting with younger children ($z = -2.893$, $p = .004$).

Time spent with older children and other household members was judged to have remained similar (Table 3). The group, 'Other adult household members' were not included in the subsequent significance test as a high number of participants (*n* = 51) chose 'Not applicable not a household member' for this group (Table 3).

Table 3

Changes to Children's Time Spent with Various Household Members

Household Member		Caregivers	Younger Children	Other Adult Household Members	Older Children
n	Valid	68	42	17	42
	Missing [a]	0	26	51	26
M		4.2	3.1	2.8	2.7
Mdn		5	4	3	2.5
SD		1.2	1.7	1.4	1.7

Note. Participants responded to a scale from one ('much less time') to five ('much more time').

[a] Missing values included the responses, 'Don't know' and 'Not applicable (not a household member)'.

Participants felt that the quality of the child's interactions with household members were 'About the Same' as those before lockdown (Table 4).

Table 4

Changes to Quality of Children's Interactions with Various Household Members

Household Member		Caregivers	Younger Children	Other Adult Household Members	Older Children
n	Valid	68	36	16	34
	Missing [a]	0	32	52	34
M		3.2	3.0	3.2	3.0
Mdn		3.0	3.0	3.0	3.0
SD		0.9	1.0	0.8	1.2

Note. Participants responded to a scale from one ('much worse') to five ('much better').

[a] Missing values included the responses, 'Don't know' and 'Not applicable (not a household member)'.

4.1.1.2 Social Interactions with Non-household Members.

Most participants felt that their children were interacting 'Much Less' than normal with friends from school, other friends or neighbours (Table 5). The frequency of interactions with non-household family members was felt to have remained 'About the Same' (Table 5).

Table 6 outlines median values for caregivers' ratings regarding the amount of time that their children were spending interacting with non-household members via different mediums. A Friedman test indicated statistically significant differences between changes to the children's use of different mediums for interactions with non-household members (Chi-Square(6) = 40.83, $p < 0.001$).

All children were reported to be having some face-to-face interactions with non-household members however caregivers felt that this was happening 'Much Less' than before. Wilcoxon pairwise comparisons with a Bonferroni adjustment (significance value lowered from $p < 0.05$ to $p < 0.0033$) indicated that interactions on a face-to-face basis were happening significantly less than interactions through online multi-player gaming, video calls, online messaging, social media, letters and telephone calls ($Z = -5.270$, $p < 0.001$; $Z = -6.817$, $p < 0.001$; $Z = -4.903$, $p < 0.001$; $Z = -3.552$, $p < 0.001$; $Z = -5.070$, $p < 0.001$; and $Z = -6.179$, $p < 0.001$ respectively).

Most children ($n = 65$) had access to video call and were able to use this for interactions with non-household members; use of video call was felt to have increased (Table 6). The reported increase in interactions via video call was significantly higher than the increase in use of telephone calls ($Z = -5.077$, $p < 0.001$) and face-to-face interaction.

Apart from video call, access to digital mediums of interaction was not universal (Table 6). However, where children did have access to online multi-player gaming, online messaging or social media their usage had increased (Table 6). Use of a telephone reportedly remained unchanged (Table 6). Pairwise comparisons indicated that online multi-player gaming had increased significantly more than: use of letters; telephone calls; and face-to-face interaction ($Z = -3.762$, $p < 0.001$; $Z = -4.210$, $p < 0.000$; and $Z = -5.270$, $p < 0.000$ respectively). Use of online messaging for interactions had increased more than use of telephone call ($Z = -3.413$, $p =$

0.001) and face-to-face interaction. And where available to children, use of social media had increased more than face-to-face interaction.

There were no significant differences between usage of the four internet-based mediums of interaction (Online multi-player gaming, video calls, online messaging or social media) – use of all had increased. Median values are shown in Table 6.

Table 5

Changes to Children's Time Spent Socially Interacting with Non-Household Members

Non-Household member		Friends From School	Other Friends	Neighbours	Family members
n	Valid	67	67	59	67
	Missing [a]	1	1	9	1
M		1.4	1.4	2.2	2.8
Mdn		1	1	1	3
SD		0.8	0.9	1.4	1.6

Note. Participants responded to a scale from one ('much less') to five ('much more').

[a] Missing values included the responses, 'Don't know' or 'Not applicable' for the purposes of this analysis however the initial frequency table analysis shows that no caregivers selected 'Don't know' therefore missing values in the above reflect 'Not applicable'.

Table 6

Changes to Mediums of Children's Social Interactions with Non-Household Members

Social Interaction Medium		Online Multi-Player Gaming	Video Call[a]	Online Messaging [b]	Social Media	Letters	Telephone Call	Face to Face [c]
n	Valid	37	65	39	21	42	58	68
	Missing [d]	31	3	29	47	26	10	0
M		4.3	4.1	3.9	3.6	3.4	3.3	1.5
Mdn		5	4	4	4	4	3	1
SD		0.9	1.0	1.2	1.2	1.2	0.9	1.0

Note. Participants responded to a scale from one ('much less') to five ('much more').

[a] Full response item included examples: *Video Call (e.g. Facetime or Zoom).* [b] Full response item included examples: *Online Messaging (e.g. Whatsapp).* [c] Full response item included further explanation: *Face to Face (Including at a social distance of 2 meters).* [d] Missing values included the responses, 'Don't know' or 'Not applicable' for the purposes of this analysis however the initial frequency table analysis shows that no caregivers selected 'Don't know' therefore missing values in the above reflect 'Not applicable'.

4.1.2 The Perceived Impact of Social, Economic and Family Factors

4.1.2.1 Factors influencing children's play and socialising. Around a third of caregivers (*n* = 23) felt that none of the factors listed had influenced their child's play and socialising. From the remaining respondents (*n = 45*), over two thirds (67%) indicated that 'Parental Working Pattern' had influenced their child's play and socialising, over a third (36%) selected *'*Academic Pressures on Child' and approximately a quarter (26%) selected 'Limited Access to Space Within the Home'. Other factors identified by caregivers included: 'The Location of the Home' (16%); 'Additional Needs of Another Household Member' (16%); 'Other' (16%). Only 2% of participants felt that 'Limited Access to Technology' had impacted their child's access to play and socialising.

4.1.2.2 Caregiver social facilitation self-efficacy (SFSE).

The significant negative correlations in Table 7 show that caregivers with higher SFSE were less likely to have concerns of about the long-term impact of lockdown on their child's friendships or social skills. The small and significant positive correlation in Table 8 shows that caregivers with higher SFSE were more satisfied with the frequency of their child's social interactions. The significant positive correlations in Table 9 show that caregivers with higher SFSE also identified greater increases in the frequency of their children's interactions with school friends, other friends and neighbours.

Table 7

Association Between Caregiver Social Facilitation Self-Efficacy and Concern About Long-Term Impact of Lockdown on Child's Social Skills or Friendships

Concerned about long-term impact of lockdown on			Social skills	Friendships
Spearman's Rho	Caregiver Efficacy	Correlation Coefficient	-.448[a]	-.498 [a]
		Sig. (2-tailed)	0.000	0.000
		n	68	68

[a] Correlation is significant at the 0.01 level (2-tailed).

Table 8

Association Between Caregiver Social Facilitation Efficacy and Satisfaction with the Frequency of the Child's Interactions

Satisfaction with frequency of child's interactions			I am satisfied (caregiver)	My child is satisfied
Spearman's Rho	Caregiver Efficacy	Correlation Coefficient	.303 [a]	0.216
		Sig. (2-tailed)	0.016	0.079
		n	63	67

[a] Correlation is significant at the 0.05 level (2-tailed).

Table 9

Association Between Caregiver Social Facilitation Self-Efficacy and Frequency of Child Interactions with Non-Household Members

Non-household member			School Friends	Other Friends	Neighbours	Family Members
Spearman's Rho	Caregiver Efficacy	Correlation Coefficient	.308 [a]	.279 [a]	.298 [a]	.156
		Sig. (2-tailed)	.011	.022	.022	.207
		N	67	67	59	67

[a] Correlation is significant at the 0.05 level (2-tailed).

4.1.3 Additional Needs.

4.1.3.1 Defining an additional needs group. Just over a quarter of participants (*n* = 19, 28%) indicated that their child had one or more additional needs from Table 10. From the participants who selected more than one additional need: three chose both ‘EHCP’ and ‘Special Educational Needs (SEN) Support’ and one selected ‘EHCP’, ‘Personal Education Plan (PEP) for children in care’ and ‘In Receipt of Pupil Premium (PP) Funding’. The two participants who selected ‘Additional Needs ‘Other’’ both described in text that their children were young carers.

From the data in Table 10, two new groups were created. One group called ‘Additional Needs’ comprised all of the participants who had chosen one or more additional need excluding those who had only selected PP (*n* = 13*)*. The other group was called ‘Pupil Premium Only’ (‘PP Only’) and reflected all participants who had chosen just PP.

Table 10

Children’s Additional Needs

	Area(s) of additional need (AN)					
	EHCP	SEN Support	PEP for Children in Care	AN Prefer Not to Say	AN ‘Other’	Pupil Premium Funding
Valid	7	6	1	1	2	7
Missing	61	62	67	67	66	61
Only this need identified	3	3	0	1	2	6
This need and another	4	3	1	0	0	1

4.1.3.2 Caregiver ratings regarding the role of additional needs. Participants’ views were mixed regarding the impact of their children's additional needs on their play and socialising during lockdown: seven agreed or strongly agreed with the statement, three disagreed or strongly disagreed and three participants neither agreed nor disagreed (Table 11).

Table 11

Perceived Impact of Additional Needs

My child's additional needs have impacted on their play and socialising with other children during lockdown.	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree
Frequency	4	3	3	2	1
Percent (%)	31	23	23	15	8

4.1.3.3 The perceived impact of additional needs on caregiver's concern or satisfaction ratings. Median concern scores (Table 12) indicate that participants whose children have additional needs expressed higher concern than participants whose children did not have additional needs about the long-term impact of lockdown on their child's social skills and friendships. However, in response to the statement, "I am satisfied with the frequency of my child's social interactions" participants whose children had additional needs were less dissatisfied than participants whose children did not have additional needs (Table 13). Although there are descriptive differences, none of the between-group differences reached significance (see Table 12 and 13).

Table 12

Caregiver Ratings of Concern for Children with and Without Additional Needs

		Concern about long term impact of lockdown on child's…			
		Social skills		Friendships	
	Additional Needs	No	Yes	No	Yes
	n	55	13	55	13
	M	3	3.5	3	3.6
	Mdn	3	4	3	4
	SD	1.5	1.5	1.5	1.6
Test Statistics [a]	Mann-Whitney U	281		267.5	
	Wilcoxon W	1821		1807.5	
	Z	-1.226		-1.44	
	Asymp. Sig. (2-tailed)	0.22		0.15	

Note. Participants responded to a scale from one (‘strongly disagree’) to five (‘strongly agree’).

[a] Grouping Variable: Additional Needs (Yes/No)

Table 13

Caregiver Ratings of Satisfaction with Social Interaction Frequency for Children with and Without Additional Needs

		Satisfaction with the frequency of the child’s social interactions			
		Caregiver's own rating		Caregiver's rating for child	
	Additional Needs	No	Yes	No	Yes
	n	52	11	54	13
	M	2.4	2.6	2.1	2.2
	Mdn	2	3	2	2
	SD	1.2	1.2	1.1	1.3
Test Statistics [a]	Mann-Whitney U	253.5		348.5	
	Wilcoxon W	1631.5		439.5	
	Z	-0.608		-0.042	
	Asymp. Sig. (2-tailed)	0.543		0.967	

Note. Participants responded to a scale from one (‘strongly disagree’) to five (‘strongly agree’).

[a] Grouping Variable: Additional Needs (Yes/No)

4.1.3.4 Interactions with household members. Median values in Table 14 show that the increase in time that children were spending with caregivers during lockdown was perceived as greater for children without additional needs, this difference was statistically significant (Mann-Whitney U = 232.5, $p < 0.05$ two-tailed). Median values in Table 14 also show that children with additional needs were spending ‘Somewhat Less’ time with younger children whereas children with no additional needs were felt to be spending ‘Somewhat More’ time with younger siblings; this difference was not significant possibly as a result of a high number of missing values in each group (Table 14).

Median values in Table 15 show that the quality of interactions between the focus child and older children was felt to have decreased for children with additional needs but not for children without additional needs; this difference was significant (Mann-Whitney U = 45, $p < 0.05$ two-tailed). For both children with and without additional needs, there were no other significant changes in their relationships with younger children, caregivers and other adult household members (Table 15).

Table 14

Changes to Frequency of Children's Interactions with Household Members for Additional Needs and Non-Additional Needs Groups

Changes to interaction frequency		Household Member			
		Younger Children	Older Children	Caregivers	Other Adult Household Members
No additional needs	*n*	35	33	55	14
	Missing [a]	20	22	0	41
	M	3.2	2.7	4.3	2.8
	Mdn	4	2	5	3
	SD	1.7	1.7	1.2	1.4
Additional needs	*n*	7	9	13	3
	Missing [a]	6	4	0	10
	M	2.6	2.7	3.6	3.0
	Mdn	2	3	4	3
	SD	1.8	1.7	1.4	2.0

Note. Participants responded to a scale from one ('much less') to five ('much more').

[a] Missing values included the responses, 'Don't know' and 'Not applicable (not a household member)' for the purposes of this analysis.

Table 15

Changes to Quality of Children's Interactions with Household Members for Additional Needs and Non-Additional Needs Groups

Changes to interaction quality		Household Member			
		Younger Children	Older Children	Caregivers	Other Adult Household Members
No additional needs	*n*	29	26	55	14
	Missing [a]	26	29	0	41
	M	3.1	3.2	3.2	3.2
	Mdn	3	3	3	3
	SD	1.0	1.1	0.9	0.9
Additional needs	*n*	7	8	13	2
	Missing [a]	6	5	0	11
	M	2.7	2.1	3.2	3.0
	Mdn	3	2	3	3
	SD	1.3	0.8	1.1	0.0

Note. Participants responded to a scale from one ('much worse') to five ('much better').

[a] Missing values included the responses, 'Don't know' and 'Not applicable (not a household member)' for the purposes of this analysis.

4.1.3.5 Interactions with non-household members. Children with additional needs saw fewer children from outside of their household over a week than children without additional needs (Table 16). Levene's test indicated unequal variances between the groups ($F = 4.84$, $p = 0.03$) therefore I ran a t-test with equality of variance not assumed - the Welch-Satterthwaite t-test – with degrees of freedom adjusted from 65 to 34. Results of this independent t-test indicated that the estimated number of interactions with non-household children was significantly lower for children with additional needs than for children without additional needs ($t(34.135) = 2.980$, $p = 0.005$).

With regards to interaction partners, median values for the change in the amount of time that children were spending interacting with various non-household members

were similar across groups. Between group comparisons indicated that there were no significant differences. There were also no significant differences between children with and without additional needs regarding changes to their use of different interaction mediums.

Table 16

Comparing Children With and Without Additional Needs on the Estimated Number of Interactions with Non-Household Children Per Week

		Additional Needs	
		No	Yes
Estimated Number of Interactions with Non-Household Children Per Week	10+	3	0
	9	1	0
	8	0	0
	7	0	0
	6	4	0
	5	4	1
	4	4	0
	3	9	1
	2	6	1
	1	10	4
	0	13	6
N		54	13
M		2.7	1.1
Mdn		2	1

4.1.4 Caregiver's perceptions of their children's social interactions

4.1.4.1 Concerned about the long-term impact of lockdown on their child's social skills or friendships.

Median values (Table 17) show that many caregivers did not feel concerned about the long-term impact of lockdown on their child's social skills and were largely undecided regarding the long-term impact of lockdown on their child's friendships. A Wilcoxon Signed Ranks Test indicated that the difference was not significant (Z = -0.215, p = 0.83).

Table 17

Caregiver agreement with the statements: I am concerned about the long-term impact of lockdown on my child's social skills or I am concerned about the long-term impact of lockdown on my child's friendships.

	Social skills	Friendships
n	68	68
M	3	3
Mdn	2	3
SD	1.5	1.5

Note. Participants responded to a scale from one ('strongly disagree') to five ('strongly agree').

4.1.4.2 Satisfaction with the frequency of the child's play and socialising.

More caregivers disagreed with the statement, "I am satisfied with the frequency of my child's play and socialising during lockdown" than agreed. The median value for agreement was two ('Somewhat Disagree'), reflecting a lack of satisfaction with the child's play and socialising (Table 18).

Table 18

Caregiver agreement with the statement: I am satisfied with the frequency of my child's play and socialising during lockdown.

Agreement rating	Frequency	Percent(%)
Strongly Disagree	17	27%
Somewhat Disagree	18	29%
Neither Agree nor Disagree	12	19%
Somewhat Agree	15	24%
Strongly Agree	1	2%
n	63	100%
Missing	5	

4.1.5 Children's perceptions of their social interactions

4.1.5.1 Caregiver ratings of their child's satisfaction with the frequency of their own play and socialising. More participants disagreed than agreed with the statement, "*My child is satisfied with the frequency of their play and socialising during lockdown*" (Table 19). The median score was two reflecting participants' view that their child was not satisfied with the frequency of their play and socialising.

Table 19

Caregiver agreement with the statement: My child is satisfied with the frequency of their play and socialising during lockdown.

Agreement rating	Frequency	Percent(%)
Strongly Disagree	25	37%
Somewhat Disagree	24	36%
Neither Agree nor Disagree	7	10%
Somewhat Agree	9	13%
Strongly Agree	2	3%
n	67	100%
Missing	1	

4.2 Children's Questionnaire

There were 63 responses to the children's questionnaire, five cases were removed due to missing data the resulting sample size was $n = 58$. Of these 58 children, 40 also had a linked Caregiver response.

4.2.1 Changes to children's social interactions

4.2.1.1 Children's play and activities. Children felt that they were playing either 'About the Same' amount or 'More Nowadays' for all activities suggested (Table 20). A Friedman test indicated statistically significant differences between changes to the time children spent playing in different ways (Chi-Square=49.9, $p < 0.000$). Wilcoxon pairwise comparisons with a Bonferroni adjustment (significance value lowered from $p < 0.05$ to $p < 0.002$ indicated that many differences between changes to play activity were significant.

Use of technology, playing video or online games and watching TV had increased. Pairwise comparisons showed that use of technology and play with video or online games had increased significantly more than playing outside games, sports or play fighting (*Z* values in appendix J). Time spent watching TV had also increased significantly more than sports and play fighting (*Z* values in appendix J).

Alongside increases in technology use, children also felt that they were spending more time playing make believe or pretend, playing with toys or doing creative activities. Playing make believe or pretend games had increased significantly more than: sports, outside games and play fighting (*Z* values in appendix J). Playing with toys had increased significantly more than sports and playfighting *(Z* values in appendix J). And finally, doing creative activities had increased significantly more than sports (*Z* values in appendix J).

Table 20

Changes to Children's Time Spent Doing Various Play Activities

Play activity	Sport [b]	Outside games [c]	Video /online games [d]	Use technology [e]	Board or card games [f]	Make believe or pretend games	Creative activities [g]	Play with toys [h]	Play fight	Watch TV [i]	Other
n valid	56	55	56	56	56	56	56	56	56	55	32
Missing [a]	2	3	2	2	2	2	2	2	2	3	26
M	1.9	2.0	2.7	2.9	2.3	2.5	2.4	2.4	2.1	2.5	2.2
Mdn	2	2	3	3	2	3	3	3	2	3	2
SD	0.8	0.9	0.5	0.3	0.7	0.6	0.7	0.7	0.7	0.7	0.9

Note: responses to this item are coded from 1-3 so that higher scores reflect 'More nowadays' (5) and lower scores reflect 'Less Nowadays' (1).

[a] Missing values included the responses, 'Not applicable, I don't do this'. [b] Full response item included further examples: (e.g. cycling, football). [c] *Full response item included examples:* (e.g. tag or hop scotch). [d] *Full response item included examples:* (e.g. Super Mario or Roblox). [e] *Full response item included examples:* (e.g. iPad or computer). [f] *Full response item included examples:* (e.g. Dobble or Monopoly). [g] *Full response item included examples:* (e.g. painting or colouring). [h] *Full response item included examples:* (e.g. Lego or LOLdolls). [i] *Full response item included examples:* (e.g. Netflix or PawPatrol).

4.2.1.2 Children's play and activity partners. Table 21 shows who children did different activities with during lockdown. Although children primarily reported using technology or playing online video games alone, these were also activities that they could do virtually with friends. With household members, frequently cited activities included: outside games, sports, board games, creative activities and watching TV. With siblings, the most frequently chosen activity was play fighting however as fewer children did this, the percentage is higher. Children reported doing many activities alone including playing with toys, doing creative activities, playing make believe, using technology, watching TV, or playing video games. There were limited activities done with neighbours but the most frequently chosen was to play outside games.

Table 21

Children's Play or Activity Partner(s)

		Activity Partner**				
Play or activity type	Child Does Activity*	By myself	Brothers and sisters	Caregivers	Friends	Neighbours
Play with toys	54	93%	35%	19%	4%	2%
Use technology	56	89%	20%	23%	25%	2%
Watch tv	57	79%	51%	65%	4%	0%
Creative activities	56	77%	36%	57%	9%	2%
Play make believe	52	65%	38%	19%	12%	2%
Online video games	48	63%	31%	17%	40%	2%
Outside games	48	42%	56%	38%	10%	8%
Sports	49	29%	57%	76%	8%	2%
Play board games	51	14%	51%	92%	6%	0%
Play fight	38	5%	63%	32%	8%	5%

**Note: Children were able to choose "I don't do this", figures in this column reflect the number of children who did not select "I don't do this" for each activity.*

*** Note: These percentages show the proportion of children who chose each activity partner from the total number of children who indicated that they did the activity. Children were able to choose more than one activity partner hence the percentages do not total 100%.*

4.2.2 Children's perceptions of their social interactions

Children's responses to the 14 Likert-style social-wellbeing items are provided below (Table 22). For many children, there was 'No Change' in the occurrence of various relational experiences or attitudes during COVID-19 lockdown indicating that for more than half of the children their social wellbeing experiences remained the same.

When looking at statements for negative social experiences (statements for which '*Less nowadays'* indicates a better experience), participants who identified a change in this area generally identified a positive change. For example, 48% of children indicated that their friends are mean to them less nowadays with only 2% indicating that this happens more. Similarly, 39% of children indicated that children bully them less nowadays compared with just 6% of children indicating that this happens more. As one exception to this pattern, there were a slightly higher percentage of children who felt that they could share worries with their friends '*Less Nowadays'* (29%) than those who felt that they could share worries '*More Nowadays'* (13%).

Table 22

Changes to Children's Ratings of Social Wellbeing

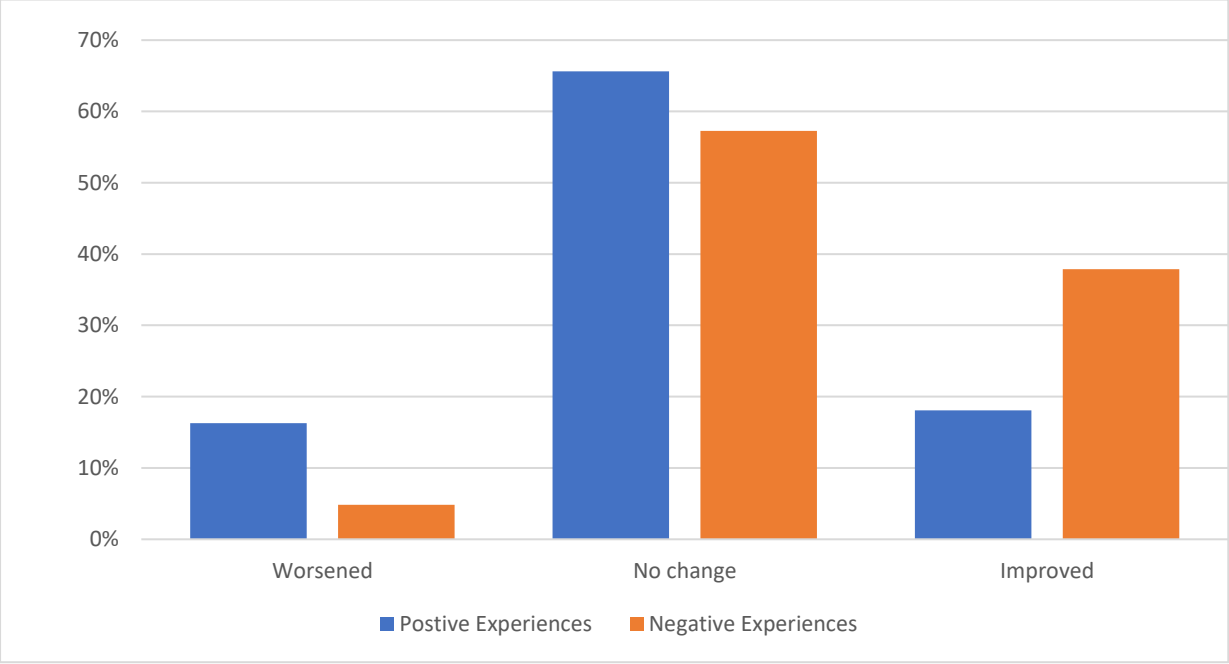
Social Wellbeing Item	Less nowadays	No change	More nowadays	*n*	Missing
My friends treat me well	7%	80%	13%	56	2
My friends are nice to me	11%	84%	5%	56	2
My friends are great	5%	69%	25%	55	3
I have a lot of fun with my friends	27%	47%	25%	55	3
I have enough friends	18%	65%	16%	55	3
My friends will help me if I need it	15%	62%	24%	55	3
I laugh with my friends	18%	58%	24%	55	3
I can tell my friends about things that are worrying me	29%	58%	13%	55	3
I wish I had different friends*	32%	64%	4%	53	5
My friends are mean to me*	48%	50%	2%	52	6
I have a bad time with my friends*	39%	55%	6%	51	7
Children bully me*	39%	55%	6%	51	7
Children leave me out*	35%	55%	10%	51	7
Children encourage me to do bad things*	33%	65%	2%	51	7

*Items were recoded so that higher scores indicate greater wellbeing, in this instance, higher values indicate 'Less nowadays' whereas for positively worded items higher values indicate 'More nowadays'.

From the total count of responses to positive social experience items, I calculated the percentage of responses that reflected: 'worsened' social wellbeing (e.g. 'I laugh with my friends' 'Less nowadays'); 'improved' social wellbeing (e.g. 'I laugh with my friends' 'More nowadays'); and 'no change'. From the total count of responses to negative social experience items, I calculated the percentage of responses that reflected: 'worsened' social wellbeing (e.g. 'Children bully me' 'More nowadays'); 'improved' social wellbeing (e.g. 'Children bully me' 'Less nowadays'); and 'no change'. Percentages are presented in the bar graph in Figure 5. The shape of the graph (Figure 5) suggests that what improvements to experiences of social wellbeing were associated with related to reports of decreased negative experiences (the far right bar) more so than reports of increased positive experiences. This could suggest that where children's reports of changes to social wellbeing reflected an improvement, that this was more commonly associated with a reduction of negative experiences rather than an increase in positive experiences.

Figure 5

Change in Experiences Relating to Social Wellbeing



A Friedman test indicated statistically significant differences between participant's responses across the 14 social wellbeing items (Chi-Square = 18.095, $p < 0.000$). I then ran Wilcoxon pairwise comparisons with a Bonferroni adjustment (significance value lowered from $p < 0.05$ to $p < 0.001$) to explore differences between positive

experience statements (‘My friends treat me well’) and negative experience statements (‘Children bully me’).

4.2.3 Children’s perceptions of their general well-being

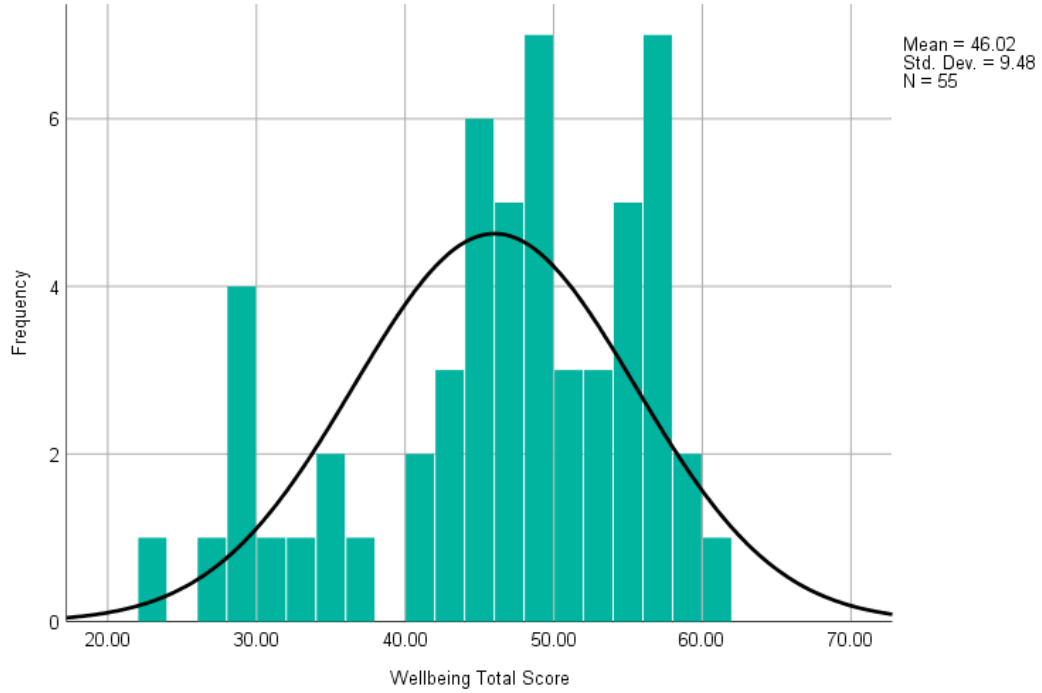
Children were asked to respond to a 12 five-point Likert-scale items regarding wellbeing, higher scores indicated greater agreement and greater wellbeing. The maximum possible score for this scale was 60, the minimum was 12 and the midpoint was 36. Data for three participants was missing resulting in the sample of 55.

I added responses for each child to create a total wellbeing score. Distribution of scores was good with a slight negative skew reflecting a few participants with very low wellbeing scores (skewness -0.771, 0.322; and kurtosis -0.266, 0.634) (see Figure 6). There was good internal consistency (Cronbach’s alpha = 0.907) with no items leading to a higher Cronbach’s alpha if deleted.

Analysis shows that most children (80%) had total wellbeing scores above the midpoint of 36; the median wellbeing score was 48; and the mean was 46. As wellbeing scores were positively worded, scores above the midpoint reflect participants who were expressing more agreement with the wellbeing statements (e.g. “Strongly Agree” with the statement “I have been feeling calm”) than disagreement with the statements.

Figure 6

Histogram for participant's total wellbeing scores



4.2.4 Children's wellbeing in relation to their play activities

Children's general wellbeing ratings were negatively correlated with their reported changes to play activities. Increases in technology use and watching TV tended to be associated with lower overall wellbeing (-.325, $p < 0.05$; and -4.14, $p < 0.05$ respectively).

Experiences of social wellbeing were associated with playing make believe or pretend games (.366, $p < 0.03$); children who reported greater increases in their make believe or pretend play also reported a greater decrease in negative social experiences.

4.3 Considering the Children's and Caregiver Questionnaire Together

Names and pseudonyms provided in both the caregiver and child data sets were compared to identify linked questionnaires. In total, there were 40 associated questionnaires representing 80 responses across the two questionnaires (Table 23). For this section of analysis, data will be drawn from the linked sample of 80 participants (*N* = 40 family pairs). One child's data-set was excluded due to missing data leaving a total of 39 family pairs for final analysis.

Table 23

Linked Questionnaires

		Caregiver Questionnaire Completed		
		Yes	No	*n*
Children's Questionnaire Completed	Yes	40	18	58
	No	26	0	
	n	68		126

4.3.1 Demographics for the linked sample

There were more girls (24) than boys (15) with five children aged 7, eight aged 8, eleven aged 9, eight aged 10 and seven aged 11. There were four children in the sample with an additional need (see earlier definition) and three in receipt of pupil premium funding. Caregiver respondents were primarily female (*n* = 36) with three males. Most respondents indicated that they were parent or stepparent to the focus child (*n* = 34) with five participants opting not to answer. Participants were primarily from South West England (*n* = 31) with an additional five from South East England and one from Yorkshire and The Humber.

4.3.2 Factors influencing play and socialising within the linked sample

4.3.2.1 Child age. Mann-Whitney U tests indicated that children's ratings of change to play activities did not significantly differ as a function of their age ($p > 0.05$). Also, caregiver ratings of changes to the mediums that children were using for social interaction did not significantly differ as a function of child age ($p > 0.05$).

4.3.2.2 Child gender. Changes to the children's ratings for different play activities were different for boys and girls (Table 25). Almost three quarters (73%) of boys reported that they were playing more sports during lockdown compared to a third (33%) of girls; this difference was significant (Mann-Whitney U = 98.00, $p < 0.05$ two-tailed). Most boys also reported playing more outside games during lockdown (87%) however for girls nearly two thirds of them felt that they were playing less outside games; this difference was significant (Mann-Whitney U = 58.00, $p < 0.01$ two-tailed). For make believe or pretend play, most girls felt that they were

playing this less nowadays (71%) whereas over half of the boys indicated that there had been no change in their make believe or pretend play (60%); this difference was statistically significant (Mann-Whitney U = 114.00, $p < 0.05$ two-tailed).

Table 25

Percentage of Responses for Girls' and Boys' When Rating Change in Play Activity

		% of Child Responses	
Play Activity	Change Rating	Girls	Boys
Sports [a]	More nowadays	33	73
	No change	29	20
	Less nowadays	38	7
Play outside games [b]	More nowadays	17	87
	No change	22	0
	Less nowadays	61	13
Play make believe or pretend games	More nowadays	4	7
	No change	25	60
	Less nowadays	71	33

[a] (e.g. cycling or football). [b] (e.g. tag or hop scotch).

Boys and girls had different changes in their use of different social interaction mediums as rated by their caregivers (see Table 25). Almost ninety percent (87%) of girls were felt to be spending much less or somewhat less time interacting face to face compared with two thirds of boys (66%), this difference was significant (Mann-Whitney U = 124.00, $p < 0.05$ two-tailed). Change in use of video call also appeared different between the two genders, with nearly half of girls (46%) using video call much more compared with just over a fifth of boys (21%).

Table 25

Percentage of Caregiver Responses for Changes to Interaction Medium for Girls and Boys

		% of Caregiver Responses	
Interaction Medium	Change Rating	Girls	Boys
Face to Face [a]	Much less	83	53
	Somewhat less	4	13
	About the same	8	13
	Somewhat more	4	13
	Much more	0	7
Video Call [b]	Much less	4	7
	Somewhat less	0	7
	About the same	8	14
	Somewhat more	42	50
	Much more	46	21

[a] (Including at a social distance of 2 meters). [b] (e.g. Facetime or Zoom)

4.3.2.3 Interactions with household members. Change in time spent with household members was associated with children's ratings for the change in frequency of their play activities. Children who said that they were playing outside games more, were also rated by their caregivers as spending more time with younger children at home (Spearman's Rho = .525, $p < 0.05$). There were also small significant correlations between children's ratings of increase in their time spent playing board games and their caregiver's ratings of the increase in time that they were spending with older children at home (Spearman's Rho = .4226, $p < 0.05$) or with their caregivers (Spearman's Rho = .443, $p < 0.01$).

4.3.2.4 Factors identified by caregivers. Some factors identified by caregivers (see 4.1.2.2) were associated with children's ratings of change in frequency of their play activities. In comparison to children whose caregivers had not identified 'Parental Working Pattern' as a factor influencing their play and socialing, children whose parents did identify this as a factor were less likely to report an increase playing sports (Mann-Whitney U = 106.500, $p < 0.05$) and more likely to report an increase in watching TV (Mann-Whitney U = 117.500, $p < 0.05$). Similarly,

children whose caregivers indicated that ‘Limited Access to Space Within The Home’ was a factor, were less likely than other children to report an increase in playing sports (Mann-Whitney U = 59.50, $p < 0.05$) or outside games (Mann-Whitney U = 47.00, $p < 0.05$) and more likely to report an increase in watching TV (Mann-Whitney U = 71.00, $p < 0.05$) compared with children whose caregivers did not identify that factor. None of the other factors identified by caregivers (‘Academic Pressures on Child’, ‘Additional Needs of Another Household Member’ and ‘Location of the Home’) interacted significantly with children’s ratings.

4.3.2.5 Caregiver social facilitation self-efficacy (SFSE). There was a tendency for children whose caregivers had lower SFSE to report using technology and watching TV more (Spearman’s Rho = -.436, $p < 0.01$ and Spearman’s Rho = -3.38, $p < 0.05$ respectively)

4.3.3 Factors associated with children’s ratings of social and general wellbeing

4.3.3.1 Child age. Children’s ratings of social or general wellbeing did not differ significantly as a function of their age.

4.3.3.2 Child gender. Girls reported significantly more experiences consistent with social wellbeing than boys (Mann-Whitney U=85.00, $p < 0.05$). Specific social wellbeing experiences which reached significance included: ‘My friends treat me well’, ‘My friends are great’ , ‘I laugh with my friends’ and ‘I can tell my friends about things that are worrying me’ (Mann-Whitney U = 123.50, $p < 0.05$; Mann-Whitney U = 95.50, $p < 0.05$; Mann-Whitney U = 95.50, $p < 0.05$; and Mann-Whitney U = 89.00, $p < 0.05$ respectively). No girls felt that their friends were treating them well ‘less nowadays’ whereas some boys did (13%) (Table 26). Over a third of girls reported that their friends were great ‘more nowadays’ (43%) compared with just (7%) of boys. Over a third of girls felt that they were laughing with their friends ‘more nowadays’ (38%) whereas with boys almost a third of them felt that they were laughing with friends ‘less nowadays’ (27%). Almost two thirds of girls indicated that there had been ‘no change’ in their ability to tell friends about things that are worrying them (62%) but for boys, half of them reported feeling less able to do this (47%). Gender had no significant impact on general wellbeing scores for children.

Table 26

Girls and Boys Responses to Social Wellbeing Items.

Social Wellbeing Item	Change Rating	Girls	Boys
My friends treat me well	Less nowadays	0%	13%
	No change	86%	87%
	More nowadays	14%	0%
My friends are great	Less nowadays	5%	13%
	No change	52%	80%
	More nowadays	43%	7%
I laugh with my friends	Less nowadays	5%	27%
	No change	57%	67%
	More nowadays	38%	7%
I can tell my friends about things that are worrying me	Less nowadays	14%	47%
	No change	62%	47%
	More nowadays	24%	6%

Note: Only items which were significantly different between genders are listed here.

4.3.3.3 Relationships with household members. There was a significant positive correlation between children's general wellbeing scores and positive change in their relationship with younger children as rated by their caregivers (Spearman's Rho = .797, $p < 0.01$). Seven of the general wellbeing items significantly correlated with improvements to child's interactions with younger children, these were: 'I've been feeling calm', 'I've been feeling relaxed', 'I've been getting on well with people', 'I can find lots of fun things to do', 'I feel that I am good at some things', 'I think there are many things that I can be proud of', and 'I feel that I am good at some things' (Spearman's Rho = .828, $p < 0.01$; Spearman's Rho = .825, $p < 0.01$; Spearman's Rho = .721, $p < 0.01$; Spearman's Rho = .679, $p < 0.05$; Spearman's Rho = .658, $p < 0.05$; Spearman's Rho = .615, $p < 0.05$; and Spearman's Rho = .658, $p < 0.01$ respectively).

4.3.3.4 Factors identified by caregivers. None of the factors influencing play and socialising identified by caregivers were significantly associated with children's ratings of general or social wellbeing.

4.3.3.5 Caregiver social facilitation self-efficacy (SFSE). There was a tendency for children whose caregivers had higher SFSE scores to have higher general wellbeing scores and more positive social wellbeing experiences (Spearman's Rho = .389, $p < 0.05$ and Spearman's Rho = .378, $p < 0.05$ respectively). There were several individual scale items with significant positive correlation to caregiver self-efficacy (Table 27).

Table 27

Spearman's Rho Correlation Between Caregiver Self-Efficacy and Children's General and Social Wellbeing.

		Caregiver Self-Efficacy Rating	
	Wellbeing Item	Spearman's Rho	*n*
Social Wellbeing Items – Positive Social Experiences	My friends treat me well	.336*	37
	My friends are great	.346*	36
	I can tell my friends my worries [a]	.383*	36
General Wellbeing Items	I've been feeling calm	.345*	37
	I've been getting on well with people	.428**	37
	I enjoy what each new day brings	.379*	37
	There are things that I can be proud of [c]	.391*	37
	I think good things will happen in my life	.401*	37
	I've been able to make choices easily	.371*	37

Note: Only items with significant correlation are listed here.

* $p < 0.05$

** $p < 0.01$

[a] Full statement read, "I can tell my friends about things that are worrying me." [b] Full statement read, "I think there are many things that I can be proud of."

4.3.3.6 Caregiver ratings of concern. Some of the children's ratings regarding changes to their time spent playing in different ways were associated with caregiver concern. Correlation coefficients in Table 28 indicate that caregivers whose children were playing outside more tended to be less concerned whereas caregivers whose children were using technology more tended to be more concerned.

Table 28

Spearman's Rho Correlation Between Children's Ratings of Change in Frequency of Play and Caregivers' Ratings of Concern

		Concern About the Long-Term Impact on Child's	
Change in Frequency of		Social Skills	Friendships
Playing outside games. [a]	Spearman's Rho	-.357*	-.391*
	n	38	38
Using technology. [b]	Spearman's Rho	.350*	.408**
	n	39	39

* $p < 0.05$

** $p < 0.01$

[a] Full statement read, "Play outside games (e.g. tag or hop scotch)". [b] Full statement read, "Use technology (e.g. iPad or computer)"

5.0 Phase One Questionnaires: Discussion

In this chapter, I will discuss the findings from the phase one questionnaires. The three parts of questionnaire analysis (caregiver, children and linked sample) will be considered together and organised according to the research questions.

5.1 Research Question 1 (RQ1): In What Ways Have Children's Social Interactions and Play Changed?

5.1.1 Key Findings for RQ1

- Caregivers felt that their children were having less face-to-face interactions: this decrease was judged to be greater in girls than in boys.
- There were gender differences in children's evaluations of changes to their play activities. Boys felt that they were playing outside games and sports more whereas girls felt that they were playing outside less with no clear trend for sports.
- At home, time spent interacting with caregivers was felt to have increased and children reported playing board games, sports or watching TV with caregivers.
- The quality of interactions within the household was felt to have remained similar.
- Relationships with younger siblings appear important. Where a child's relationship with their younger sibling(s) was judged to be better, their self-rated general wellbeing was also higher.
- For those with access, children were engaging in more: online multi-player gaming, video calls, online messaging and social media use.
- Although they were interacting less with friends, when 'with' their friends, children described playing video games and using technology (e.g. iPad or Computer).
- Most children were using technology (e.g. iPad or Computer) alone. Watching TV was a popular solo activity however children also reported doing this with family.

- Increases in use of technology (e.g. iPad or Computer) or watching TV were associated with lower general wellbeing ratings in children.

5.1.2 Discussion of Findings for RQ1.

In early reports regarding children's interaction partners during the pandemic, researchers forecasted a decrease in time spent with friends and an increase in time spent with caregivers (Institute for Fiscal Studies, 2020); the current research replicated these findings with all children judged to be having fewer face-to-face interactions and many felt to be spending 'Much more' time with caregivers.

There is limited existing research exploring the effects of the pandemic on children and that which exists, does not mention gender (e.g. Fox et al., 2020; Nahia et al., 2020; Montavani et al., 2021). In one study, gender differences were not found in children's stress signals (Mochida et al., 2021) however in this research I am concerned with children's social interactions and play rather than solely their wellbeing. In this study, I found a gender effect where the perceived decrease in face-to-face interactions was judged to be greater for girls (85% 'Much Less') than for boys (53% 'Much Less').

The gender difference in changes to face-to-face interactions found in the current research can be interpreted by looking at other questionnaire data regarding children's play and social activities. I found that boys in this study described more increases in outside play (87% 'More nowadays) and sports (75% 'More nowadays) than girls (17% 'More nowadays' and 33% 'More nowadays' respectively). It may be that the boys' sports or outside play facilitated interactions with friends or neighbours hence 'buffering' them against the decrease in face-to-face interactions experienced by the girls. Many girls in the current sample (63%) felt that they were playing outside 'Less nowadays' – this could reflect limits placed on them by caregivers which boys did not experience. Finney and Atkinson (2020) describe how social attitudes and expectations can influence parents and affect the permissions which they give their sons or daughters. Parents are sometimes more likely to limit outside play for their daughters compared to their sons (Lester & Russell, 2010): this could explain some of the differences observed in children's activities.

When considering changes in time spent with family members the increase in time spent with caregivers was significantly greater than increases in time spent with

other family members. This could reflect the time which children already 'typically' shared with their siblings at school (Davies, 2018) or it could be indicative of a reporting bias whereby caregivers' own experiences of increased time spent with their child were more salient to them.

In general, participants felt that relationships at home were similar to how they had been pre-lockdown: the focus child was felt to be getting on 'about the same' with caregivers, siblings, or other household members. This 'null-hypothesis' view of the impact of COVID-19 is like Levita's (2020) finding where participants felt 'nothing' had changed as a result of the pandemic. Yet this finding does not replicate research findings where children reported feeling happier or more relaxed at home with their family (Children's Parliament Scotland, 2020). Instead, the current finding suggests that relationships were similar: this could mean similarly good or similarly bad.

Furthermore - in line with early suggestions (Clemens et al., 2020) – different families had different experiences and whilst most family relationships remained unchanged this was not unanimous. Around a fifth of respondents identified 'Somewhat worse' or 'Much worse' relationships between the child and their: caregivers (19%), older siblings (26%) and younger siblings (21%). Where relationships are worse, it is reasonable to suggest that time spent with family may not be as enjoyable – this contrasts with earlier research findings (e.g. Children's Parliament Scotland, 2020).

Yet amongst the various household relationship changes occurring (or not) in this study, the results suggest that it was improvements in relationships which affected children's wellbeing rather than relationship difficulties. Improved relationships between the focus child and younger siblings were associated with higher ratings of general wellbeing from the focus child. This finding supports accounts of the protective nature of sibling relationships (e.g. Gass et al., 2007; Conger & Conger, 2002) and highlights the importance of exploring wellbeing within the context of interactions. Alternatively – and as the relationship found in this research is correlational rather than causal – it is possible that other factors associated with improvements to relationships between siblings (e.g. play activity, environment) influenced improvements to wellbeing.

Where technology was available to them, children increased their use of: online multi-player gaming, video calls, online messaging, social media, iPad or computers and watching TV. The relationships between these digital media and children's social interactions and play were varied. Many children reported using technology, watching TV or playing online games alone (89%, 79% and 63% respectively) however social activity with household and non-household members was also related to digital media. When describing activities which they would do with friends, the top two activities cited by children in this study were using technology (e.g. iPad or Computers) or playing video games. Out of all children with access to video games, 40% said that they did this with friends. In the context of a curtailment of face-to-face interaction it appears that digital media provided a tool that some children were able to use for socialising. This supports academics' views regarding the benefits of media use for adolescents during COVID-19 (Fry, 2021; Ellis et al., 2020) and extends this understanding to reflect digital interactions for younger children in middle childhood. The impact of online interaction on children in this study is explored further through interviews.

Digital media also featured in household interactions: where available to them around a third of children reported playing video games with siblings (31%). Watching TV was also a communal activity, with many children noting that they did this with caregivers (65%) or siblings (51%). In this research, increases in time spent watching TV or using technology were associated with lower wellbeing in children. This impact on wellbeing could relate to the passive nature of TV watching something which has previously been associated with worse psychological outcomes that other more interactive forms of digital medium use – such as video gaming (Sanders et al., 2019). A more in-depth discussion of digital media use will be provided in the overall discussion.

5.2 Research Question (RQ2): How do Social Economic and Family Factors Affect Children's Social Interactions and Play?

5.2.1 Key Findings for RQ2

- Parental working pattern was the most cited factor influencing children's social interactions and play.

- Children whose caregivers identified ‘Parental Working Pattern’ as a key factor, reported less increases in playing sports and more increases in watching TV.
- The location of and access to space within the home was not a common concern in my sample. However, where caregivers felt that access to space within the home was impacting their child’s social interaction and play, their children were also less likely to report increases to playing sports or outside games and more likely to report increases in watching TV.
- Caregiver self-efficacy around supporting and managing children’s play and socialising (social facilitation self-efficacy) was related to several other factors.
    - Caregivers with higher social facilitation self-efficacy also felt that their child was interacting with school friends, other friends and neighbours more than caregivers with lower social facilitation self-efficacy.
    - Children - whose caregivers reported greater social facilitation self-efficacy - reported more increases in their positive social experiences.
    - Caregivers with higher social facilitation self-efficacy were less concerned about the long-term impact of lockdown on their child’s friendships and social skills and more satisfied with the frequency of their child’s social interactions.
    - Children whose caregivers reported lower social facilitation self-efficacy, indicated that they were watching TV and using technology more.

5.2.2 Discussion of Findings for RQ2.

The aim of research question two was to understand more about contextual influences on children (Sameroff, 2010) in relation to the wider systems around them (Bronfenbrenner & Morris, 2006). In the current sample, ‘parental working pattern’ was the leading factor identified as having an impact upon children’s social interaction and play (67% of respondents). This finding is similar to claims by researchers (Crook, 2020; Pozas et al., 2021) regarding the impact of homeworking on caregivers during lockdown. However, the current finding – although grounded in

caregiver experience - is focussed on the indirect impact of demands on caregiver impacting the child rather than impact on the caregiver directly. It also differs from previous work (e.g. Pozas et al., 2021) in that the emphasis is not on home-schooling but rather on the caregiver's ability to facilitate social opportunities for the child.

Children whose caregivers identified 'parental working pattern' as a factor impacting their play and socialising had a greater increase in TV-watching during lockdown and a smaller increase in playing sports when compared with children whose caregivers did not feel that work had had the same impact. This may relate to children's activity partners. In the children's survey, 79% of children said that they watched TV alone; this suggests that caregivers were not required when children were watching TV perhaps enabling them to spend time on work commitments. With regards to sports, the leading activity partner cited by children was caregivers (76%) with less than a third of children indicating that they did this alone (29%). Therefore, parental working pattern may have limited children's access to sports activities with caregivers.

Whilst most caregivers did not feel that access to space within the home had impacted their child's social interactions and play, a quarter of participants (26%) did. In these families 'access to space within the home' was associated with changes to children's play activities. Children whose caregivers felt that 'access to space within the home' was affecting their play and socialising, had a greater increase in TV-watching during lockdown (a predominantly solo activity) and a smaller increase in playing sports or playing outside when compared to children whose caregivers did not choose 'access to space within the home'. This is surprising as one might assume that access to space at home would not necessarily impede children's ability to go outside or to play in other ways – for example to engage in small-world toy play with siblings. It may be that this relationship is more nuanced and related to wider contextual issues and resources (Carr, 2015) which mean that families with smaller homes may also have less access to resources within the home or safe spaces around the home. This would be in-line with concerns regarding the relationship between children's outcomes and families' pre-existing socio-economic vulnerabilities (RCPCH, 2020; Van Lecker & Parolin, 2020).

This research used a specific and bespoke measure of self-efficacy; Bandura (2006) suggests that self-efficacy measures are at their least ambiguous and most useful when they are specific to contextual and task demands. The self-efficacy statements in this research were designed to capture caregivers' sense of self-efficacy in relation to social facilitation (social facilitation self-efficacy, SFSE). The scale items for SFSE in this research had good internal consistency and were associated with: changes to children's play and socialising; caregiver views pertaining to children's socialising; and children's general and social wellbeing. All relationships were correlational therefore they reflect possible relationships within the data rather than clear causal relationship however some themes pertaining to caregiver confidence and sense of self-efficacy were also identified within interview data.

With regards to their activities, children whose caregivers had higher self-rated SFSE were also judged to be interacting more with school friends, other friends and neighbours than children whose caregivers felt they had low SFSE. They also reported smaller increases in time spent watching TV or using technology (typically solitary activities). Perhaps related to the increase in interactions, children whose caregivers had high ratings of SFSE also reported that they were having more positive social experiences. This could suggest that where social opportunities were created for children whose caregivers had high SFSE, that these opportunities were generally characterised by positive experiences. This would make sense if – for example – a caregiver was setting up a virtual video call between two friends, it would be unlikely for this to bring about negative experiences (e.g. bullying) in the way that typical playground interactions with many children may.

Caregivers SFSE was also related to their levels of concern. Caregivers who judged their ability to facilitate social activities for their child to be higher, were also more satisfied with the frequency of their child's interactions and less concerned with the long-term impact of lockdown on their child's social skills and friendships. When thinking of risk and resilience as key components of a family system mitigating the impact of COVID-19 on children (Prime, Wade and Browne, 2020), high SFSE could be thought of as a resilience factor. Resilience factors, such as leadership and efficacy are felt to be important during times of familial adversity (Walsh, 2015).

5.3 Research Question Three (RQ3): In What Ways (if any) Does a Child's Social Interaction and Play Relate to Their Additional Needs?

When interpreting results pertaining to the experiences of children with additional needs, it is important to remember that these findings relate to a small sample of children and caregivers (*n* = 13). In part, this reflects the sampling procedure in this research where the emphasis was not solely on exploring the experiences of children with additional needs. Additionally, caregivers whose children have additional needs may have found it harder to participate owing to demands on caregivers during the pandemic. Although the small sample size limits the relevance of these findings beyond this study there are still several significant findings for this group of participants which can be discussed. This is perhaps particularly important given the lack of understanding and research available pertaining to the diverse experiences of families where one or more children have additional needs (Couper-Kenney & Riddell, 2021).

Alongside some significant results, there were also many interesting non-significant findings. Given the low statistical power associated with the smaller sample size and use of more demanding non-parametric significance tests, some of these descriptive statistics may have reached significance if sample sizes obtained had been larger.

5.3.1 Key Findings for RQ3.

- Caregivers whose children have additional needs had mixed feelings about whether their child's needs had impacted on their play and socialising during lockdown however over half of them either agreed or strongly agreed that they had.

In comparison to caregivers whose children do not have additional needs caregivers whose children do have additional needs reported:

- That their child was seeing fewer children from outside the household over the course of a week.
- A less substantial increase in the amount time that their child was spending with them.

- Similar relationships with household members with the exception of older siblings who the children were felt to be getting on worse with.

Although sample sizes were too small for values to reach significance, there were several interesting findings within the descriptive statistics. In comparison to caregivers whose children do not have additional needs caregivers whose children do have additional needs reported:

- Less dissatisfaction with the frequency of their child's play and socialising.
- Greater concern about the long-term impact of lockdown on their child's social skills and friendships.
- A more pronounced increase in their child's use of online messaging and social media.

5.3.2 Discussion of Findings for RQ3.

Participants' views regarding the impact of additional needs on their child's play and socialising during lockdown were mixed. Although more caregivers agreed rather than disagreed that additional needs played a role – a view that broadly fits with the understanding that children with additional needs may have been uniquely impacted by the pandemic (Barnado's, 2020) - there was still considerable variability amongst respondents. As a starting point, it is useful to acknowledge that not all families whose children have additional needs will have experienced lockdown in the same way. Bailey et al., (2021) address this in their article where they note that there may be considerable variability in families' experiences of lockdown. In part, this reflects the complexity of family systems where different families will have had access to different external and internal resources during the pandemic which may have shaped their experience of lockdown (Prime et al., 2020). For example, during my interview with a caregiver whose child had additional needs, the participant noted that they had not needed to work during lockdown and that this had supported them to work with their child.

Unlike the majority of existing research – which explores measures of wellbeing, behaviour or parent wellbeing – the emphasis in this study was on children's social interactions. In comparison to children without additional needs, children with additional needs had fewer interactions with non-household children over the course

of a week. One explanation for this could relate to use of digital media. In their research, Canning and Robinson (2021) found that some children with autism had struggled to navigate use of online platforms for social interaction during the pandemic. In the current study, later interview data with one caregiver whose child has additional needs also illuminated some of the challenges that the child had faced in understanding and using digital platforms for interaction. However, whilst difficulties using technology were identified for one child in my sample, it is not necessarily the case that all children with additional needs felt similarly and more research would be required to further explore this.

More broadly, many researchers have suggested that social support for families with children with additional needs has been a challenge during the pandemic (Barnardos, 2020; Critchley et al., 2020; Canning & Robinson, 2021). However, this finding pertains specifically to the frequency of the child's interactions rather than their sense of support. It would be incorrect to assume that a lower frequency of interactions is inherently bad or is perceived as such by children or their caregivers. Research by Fredrikson et al (2007) has previously shown that simple sociometric measures (such as frequency of peer acceptance) do not map simply on to children's measures of belonging. Furthermore – although it was a non-significant finding – caregivers of children with additional needs in this sample were *less* dissatisfied with the frequency of their child's social interactions and play than caregivers whose children did not have additional needs. This challenges the idea that a lower number of child interactions is inherently bad or concerning for caregivers.

This picture of caregiver experience is yet further complicated when looking at their views on the long-term impact of lockdown on their children's social skills and friendships: where results suggest that caregivers of children with additional needs felt more concern. Given that the number of interactions does not appear to be a driving factor behind this for caregivers, it may be that their levels of concern are multiply influenced by other risk and resilience factors affecting the family and child (Prime et al., 2020). This could relate to the way that children with additional needs were able to understand the pandemic and restrictions (Couper-Kenney & Riddell, 2021) and/or it could be associated with access to social support from family, neighbours and organisations (Barnardos, 2020; Critchley et al., 2020; Canning &

Robinson, 2021). Additionally, and as proposed by Fredrikson et al (2007), this may also relate to the child's particular profile of needs: Willner et al (2020) found that families where children had more 'challenging behaviour' (characterised by externalising behaviour) were also most likely to report difficulties in accessing social support. Given that systems around the child are thought to impact the family and the child across time (Bronfenbrenner & Morris, 2006) it is possible that social support is exerting influence on caregiver's concern for the future.

An alternative hypothesis is that caregivers' concerns regarding the long-term impact of lockdown on their children may reflect the emotional wellbeing of caregivers. Whilst some academics disagree with the view that lockdown has had a differential impact on the wellbeing of parents with children with additional needs (Bailey et al., 2021) others have found that ratings for anxiety and depression had worsened for caregivers with children with additional needs (Willner et al., 2020). It may be that the additional stress and worry experienced by these caregivers, led to greater ratings of concern and less hopefulness regarding the future.

In comparison with children without additional needs, children with additional needs experienced a negative change in their relationships with older siblings and no change to relationships with younger siblings. This is a contrasting account to views collected by Critchley and colleagues (2021) in interviews with families where 75% of siblings reportedly spoke positively about the additional time spent together. The Critchley et al (2021) research does not specify the birth-order relationship between siblings so it is difficult to make direct comparisons. The increase in sibling relationship difficulties found in this study could reflect the complexity of family systems. Prime et al (2020) highlight how pre-existing areas of risk and resilience can influence caregiver responses and sibling relationships. Given that some researchers feel that caregiver stress during the pandemic has been elevated in families with children with additional needs (Willner et al., 2020), this may have influenced the functioning of the family system. Moreover, the suggestion that it has been not only children with additional needs, but also young carers (siblings) who have lost access to support (Barnado's, 2020) may have affected family coping and relationships between siblings.

5.4 Research Question Four (RQ4): How do Caregivers Perceive their Children's Social Interactions and Play?

5.4.1 Key Findings for RQ4.

- Many caregivers were dissatisfied with the frequency of their child's play and socialising during lockdown.
- Most caregivers felt that their children were dissatisfied with the frequency of their play and socialising during lockdown.
- Caregivers had mixed views about the long-term impact of lockdown on their child's play and socialising; the child's reported play activities could influence this:
    - Where children indicated that they were playing outside more, caregivers reported less concern about the long-term impact of lockdown on the child's social skills.
    - Conversely, where children reported that they were using technology more, caregivers reported more concern about the long-term impact of lockdown on the child's social skills.

5.4.1 Discussion of Findings for RQ4.

The finding that both caregivers and children were dissatisfied with the frequency of their play and socialising during lockdown was expected. Families across the country will likely be familiar with their children's complaints about missing friends and this is well documented in early research (Mantovani et al., 2021; Sama et al., 2020; Cueves-Parra & Stephano, 2021). This measurement of dissatisfaction is purposeful as it captures caregivers' views during the pandemic however it does not tell us about caregiver perceptions regarding the future.

When considering the long-term impact of COVID-19 on children, the current analysis indicates that caregivers' views were mixed. By looking at children's socialising and play, this research sheds light on the way that children's activities may have influenced their caregiver's view. Analysis of the linked sample of questionnaires supported a view that caregivers were less concerned about the long-term impact of lockdown on child social skills when children reported more outside

play. However, the reverse was true (more concern) when children reported more technology use.

This difference in concern could relate to activity partners. Where children played outside, they often reported doing this with a broader range of interaction partners (caregivers (38%), siblings (56%), friends (10%), and neighbours (8%) however when talking about use of technology, a large number of children reported doing this alone (89%). It is possible that where activities facilitated children's social interactions, caregivers were less concerned.

Alternatively, the difference in concern ratings in response to activities may reflect attitudes towards children's play activities where technology use is often seen as a concern (Orben & Przybylski, 2019). Whilst it is not the purpose of this research to judge the impact of screen-use on children, it may be that caregiver concern ratings were influenced by their attitudes towards activity types or concerns about technology use.

5.5 Research Question Five (RQ5): How do Children Perceive their Social Interactions and Play?

5.5.1 Key Findings for RQ5:

- Where social wellbeing had improved, this was driven by a decline in negative experiences – such as bullying - rather than an increase in positive experiences.
- Over two thirds of children felt that there had been no-change in the occurrence of positive social experiences.
- Girls reported more increases in positive social experiences than boys.
- Most children in the sample had good ratings for general wellbeing however a minority (20%) did not.
- General wellbeing was associated with play activities, with lower wellbeing associated with increased time spent watching TV or using technology.

5.5.1 Discussion of Findings for RQ5:

Children's views – expressed in their own words – are more fully captured in phase two of this research however some of their questionnaire responses shed light on the way that children were feeling about their social interactions during the pandemic. One interesting area of results is related to the children's views of their social wellbeing. Many children in this sample felt that there had been no change in experiences related to their social wellbeing. Whilst attention is often given to what has changed, it is also helpful to notice where things have not changed. For example, in the study by Levita (2020) the authors spoke of 'COVID-19 related trauma' and adolescents' negative experiences however they also found that 30-40% of respondents felt nothing had changed during the pandemic. In this research, 85% of children indicated that there had been no change in the number of occasions where their friends are nice to them or treat them well. This theme of similarity is common in the results with caregivers (RQ1) also noting that household relationships had remained mostly unchanged. The children's view regarding consistency in their positive social experiences is like findings identified with Scottish children (8-11 years) where 83% of respondents identified that they felt supported by their friends (Children's Parliament Scotland, 2020).

Alongside a sense of continuity, there was a proportion of children who felt that their social wellbeing had changed. These changes to social wellbeing were often positive ones which brought improvement to their wellbeing. To understand this more, I compared negative and positive experiences and found that patterns of response to negative items were significantly different to patterns of response to positive items. This effect was such that where children's social wellbeing had improved, that this was related to a decrease in negative experiences (e.g. 'my friends are mean to me') rather than an increase in positive experiences (e.g. 'my friends are nice to me'). Many researchers have highlighted the potential difficulties that children can experience in the context of 'typical' play and socialising (Howard et al., 2017) with some children's social interactions routinely characterised by anxiety or isolation (Rubin et al., 2009). Even where children do not have any particular difficulties with social interaction, most experience some degree of disagreement or fall-out as part of typical child social development (Pellegrini & Bohn, 2005). It appears that children in this sample felt somewhat shielded from negative experiences. This finding lends

support to suggestions from researchers such as Hoekstra (2020) that lockdown may be protective for some young people who typically experience bullying, conflict or social pressure. Alternatively, the finding that negative social experiences had reduced could be attributed to a reduction in social experiences in general. It may be the case that the disparity between the occurrence of negative and positive experiences reflects the fact that children and their caregivers were more able to choose the peer interactions that the children did partake in and partners for this (likely known friends) thus reducing the likelihood of negative interactions.

In this research, children's accounts of social wellbeing experiences also differed in relation to gender. Girls in this sample reported more increases in positive social experiences (e.g. I laugh with my friends) than boys; the reason for this is unclear. When exploring differences in caregiver ratings of interaction medium use, there was a non-significant difference between girls and boys in their use of video call. The difference was such that 88% of girls were rated by caregivers to be using video call either somewhat or much more compared with 71% of boys. Additionally, 14% of boys were felt to be using video call somewhat or much less compared with just 4% of girls. When looking at the children's activity partners, 25% indicated that they interact with friends when using technology (e.g. iPad or computer, mediums which facilitate video call) and 40% indicate that they interact with friends when playing video games. Later interview data supports the idea that interaction via video games often involved video calling. It may be then that girls were interacting more with friends via video call or video call alongside video gaming. If peers were chosen for a video call based on pre-exiting friendship, then it could be that this would facilitate more positive experiences than negative ones.

Most of the children in this sample had good ratings of wellbeing. This is similar to some of the findings from studies with children in Scotland (Children's Parliament Scotland, 2020), Wales (Children's Commissioner Wales, 2020), Italy (Pisano et al., 2020) and Spain (Nahia et al., 2020). Yet as was the case in the above studies (e.g. Pisano et al., 2020), not all children in the current study had good wellbeing. It is possible that this relates to pre-existing risk and resilience factors for children and families which shaped individual experiences of the pandemic. Clemens et al (2020) noted that for groups of children who were already struggling economically, socially or psychologically pre-lockdown the experience of lockdown may be worse.

Barnardos (2020) also highlighted a range of vulnerabilities in groups. In this research by looking at children's socialising and play activities, I found that children's general wellbeing was associated with how they spent their time. Lower wellbeing ratings were associated with increased time spent watching TV or using technology. This should be considered alongside findings for RQ2 which showed how children's time spent watching TV was related to space within the home, caregiver working pattern and caregiver self-efficacy. Children have also indicated that watching TV or using technology are often solitary activities. The relationship between wellbeing and children's activities is correlational not causal; rather than one factor directly affecting the other it is likely that this relationship plays out within a complex family system (Carr, 2015) where interactions (or lack of in the context of TV watching) are influenced by familial resources (e.g. caregiver self-efficacy, space at home).

6.0 Phase One Caregiver Interviews: Results and Discussion

There were seven participants in the caregiver interviews, six of whom were female and one male, contextual information for each participant is provided in Table 30.

The results, analysis and discussion of the thematic analysis have been organised in relation to the five initial research questions, in addition to this I added a sixth research question. Not all the research questions are presented in numerical order, this is because some themes pertaining to research questions are more easily understood when presented at a later stage in analysis. I have endeavoured to include a variety of quotations from different participants and have considered links between this and the available literature. At points through the analysis, themes and sub-themes are illustrative of more than one research question; where this occurs, I have referenced links within the text to avoid repetition.

Table 30

Contextual Information for Participants in Caregiver Interviews

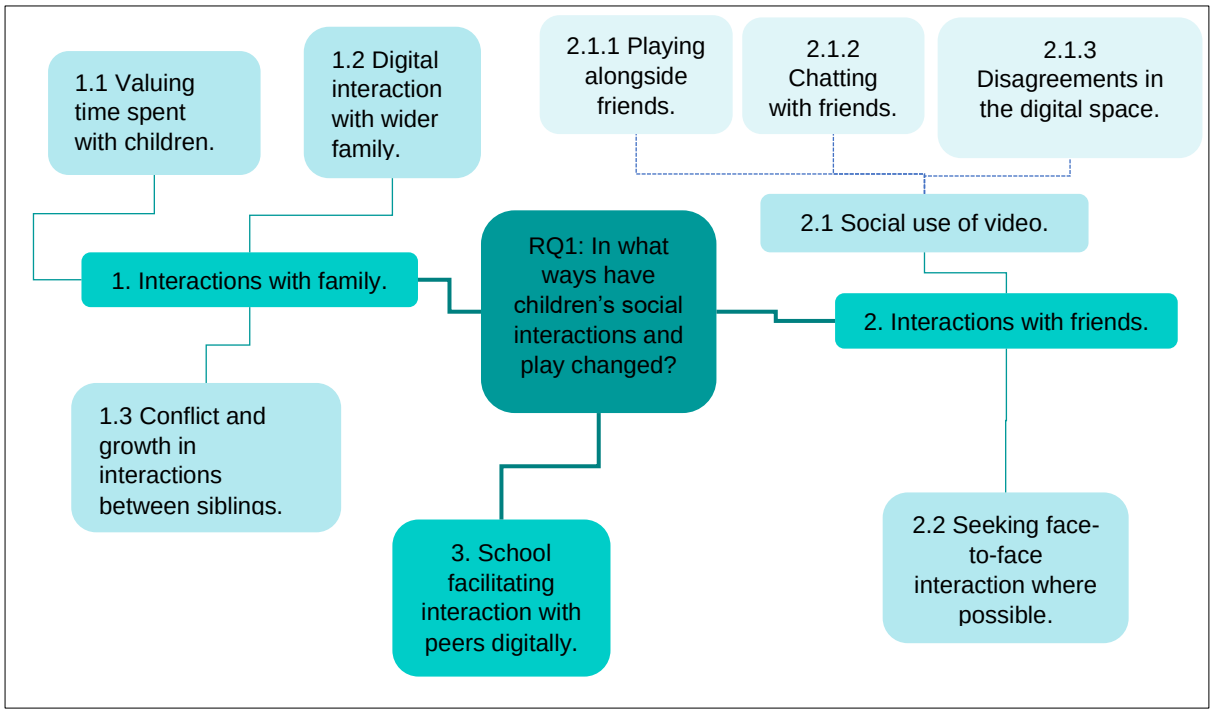
Participant	Contextual Information
Participant one	Participant one was living with her two children and not in employment. Participant one was told that she was clinically extremely vulnerable and as such, she was shielding. The children were not attending school during Spring or Summer of 2020. The focus child did not have special educational needs but their older sibling did.
Participant two	Participant two was living with her child and not in employment. The child was able to visit their dad on a weekly basis. The children were not attending school during Spring or Summer of 2020.
Participant three	Participant three was living at home with her partner and child. Participant three was not in employment and her partner was on furlough. Participant three's child had been invited to attend school during Spring or Summer of 2020 as she had an Education Health and Care Plan however participant three and her husband decided that it would be best for their child to be at home.

Participant	Contextual Information
Participant four	Participant four lived at home with her partner and two children who were of a similar age. Participant four was a key worker and undertook a mixture of face-to-face and home-based working, her partner was in employment working from home. Participant four's children were not invited to attend school during Spring or Summer of 2020.
Participant five	Participant five lived at home with her partner and two children: the focus child and their older sibling. Participant five was in employment and working face-to-face, her partner was on furlough and was home based. Initially, the children were attending school for part of the week prior to participant five's partner being furloughed. Participant five's partner was told that he was clinically extremely vulnerable and as such, he was shielding.
Participant six	Participant six lived at home with his partner and two children: the focus child and their younger sibling. Participant six and his partner were both key-workers and were working from home. Neither of the children were attending school during Spring or Summer of 2020.
Participant seven	Participant seven lived at home with her partner and two children: the focus child and their younger sibling. Participant seven was in employment and working from home, her partner was a key-worker working face-to-face. Neither of the children were attending school during Spring or Summer of 2020.

6.1 Research Question One (RQ1): In What Ways Have Children's Social Interactions and Play Changed?

Figure 7

Themes and subthemes relating to research question one.



6.1.1 Theme One: Interactions with Family. Whilst participants noted changes to the format of interactions with non-household family members, more time was spent discussing changes to interactions with household family members particularly interactions between siblings or between caregivers and children. Generally, participants reflected on positive experiences of spending more time together: "If I'm honest (.) lockdown really suited us as a family" (P1). Families with multiple children at home also considered how sibling relationships had changed or grown through time together.

6.1.1.1 Theme One: Sub-theme One: Valuing Time Spent with Children. Participants felt that that lockdown enabled them to spend quality time with children, "Yeah it gave me more quality time not having to worry about going back to work and quality time with her saying, "We on the same boat"" (P2). Participants placed value on spending this time with their children: "So what I would try and do was to spend time with them you know that was the thing that they needed" (P6). It was felt that quality time together could create enjoyment and – for some – a newfound

appreciation of time together: “I think it has sort of just made us appreciate enjoying spending time with people” (P7).

The participants’ view that spending time with their children could be valuable and enjoyable is similar to findings of research with children in other countries where they too have described appreciating and enjoying time spent with family (Children’s Parliament Scotland, 2020; Nahia et al., 2020; Stoeklin et al., 2021). Considered in light of a family-systems model, this finding suggests that stress on the family system was not impeding caregivers’ relationships with their children (Prime et al., 2020). By this I do not assume that participants experienced no stress during lockdown – these themes emerge elsewhere and are noted in other research (Pozas et al., 2021) – however it may be that other familial resources (e.g. minimal experiences of marginalisation) or belief systems engendered a more positive experience overall. Families who are able to value connectedness or who have positive belief systems (Walsh, 2016) are believed to experience more positive outcomes in the face of adversity.

6.1.1.2 Theme One: Sub-theme Two: Digital Interaction with Wider Family. Interactions with wider family members such as grandparents had changed and some participants described the use of video calls. Some participants expressed the idea that despite the child’s general disdain for video calls (see later theme, 6.1.2.4.2), communication with wider family members in this way remained unavoidable: “She’s only very very rarely engaged with any like video calls and and even when she has only with family members not friends” (P4).

This theme shows one way in which children were using digital media to interact with others – a significant gap in the literature. Caregivers’ comments suggest that that these interactions were not always popular, this will be discussed below (6.1.2.4.2).

6.1.1.3 Theme One: Sub-Theme Three: Conflict and Growth in Interactions Between Siblings. Participants described increased conflict between siblings alongside development and growth within sibling relationships. Participants with more than one child at home reported an increase in disagreements between their children: “[sigh] lots of bickering umm [laughs]” (P7). Often, participants expressed a relaxed sentiment towards sibling disagreement, laughing whilst

construing it as a somewhat predictable response to the amount of time that their children were spending together: “I would say more because they were spending more time together [laughs]” (P5). Linked to this was the idea that there could be ‘too much’ time with siblings:

> I think now they are sort of starting to get a bit sick of not sick of each other but now they are they are really ready and when they both went back to school on the [date] they were both at that point really ready to have those interactions with other people. (P4)

Despite what were construed as inevitable ‘ups and downs’ in sibling relationships, participants spoke of how these relationships had grown through increased time together during lockdown: “Overall I would say that their relationship has blossomed” (P6). As part of this growth, participants spoke about how the children had supported or taught one another: “It’s been quite nice for her to to also share those imaginative skills with *older sibling*” (P1) and how disagreements between siblings presented an opportunity to develop the sibling bond:

> We kind of encouraged them to resolve their own disagreements and there were some disagreements as there always are I would say their relationship has remained as it was and in some ways has become even stronger through that extended period of being together. (P4)

This theme can be considered in light of the family systems model (Prime et al., 2020) in that stress impacting the family may have led to increases in sibling conflict. It appears that interruptions to typical routines – space from one another – placed greater demand on family relationships. Yet my sense was that caregivers felt that sibling conflict was typical or normal behaviour. In 1932, Piaget referenced how negotiation and disagreement between children could be advantageous and many subsequent researchers have highlighted the normality and utility of disagreements between children (Pellegrini & Bohn, 2005). Disputes were not always concerning to caregivers and some referenced growth within sibling relationships. If considering this in light of the family systems model (Prime et al., 2020) one could argue that external stress on the families in my study was minimal and that this facilitated more adaptive sibling relationships. In another study exploring relationships between adolescent siblings, researchers found that warm and affectionate sibling relationships were able to protect children from adversity. In the current research, sibling relationships may have helped the children through the pandemic.

6.1.2 Theme Two: Interactions with Friends. In this theme I consider the changes that participants noticed in their child's interactions with friends. Whilst children's access to social interaction changed greatly during the lockdown, the interviews illustrated the ways in which children found agency within the boundaries presented about how they would interact with friends. For some children, this meant standing on the doorstep to wave at friends whereas for others this meant gaming alongside friends online. In many interactions – particularly those using video – children seemed determined to create shared experiences with peers through show-and-tell type interaction or by playing alongside one another. Whilst caregivers facilitated and sometimes loosely supervised interactions with friends, they were not part of the interactions.

6.1.2.1 Theme Two: Sub-Theme One: Social Use of Video. All participants identified video call as a medium through which their child socially interacted or played with other children during lockdown. Some participants referred to the role of the media in perpetuating this idea: "So we saw a lot of people (.) obviously on the TV oh why Zoom calls and stuff so they did try it" (P2). This theme confirms suggestions by researchers that children have been using digital technologies to 'see' their friends during lockdown (Bent, 2021; Cowie & Myres, 2020) and suggests that it is not just adolescents (Fry, 2021) but also younger children who have benefitted from digital interactions. Whilst earlier reports (e.g. Mantovani et al., 2021) suggested that younger children (6-10) were using digital technology to interact with peers, the interviews with caregivers provide a richer understanding of how children used digital technology to interact.

For some families, video calls were briefly tried and ultimately disliked (see RQ4 and RQ5 below), whereas for other families video call became a key way that the child accessed social interaction: "One of the ways that we we managed to get some interaction with *[Focus Child]* particularly was through video video calls" (P6). Participants had a good understanding of the amount of time which their child spent on video call: "So she's been facetiming her friend who lives up the road umm… daily almost [??]" (P1). However supervision of this was often distant: "She did at that point allow her to have some less closely supervised video apps with some carefully selected peers" (P4).

When interacting via video call, participants noticed that their children would supplement their chatting (an activity noted by all) by showing things to one another or taking part in virtual play alongside one another. Children would bring things into view to show their friends: “I think at first there was a lot of you know showing each other around their bedrooms”…”[laughs] and showing each other around the house or we keep chickens so there was a lot of showing people her chickens” (P4) or share emoji pictures with each other. I wondered if through doing this, the children were seeking to build on the sense of connectedness, providing shared prompts to facilitate discussion.

Building on the idea that the children desired a shared experience, participants also described how children were playing alongside their friends through digital mediums. Some children played games with peers online and interacted verbally through the game: “They didn’t see each other but they were playing together the same game (.) um there was a couple of video calls via whatsapp with his friends” (P5). Whereas other children gamed together online and interacted visually and verbally alongside this using video call: “Yeah they would have the video call there on their phone and they would both or their group of friends would be playing the online game which was great because it got them a bit of interaction” (P6). Some children also played alongside friends by both playing with the same toys whilst on video call: “I think occasionally they would all get their Lego out and all do Lego while watching each other do Lego” (P7).

The caregivers’ accounts explore how children have sought to create shared experiences when interacting with their friends in a similar way to how they might ordinarily seek to connect with friends (Baumeister & Leary, 1995). In middle childhood, the desire to develop a shared identity and friendships with peers begins to become more important to children (Gifford-Smith & Brownell, 2003). In this research, caregivers described ways in which children used video calls to share experiences – such as gaming - and build friendships with peers.

Alongside the conversations and play that children enjoyed with their friends online, there were also disputes. At times, some children found it hard to take turns in the digital space and this led to frustration, “There was quite a lot of shouting um at each other and a kind of frustration” (P2). Other children struggled when they saw that

their friends were infringing on lockdown guidance. Linking these experiences was the idea that children found it difficult to discuss or resolve disagreement virtually, instead someone would often just leave the video or telephone call:

> Her friend *friend's name* umm rang and said, "I've got friends round" she went nuts and said "Oh my god you you've put yourself at risk(.) I can't believe you've done that you're not supposed to have friends round" you know all this blah blah blah and *focus child* went "Well stuff you then" and put the phone down or turned the iPad off you know [??] (P1)

The finding that conflict could still occur in the digital space, is perhaps another demonstration of children replicating typical patterns of interaction in a digital realm. Yet unlike face to face interactions, it may have been more challenging for children to resolve disputes whilst using digital media to interact.

6.1.2.2 Theme Two: Sub-Theme Two: Seeking Face-to-Face Interaction Where Possible. Where it was available or permitted, participants described their child's enthusiasm about interacting with other children face-to-face. Caregivers were conscious of their children's desire to interact with others in the real world this may relate to the pervasive and influential role of interactions in child development (Bjorkland & Pelligrini, 2011). As testament to their desire for this interaction, some children would have conversations with local friends from the boundaries of their home: "They ended up having more conversations from *focus child* sliding on the windowsill"…"And shouting a conversation at her friend" (P2) whilst others would go to great lengths to be able to wave at peers: "She would text her and say 'I'm going to *local supermarket*' whereas we live sort of on the road to *local supermarket* and she would wait on the doorstep just so she could wave at her" (P1).

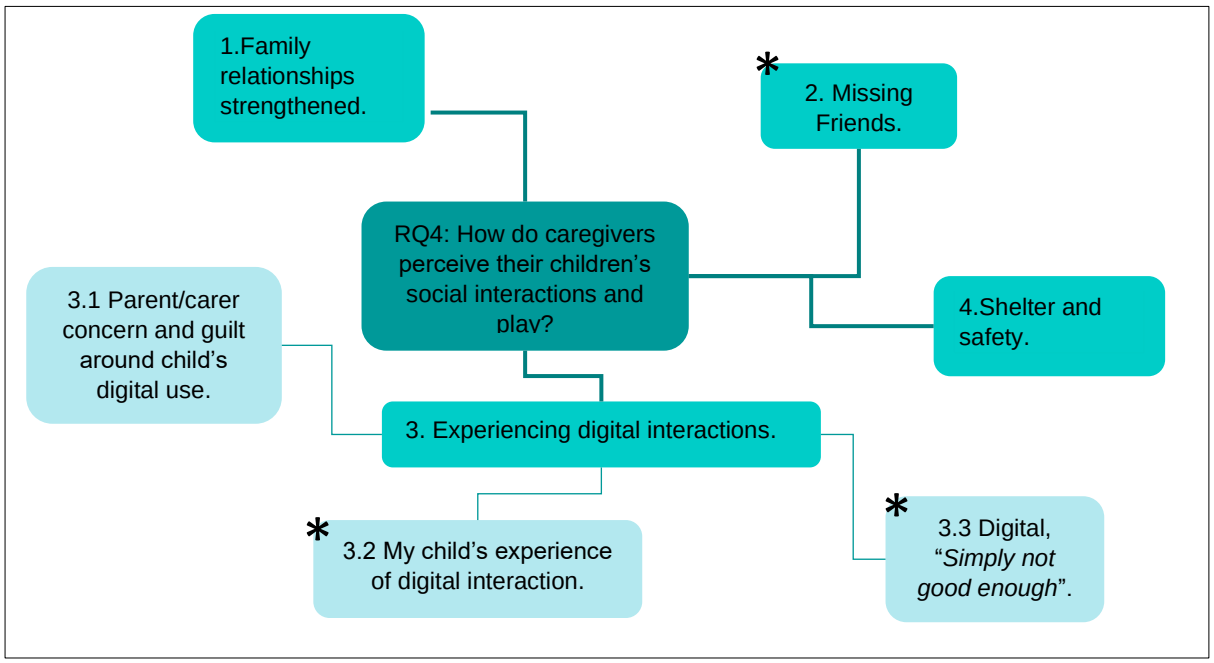
6.1.3 Theme Three: School Facilitating Interaction with Peers Digitally. Many participants explained how their child's school had supported social interaction through digital mediums. This finding illustrates how children's social interactions were shaped by systems of influence around them (Bronfenbrenner & Morris, 2006) in this instance, the ability of a child's school to facilitate interaction was perceived positively. It is perhaps likely that not all schools were able to offer these services during the pandemic, this may relate to other pressures on school such as higher numbers of children attending in person or limited staffing resources.

Participants described various digital platforms through which their child was able to share images or videos of their work and activities with peers could then respond digitally through comments: “He could see what other children in his class had been doing and there was videos and pictures and stuff so it was kind of an interaction because he could then put a comment on somebody’s picture” (P5). These interactions were more delayed and involved more parties, as the focus child was often interacting with more than one peer supported by adults from school and home.

6.2 Research Question Four (RQ4): How do Caregivers Perceive Their Children's Social Interactions and Play? And – With Caregiver Views as Proxy - Research Question Five (RQ5): How do Children Perceive Their Social Interactions and Play?

Figure 8

Themes and subthemes relating to research question four.



Note: Large asterisks above illustrate themes in the caregiver interviews which also reflect responses to RQ5 about how children perceive their social interactions.

6.2.1 Theme One: Family Relationships Strengthened. There are many positive ways in which caregivers evaluated the changes to familial relationships during lockdown. This theme is described in the two sub-themes outlined above: section 5.1.1.2.1 'Valuing Time Spent With Children' and section 5.1.1.2.3 'Conflict and Growth in Interactions Between Siblings'.

6.2.2 Theme Two: Missing Friends. All participants noted that their children were missing friends; they indicated that children had asked to see or talk to their friends: "She started asking about her friends…And said she was missing her friends" (P3). Participants shared in their child's concern expressing their own ideas that their child had a fundamental need for interaction: "She just craved that social interaction" (P1). Often, caregivers believed that familial interaction was not able to fulfil their child's

need: “With all the will in the world I can’t be an *age* year old boy” (P6). Linked to this was a sense that virtual interaction was not ‘enough’, this theme is explored further below.

Caregivers reflected their children’s strong desire for social interaction, this may reflect not only the disruption to their normal lives but also their developmental needs. In a pre-lockdown world, children place great value on time spent with friends at breaktime (Blatchford & Baines, 2019) and social interactions are thought to be key in middle childhood where children spend around 30% of their time interacting with same-age peers and developing friendships (Rubin, Bukowki & Parker, 2007). Reports from caregivers in this research demonstrate children’s yearning for social interaction, this is similar to findings with similar-aged children in Switzerland, Estonia and Canada (Stoeklin et al., 2021) who spoke about their upset and concern when separated from friends and children in Spain who explained how missing other children made them feel sad (Nahlia et al., 2020).

6.2.3 Theme Three: Experiencing Digital Interactions. In this theme I discuss the ways in which digital interaction evoked mixed feelings in participants and their children. There was a divide amongst those interviewed: some participants’ children regularly used and enjoyed digital interaction – often gaming – yet other participants’ children disliked and avoided digital interaction. Negative appraisals of digital interaction were often positioned as comparisons and where children and their caregivers compared digital interaction to ‘real’ (face-to-face) interaction they felt frustration, yearning and dissatisfaction. For families where there was a more positive appraisal of digital interaction, there was also greater use of gaming or playing alongside (see 6.1.2.1) and there was less of a tendency to compare digital interaction to face-to-face interaction. All participants shared concerns about their child’s use of digital platforms, this often led to screen-time limits or failed attempts at screen time limits and associated caregiver guilt.

6.2.3.1 Theme Three: Sub-Theme One: Caregiver Concern and Guilt About Child’s Digital Use. Despite the widespread use of digital technology to support social interaction, participants often expressed a sense of guilt or concern in relation to their child’s use of screens. Game use was often construed negatively: “You know he was spending a lot of screen time unfortunately um on games like

Roblox [laughs] god I hate the game" (P6). I wondered if this reflected the participants' lack of shared understanding with their children about the games: "She doesn't understand why we don't get it why we might not be interested oh okay so we been having these kind of nonsense conversations about Pokemon and Minecraft which I have no interest in" (P2). Alongside this, participants were concerned about limiting technology use both with regards to screen-time and with regards to safety: "I: What was he up to? P5: um on his switch or the Playstation but he has only (.) we limit them to an hour and a half a day unless it's a weekend" (P5). Participants' guilt and concern in relation to screen-time was also associated with their working patterns, this is explored further below (RQ2).

Participants' concerns may – in part – be influenced by the pervasive societal messages that technology poses a risk of harm to children (Orben, 2020). In response to claims regarding the harm of screen-time, caregivers and children often negotiate children's screen-use with caregivers using strategies such as limits and restrictions (Mukherjee, 2019); participants in the current sample responded similarly. There was a sense that participants struggled to connect with their children with regards to their gaming, I wondered if this lack of shared understanding about games could contribute to caregiver concern.

6.2.3.2 Theme Three: Sub-Theme Two: My Child's Experience of Digital Interaction. Although participants were concerned about their use of digital technology, many of them also identified times where digital interaction brought their child enjoyment: "Oh I think she enjoyed it [laughs]" (P4). Playing games digitally – especially with peers – was reportedly popular with children often leading them to spend hours online if they were able to:

> Oh he would do that through lockdown all day and all night that was his release that was his thing he found to do that he could just wallow away time uh absolutely yeah (.) I mean especially if he was doing it with his friends on a video call. (P6)

However, not all participants found that their child enjoyed interacting digitally. Participants explained that the children could find online interaction confusing, strange or difficult to navigate: "She found that strange (.) sorry" (P3). Participants generally followed the child's response to virtual interaction and where it was deemed to be unpopular with the child, it occurred less: "She was happier not having any phone calls not seeing anyone (.) you know complaining a bit about not seeing

anyone but when I said “you want a zoom call” and I looked at her she say “hmm not really”” (P2).

This theme builds on the finding that children were using digital mediums of interaction (see above and other reports e.g. Motavini et al., 2021) by considering how children may have felt about those interactions. Caregivers had mixed views on this topic: some felt that their children delighted in social connection with peers online whilst others noticed that their child found digital interaction difficult. This finding is similar to those in research by Stoeklin et al., (2021) where – although children enjoyed interacting with one another digitally – they also noted limitations, still craving face-to-face contact. The current research builds on accounts of the limitations by noting that some children found digital interactions strange or confusing. Whilst other researchers have noted that children with SEN may encounter more challenges with digital interactions (Canning & Robinson (2021), this theme suggests that some children without SEN also found the digital space strange or difficult to navigate.

6.2.3.3 Theme Three: Sub-Theme Three: Digital, “Simply not good enough”. Closely linked to the previous theme (5.1.2.4.2) was the perception of some participants that digital interaction was not a perfect replacement for ‘real life’ interaction. For these participants digital interaction was seen as sub-standard, unable to offer the same physical social cues to children: “She gets more when she’s face to face (.) cos there’s more can do visually” (P2). These participants felt that their children were almost taunted by glimpses of interaction and this could upset the child. One child shared these frustrations with her caregiver, ““I just I just want to see people” she said(.) “I don’t like seeing them on the screen I want to actually talk to people”” (P1). The limitations observed by caregivers in this research are similar to the views of Spanish children who reported that digital interactions were “not the same” (Nahia et al., 2020). There was also a sense that – where digital interactions were not favoured by the child – that they could potentially make the child miss friends more.

6.2.4 Theme Four: Shelter and Safety. Despite participants’ comments regarding the ways in which their child was missing peers, many participants also shared the view that lockdown had in some way sheltered their child. Some participants spoke

about the ways in which being at home together had alleviated relational stresses associated with school, this provided a sense of safety for the child: “Through lock down we were all here together so she didn’t need to worry because there were no outside stresses it was just us at home” (P3). Participants also noted that not all peers were missed: “There’s some friendships he will have not missed” (P6).

Even when the child was typically happy with peers at school, participants spoke of the freedom the child experienced at home including freedom from social expectation: “You know especially with girls there’s a lot of pressure to conform and to fit in” (P1). This was often reflected in comments regarding the children’s play with siblings or alone (see 6.3.1).

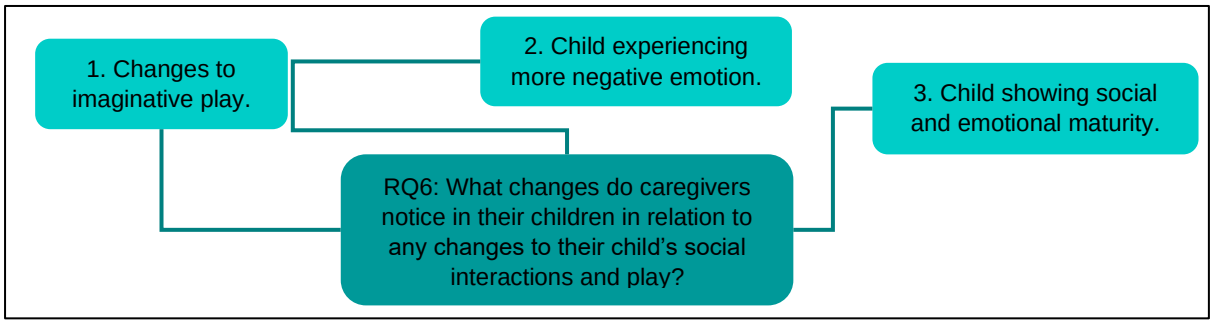
Several studies identified positive emotional outcomes associated with lockdown with children at home appearing calmer (Pisano et al., 2020), and feeling relaxed (Nahia et al., 2020) and happy most of the time (Children’s Commissioner Wales, 2020). However, children’s emotional responses were not generally considered alongside their social experiences. This theme illustrates how the interruption to children’s typical social activities could be associated with a reduction in negative emotional experiences such as worry or pressure. Participants describe how children enjoyed distance from typical social difficulties which most children experience as part of their social development (Pellegrini & Bohn, 2005) and how children had “not missed” some peers - perhaps those who typically behave ‘badly’ at playtime (Blatchford & Baines, 2019). As proposed by Hoekstra (2020) lockdown may also have shielded children from more overt social difficulties such as bullying. This theme builds on Hoekstra’s comments (2021) about adolescents but considers children’s experiences in middle-childhood. In response to one participant’s comments regarding peer pressure, developing a shared group identity is important for children during middle-childhood (Gifford-Smith & Brownell, 2003) however this participant’s comments suggests that they felt their child benefitted from space from the group identity.

6.3 Research Question Six (RQ6): Changes That Caregivers Notice in Their Children in Relation to Changes in the Child's Social Interactions and Play.

As a result of the thematic analysis, I created a new research question (RQ6) to represent some of the changes that participants noticed in their children and which they associated with the changes to their child's social interaction.

Figure 9

Themes and subthemes relating to research question six.



6.3.1 Theme One: Changes to Imaginative Play. Whilst it would be hard for caregiver to determine the amount of imaginative play which their children engaged in with school friends prior to lockdown, there was a view amongst participants lockdown had facilitated imaginative play for the children.

In homes with siblings, the prolonged time together enabled children to develop extended imaginative play sequences:

> I think the biggest change was probably that because they had so much time together whereas normally it's just weekend they had so much time that they began to engage in long scale imaginative games and they would build entire worlds for their dolls. (P4)

This imaginative sibling play was viewed favourably by caregivers in terms of both the duration of play and the positive interaction between the children: "They get quite engrossed in it and they can play for ages really well together" (P7).

In homes without siblings, participants also noticed changes to their child's play. Some caregivers spoke about how the increased time alone provided space for the child to play with their toys. One caregiver also explained how she felt that the space away from other children had removed peer pressure for her daughter thus enabling her to play imaginatively again: "I think it was because that peer pressure was taken

away and we could actually play with what we wanted rather than what we feel we should" (P1).

6.3.2 Theme Two: Child Experiencing Negative Emotion. When reflecting on the curtailment to their child's social interactions, most participants spoke about their child's sadness or yearning, for some this led to low-mood: "*[Focus Child]* would bury down and progressively the longer lockdown went on and the less social interaction he'd have with his peers he that was the big change in him and a noticeable change in behaviour" (P6). Other participants had noticed that their children appeared more anxious; this seemed to be related to their children's experience of the social distancing rules. Participants described uncertainty in their children:

> I've noticed that she steps back and thinks about things a lot more and so she's a bit more umm jumpy almost I spose [??"…"she's almost 'is it alright to do it[??]' 'should I do it[??]' 'shall I not do it [??]' whereas she'd be a lot more positive before [??] (P1)

Uncertainty led to physical manifestations of anxiety for some including stomach or headaches: "If it involved seeing people she did get quite anxious about that You know [??] complain of tummy aches not wanting to go out and things" (P7). One participant noticed that her child was increasingly dependent as he was anxious in response to the changes to social interaction.

This theme illustrates the ways in which changes to children's typical activities were perceived by caregivers to be impacting the child's psychological wellbeing. Similar emotional changes have also been reported by caregivers in other countries (Pisano et al., 2020; Orgiles et al., 2020; Jiao et al., 2020) and in research concerning the psychological impact of lockdown on adolescents in the UK (Levita 2020; Fox, 2020). As the emphasis was on social interactions in the interview and research questions, there are not many themes which focus solely on wellbeing. In this theme, participants are reflecting on their child's emotional responses in relation to social activities. In some ways, the emphasis on social activities reflects my orientation as a researcher however I the information relating to wellbeing provides useful insight into the association between wellbeing ratings and children's interactions.

6.3.3 Theme Three: Child Showing Social and Emotional Maturity. Participants described the ways in which time at home with family had enabled their child to

develop their confidence and independence. With the support of caregivers in the background, some children had learnt new skills or attempted new challenges independently: “I said “absolutely you can walk to school you’re in year *school year* and if you wanna walk to school you do that” so in some ways it’s made her more confident” P1. Linked to this was the idea that for some children, the safety they felt at home aided their social and emotional development: “I’d like to think that her resilience has been built a bit I’d I’d really like to think that” (P3).

In addition to building their confidence and independence, some participants felt that their children had also developed a more mature understanding of the world around them. Part of this was about the children spending more time with caregivers and beginning to better understand and empathise with adult roles and responsibilities: “I guess it opened it opened up their eyes because they became under more understanding I would say and less impatient” (P6). Linked to this concept of maturity was the idea that the children had also developed a newfound appreciation for school and the social interaction it afforded them:

> I think it will make them value even if it’s only short term I think it will make them value that social interaction more than they did before because before it was just the normal experience they just totally took it for granted so I think that it will introduce an increasing amount of valuing that social interaction (P4)

This theme reflects ways in which some children were able to prosper during lockdown. Participants in this sample spoke about psychological growth in their children with regards to confidence, resilience and patience. Clemens et al., (2020) highlighted how alongside concern for some groups, that many children may benefit from time at home with their families. As noted below, participants in the interview sample highlighted many favourable familial circumstances which other families may not have had access to, these might have reduced stress on the family system and facilitated more positive adaptation in the face of adversity (Prime et al., 2020). The participants’ comments also reflect a sense of optimism, this may relate to their belief system around the pandemic (Walsh, 2016).

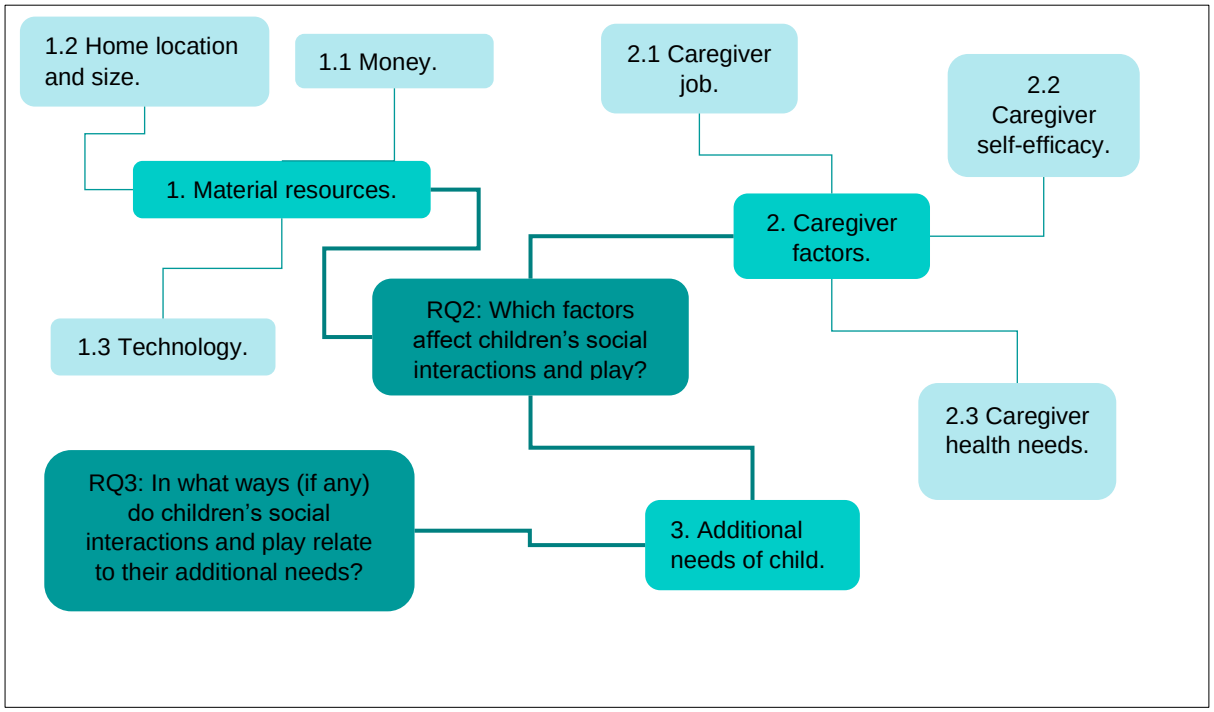
The positive psychological outcomes for children in this study contrast with results of research completed with older children which identifies more negative psychological outcomes (e.g. Fox et al., 2020; Levita 2020). This may reflect the varied needs of different age groups (the aforementioned studies were completed with adolescents),

my emphasis in interviews on both positive and negative outcomes, or the favourable circumstances of participants.

6.4 Research Question Two (RQ2): Which Factors Affect Children's Social Interactions and Play? And Research Question Three (RQ3): In What Ways (if Any) do Children's Social Interactions and Play Relate to Their Additional Needs?

Figure 10

Themes and subthemes relating to research questions two and three.



6.4.1 Theme One: Material Resources. All of the participants had access to resources such as: money, space, a safe or rural postcode or technology. In this theme I consider the ways in which these resources played a role in supporting the child's social interaction with family members, friends or local children. The location of or size of the family home also enabled the child to reduce their time spent with caregivers – providing them with space or freedom.

6.4.1.1 Theme One: Sub-Theme One: Money. Some participants acknowledged the benefits of having access to money during lockdown, their experience supports the view that money impacted familial experience during lockdown. Researchers have highlighted how families without access to monetary

resources may have been adversely impacted by the pandemic (Van Lancker & Parolin, 2020; Clemens et al., 2020). Participants indicated how access to money had lessened stress on the family, this supports the family systems model of COVID outlined by Prime et al., (2020). Money was seen as a useful tool which enabled participants to finance activities or entertainment for their children. One participant described how having access to money had enabled them to buy things to do with the children and eliminated worry:

> I have no financial issues to be worrying about so if they say “oh can we buy a new board game[??]” [laughs] we do a bit of research and pick one off of Amazon do you know what I mean [??] (P1)

6.4.1.2 Theme One: Sub-Theme Two: Home Location and Size. All participants in this sample had access to a garden. Participants and their children valued their outdoor spaces as spaces to enjoyed time together: “Like we planted lots of seeds and grow vegetables and foods and built bug hotels” (P7). Both indoor and outdoor space at home was seen as a valuable resource which provided children with enjoyable autonomy from adults and freedom:

> Yeah so yeah we are very rural and we are not by any main roads or anything and we are down a track so the children have a lot of kind of physical freedom around the house we’ve got a big garden as well and we live in the woods so even when lockdown was really extreme we still had a lot of outside space that they could access um and I think that even in the house as well even though they share a room we’ve kind of got three living spaces that can be used so we weren’t all right on top of each other all of the time there was plenty of space for everybody to be using we could be together if we wanted to be together but we could also be separate if we wanted to be separate (P4)

When restrictions began to relax, participants used gardens for children to meet friends: “We agreed to have (.) the playdate with two meters apart (.) and in each other’s garden and or in the park” (P2). For families where children did not have any siblings or local friends, living within proximity of a park also afforded valued social opportunities: “The park obviously opened and we have been up there and children from the village have been up there and I’ve just reminded her about taking turns” (P3).

Some participants reflected on the child’s enjoyment of freedom and space, this perhaps becomes more significant for children in middle-childhood where their

interactions are becoming more separate from adults around them (Gifford-Smith & Brownell, 2003). In the manner outlined in the family-systems framework proposed by Prime et al., (2020), favourable contextual circumstances – in this instance home location and perhaps wealth – appear to have contributed to positive caregiver-child and sibling relationships. Previous research has demonstrated that poor neighbourhood quality could have a negative effect on familial relationships (Browne et al., 2016) therefore for families with less favourable circumstances during COVID-19, it might be that the positive interactions children experienced outside could not occur. Moreover, children without access to space may have sought other ways to distance their interactions from adults in the manner that Gifford-Smith and Brownell (2002) suggest.

6.4.1.3 Theme One: Sub-Theme Three: Technology. Whilst participants did not explicitly acknowledge its role, all participants in the sample were able to provide their child with access to video technology with either a laptop or mobile phone. By providing access to technology, the children were able to interact with peers should they wish to. Ultimately however, it was often caregivers who oversaw access to this interaction choosing who the child could play with: “We did at that point allow her to have some less closely supervised video apps with some carefully selected peers [laughs]” (P4) and for how long: “We limit them to an hour and a half a day unless it’s a weekend” (P5). This is another example of the beneficial role of wealth in supporting families during the pandemic (Van Lancker & Parolin, 2020) however in this instance it did not entirely alleviate stress as caregivers associated some concern with their child’s digital media use (see **6.2.3.1)**. This ability to support children and also provide monitoring suggests that participants felt in-control of children’s social interactions.

6.4.2 Theme Two: Caregiver Factors. In this theme I have considered how factors related to caregiver’s circumstances (e.g. employment or health) were associated with the child’s socialising. Generally, participants only referenced salient factors when they had had a detrimental impact on the child’s social interaction; where participants were in what might be considered a more favourable position they did not tend to acknowledge the benefits of this for facilitating their child’s interactions.

6.4.2.1 Theme Two: Sub-Theme One: Caregiver's Job. Participants who were working throughout lockdown shared their experiences of balancing working with entertaining their children. Working through lockdown was seen as a factor which limited the caregiver's ability to interact with their children: "It's very different when you've got you're trying to juggle work you know you've been given some work to do to then go and entertain and play with one of the children or both of the children" (P6). Participants also expressed the view that the demands of their work limited the amount of time that they were able to dedicate to supporting their child's social interactions with others: "If I hadn't been working potentially we would have had more time to you know zoom other people and then when meetings were allowed potentially there would have been more time for things like that" (P7). For all participants who worked during lockdown, I felt that they expressed a sense regret about the amount of time that they were able to spend with their children.

This theme extends existing research documenting caregivers' experience of stress when balancing work and childcare commitments (e.g. Crook, 2020; Pozas et al., 2021) by illustrating how demands placed on participants were felt to impact their interactions with their child and their child's interactions of others. In contrast, participants who were not working through lockdown spoke about the activities they had been able to do with their child(ren) more than their working counterparts. Some participants also highlighted the ways in which the child had responded positively to being able to spend time with their caregivers: "Until this week he has been furloughed"…"We're all really annoyed about it [laughs] another couple of weeks would have been good"…"The fact that we were all here together actually really suited her" (P3) It is perhaps worth considering that families experiencing redundancy rather than furlough may not have encountered the same positive experiences of additional time together if stressors on the family had increased.

6.4.2.2 Theme Two: Sub-Theme Two: Caregiver's Self-Efficacy. Some participants reflected on their confidence with arranging social activities for their child. Where a few caregivers saw this as one of their talents and felt that this had enabled their child to play with other children: "I always arrange quite a lot of things where she can meet with other children and that's me because she is an only child" (P2). Others indicated that making social plans for their child was more difficult:

> But [sigh] probably with regards to helping them to socialise um I didn't have a lot of confidence with that because I only knew only a few especially for [Focus Child] friends parents um I didn't have the confidence to sort of reach out and try and get numbers you know for other mums so she could sort of potentially do facetime you know with other friends [??] (P7)

The participants' comments illustrate how children's access to social interaction during lockdown could – at times - be influenced by the ease with which caregivers felt able to facilitate social interaction for their children. This finding provides some support for research which has explored the link between PSE and child outcomes (Junttila et al., 2007) by demonstrating that PSE might be relevant to outcomes for children following COVID-19, I discuss this further in the overall discussion.

6.4.2.3 Theme Two: Sub-Theme Three: Caregiver's Health Needs. There were some families where caregivers had additional health needs that put them at a greater risk from the virus. In these families, participants reflected on how caregiver health needs restricted their child's social interactions:

> We literally kept the children away from anyone and everyone (.) it was literally only me who did the shopping or had any interaction so we were quite (.) we're sticklers (.) we stuck to the rules to protect the children (.) and plus my partner's got health issues so if he gets COVID it could be quite sort of dangerous for him (P5)

This also impacted children whose caregivers did not have health needs but whose friend's caregivers did. One participant explained how her child had been unable to see a friend owing to that friend's parent's health needs:

> Her best friend (.) her mum's been really seriously poorly so she's been shielding"…"So that meant that (.) we had plans for getting together at once things eased a bit we planned to get together on play dates and stuff but that hasn't happened and she really really mises her best friend (P3)

Where interactions did occur online, some participants felt that their child's concern regarding the caregiver's health needs could lead to disagreements with other children. For example, one caregiver felt that her child was falling out more with other children in response to her concern about following the rules. The caregiver worried about the long-term impact of her child's stance and how this might affect her relationships with peers moving forwards: ""We must protect mummy" and "we mustn't we must social distance" and "we mustn't go near people" how that will affect

her relationships come September[??]" (P1). Participants who were not facing any such health risks, made more reference to their child's use of the park or socially distant interactions with friends.

Much like the research completed by Barnado's (2020) this theme illustrates how children who had family members that were shielding were differentially impacted by the pandemic. In this theme, participants talk about the way that health needs of a family member could limit or impact a child's social interactions. Although not explicitly referenced it may also be the case that families who faced greater health risks experienced more stress, this is turn may have affected the family system and the child's emotional wellbeing (Prime et al., 2020).

6.4.3 Theme Three: Children with Additional Needs (AN). There were two participants in my sample who had a child with AN, in one of these families the child with AN was also the focus child for the interview but in the other family they were a sibling of the focus child. Participants whose children had AN shared their views around the ways in which their child's needs had impacted on social interaction, the two experiences were very different however in both families, AN was believed to have impacted the children's social interactions.

For one family, the child's AN made it difficult for them to access interaction during typical times and the child had only a few friends none of whom live nearby. This then made it hard for the child to meet friends at a social distance: "We don't have anyone around for playdates and things because finding someone appropriate" (P3). Barnado's (2020) highlighted how children with SEN had been impacted by closure of services offering social support; this caregiver's experience supports this finding. Additionally, this child also found it hard to access virtual interaction:

> We tried video chatting but they just sort of sat there and giggled at each other and [Focus Child] was really flummoxed about video chatting because what she couldn't understand was why someone was on the camera that was talking to her but wasn't actually here in the room with her [??] (P3)

Difficulties accessing virtual interaction have been flagged for children and young people with Autism (Canning & Robinson, 2021) this participant's experience extends upon this illustrating how children with other needs have also felt perplexed by video interaction.

In another family, the needs of the child with AN in relation to anxiety had impacted the sibling's comfortability with friends: "He's got anxieties and insecurities if you like(.) he's very much "what if what if [??]" that's then reflected on to her" (P1). This caregiver also noticed the child's need for space from their sibling with AN: "They've always been close but they've(.) she's always been able to have a break from him" (P1).

7.0 Phase Two: Child Interviews: Results and Discussion

In this chapter, I explore children's experiences of play and socialising whilst at home during lockdown. Initially, there were seven participants however during analysis, I decided to omit one participant's data as they were at the younger end of the age-range for my sample and were unable to recall much about the time in question. The viewpoints of the remaining six participants are presented below. In Table 31, I have provided some brief contextual information for each participant.

Table 31

Contextual Information for Participants in Child Interviews

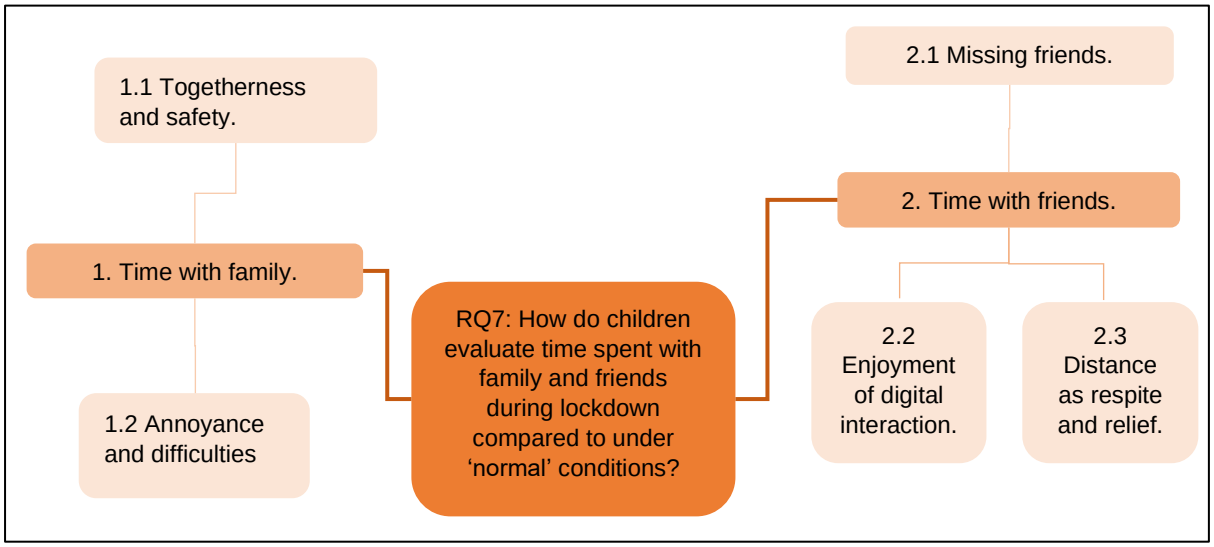
Participant	Contextual Information
Participant one	Participant one was living at home with their older sibling and parents. They attended school for a short while on a part-time basis during spring of 2020 but then one of their parents was furloughed so they were then at home. One of their parents was clinically extremely vulnerable their other parent was working face-to-face.
Participant two	Participant two was living at home with their parents. Participant two did not attend school during spring or summer of 2020. One of their parents was not in employment and was at home whilst the other was on furlough at home. Participant two had an Education Health and Care Plan; they were supported by their parent during the interview.
Participant three	Participant three was living at home with their younger sibling and parents. They did not attend school during spring or summer of 2020. Both of their parents worked from home, one was a key-worker.
Participant four	Participant four was living at home with their younger sibling and parents. They attended school on a part-time basis in spring and summer 2020. One of participant four's parents was a key-worker.
Participant five	Participant five was living at home with their two younger siblings and parents. They did not attend school during spring or summer of 2020. One parent was working from home and one was working face-to-face.

Participant	Contextual Information
Participant six	Participant six was living at home with their mum and older sibling. They did not attend school during spring or summer of 2020. Participant six's parent was not working.

7.1 Research Question Seven (RQ7): How Do Children Evaluate Time Spent with Family and Friends During Lockdown Compared to Under 'Normal' Conditions?

Figure 11

Themes and subthemes relating to research question seven.



7.1.1 Theme One: Time with Family. Whilst children described both positive and negatives aspects of time spent with families the overall experience for my sample was a positive one. The children spoke about feeling a sense of safety at home with proximity to caregivers providing relief from outside stressors. The children also spoke fondly about time spent with their family and many described the enjoyable activities which they had done together - this is covered more within research question eight. Along with the positive experiences of spending time with their family, most of the children also described some difficulties: there was a sense of sibling disagreement and some children had struggled with their caregivers' attempts at home-schooling.

7.1.1.1 Theme One: Sub-Theme One: Togetherness and Safety.

The children evaluated time spent with family in largely positive ways: “It was actually good in the middle of good or really good cause you got to spend time a lot of time with your family and I think that’s really nice to spend a lot of time with your family. (C4)” Relationships with caregivers appeared to have been more consistently enjoyable than those with siblings and many children excitedly described activities they had done with caregivers. Children also described a sense of safety provided by caregivers, for some this was associated with protection from the virus:

> C2: cause I like staying home
> C2Par: Why do you like staying home?
> C2: cause I like *whisper* hiding from the virus
> I: what’s it like spending time with mum at home? Where shall we put our arrow?
> C2: *Thumbs up pointing to good*
> I: so tell me [Focus child], why do you feel that way?
> C2: cause I like doing working and then keeping me safe. (C2)

These accounts are like those collected with similar aged children in Scotland (Children’s Parliament Scotland, 2020), Spain (Nahia et al., 2020), Switzerland, Estonia and anada (Stoeklin et al., 2021) where children described feeling calm or happy with their families at home. The positivity which children associated with time at home may also reflect more favourable conditions within the family system which facilitated warm and loving interactions (Prime, et al., 2020). Or access to resources – such as time or money – which enabled children to do enjoyable activities with caregivers. I also wondered if the children’s accounts reflected family value systems (Walsh, 2016) where the positive aspects of lockdown (in this instance togetherness) were celebrated. Some children also related being at home with a feeling of safety, I felt that this reflected their understanding of the situation provided by caregivers; it also demonstrated that children were aware of and a little worried about the virus.

7.1.1.2 Theme One: Sub-Theme Two: Annoyance and Difficulties.

Children were forthcoming in sharing their views that time with siblings had been “Annoying! (C1)” Many of the participants presented a balanced view of their annoyance. Some children reflected this by explicitly referencing the ‘pros’ of their sibling relationship alongside the ‘cons’ and some reflected this through more casual or jovial evaluations:

I: So you didn't really see your brother then?

C4: No so I would say it was really good [laughs]

I: [laughs] so it was really good not seeing your brother?

C4: maybe (.) [laughs]

Other children expressed more earnest concerns about relations with their sibling describing "Fightin' (C1) and changes to the way that their sibling treated them: "Umm it started off okay and then and now and now he's got really bossy" (C6). In addition to annoyance caused by siblings, some children had not entirely enjoyed time spent with their caregivers. This was often the case when children had struggled with their caregiver's attempts at home-schooling: "I really didn't like it cause my dad would always get really frustrated and annoyed and he'd start shouting and I wouldn't end up doing the work" (C3).

These accounts provide a contrasting view to both caregiver interviews and questionnaire data where relationships with family members were construed more positively. The children in this sample reflected on the ways in which stressful circumstances - such as extended time together or the need for caregiver home schooling - had impacted familial interactions. This supports the conceptual model of the family system outlined by Prime et al., (2020). One particular stressor noted by one child was their caregiver's experience of home schooling (Pozas et al., 2021) – something which they felt had impacted their interactions.

7.1.2 Theme Two: Time with Friends. When thinking about lockdown, most children recalled and described how they had missed their friends. Opportunities to spend time with friends digitally were welcome and children spoke happily about these interactions. However, the children also indicated that digital interaction did not replace their yearning for 'real' contact. Whilst all children missed their friends and spoke later fondly of reunification with them (see appendix K) some of them also described how the break in contact with both friends and peers had also been positive. For these children, the distance created by lockdown had offered some respite and relief.

7.1.2.1 Theme One: Sub-Theme One: Missing Friends. Children reported that they had missed their friends during lockdown, "I did miss being with my friends" (C4). This was linked to not being able to see people in person with many children feeling that digital interactions – whilst very enjoyable– did not entirely alleviate their

desire to see friends, “Well um I felt lonely because I didn’t see people in person” (C6). An indicator of their desire to be together, some children spoke of their efforts to see friends, “I just remember me and my friends trying as hard as we could to try and find a way to see each other” (C5).

Given the importance of social interactions in child development (Bjorklund & Pellegrini, 2011) and middle-childhood in particular (Rubin, Bukowski & Parker, 2007) it is perhaps understandable that children would miss their friends. By asking children about their social interactions in relation to their wellbeing, this research highlights how interrelated these experiences were for children. For example, by explaining that loneliness was related to not seeing people in person the children highlighted how wellbeing was related to physical togetherness. Digital interactions did not alleviate loneliness; this is a similar view to that expressed by children in Switzerland, Estonia and Canada (Stoeklin et al., 2021) who noted that they craved face-to-face interaction.

7.1.2.2 Theme One: Sub-Theme Two: Enjoyment of Digital Interaction. In general, whilst digital interactions were not seen to be as good as ‘real life’ interactions I still felt that the children’s descriptions of digital interactions with friends reflected positive sentiments, “I mean um it was actually really fun” (C4). The children spoke positively about being able to experience company online, “I felt alright because then I had someone to talk to” (C1). This may reflect the social joy which children experience when interacting with other children (Burgdorf, Panksepp & Moskall, 2011) and the sense of wellbeing they associate with togetherness (Howard et al., 2017). There was a sense of enthusiasm and excitement in the lengthy descriptions that the children provided about their digital interactions with peers– this is explored further below (7.2.2).

7.1.2.3 Theme One: Sub-Theme Three: Distance as Respite and Relief. Alongside their yearning for contact with friends – and later happiness when reunited with peers (see research question nine below) – some children felt that time apart from peers could also be positive. One child enjoyed the respite from irritating peers:

C2: cause I like stay home and like quiet
C2Par*: you like the quiet?
C2: [peer] is always loud
C2Par: *explaining to interviewer* one of the girls at school is always loud

C2: And [peer 2]

I: And [peer 2]?

C2: They're loud friends at school

*C2Par = Child's parent or carer.

Whilst others explained that although they liked their friends, they were also enjoying a break. In this sense some children felt that time apart from friends provided some relief:

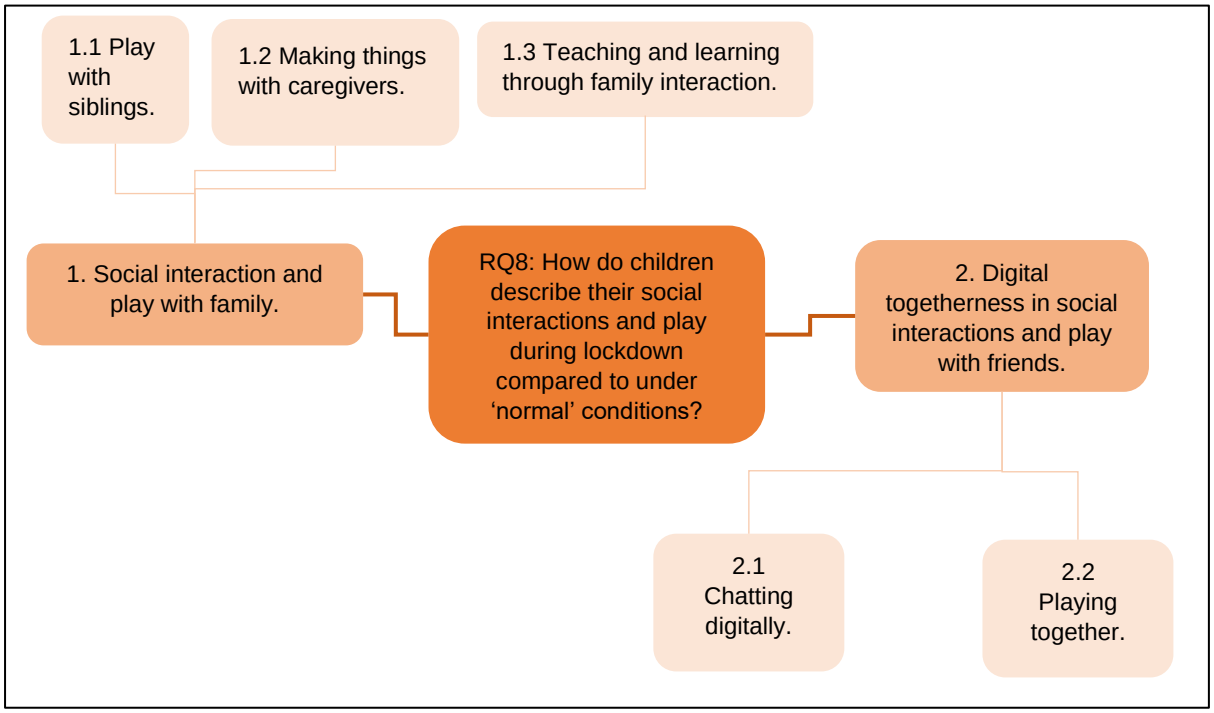
> Well I really missed them but sometimes it's nice cause I'm seeing them like pretty much every day you kinda need a break from friends like as much as you like playing with them you need a break from them (C3).

Many children experience difficulties during school breaktime, with the bad behaviour of other children often causing them concern (Blatchford & Baines, 2019). Although difficult interactions are not inherently bad for children – and have even been associated with many benefits (Pelis & Pelis, 2007) – it appears that children saw lockdown as an opportunity for respite from this. This view that lockdown could provide shelter from negative experiences is replicated in the children's questionnaire and provides an extension of the comments made by Hoekstra (2010) who considered how adolescents might experience relief from bullying during lockdown.

7.2 Research Question Eight (RQ8): How do Children Describe their Social Interactions and Play During Lockdown Compared to Under 'Normal' Conditions?

Figure 12

Themes and subthemes relating to research question eight.



7.2.1 Theme One: Social Interaction and Play with Family. When remembering their play and interactions with family during lockdown the children recounted many pleasurable activities. The children spoke about their play with siblings associating this with enjoyment, love for one another and happiness. This provides a sense of balance with the children's earlier comments where they noted that their siblings could be annoying at times. In interactions with caregivers, children described memorable activities that they had completed with their caregivers such as baking or construction. Through play with siblings and time spent with caregivers, children spoke positively about teaching and learning.

7.2.1.1 Theme One: Sub-Theme One: Play with Siblings. In most families with siblings, the children described how they had played with their brothers or sisters: "I: What sort of things did you like to do with [brother's name]? Making up games and then playing them in the garden" (C3). Although all these children had previously described their sibling as 'annoying' or difficult at times (see 7.1.1.2), they

spoke positively about their play activities together construing them as displays of love “Um well I know he still loves me because we play like towns and zombies on the PS4 and things and he gets me like coins on my account” (C5) or reflecting on how they had made their siblings happy:

> Every weekend I make my sister a like a Lego model cause (.) her favourite thing for me to make is her like a Lego Elsa castle or one of the prin Disney princesses’ homes or something so yeah and she really likes it cause then she gets to play with it (.) and you can imagine she loves playing with Lego so much. (C3)

These accounts illustrate the protective nature affectionate of sibling relationships for some children (Gass et al., 2007). Descriptions of play with siblings illustrate the ways in which access to other children enabled the interviewees to inhabit more childlike spaces which may not be accessible with adults. Play activities were also a way through which siblings were able to show kindness or love to one another. Considered alongside the above comments pertaining to difficulties within relationships, the children’s accounts illustrate the ‘ups and downs’ associated with the sibling bond: this was something noted by caregivers.

7.2.1.2 Theme One: Sub-Theme Two: Making Things with Caregivers.

When talking about time spent with caregivers, rather than referencing the day-to-day interactions between caregiver and child (e.g. dressing, eating etc) children highlighted things that they had made with their caregivers. Cooking was a popular activity with the children alongside crafts and construction games “C2Par: what does it mean being at home? C2: um we can make cakes. I: yeah? C2: do play doh.”

These activities were described affectionately by children: “Um we used to do a lot of baking together and it was actually really fun because um we used to make like vanilla cake and chocolate cake and carrot cake” (C4). The language of togetherness (‘we’, ‘my dad and me’, ‘together’) was threaded throughout these accounts- this could demonstrate how it was not just the activity (baking) but the act of doing this *with* a caregiver that gave it value to the child.

The children whose experiences are reflected in this sub-theme appear to have been quite fortunate: many children may not have had access to caregivers’ time or to resources with which to enjoy such activities (Clemens et al., 2020). There was a view that activities done with adults were ‘special’ or different to normal: this might

reflect the increased time available with caregivers (Institute for Fiscal Studies, 2020) or the relative salience of such activities for children given the reduction in their other activities (Clemens, Deschamps & Fegert, 2020). As aforementioned, many international studies have also illustrated how children could enjoy spending time with caregivers, with children in Scotland noting enjoyment of time with family alongside 'fun things to do' within their days (Children's Parliament Scotland, 2020). The shift in typical responsibilities (e.g. school or homework) might have created time for families to do these activities where normally they might struggle.

7.2.1.3 Theme One: Sub-Theme Three: Teaching and Learning Through Family Interaction. Whilst interacting with caregivers with regards to home-schooling was sometimes felt to cause difficulties (7.1.1.2) children reflected positively on being taught things by adults through practical activities such as baking or construction:

> Umm just like me and dad do this thing called Lego where we just do stuff making out of Lego and it's really fun cause we then get to like judge each other's thing and everything and then dad can teach me different things and how to make them. (C3)

Experiences of learning were also referenced explicitly and subtly in the children's descriptions of their play and activities with siblings, "My brother uses it too so he just taught me loads of stuff as well" (C4). These accounts fit with a Vygotskian perspective (Vygotsky, 1978) of social interactions where interaction partners can take the role of a more knowledgeable other who is able to extend the child's understanding and skills. By asking them about their interactions, the children described how activity type was important: educative activities construed as fun or novel were construed more positively than school work.

7.2.2 Theme Two: Social Interaction and Play with Friends. When describing their social interaction and play with friends during lockdown, the children in my sample focused almost exclusively on interactions which took place using digital platforms. Through video call platforms such as Zoom, Microsoft Teams or games such as Roblox and Minecraft, children actively engaged in both conversation and play with their friends. Sometimes they would play using words or toys that each child had at home, and at other times the children inhabited magical worlds together where they could play alongside one another and created virtual spaces. When analysing the interview transcripts, there was a notable shift in the amount of detail

that the children provided when talking about their digital interactions with peers. My sense is that children enjoyed the togetherness and connection with peers digitally.

Whilst most of the children in my sample expressed delight when recounting experiences of digital interaction, one child with additional needs did not use digital platforms in this way. In the caregiver interviews above, this child's caregiver described how her daughter had found digital interaction hard to access and "strange".

7.2.2.1 Theme Two: Sub-Theme One: Chatting Digitally. Children described how they had spent time using digital platforms to talk to their friends. Conversations with friends via digital platforms enabled the children to connect with friends about what one another had been doing, "Well we would speak to each other about what we been doin and other stuff" (C1) and to reflect on events in the wider world, "Cause then you get to see your friends and you can chat about what's happening" (C1). Along with using digital platforms to talk aloud to one another, the children also described how they had used chat functions to have conversations with friends through typing. Sometimes children accessed chat function via an online gaming platform with their friends: "So um we have me and my friends have a game called clash of clans and it's got like a chat so we chat on that we chat together on that" (C5). This theme extends upon suggestions that children were using digital technology to "see" their friends during the pandemic (Bent, 2021; Cowie & Myers, 2020) by exploring the ways in which children interacted in these spaces. Researchers such as Montavani et al., (2021) found that caregivers were concerned about their child's use of digital mediums but this finding provides a different perspective from children themselves which highlights the utility of digital interactions. Chatting with friends online, enabled children to access the social interactions they so missed and to discuss wider events in a child-only space. This might have enabled them to negotiate meaning and ideas around the virus in a way that they could not with caregivers; Piaget (1932) refers to the more equivalent balance of power which children experience in interactions with other children in comparison to adults.

7.2.2.2 Theme Two: Sub-Theme Two: Playing Together. Using digital platforms as a tool, children found many ways to play together during lockdown. One

way in which they achieved this was to speak through video call whilst also setting playful challenges for one another such as “truth or dare” (C6). Where children had similar games or toys as friends, they sometimes played with these in unison using video calls to talk with each other alongside play, one child eagerly described a “build battle” he would play with a friend:

> It’s like where you get out all your Lego and um you take it in turns to pick a subject of what you can make so um it was his turn to pick the subject for us and I just about remember him saying making like a um gun turret so um so I won that one with a super cool tower with a massive machine gun on top. (C5)

In addition to playing with challenges or tangible objects whilst ‘digitally alongside’ friends, the children also spoke at-length about online games. Games such as Minecraft or Roblox were very popular and enabled the children to create and inhabit shared virtual spaces together:

> So um you on Minecraft can join each other’s world so you have a game code and you give each other a game code and you basically you go to the world and then you can like create whatever you want with a friend and you can name it like [focus child and friend's name]'s world or something and also you could be on teams as well so they’d be right there and on your game. (C4)

As well as providing a sense of virtual proximity, digital games provided a space where children could show kindness or receive from one another through the exchange of digital gifts or favours. For example, one child expressed delight at being ‘adopted’ on Roblox:

> Then they could adopt me so you could either be an adult or a baby and if you’re an adult you have a choice to adopt one of the babies that another player has um is and then you can also get pets and make them fly and ride and then you can also make it neon. (C6)

By eliciting children’s voices, the pervasive view that screen-time or digital interactions are inherently bad (see Orben, 2020 for a critique) can be bought into question. Several researchers have indicated that screen-time has been harmful for children during the pandemic. However, when speaking directly to children, their accounts describe more benefits than harm. Children have found inventive ways to play with friends eliciting a similar sense of joy and happiness which they might at school (Howard et al., 2017). The activities and games which children have played are just for them, separate from the adults around them and sometimes involving

child-only digital worlds. There was a sense of connection to friends and relatedness, valued components of child social interaction (Baumeister & Leary, 1995). Furthermore, the ability to play freely without adults was salient to children - this is important in middle-childhood (Gifford-Smith & Brownell, 2011) and was difficult for children to otherwise achieve amid lockdown.

8.0 Overall Discussion

The aims of this research were to: understand any changes to children's social interactions and play during the pandemic; to consider if any factors were associated with these changes; and to learn more about how children and their caregivers felt about any changes.

This research was underpinned by an assumption that lockdown had changed children's social interactions. On a basic level, this view was supported. And the message from children and their caregivers - one which was present in both their questionnaire responses and their comments at interview - was that children were missing their friends. Whilst this may seem in some ways unremarkable, a remarkable amount of research published in the early months of the pandemic did not focus on children's experiences in this way (Pisano et al., 2020; Orgilés et al., 2020; Jiao et al., 2020). In my attempt to explore children's experiences through the lens of their social interactions, I hope to draw attention to what is believed to be a significant and valued part of life for children in middle childhood (Maunder & Monks, 2019).

The findings of this research are broad and nuanced, reflecting a range of different experiences. However, for the purposes of the below discussion, I have endeavoured to look for points of convergence. In the below, I hope to bring together findings in key areas where there was a shared (or similar) view presented by both children and their caregivers and where these views or experiences were apparent in both the questionnaire and interview analysis. There are four key areas which I will explore below: positive aspects of changes to children's social interactions; increased use of digital media for interaction; the impact of caregivers' self-efficacy; and the impact of caregivers' working patterns. Whilst summarising these areas, I will consider the relevance of these findings to the field of educational psychology and to wider policy and practice. I have not chosen to explore results exploring the experiences of children with additional needs here as they are well documented in section 5.3.1 and owing to difficulties with recruitment for interviews, there was not sufficient data with which to generate a 'key area' around the experiences of children with SEN for the discussion.

Before considering generalisations from this research, it may be supportive to revisit the epistemological position underpinning my approach and the context within which my research was situated. Generalisability in research is often associated with a positivist paradigm, quantitative methodology and statistical generalisation (Kerlinger & Lee, 2000). This has led some to misunderstand or disregard the possibility of generalisation from qualitative studies (Carminati, 2018). However, generalisations from qualitative research can be valuable when the purpose of a study is "to bridge a gap in literature" (Carminati, 2018, p. 2096). Authors exploring generalisability in qualitative research highlight the importance of researcher skill in demonstrating awareness of their epistemological approach (Carminati, 2018) and an understanding of the socio-cultural context within which the research was situated (Yardley, 2010).

In this research, I was influenced by a critical realist epistemology (see Maxwell & Mitappeli, 2010) where I recognised that there was one real pandemic (one reality) and multiple equally valid perspectives and experiences of that reality. When considering generalisations from this study, my hope is that these results will not be interpreted as a reflection of one unanimous experience but rather - in the critically realist sense in which this research is positioned – as an addition to our collective understanding of the pattern of varied experiences. With regards to my positionality as a researcher, I believe that social interaction is beneficial and thus my suggestions relating to the implications of this research are underpinned by these views.

Any generalisations of these results beyond the context of the current research should be undertaken cautiously for two reasons: firstly, because the national and international context of the COVID-19 pandemic has and will continue to shift with time; and secondly, because the specific socio-cultural contexts within which each of my participants found themselves are unique. In considering generalisations in qualitative research, Yardley (2010) highlights the importance of influence of participants' socio-cultural context in shaping their unique experience. Participants in this study were felt to be largely sheltered from financial adversity brought about by the pandemic, this may make their experience unique and different from those of caregivers in different circumstances. In the below commentary, I hope to pick up on some of the contextual detail which may temper the transferability of findings.

8.1 Positive Aspects of Changes to Children's Social Interactions

Despite an overall sense that children were yearning for their friends, in both caregiver and child interviews, participants expressed a view that a reduction in time with peers at school had provided the child with a degree of respite from less desirable social experiences. In interviews, caregivers mentioned specific peers who their child might enjoy space from and considered more broadly how lockdown provided relief from peer pressure or day-to-day conflict and difficulty. Similarly, the children described how they might need a break from other children who they found more challenging. One child with additional needs explained how lockdown has provided a sense of quiet away from peers who were 'too loud'.

Questionnaire responses also illustrated the way that in which a reduction in face-to-face social interactions with peers could affect children positively. When analysing the children's questionnaire data concerning social wellbeing, I found that children generally reported that their social wellbeing had either remained consistent or improved during lockdown. Further analysis of this data indicated that in instances where children's social wellbeing had improved, that this was brought about by a reduction in negative social experiences (e.g. 'my friends are mean to me') rather than an increase in positive social experiences.

Although challenging or conflictual social experiences are believed to be helpful for child development (Pellis & Pellis, 2009), children themselves do not necessarily feel that way. When expressing their views in previous research, children describe concerns about challenging behaviour by peers at playtime (Baines & Blatchford, 2019) or experiences of being 'left-out' socially (Howard et al., 2017). And for some children, these experiences go beyond what Pellis and Pellis (2009) may consider developmentally supportive and can instead be harmful to their self-esteem (Rubin et al., 2009) or sense of school belonging (Dimitrellou & Hurry, 2019). The finding that children found some respite from difficult social interactions whilst at home supports the suggestion from Hoekstra (2020) who proposed that lockdown may shield adolescents from adverse social experiences such as bullying. However, this research extends the work by Hoekstra (2020) by considering how this may be relevant in middle-childhood and by eliciting the child's voice relating to this.

A limitation of my research was that I had no information regarding how children perceived school and their social interactions under 'normal' conditions. Whilst my questions – in both the questionnaires and interviews – explored the idea of change, it may be the case that for this sample, their experiences of social interaction 'normally' were either particularly good or particularly bad. This is relevant as if, for instance, a child typically had quite difficult social experiences at school, then they may be more inclined to identify a reduction in negative experiences. Further research into the concept of 'respite' from the social side of school, could seek to understand the child's baseline social experience for comparison.

In place of the time that they would typically spend with peers or siblings at school, lockdown led to an increase in time that children were spending with their family. Although questionnaire responses from caregivers indicated that relationships with family members had remained similar during lockdown, interviewees described their enjoyment at having more time for caregiver and child interaction. This could imply that spending time together did not change the quality of the existing relationships but was still a valued way to spend time. Interviewed children spoke with enthusiasm and excitement about activities that they had done with their caregivers and explained how it had been enjoyable to spend time together. Likewise, caregivers explained how they had appreciated being able to spend 'quality time' with their children. Whilst there are exceptions and instances where interactions at home could also be challenging at times, the was an overarching sense of gratitude felt by children and caregivers regarding their time spent together.

This finding that caregiver and child interactions could be experienced positively supports existing research in other countries (Children's Parliament Scotland, 2020; Nahia et al., 2020; Stoeklin et al., 2021) and extends upon it by considering this in England. However, the intention of this discussion is not to imply that these results are representative of all families in England; indeed, many families may have experienced more difficult family dynamics during lockdown owing to different stresses around and within the family system (Prime et al., 2020). However, this finding may perhaps illustrate how in families in which circumstances were typically 'good enough' during lockdown, that caregiver and child relationships could be experienced positively.

For education professionals including psychologists, the concept of social respite may be helpful. Beyond the context of lockdown, children are rarely presented with an extended period away from social situations that they may dislike. Yet some may welcome occasional opportunities to socialise in smaller groups, with favoured peers or in quieter spaces. When considering the role of social experiences in schools, Antopoulou et al., (2019) highlighted the influence that educational psychologists could have in supporting schools to better understand the psychosocial needs of children and to promote more "socially inclusive and secure environments" (p. 348) for children. Following their return to school it is likely that some children may have found the return to challenging social interactions particularly difficult. These children may benefit from opportunities to talk about their relational experiences and to consider where support may be helpful. Educational psychologists are well placed to elicit children's views around social interactions at school and to communicate these to others in order to improve outcomes for children (Smillie & Newton, 2020).

The findings relating to caregiver and child relationships are insightful more broadly when considering the way that children and families typically spend their time. Prior to lockdown – and in addition to time at school with peers - children spent an average of 2 to 3 hours a day outside of the home away from their caregivers (Institute for Fiscal Studies, 2020). Given that this research suggests that both children and caregivers valued additional time together, it may be that families wish for children to spend somewhat less time away from home and their caregivers and a little more time interacting with their parents or carers. Moreover, as a society, the shift in our typical routines that lockdown has provided presents an opportunity for us to consider how working patterns and children's activities might be reconfigured to create more time for family interactions. In further explorations of this topic, educational psychologists can provide a unique psychological perspective around time use and interactions in families by helping to highlight the complex, interactive and multi-level nature of situations (Cameron, 2006).

8.2 Increased use of Digital Media for Interaction

In response to the restrictions on their ability to interact with peers face-to-face, children in this research had increased their use of digital media for interaction. In their questionnaire responses, the primary way in which children reported being

‘with’ their friends during the pandemic was through use of digital media. Caregiver questionnaire respondents also reported increased use of ‘social’ digital media use including online multi-player gaming, video calls, online messaging or social media. Interviews with children and caregivers illustrated that the nature of digital interaction activities was diverse with children ‘chatting’ to one another, playing online games, inhabiting shared virtual worlds, playing with the same objects (e.g. Lego) whilst using video call as a ‘window’ between them, or organising spoken games to play through video call (e.g. truth or dare).

Although caregivers were often concerned regarding use of technology more generally, they were positive when considering the use of technology for social interactions. In interviews, many caregivers noted how their child had enjoyed interacting with friends online via video calls or gaming and they felt that this went some way to alleviating their child’s physical separation from friends. In some ways this research replicates initial studies with parents in other countries who also felt concerned about screen-time (e.g. Motavani et al., 2021) however by looking at the social role of technology use I hope to have illustrated how technology could also act in the way that Fry (2021) outlined as a “lifeline” (p.37) for children. Another implication of this finding is that caregiver attitudes were shaped by the way in which children used technology during the pandemic: social use of technology was positioned as less ‘harmful’ and more favourable.

Alongside positive experiences, the results of this research also highlight some of the challenges associated with digital interaction when compared with face-to-face interaction. For some children, and in this research for one child with additional needs, caregiver interviewees noted how digital interactions could be confusing or strange. Child interviewees also noted that although digital interactions with friends could be entertaining, they were not an adequate substitute for real life togetherness. This finding adds weight to the argument that children value physical togetherness and the typical provision of opportunities for this in their pre-pandemic lives such as school break time.

These findings build upon hypotheses that children have been using digital mediums of interaction during the pandemic (e.g. Bent, 2021; Cowie & Myers, 2020) and illustrate the ways in which this has been positively experienced by some. Interviews

with children enabled them to speak for themselves regarding digital interactions. Beyond COVID-19-based research, this is a gap in the literature more broadly as children's perspectives on their use of technology and digital media are not often represented. In this study, children recounting their experiences of digital interactions during lockdown spoke mostly with enthusiasm and excitement when outlining the shared experiences and spaces that they had created with friends online.

For educational psychologists, the current research emphasises the importance of listening to both caregiver and child viewpoints – particularly with respect to the use of technology which is a contentious and sometimes misunderstood topic (Orben, 2020). Educational psychologists are adept at eliciting pupil voice and sharing this in a sensitive way (Smillie & Newton, 2006), this ability to be sensitive is perhaps particularly pertinent in light of the mixed opinions relating to children's technology use. The current research shows how children can enjoy digital interaction using it to create togetherness with peers in shared virtual spaces or through shared activities. This could be pertinent when working with children or young people who are having difficulties with attending school owing to social and emotional or medical needs. Alongside this however, the current research also raises the topic of accessibility with regards to social mediums of interaction: not all children find interacting via digital media easy. Therefore, where circumstances (e.g. lockdown or illness) render children unable to interact with peers on a face-to-face basis, educational psychologists may have a role to play in supporting schools and families to consider how best to make adaptations in order for all children to access enjoyment and peer interaction digitally. The importance of raising awareness about different factors which may impact children's "access to education and educational experience" (p. 4) is referenced as a key focus for educational psychologists within our professional practice guidelines (DECP, 2002). This could represent a valuable contribution in supporting teachers to respond to their pupil's social and emotional needs (Antonopoulou et al., 2019).

8.3 The Impact of Caregivers' Self-Efficacy

Whilst the role of parental self-efficacy (PSE) has been documented previously (e.g. Albanese et al., 2019), this research extends the research around PSE by

considering its role within the pandemic and in relation to children's social experiences.

Exploration of the linked sample of caregiver and child questionnaire responses suggested that caregiver's social facilitation self-efficacy (SFSE) was associated with the frequency and quality of children's interactions. Results also suggested higher SFSE was associated with less caregiver concern regarding the long-term impact of lockdown on the child's social skills and friendships and more instances of positive social experiences reported by the child. This finding is in some ways like results from Italy and Spain where researchers (Orgilés et al., 2020) found that caregiver wellbeing was associated with perceptions of the child's wellbeing during COVID-19. In interviews with caregivers, some referenced their confidence around supporting their child's social activities. Where caregivers felt confident, they believed that their child often had a lot of plans however where caregivers felt unconfident, they described with regret the difficulties that they experienced in arranging social activities and what they saw as the impact of this on their child during the pandemic.

The results pertaining to SFSE presented in this research are helpful in that they provide an insight into the potential role of self-efficacy during the pandemic. However, it is perhaps worth noting that caregiver SFSE responses may also relate to the families' contextual circumstances and access to resources (Carr, 2015). In families with access to technology for instance, caregivers may have felt more efficacious with regards to organising activities for their child using video call for example. Other factors, such as access to social support for families with children with additional needs (Willner et al., 2020), or experiences of racism in families with Asian heritage (Pang, 2021) might also be influencing caregiver's sense of self-efficacy with regards to organising social interactions for their children. In considering this limitation I do not wish to diminish what appears to be an important factor (SFSE) but rather to illustrate the importance of considering both risk and resilience factors (e.g. SFSE, socio-economic status) as part of a family systems model (Prime et al., 2020) that influences outcomes for children.

For educational psychologists working with children and families, developing caregiver SFSE may be relevant not only when seeking to increase a child's social contact with peers but also when supporting caregivers who have concerns for the

future. To build SFSE however, professionals may wish to focus not only on the caregiver's views and skills but more broadly on the systems around the family (Bronfenbrenner & Morris, 2006) to consider how these systems (e.g. family social support, societal attitudes towards families) either support or inhibit caregiver efficacy. Educational psychologists are not only well placed to work with parents and carers (Boyle & MacKay, 2007) but they also bring a unique perspective to understanding difficulties which a caregiver or child may be experiencing by considering the multi-level nature of problems and the interaction between clients and the contexts surrounding them (Cameron, 2006).

8.4 The Impact of Caregivers' Working Patterns

During COVID-19 lockdown, it was widely acknowledged that there were additional pressures on caregivers owing to the need for them to balance work and childcare commitments (Crook, 2020). In this research, both interviews and questionnaire responses indicate that caregivers' working patterns were influential. These findings build on our understanding of the caregiver homeworking and home-schooling experience (Pozas et al., 2021; Crook, 2020) to consider the impact on children and specifically, the impact on their social interactions.

In the caregiver questionnaire, 'parental working pattern' was the leading factor identified by respondents as having an impact on children's social interactions and play. When interviewing caregivers, some described how their working had made it difficult for them to interact with their child at home. Other caregivers spoke about their working pattern in relation to their child's interactions with non-household members and noted that the demands of their job had made it a challenge for them to arrange social meetings between their child and others. In contrast, families who had one or more caregiver on furlough celebrated the way that this had created time for caregivers' not only to spend more time with the child, but to arrange more activities for the child.

Analysis of the linked sample of the child and caregiver questionnaires demonstrated that caregiver concerns regarding the impact of their role on the child's play and socialising were valid. However, statistical support for this impact tended to relate to the child's interactions with household - rather than non-household - members. Responses from caregivers' identifying 'parental working pattern' as a factor

influencing the child's play and socialising were associated with children reporting more time spent watching TV (a typically solitary activity) and less time spent playing sports (typically a social activity). Whilst 'parental working pattern' was not associated with child wellbeing, there was an association between increases in watching TV and lower general wellbeing in children.

In contrast to pre-lockdown experiences, many children were reliant on caregivers to facilitate social interactions for them during lockdown either by being an available adult to play with or by setting-up interactions with peers. This is perhaps a unique experience of children in middle-childhood where social interactions are valued (Maunder & Monks, 2019) yet children are not yet able to independently arrange these for themselves. The questionnaire responses highlight how interactions within the home are influenced by pressures on the family system (Prime et al., 2020). It also illustrates how during lockdown, the activities and interactions available to children in this age group could be impacted by pressures on caregivers. This factor may perhaps be less salient for children in adolescence with somewhat greater social independence.

For professionals working with families, these findings indicate how working commitments may have restricted children's activities during lockdown. Whilst most caregivers and children reported enjoying time together during lockdown, this was not a unanimous experience; it appears that work commitments could greatly influence this at times. When considering this finding in their day-to-day work with families, professionals should remain mindful of the ways in which systems around the child (e.g. their caregiver's work environment, the political system surrounding their caregiver's role, relationships between the caregiver and their employer) might impact interactions within the child's home (Bronfenbrenner & Morris, 2006). In their work with schools and families, educational psychologists can offer a valuable insight into the nuanced and interactive factors which influence children and families (Cameron, 2006). Understanding pressures on caregivers is pertinent when trying to understand children's experiences during the pandemic and for educational psychologists, working not only with children but also with their caregivers is a key focus of their role in promoting good outcomes for children (DECP, 2002). Despite the valid concerns regarding the impact of families pre-existing socio-economic vulnerabilities (Van Lecker & Parolin, 2020), professionals should endeavour to

remain mindful that caregivers' working commitments can be influential in the home setting across a range of socio-economic circumstances. Once again, considering working commitments as part of a system of influences on the family (e.g. wealth, social support) appears to be important (Prime et al., 2020).

8.5 Limitations

In the above, I have begun to address some limitations with the current study and in this section, I will build on this. The main limitations of this research are the size and representativeness of the sample: the majority of caregiver questionnaire (*n* = 64) and interview participants were female (*n* = 6), and the majority of adult participants were white (*n* = 66) with one participant indicating that they were Asian. With regards to ethnicity, the limitations are relevant as experiences of marginalisation or racism are believed to have adversely impacted some families during the pandemic (Prime et al., 2020) in particular, families with Asian heritage some of whom have experienced racist bullying during the pandemic (Pang, 2021). The gender balance of the adult sample is also potentially also influential as many authors have described a disparity in the experiences of mothers and fathers during the pandemic (United Nations, 2020). Limitations to the representativeness of the sample impede the external validity of these findings; researchers seeking to use these current findings elsewhere may wish to triangulate this with other sources of information perhaps regarding the experiences of male caregivers or families from different ethnicities during the pandemic.

Use of questionnaires for data-collection also brings certain limitations. Initially, there is the concern that participants may respond in socially desirable ways (Berger, 2010). Questionnaires can also introduce demand characteristics if participants begin to interpret the researcher's intentions and feel that they ought to respond in a particular way (McCambridge, de Bruin & Witton, 2012). For example, whilst I did word the pre-questionnaire information carefully to avoid biasing responses (e.g. "we are wondering if your playing and socialising has changed") it is possible that participants inferred that I was interested in and looking for change. In the child questionnaire, when I asked participants to reflect on their social wellbeing (e.g. "My friends are great") I did not include a "not applicable" option therefore participants may have felt that there was an assumption that they had interacted socially with

peers. My hope was that children who were unable to interact with any peers would choose “no change” when responding to questions about their social experiences however for some children this may have been confusing.

In addition to concerns around demand-characteristics, in parts of my questionnaires I used Likert scales. There are many limitations associated with Likert-style questions and many of these are associated with statistical interpretation of the data (Bishop & Herron, 2015). Blaikie (2003) highlights how participants’ perceptions of the distances between points on the Likert scale cannot be judged as equal; to account for this concern, Blaikie (2003) argues for the use of median rather than mean values which I did (see 3.5.4). There is also a qualitative difference associated with how participants may differentially interpret the meaning of Likert-scale items. This could be impactful in relation to wellbeing statements where items such as “My friends are nice to me” might be differently interpreted by different children. Through using pre-existing scale items I sought to choose items which had been checked for understanding with children. I also interpreted any quantitative findings alongside other sources of information (e.g. child or caregiver interviews) to triangulate findings.

Another concern about Likert scales relates to what is called an anchor effect (Guilford, 1945) this is the tendency for participants to choose responses around the mid-point of the scale more than responses at the extremes. In this study, this could lead to a higher number of participants who responded to mid-point items such as “no change” or “about the same”. In the current research, I was interested in both the presence or absence of change thus responses around the mid-point were neither desirable nor non-desirable. A further concern associated with the anchor effect relates to the statistical validity of scale responses if distances at extremes of the scale are judged to be larger (Guilford, 1945). As above, use of median rather than mean values provided some protection from this alongside careful and considered triangulation of any data alongside other sources of information.

When constructing the children’s questionnaire, it was necessary to exclude the three social-desirability items from the WEMWBS (Liddle & Carter, 2015) measure of general wellbeing. I made this decision as I felt that the social-desirability sub-scale may not make sense to children in the context of lockdown and I was conscious of

the length of the questionnaire and the need to sustain participants' engagement. A limitation associated with this choice is that children might have responded in socially desirable ways to the general wellbeing items and that this may have gone undetected. In the context of interpreting this thesis, it is therefore important to consider that some children's responses may reflected more positive sentiment than they experienced. Indeed, I did find that overall scores for general wellbeing (responses to the WEMWBS (Liddle & Carter, 2015) items) were positively skewed reflecting greater reports of positive experiences. Thus it may be the case that this skew might be reduced if certain participants – who could have been identified by the social-desirability sub-scale – were excluded.

In the current research, I was able to add to existing studies regarding the impact of additional needs on families during the pandemic (e.g. Canning & Robinson, 2021; Critchley et al., 2020) by gathering a small number of questionnaire responses from children with additional needs (n = 13) and their caregivers (n = 13); I was also able to interview two caregivers whose children have additional needs and one child with additional needs. However, the sample size is relatively small and therefore the external validity of these findings is also limited. Given the limited opportunities that children with additional needs are provided with to participate in research and share their experiences (Couper-Kenney & Riddell, 2021), I had hoped to speak with more children with additional needs. Despite these limitations, the information that I was able to gather from participants does provide an insight into the lived experiences of families during lockdown and therefore the results offer good ecological authenticity.

Whilst I did not specifically ask participants about household income as part of this research, I did ask some questions regarding access to technology or space within the home. In response to these questions, most participants did not have difficulties accessing technology or having enough space at home. If these results are taken as a marker of socio-economic status, then one could assume that my sample were in a more fortunate financial situation. This is important when drawing comparisons between this research and other research where such factors were pertinent for families. Given the emphasis on understanding a range of factors influencing family systems during the pandemic (e.g. Prime et al., 2020), it is not my aim to dismiss the potential hardship experienced by other children who perhaps did not have access to technology or did not have access to space within the home. Notably, one finding in

the current research was that – although uncommon – where caregivers felt that access to space within the home had been a challenge, the children were more likely to report increases in time spent watching TV and less likely to report increases in time spent playing sports or playing outside. When interpreting this research beyond the current study, I would suggest that the current results reflect the experiences of relatively fortunate children and should be interpreted alongside findings of research with families who have not had the same experience.

8.6 Considerations for Schools as we Emerge from the Pandemic

Whilst the approach in this research was not about identifying simple causal relationships or 'one size fits all' rules for the ways in which the COVID-19 pandemic has impacted children, the findings did converge around some reoccurring themes. For schools, exploring these key areas with their school community may help them to better understand their pupils' social experiences. Through this research, I hope to have demonstrated the value of speaking directly to caregivers and children regarding their experiences.

The current research supports the view that children and their caregivers value social interactions within the school context. Researchers have referenced the demands upon schools to reduce playtime (Baines & Blatchford, 2019) however this study provides some support for the view that reductions to playtime may be contrary to pupil and caregiver wishes. However, it is not my intention, to suggest that social interactions within school offer unanimously positive experiences for children. Instead, through this research I hope to have illustrated that some children felt that COVID-19 lockdown provided a sense of respite from some elements of playtime that they found more challenging. When working with their own school community, schools should try to elicit the views of pupils regarding the pros and cons of their social environment. Additionally, considering how to provide children with a space to escape social difficulties may be relevant (e.g. quiet corners, friendship benches). When considering their pupils' social experiences, schools could also work with caregivers to understand any factors which may influence the child's social interactions outside of the school setting. In this research, I found that caregivers' confidence in their ability to facilitate social activities for their children could be associated with their children's social experiences. Schools then, may consider

whether this factor is relevant to their school community and if so, how they might work to support caregivers to facilitate interactions for children beyond the school gates (e.g. play schemes, parent and child groups, parent networks). As part of schools' work in gathering the views of their school community, educational psychologists can offer a distinct contribution by applying psychological thinking to help build an understanding of a situation (Cameron, 2006).

8.7 Further Research Directions

The key findings from this research lend themselves well to further study with caregivers and children. With children, researchers may wish to elicit their viewpoints regarding social interaction at school and seek to explore: how children feel about 'difficult social interactions'; whether they would welcome more opportunities for social relief; and how they would like such relief to be available to them (e.g. access to spaces, adult support). This could be particularly helpful for children who routinely experience difficulties at playtime. Educational psychologists are well-placed to sensitively and effectively gather children's views (Smillie & Newton, 2020). Researchers may also wish to speak more with children regarding their views on the social use of technology, particularly as there is limited research with children in middle childhood exploring this topic. Work to explore children's social use of technology could have wider implications for the way that schools are able to support children who struggle to attend setting; this could be influential given the role of social interactions in school belonging (Prompona et al., 2019). In research with caregivers, further exploration of the ways in which working commitments influence children's social interactions within and outside their family could be insightful. For example, research could be planned to explore the impact of working commitments on caregivers whose children experience emotionally based school avoidance. In attempts to capture the nuanced relationships between children and the contexts around them, educational psychologists have unique skills (Cameron, 2006) – skills which would support them to carry out such research.

Regarding COVID-19 research, researchers who wish to retrospectively explore children and families' lived experiences of lockdown moving forwards, may find it helpful to compare findings from a range of studies completed during this time-period to explore the shared or differing lived experiences of different individuals and

groups. Through doing this, researchers can better understand the factors which were able to facilitate good outcomes for children and families during the extended time at home. As part of this, I hope to have illustrated that gathering children's own viewpoints is beneficial to building a more comprehensive understanding of their experiences.

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10.0 Appendices

List of Appendices

Appendix A: Phase One Caregiver and Child Questionnaire Recruitment Materials

A1: Headteacher Information and Recruitment Letter

UNIVERSITY OF EXETER

Research Study Invitation

Children's play and socialising during COVID-19 lockdown

Would you like to know more about how the social experiences of your Key-Stage-2 students have been affected by lockdown?

Research aims

- To understand any changes in children's play and socialisation during lockdown.
- To investigate factors associated with changes (i.e. additional needs or family factors)
- To explore how children's satisfaction with peer relationships and wellbeing are associated with their play and socialisation during lockdown.

What's involved?

- A short conversation with the researcher to explain this study in more detail.
- Access to online questionnaires for distribution to parents of Key-Stage-2 children.

Benefits

- ✓ You will receive a summary report exploring some of the responses from participants from your school.
- ✓ You will contribute to important research investigating the impact of lockdown on children and families.
- ✓ You could be contacted regarding participation in further aspects of this study for the next academic year.

Contact

If you would like to find out more about this taking part in this research at your school please contact: **Clare Sowman** on **ces244@exeter.ac.uk**

Information sheet for school leaders

Research title: Children's play and socialisation during COVID-19 lockdown.

Research aims:

- To understand any changes in children's play and socialisation during lockdown.
- To investigate factors associated with changes (i.e. additional needs or family factors)
- To explore how children's satisfaction with peer relationships and wellbeing are associated with their play and socialisation during lockdown.

About the researcher: My name is Clare Sowman, and I am a postgraduate student training to become an Educational Psychologist at the University of Exeter.

What does this research involve?

As part of this research we would like parents and children to each complete a short online questionnaire lasting 15-20 minutes each. The questionnaires are **different** but both questionnaires will ask questions about how the child's play and socialisation might have changed as a result of lockdown and how both parents and children evaluate these changes. Parents and children will also be asked to think about the impact of these changes in terms of wellbeing and relationships.

How will this information be used?

The responses that parents and children provide will be **anonymised** before being analysed alongside other response to help to build a picture of how children's play and socialisation have changed during lockdown.

The write up from this study will form my doctoral thesis and will be available via on the University of Exeter's Open Research Repository: https://ore.exeter.ac.uk/repository/. I might also publish my research in an academic journal or talk about it at a conference.

Participating schools will receive a general and **anonymised** summary report exploring themes about the play and socialisation for their students.

What if something goes wrong?

Both parent and child participation in this study is voluntary and each have the right to withdraw from the study **at any time** simply by exiting the questionnaire without submitting responses. Parents and children do not have to give a reason for doing this.

How will information be kept confidential?

All questionnaire responses collected by the researcher will be kept strictly confidential, and stored in a password protected electronic format, with no identifying information associated with the files. The responses will be **anonymised** and stored for a maximum of 5 years and will be password protected until being deleted/destroyed. If participants would like to withdraw data at any time then you can do this up until the data has been analysed by

contacting the researcher using the below details.

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection

Key contacts

If you have any concerns or questions about this study then you can contact me or one of my research supervisors using the following contact details:

Role	**Name**	**Email**
Post-Graduate Researcher	Clare Sowman	Ces244@exeter.ac.uk
Research supervisor	Brahm Norwich	b.norwich@exeter.ac.uk
Research supervisor	Margie Tunbridge	m.tunbridge@exeter.ac.uk

Ethical approval

This project has been reviewed by the Graduate School of Education Research Ethics Committee at the University of Exeter (Reference Number….).For further ethical information please contact:

Role	**Name**	**Email**
Research Ethics and Governance Manager	Gail Seymour	g.m.seymour@exeter.ac.uk

Thank you for your interest in this project. Please now take some time to consider whether you would like to invite your key stage two students and their parents to participate.

To find out more and to proceed with this please contact:

Clare Sowman on **ces244@exeter.ac.uk**

Many thanks.

Clare Sowman

Appendix A: Phase One Caregiver and Child Questionnaire Recruitment Materials

A2: Email to Educational Psychology Colleagues

RE: Research Project – Children's play and socialising during the COVID-19 restrictions

Hello everyone,

I am emailing to ask you for your support with my research project. I am trying to recruit some primary schools for involvement in my study. There is **very little for schools to do** and a good amount for them to gain.

My research is exploring the impact of COVID-19 restrictions on the play, social experiences and associated wellbeing of pupils in Key-Stage-2.

The aims of the research are:

- To understand any changes in children's play and socialisation during lockdown.
- To investigate factors associated with changes (i.e. additional needs or family factors)
- To explore how children's satisfaction with peer relationships and wellbeing are associated with their play and socialisation during lockdown.

In order to take part, participating schools will just need to share an online survey with their Key-Stage-2 parents. Parents and their children will then both be asked to complete a short (15 minute) online survey exploring their experiences.

Schools who agree to take part in this research will receive a short and anonymised summary report exploring themes for pupils at their school. It is my hope that schools have a lot to gain from taking part in this research which will support them to better understand the play, social experiences and associated wellbeing of their pupils at this time.

So, if you think that one (or more) of your schools might be interested in this opportunity then please either forward this email to them and/or ask them if I might make contact. I can then perhaps speak with them on the phone about the study and share the questionnaire links with them.

This study has been approved by the University of Exeter Ethics Committee and is being completed as part of my training for the doctorate in educational psychology. It's been a bit of a busy couple of months re-planning my COVID-cancelled research and your support with this would be **so** greatly appreciated.

Please don't hesitate to contact me with any questions and (even better) any potential schools you have in mind.

Looking forward to hearing from you.

With warm regards,

Clare

Appendix A: Phase One Caregiver and Child Questionnaire Recruitment Materials

A3: Online Post Visual and Text

"Has COVID-19 impacted your child's socialising and play? If yes, why? If no, why not? Post-graduate research taking place at the University of Exeter is seeking to understand more about the experiences of children aged 7-11 and their parents and carers. If you would like to take part in this 15 minute survey then please follow the links below:

1) Parent survey: _____

2) Children's survey (10-15 minutes): _____

More information about this research can be found at the start of the parent survey. Please take some time to read this and decide if you would like to take part. Contact details for the researcher are also provided"

Appendix B: Phase One Caregiver Questionnaire Information and Consent

Thank you for showing an interest in taking part in this research which is taking place at the University of Exeter.

Research title: Children's play and socialisation during COVID-19 lockdown.

Research aims:

- To understand any changes in children's play and socialisation during lockdown.
- To investigate factors associated with changes (i.e. additional needs or family factors)
- To explore how children's satisfaction with peer relationships and wellbeing are associated with their play and socialisation during lockdown.

About the researcher
My name is Clare Sowman, and I am a postgraduate student training to become an Educational Psychologist at the University of Exeter.

My project is being supported and supervised by Professor Brahm Norwich from the University of Exeter Graduate School of Education and Margie Tunbridge Deputy Programme Director on the Doctorate in Educational Psychology Course.

What does this research involve?

There are two questionnaires: one for you and one for your child. Each one should take about 15-20 minutes. This is the parent questionnaire, you can follow a seperate link for the children's questionnaire: INSERT LINK.

The questionnaires are different but both questionnaires will ask questions about how your child's play and socialisation might have changed as a result of lockdown and how you evaluate these changes. We are interested in the following questions:

- In which ways have children's play and socialising changed?
- How do parents evaluation of children's play and socialising?
- Are there variations in experiences of play and socialising for children with SEN?
- Do parents feel that any social, economic and family factors are impacting children's play and socialising?
- How can we understand children's wellbeing in relation to play and socialising?
- How satisfied are children with their peer relationships?

How will this information be used?

The responses that you and your child provide in your questionnaires will be anonymised before being analysed alongside other response to help to build a picture of how children's play and socialisation have changed during lockdown.

My write up from this study will form my doctoral thesis and will be available via on the University of Exeter's Open Research Repository: https://ore.exeter.ac.uk/repository/. I might also publish my research in an academic journal or talk about it at a conference.

If you have been asked to participate in this research by your child's school then they may receive a general and anonymised summary report exploring themes about the play and socialisation for their students. We will not identify you or your child within this report.

What if something goes wrong?

Both your and your child's participation in this study is voluntary and you each have the right to withdraw from the study at any time simply by exiting the questionnaire without submitting your responses. You do not have to give a reason for doing this.

Before your child participates in the questionnaire online, they will be provided with this same information explaining to them about their right to withdraw and their right to confidentiality.

How will my information be kept confidential?

All questionnaire responses collected by the researcher will be anonymised, and stored in a password protected electronic format for a maximum of 5 years until being deleted/destroyed. If you and/or your child would like to withdraw your data at any time then you can do this up until the data has been analysed by contacting the researcher using the below details.

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection

Key contacts

If you have any concerns or questions about this study then you can contact me using the following contact details:

Role	Name	Email
Post-Graduate Researcher	Clare Sowman	Ces244@exeter.ac.uk

Ethical approval

This project has been reviewed by the Graduate School of Education Research Ethics Committee at the University of Exeter (Reference Number….).For further ethical information please contact:

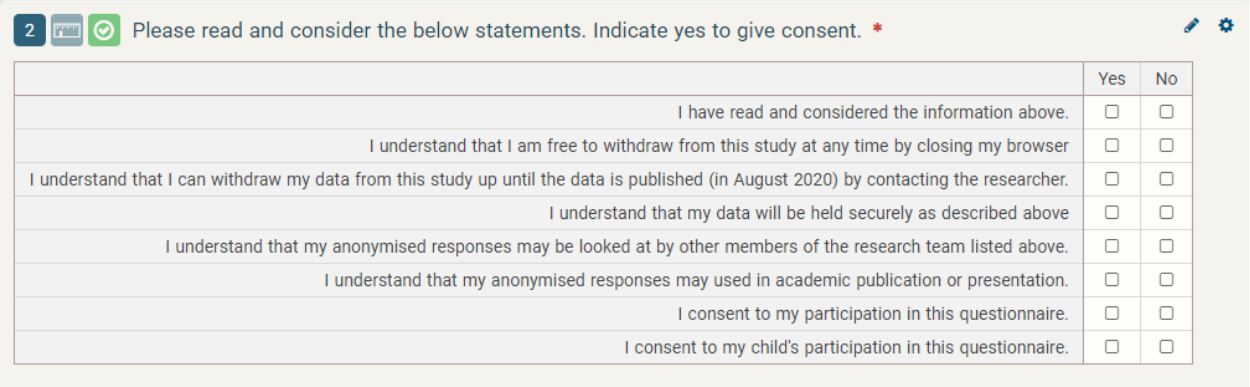
Role	Name	Email
Research Ethics and Governance Manager	Gail Seymour	g.m.seymour@exeter.ac.uk

Thank you for your interest in this project. Please now take some time to consider whether you would like you child to participate.

If you are happy for your child to take part then please read, consider and tick the consent boxes below.

With many thanks for your support,

Clare Sowman
ces244@exeter.ac.uk



2 Please read and consider the below statements. Indicate yes to give consent. *

	Yes	No
I have read and considered the information above.	☐	☐
I understand that I am free to withdraw from this study at any time by closing my browser	☐	☐
I understand that I can withdraw my data from this study up until the data is published (in August 2020) by contacting the researcher.	☐	☐
I understand that my data will be held securely as described above	☐	☐
I understand that my anonymised responses may be looked at by other members of the research team listed above.	☐	☐
I understand that my anonymised responses may used in academic publication or presentation.	☐	☐
I consent to my participation in this questionnaire.	☐	☐
I consent to my child's participation in this questionnaire.	☐	☐

Appendix C: Phase One Child Questionnaire Information and Consent

About this study

In this survey we want to ask you all about how you play and socialise with other people.

When we say "*Play and socialising*" we are talking about the things you might do with other people.

Here are just a few examples:

- Chatting with a friend on Skype
- Playing tag
- Telling jokes to your grandpa
- Gaming with other friends online
- and lots of other things too!

We want you to answer questions, it should take about 15 minutes.

What we want to find out

We are wondering if your playing and socialising has changed because of the lockdown.

We want to know how you feel about the way that you play and socialise at the moment.

What will you do with the answers?

I'm going to talk to lots of children about how they feel about playing and socialising at the moment. With their answers, I'm going to write a report but I won't put anybody's name in. This means that people won't know who said what.

Do I have to do this?

You do not have to take part in this survey if you don't want to. In fact, you can stop doing this survey at any time if you don't want to carry on.

What if I feel confused or worried about the questions?

If you are worried or confused about any of the questions then you can talk to the adult who looks after you at home. If you are feeling upset then you can stop taking part at any time.

Would you like to take part?

- ◯ Yes
- ◯ No

Appendix D: Phase One Caregiver Interview Materials

D1: Caregiver Interviews Recruitment Email

Dear parent/carer,

My name is Clare and I am making contact from the University of Exeter. A few weeks ago, you kindly took part in an online questionnaire regarding your child's play and socialising during COVID-19 lockdown.

At the end of this questionnaire, you left your contact details to indicate that you may be interested in further participation in this research. I have selected some parents and carers who I am contacting to invite them to participate in the next part of this research. This next part of the research is not affiliated with schools.

In the second part of this research, I would like to conduct individual interviews. These interviews would take place online via telephone call software (e.g. Microsoft Teams), would last between 30 and 45 minutes, and would give you a chance to further discuss or explore your child's play and social experiences during COVID-19 lockdown.

I have attached some further information about this part of the study and consent forms to this email. I would be more than happy to discuss this with you over the telephone if that would be supportive.

Please email me or telephone on the details provided below if you would like to express your interest or ask questions about this study.

With kind regards,

Clare

Appendix D: Phase One Caregiver Interview Materials

D2: Caregiver Interviews Information and Consent

Thank you for showing an interest in taking part in this research which is taking place at the University of Exeter.

Research title: Children's play and socialising during COVID-19 lockdown.

Research aims:

- To understand any changes in children's play and socialisation during lockdown.
- To investigate factors associated with changes (i.e. additional needs or family factors)

About the researcher
My name is Clare Sowman, and I am a postgraduate student training to become an Educational Psychologist at the University of Exeter.

My project is being supported and supervised by Professor Brahm Norwich from the University of Exeter Graduate School of Education and Margie Tunbridge Deputy Programme Director on the Doctorate in Educational Psychology Course.

What does this research involve?

We would like to interview you for 30-45 minutes about your experiences of your child's play and socialising during COVID-19 lockdown.

Some of the questions I may ask you to provide more information about your previous answers. It is okay if these have changed, we just want to know what you think

We are interested in the following questions:

- In which ways have children's play and socialising changed?
- How do parents evaluate their children's play and socialising?
- Are there variations in experiences of play and socialising for children with SEN?
- Do parents feel that any social, economic and family factors are impacting children's play and socialising?
- How can we understand children's wellbeing in relation to play and socialising?
- How satisfied are children with their peer relationships?

How will this information be used?

To help me to analyse my data, I will record our interview. I will then type up that recording into a transcript which I will use for my data analysis. The recording and transcript will be stored in anonymised format on the University of Exeter's secure drive, it will only be used for the purposes of this research and will be stored for a maximum of 5 years before being deleted. Your name, your child's name and any other identifying information will be removed from this data so that you are anonymised in any reporting.

My write up from this study will form my doctoral thesis and will be available via on the University of Exeter's Open Research Repository: https://ore.exeter.ac.uk/repository/. I might also publish my research in an academic journal or talk about it at a conference.

What if something goes wrong?

Your participation in this study is voluntary. You do not have to answer any question which makes you feel uncomfortable and you each have the right to withdraw from the study **at any time**. You do not have to give a reason for doing this.

How will my information be kept confidential?

All interview transcripts collected by the researcher will be anonymised and stored in a password protected electronic format for a maximum of 5 years until being deleted/destroyed. If you would like to withdraw your data at any time then you can do this up until the data has been analysed (November 2020) by contacting the researcher using the below details.

Third parties – with the exception of the research team as explained to participants - will not be allowed access to interview tapes and transcripts except as required by law or in the event that something disclosed during the interview causes concerns about possible harm to a child or to someone else.

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection

Key contacts

If you have any concerns or questions about this study then you can contact me using the following contact details:

Role	Name	Email
Post-Graduate Researcher	Clare Sowman	Ces244@exeter.ac.uk

Ethical approval

This project has been reviewed by the Graduate School of Education Research Ethics Committee at the University of Exeter (Reference Number **D1920-179**).For further ethical information please contact:

Role	Name	Email
Research Ethics and Governance Manager	Gail Seymour	g.m.seymour@exeter.ac.uk

Thank you for your interest in this project. Please now take some time to consider whether you would like to participate.

If you are happy to take part then please read, consider and tick the consent boxes below.

With many thanks for your support,

Clare Sowman
ces244@exeter.ac.uk

	Yes	No
I have read and considered the information above.		
I understand that I do not have to answer any questions I do not wish to.		
I understand that I am free to withdraw from this interview at any time and without reason.		
I understand that I can withdraw my data from this study up until the data is published (November 2020) by contacting the researcher.		
I understand that my data will be held securely as described above.		
I understand that my anonymised interview transcript may be looked at by other members of the research team listed above.		
I understand that my anonymised responses may be used in academic publication or presentation.		
I consent to my participation in this interview.		

Appendix D: Phase One Caregiver Interview Materials

D3: Caregiver Interview Schedule

Introduction script

Thank you for agreeing to take part in this interview and for returning the information and consent forms.

Before we begin, I will just quickly tell you about the plan for today's interview.

I will ask you some questions about your child's play and socialising during lockdown and how you evaluate those questions. As you have already taken part in the survey, in some of the questions I may ask you to provide more information about your previous answers. It is okay if these have changed, we just want to know what you think. The interview today should take about 30-40 minutes – is that okay?

To help me to analyse my data, I will record our conversation today. I will then type up that recording into a transcript which I will use for my data analysis. The recording and transcript will be stored in anonymised format on the University of Exeter's secure drive, it will only be used for the purposes of this research and will be stored for a maximum of 5 years before being deleted: more information about this is available in the information sheet. Your name, your child's name and any other identifying information will be removed from this data so that you are anonymised in any reporting. Is that okay?

If you would like to pause or end the interview at any time, then you are free to do so and you do not need to give a reason. You are also free to withdraw your data after today by emailing me using the details I have provided. Is that okay?

So if you are ready (?) then we will begin.

Key
Questions linked in from survey in blue.

Area	Main question	Prompt questions if required
Background	Firstly, do you want to start by telling me a little bit more about how things were working in your household during lockdown?	Were you all mostly at one address? Did anyone have to go to work or school? What kind of information or involvement were you receiving from school? Was anyone unwell or shielding?
	And we're here today to talk about X. You told me that X is _____. What else should I know about X?	
In this section, I want to know a little bit more about any changes to X's play and socialising.		

Changes to children's play and socialising	In your survey response you told us a little about changes to X's play and socialising. You said that _____. Tell me more about that.	Can you tell me a little bit more about the changes to X's play and socialising activities? (e.g. gaming or sports or pretend) Can you tell me a little bit more about the changes to X's play and socialising mediums? (e.g. online versus distance meetup) Can you tell me a little bit more about the changes to X's play and socialising frequency? (e.g. playing with friends more or less..?) Can you tell me a little bit more about the changes to X's play partners? (e.g. more time with siblings, better relationships with neighbours)
	In your survey response, you mentioned about the impact of play and socialising changes for X. Looking back now, how do you feel about changes to X's play and socialising during lockdown?	How do you think that this compared to X's typical experience at school? Were there any negative aspects of these changes for X? Were there any positive aspects of these changes for X?
In this next section, I want to try and find out a bit more about any factors which might have impacted on changes to X's play and socialising.		
Factors associated with children's play and socialising	*(Only ask if identified above).* In your survey response, you were asked to indicate whether you felt that your child's additional needs impacted upon their play and socialising during lockdown. At the time you said _____. Tell me more about this, do you feel the same way now?	What impact did your child's additional needs have? Do you feel that they were impacted more than other children because of their needs? Were there any positive/negatives associated with this? What might have helped your child with their play and socialising during lockdown?
	In your survey response you indicated that: *(only show those which were indicated)* Parental working pattern/limited access to space within the home/additional needs of another household member/limited access to technology/academic pressures on child. Impacted on your child's play and socialising. Tell me more about this. In what ways did ____ impact?	Were there any other factors, which I didn't ask about, which you feel may have impacted on your child's play and socialising?

	In the survey we asked you a little bit about your confidence as a parent in your ability to control your child's play and socialising, to contact other parents or to think of activities for your child to do. An example of this might be, finding it difficult to regulate the amount of time that your child spends on an online game or finding it easy to contact another parent and arrange a Zoom call for your child. Do you feel that your confidence as a parent was tested during lockdown? How did this impact (if at all) X's play and socialising?	
In this final section, I want to ask you a bit about the impact of changes to X's play and socialising during lockdown.		
Impact of changes to children's play and socialising	Firstly, what (if any) do you feel has been the impact of X's experience during lockdown? Moving forward, how do you feel that X's play and social experiences during lockdown will impact his/her friendships or social skills? Moving forward, how do you feel that X's play and social experiences during lockdown will impact his/her wellbeing? Moving forward, how do you feel that X's play and social experiences during lockdown will impact his/her return to school?	
That's the end of my questions but before we go…		
Ending	Is there anything else – which I haven't asked you today – which you feel might be relevance? Do you have any questions for me?	

CAREGIVER EXIT SCRIPT

Exit script

Thank you for taking part in the interview today.

As discussed, I will now take the interview recording and type this into a transcript which I will use for my data analysis. The recording and transcript will be stored in anonymised format on the University of Exeter's secure drive, it will only be used for the purposes of this research and will be stored for a maximum of 5 years before being deleted: more information about this is available in the information sheet. Your name, your child's name and any other identifying information will be removed from this data so that you are anonymised in any reporting.

If you would like to withdraw your data at any time, then you can do so by emailing me using the details on the information sheet. I will be able to withdraw data up until my analysis is complete (November 2020).

Your results will help us to understand how children and their parents have experienced play and socialising during lockdown.

If you would be interested in being contacted for further involvement in this study then please provide your details in response to my follow up email.

Appendix E: Phase Two Child Interview Materials

E1: Child Interview Recruitment Email to Schools

Dear [school contact's name],

It is Clare here, we spoke over the summer when your school took part in my questionnaire study about your students' experiences of play and socialising during lockdown. I hope that you found the research report helpful. Overall, 130 children and parents participated in phase one of the research and 6 parents took part in further in-depth interviews.

I am making contact regarding a further phase of the research as I would like to ask whether you would be willing to share some recruitment materials with key-stage two parents and carers at [insert school name]?

Phase Two

For phase two of my research, I am looking for parent/carers in key-stage two who would be willing for their child to participate in a short virtual interview. The children will be asked questions around the following themes:

- Time spent with family and friends during lockdown.
- Play activities during lockdown.
- The return to school.
- Interactions at school during current COVID-19 measures.
- Play at school during current COVID-19 measures.

To maintain safeguarding, parents/carers will be asked to be in the room whilst their child participates in the interview. There will also be an opportunity for parents to comment on their child's responses during a brief 5-10 minute follow-up interview.

What now?

If you would be willing to share this information with parents then I have provided a sample email for parents below. In this email, there are embedded links for the information and consent forms.

Alternatively, please feel free to contact me via email (ces244@exeter.ac.uk) or telephone (07714651842).

With kind regards,

Clare Sowman

Appendix E: Phase Two Child Interview Materials

E2: Child Interview Recruitment Email Copy for Schools to Forward to Caregivers

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Dear key-stage two parents and carers,

During the initial lockdown, we wrote to you to invite parents to participate in a research study taking place at the University of Exeter. In this research, Clare Sowman is exploring the impact of lockdown and subsequent restrictions on children's play and socialising.

As a follow up to this research Clare is now looking for children in key-stage two who would be willing to participate - alongside their parents – in a short (20-30 minute) virtual interview.

Interviews would explore the following themes:

- Time spent with family and friends during lockdown.
- Play activities during lockdown.
- The return to school.
- Interactions at school during current COVID-19 measures.
- Play at school during current COVID-19 measures.

If you would be interested in participating in this study then please click on the following link for the information and consent forms:

[INSERT LINK]

Alternatively, please email Clare Sowman on ces244@exeter.ac.uk or call her on 07714651842 with any queries.

With best wishes,

[School Name]

Appendix E: Phase Two Child Interview Materials

E3: Child Interview Recruitment Emails to Caregivers Who Left Details at the End of Phase One

Dear [name],

It is Clare here, we spoke in [insert month] when you kindly participated in a virtual interview about [child name]'s experiences during lockdown. I hope that you and [insert child name] are well. Thank you again for your support with phase one of the study. Overall, 130 children and parents participated in phase one of the research and 6 parents took part in further in-depth interviews.

For phase two of the research, we would like to find out more about the children's views. To do this, we would like to conduct brief (20-30 minute), virtual interviews with children to explore the following themes:

- Time spent with family and friends during lockdown.
- Play activities during lockdown.
- The return to school.
- Interactions at school during current COVID-19 measures.
- Play at school during current COVID-19 measures.

To maintain safeguarding, parents/carers will be asked to be in the room whilst their child participates in the interview. There will also be an opportunity for parents to comment on their child's responses during a brief 5-10 minute follow-up interview.

At a later date, I will a brief and child-friendly summary result document with children and parents. I will also share links to the final thesis on Exeter University's Open Research repository when this is complete.

If you would be interested in participating in this next part of the research then please click on the following link for the information and consent forms:

- LINK TO THE ABOVE FORMS PROVIDED VIRTUALLY ON JISC ONLINE SURVEYS – UNIVERSITY SECURE SURVEY SYSTEM -

Alternatively, please feel free to email me on ces244@exeter.ac.uk or call on 07714651842 with any queries.

With kind regards,

Clare Sowman

Appendix E: Phase Two Child Interview Materials

E4: Child Interview Caregiver Information and Consent

Thank you for showing an interest in taking part in this research which is taking place at the University of Exeter.

Research title: Children's play and socialisation during COVID-19 lockdown.

Research aims: To explore how children evaluate their play and social experiences during lockdown and upon return to school.

About the researcher
My name is Clare Sowman, and I am a postgraduate student training to become an Educational Psychologist at the University of Exeter.

My project is being supported and supervised by Professor Brahm Norwich from the University of Exeter Graduate School of Education and Margie Tunbridge Deputy Programme Director on the Doctorate in Educational Psychology Course.

What does this research involve?
We are inviting you and your child to participate in a virtual interview. The child interviews will last 20-30 minutes and will be followed by a 5-10 minute follow-up parent interview.

Interview themes

- Time spent with family and friends during lockdown.
- Play activities during lockdown.
- The return to school.
- Interactions at school during current COVID-19 measures.
- Play at school during current COVID-19 measures.

In the follow-up with parents we will ask you to comment on your child's interview responses.

How will this information be used?
The interviews will be recorded before being transcribed. At the point of transcription I will anonymise your and your child's interview. I will then use my transcripts for data analysis and for writing my final report. My write up from this study will form my doctoral thesis and will be available via on the University of Exeter's Open Research Repository: https://ore.exeter.ac.uk/repository/. I might also publish my research in an academic journal or talk about it at a conference. I will also share a brief child-friendly summary of results for you and your child.

What if something goes wrong?
Both your and your child's participation in this study is voluntary and you each have the right to withdraw from the study at any time simply by leaving the interview or asking to stop. You do not have to give a reason for doing this.

Before your child participates in the interview, they will be provided with this same information explaining to them about their right to withdraw and their right to confidentiality.

Safeguarding
During the child interviews, we will ask parent/carers to stay in the same room as the child and – if the child requests this – we may ask parent/carers to sit alongside the child whilst they participate.

Whilst unlikely, it is possible that a child may makes a safeguarding disclosure during interview. If this were to happen then it may be necessary for the researcher to share this information with the child's school informing the parent/carer if doing so. For this reason, we ask that you provide the name and county of your child's school below. Please note that this information would only be used in this exceptional circumstance.

How will my information be kept confidential?
All interview transcripts collected by the researcher will be anonymised and stored in a password protected electronic format for a maximum of 5 years until being deleted/destroyed. If you and/or your child would like to withdraw your data at any time then you can do this up until the data has been analysed by contacting the researcher using the below details.

The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection

Key contacts
If you have any concerns or questions about this study then you can contact me using the following contact details:

Role	Name	Email
Post-Graduate Researcher	Clare Sowman	Ces244@exeter.ac.uk

Ethical approval
This project has been reviewed by the Graduate School of Education Research Ethics Committee at the University of Exeter (Reference Number….).For further ethical information please contact:

Role	**Name**	**Email**
Research Ethics and Governance Manager	Gail Seymour	g.m.seymour@exeter.ac.uk

Thank you for your interest in this project. Please now take some time to consider whether you would like you child to participate.

If you are happy for your child to take part then please read, consider and tick the consent boxes below.

With many thanks for your support,

Clare Sowman
ces244@exeter.ac.uk

Parent/Carer Consent for Interviews

Please provide your contact details below so that the researcher (Clare Sowman) can contact you and arrange an interview.

Parent/Carer name	
Email address	
Telephone number	

Please read and consider the below statements. Indicate yes to give consent:

	Yes	**No**
I have read and considered the information above.		
I have read the child information and consent form with my child.		
I understand that I will stay in the room with my child during their interview.		
I understand that myself and/or my child are free to withdraw from this study at any time by asking to finish or leaving.		
I understand that I can withdraw my data from this study up until it is published by contacting the researcher.		
I understand that mine and my child's data will be held securely as described above.		
I understand that mine and my child's anonymised responses may be looked at by other members of the research team listed above.		
I understand that mine and my child's anonymised responses may be used in academic publication or presentation.		
I consent to my child's participation in this interview.		
I consent to my child's participation in this questionnaire.		

School and County Details

**As noted above, this information will only be used in exceptional safeguarding circumstances.*

My Child's School Name	**County**

Accessibility

Please use the box below to detail any access arrangements which you or your child may require. For example, extra processing time, simple sentences etc.

Appendix E: Phase Two Child Interview Materials

E5: Child Interview Child's Information and Consent

About this study

In my research, I am trying to find out how children feel about these things:

- Spending time with family and friends during lockdown.
- Playing during lockdown.
- Going back to school after lockdown.
- Spending time with friends at school now.
- Playing with friends at school now.

To find out what children think, I am interviewing them.

Interviews take 20-30 minutes and we will do them on a video call on the computer. There will be one interviewer (me – Clare). During the interview, your parent or carer will be in the room and can come to help you if you are stuck or worried.

What will you do with the answers?

I'm going to talk to lots of children about what they think. With their answers, I'm going to write a report but I won't put anybody's name in. This means that people won't know who said what.

Do I have to do this?

You do not have to take part in this interview if you don't want to. In fact, you can stop at any time if you don't want to carry on, I won't mind.

What if I feel confused or worried about the questions?

If you are worried or confused about any of the questions then you can talk to the adult who looks after you. If you are feeling upset then you can stop taking part at any time.

Would you like to take part?

◯ Yes

◯ No

Appendix E: Phase Two Child Interview Materials

E6: Child Interview Schedule

Intro Script

Hello [Parent/carer name] and [child name], I'm Clare. It's great to meet you.

I am at university at the moment – which is like a very big school – and I am doing some research. We're here today because your [mummy/daddy/carer] has shown an interest in taking part in my research.

In my research, I am trying to find out how children felt about the COVID-19 lockdown. I want to hear about whether children's play and socialising changed during lockdown, and whether it has been any different since they went back to school. When I say socialising, I'm thinking about things like: chatting with friends on Zoom, playing tag, talking to grandparents or chatting with friends at school.

Does that make sense?

What I want to do today, is to interview you [child name]. An interview, is where I ask you some questions and you talk to me about what you think, there are no right or wrong answers.

For this interview, I want to find out what you think about play and socialising during lockdown and now so I will ask you about that.

Whilst we are talking, I will ask [mummy/daddy/carer name] to stay in the room with us.

How does that sound?

When we are having our interview, you might decide that you don't understand a question, or you don't want to answer. That's completely fine by me. You could say, "I'm not sure" or "I don't know".

Does that make sense?

[Child name] if you want to stop the interview at any time then that's fine. You can just tell me you want to stop or you could leave. That's fine and I won't mind at all.

Does that sound okay?

If it helps you, we could have [mummy/daddy/carer name] sitting with us too.

Would you like that or shall we wait and see how you feel?

When we have our interview, I'm going to record what we talk about. Then I will use this information – and information from other children who do my interviews – to write a big research report but I won't put anybody's name in. This means that people won't know who said what.

Does that sound okay?

If you tell me something and I think that you might be in danger or not safe, then I might have to your parents or someone at your school so that we can make sure that you are okay.

Does that make sense?

After our questions, we will say goodbye and then I will ask [mummy/daddy/carer name] to have a little interview with me.

Does that all sound okay?

Do you have any questions?

Would you like to take part?

Okay, [Parent/carer name] are you okay to stay [next to child/in room depending on child's preference] for the duration of the interview? At the end of the interview, we will have 5-10 minute chat just the two of us.

Interview Questions

Checking understanding/memory of lockdown 1

We're going to go back in time!

Do you remember when we went into lockdown last year?

When you were in year __?

Do you remember that time, when we had to stay inside and we couldn't go to school or the park?

What can you remember about that?

Explaining interview context

Well I'm really interested in what you thought about that and who you spent time with.

Would it be okay to ask you some more questions about that?

So here I've got a sliding scale that we can use to help us

General RQ1: How do children evaluate time spent with family and friends during lockdown compared to under normal conditions?

When we had lockdown last spring, what was it like spending time with your parents/carers?
**Add faces to scale*

Really bad	*Bad*	*About the same*	*Good*	*Really good*

Why? Tell me more about that? What would have made it +1/-1 on the scale?

What did you do together with your parents/carers?

What did you think about that?

Do you have any other children in your house?

Oooh, who are they?

When we had lockdown last spring, what was it like spending time with your [insert siblings]?
**Add faces to scale*

Really bad	*Bad*	*About the same*	*Good*	*Really good*

Why? Tell me more about that? What would have made it +1/-1 on the scale?

What did you do together with your [insert siblings]?

What did you think about that?

This next question is about friends. It was different in the first lockdown with friends wasn't it? Some people liked it and some people didn't like it

What do you remember about that?

Were you able to see your friends?

How did you do that?

Let's use our scale again.

When we had lockdown last spring, what was it like spending time with your friends?
**Add faces to scale*

Really bad	*Bad*	*About the same*	*Good*	*Really good*

Why? Tell me more about that? What would have made it +1/-1 on the scale?

What did you do together with your friends?

What did you think about that?

General RQ2: How do children describe their play activities during lockdown compared to normally?

Sometimes children like to play on their own and they might do all sorts of things like playing with teddies, sports, arts and crafts, playing outside, reading or playing games on an xBox or something else...

What sort of things do you like to play with?

Thinking about when you were in lockdown the first time, can you remember what you played with?

If your playing on your own, what do you play with?

Is it different when your friends are there?

Why/why not?

General RQ3: How did children feel about the return to school and seeing their friends?

Now we're going to zoom forward in time!

Can you remember in June when you went back to school after the lockdown?

What happened? What can you remember?

When you went back to school for the first time, what was it like seeing your friends again?

Really bad	*Bad*	*About the same*	*Good*	*Really good*

Why? Tell me more about that? What would have made it +1/-1 on the scale?

General RQ4: How do children view their interactions with friends at school during lockdown compared to under normal conditions?

So now it is November and you're in a new school year!

Which year are you in now?

Tell me, what it is like at your school now?

Are things different because of COVID-19?

What is it like spending time with friends at school now?

Really bad	*Bad*	*About the same*	*Good*	*Really good*

Why? Tell me more about that? What would have made it +1/-1 on the scale?

You might not be able to see all of the children in your school now.

How do you feel about that?

Is there anything better/worse about that?

General RQ5: How do children view their play at school during lockdown compared to under normal conditions?

This is the last bit of the questions now – wow you've done so well.

So, my last question is about what you like to play with at school.

Can you play at school now?

What changes have there been with how children play at school?

Because of the COVID-19 rules, how do you feel about play now?

Really bad	*Bad*	*About the same*	*Good*	*Really good*

Why? Tell me more about that? What would have made it +1/-1 on the scale?

Okay well we're all finished – wow you did such a great job, thank you.

Before we go, is there anything else that you wanted to tell me?

Exit Script

Okay, so we're finished now! Wow you tried so hard, thank you for joining in.

I'm going to talk to [mummy/daddy/carer] now so me and you can say goodbye.

I probably won't see you again but after I've finished my interviews with all of the different children, I will send [mummy/daddy/carer] some information about what I found out and they can share this with you.

If you would like to ask any questions or you are worried about anything from today then please speak to [mummy/daddy/carer].

Can you ask [mummy/daddy/carer] to come back now?

Interview Questions- Parent/carer follow up

Intro Script

Hi [Parent/carer name], thanks for your time today.

So as we discussed with the information and consent forms, this is a brief 5-10 minute interview wherein you are invited to share your interpretation of your child's responses.

Just like with [child name]'s interview, there are a few things to mention before we start:

1) During the interview, you don't have to answer any questions if you feel uncomfortable and you can ask to stop at any time.
2) I will record the interview, this recording will then be saved on the university's secure system before being transcribed. At the point of transcription I will anonymise your and your child's interview. I will then use my transcripts for data analysis and for writing my final report.

Is that okay? Do you have any questions?

Parent Follow-up Questions

So I wanted to start by asking you what you thought about [child name]'s responses?

Did [child name] say anything which surprised you?

Did [child name] say anything which you disagreed with?

Is there anything which [child name] missed which you feel is relevant or important?

Exit Script

Okay, so we're finished now! So as I mentioned to [child name] once I have finished my analysis I will share a brief child-friendly report with you so that you and [child name] can explore this.

As discussed, I will now take the interview recording and type this into a transcript which I will use for my data analysis. The recording and transcript will be stored in anonymised format on the University of Exeter's secure drive, it will only be used for the purposes of this research and will be stored for a maximum of 5 years before being deleted: more information about this is available in the information sheet. Your name, your child's name and any other identifying information will be removed from this data so that you are anonymised in any reporting.

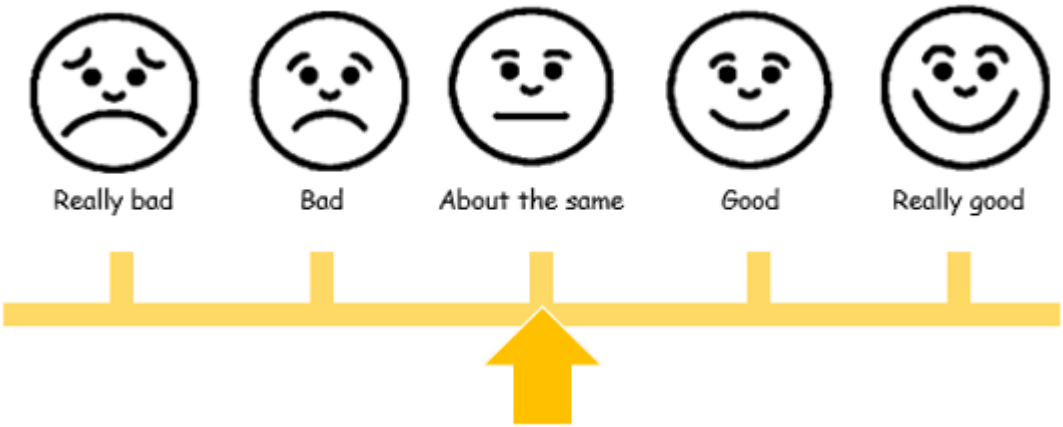
If you would like to withdraw your data at any time, then you can do so by emailing me using the details on the information sheet. I will be able to withdraw data up until my analysis is complete (February 2020).

Your results will help us to understand how children and their parents have experienced play and socialising during lockdown.

Appendix E: Phase Two Child Interview Materials

E7: Child Interview Sample Visual Supports

Lockdown



In lockdown, what is it like spending time with <u>family</u>?

School

Appendix F: Ethical Approval Certificates

F1: Ethical Approval for Phase One Caregiver and Child Questionnaires

UNIVERSITY OF EXETER

GRADUATE SCHOOL OF EDUCATION

St Luke's Campus
Heavitree Road
Exeter UK EX1 2LU

http://socialsciences.exeter.ac.uk/education/

CERTIFICATE OF ETHICAL APPROVAL

Title of Project:
Children's play and socialising during COVID-19 lockdown

Researcher(s) name: Clare Sowman

Supervisor(s): Brahm Norwich
Margie Turnbridge

This project has been approved for the period

From: 22/06/2020
To: 30/06/2021

Ethics Committee approval reference: D1920-179

Signature: Dongbo Zhang Date: 11/06/2020

(Professor Dongbo Zhang, Professor of Science and Environmental Education, Ethics Officer)

Appendix F: Ethical Approval Certificates

F2: Ethical Approval for Phase One Caregiver Interviews

UNIVERSITY OF EXETER

GRADUATE SCHOOL OF EDUCATION

St Luke's Campus
Heavitree Road
Exeter UK EX1 2LU

http://socialsciences.exeter.ac.uk/education/

CERTIFICATE OF ETHICAL APPROVAL

Title of Project:
Children's play and socialising during COVID-19 lockdown

Researcher(s) name: Clare Sowman

Supervisor(s): Brahm Norwich
Margie Turnbridge

This project has been approved for the period

From: 01/08/2020
To: 30/06/2021

Ethics Committee approval reference: D1920-232

Signature: Date: 7/31/2020

(Professor Dongbo Zhang, Professor of Science and Environmental Education, Ethics Officer)

Appendix F: Ethical Approval Certificates

F3: Ethical Approval for Phase Two Child Interviews

UNIVERSITY OF EXETER

GRADUATE SCHOOL OF EDUCATION

St Luke's Campus
Heavitree Road
Exeter UK EX1 2LU

http://socialsciences.exeter.ac.uk/education/

CERTIFICATE OF ETHICAL APPROVAL

Title of Project:
Children's play and socialising during COVID-19 lockdown

Researcher(s) name: Clare Sowman

Co-Investigators:

Supervisor(s): Brahm Norwich, Margie Turnbridge

This project has been approved for the period

From: 01/12/2020
To: 30/06/2021

Ethics Committee approval reference: D2021-044

Appendix G: Caregiver Questionnaire

Page 3: About your child

In order to complete this survey, we would like you to focus on **one child.** This child should be aged between 7 and 11. In this section, we would like to ask you about your child.

If you have been sent this link by your child's school and you have more than one child aged 7-11, then please either chose one child to complete the survey about or complete a seperate survey per child.

Link your survey to your child's survey

In order to pair your survey with your child's we need your child's name. You can either provide their real name (which we will **anonymise** for analysis and reporting) *or* your can create a pretend name. **BUT** both you and your child need to use **the same** pretend name so that we can match your surveys together.

3. My child's first name * *Required*

4. My child's last name * *Required*

5. Were you invited to take part in this research by your child's school? * *Required*

☐ Yes ☐ No

5.a. Please tell us the name of your child's school. Remember individual responses are **anonymous,** we will use the school name in order to create an **anonymised summary** report about all reponses from key-stage-2.

6. How old is your child? * *Required*

6.a. If you selected Other, please specify:

7. What is your child's gender? * *Required*

8. Has your child been invited to attend school? Select one answer. * *Required*

- ○ Invited and attends part time
- ○ Invited but does not attend
- ○ Not invited to attend school
- ○ Other

8.a. If you selected Other, please specify:

9. Which local authority area do you live in? * *Required*

9.a. If you selected Other, please specify:

10. Which type of school does your child **usually** attend when not in lockdown? * *Required*

- ☐ Mainstream school
- ☐ Special school
- ☐ Private (fee paying) school
- ☐ Other

10.a. If you selected Other, please specify:

11. Does your child have any of the following. Select any which apply. * *Required*

Please select at least 1 answer(s).

- ☐ Education Health and Care Plan (written or in process)
- ☐ Special Educational Need support
- ☐ Personal Education Plan (PEP) for Children in Care
- ☐ In receipt of Pupil Premium Funding
- ☐ Additional needs but prefer not to say
- ☐ Other
- ☐ None of the above

11.a. If you selected Other, please specify:

11.b. From the following categories of special educational need*, please indicate the primary area (or areas) of need for your child.

*If you are unsure, more information about the areas of need is available here: https://www.sendgateway.org.uk/whole-school-send/what-works/

- ☐ Communication and Interaction (e.g. Autism, Speech and Language Disorder)
- ☐ Cognition and Learning (e.g. Moderate Learning Difficulties, Profound Learning Difficulties, Dyslexia)
- ☐ Social, emotional and mental health difficulties (e.g. Anxiety, Attachment disorder, Attention Deficit Hyperactivity Disorder)
- ☐ Sensory and/or physical needs (e.g. Visual impairment, multi-sensory impairment, physical disability such as cerebral palsy)
- ☐ Other

11.b.i. If you selected Other, please specify:

11.c. Please identify to what extent you agree with the following statement:

Please don't select more than 1 answer(s) per row.

Please select at least 1 answer(s).

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
My child's additional needs have impacted on their play and socialising with other children during lockdown.	☐	☐	☐	☐	☐

11.c.i. Please explain your answer by giving as much detail as possible.

12. Which of the following best desribes your child's ethnicity? (The answers will expand upon clicking to provide more options)

Page 4: About your household

Now you've told us about the focus child, we would like to know a bit more about the other members of your household.

13. With the exception of the focus child, please tell us who is currently living in your household during lockdown. Please only complete as many rows as you need. Use the text box below to add details of any other family members.

	Age	Gender	Relationship to focus child
Yourself	Please select	Please select	Please select
Person 2	Please select	Please select	Please select
Person 3	Please select	Please select	Please select
Person 4	Please select	Please select	Please select
Person 5	Please select	Please select	Please select
Person 6	Please select	Please select	Please select
Person 7	Please select	Please select	Please select
Person 8	Please select	Please select	Please select

13.a. Please use the box below to detail any other household members.

On a typical day **during lockdown** please consider the **amount of time** that your child normally spends interacting with the following **members of your household.** You are comparing **now** to a typical day **before lockdown**. *E.g. "Much less time" could indicate, "my child is currently spending much less time interacting with their older siblings than they would have done before lockdown".*

14. Your child's play and socialising **now** compared to **before lockdown** * *Required*

	Much less time	Somewhat less time	About the same	Somewhat more time	Much more time	Not applicable (Not a household member)	Don't know
Younger children	☐	☐	☐	☐	☐	☐	☐
Older children	☐	☐	☐	☐	☐	☐	☐
Parent/carers	☐	☐	☐	☐	☐	☐	☐
Other adult household members	☐	☐	☐	☐	☐	☐	☐

On a typical day **during lockdown** please consider how well your child **is getting on** with **members of your household** when playing and socialising. You are comparing what is happening **now** to a typical day **before lockdown**. *E.g. Is your child getting on "Much better" with their younger sibling now or are there more arguments?*

15. How well your child is **getting on** with household members **now** compared to **before lockdown?** * *Required*

	Much worse	Somewhat worse	About the same	Somewhat better	Much better	Not applicable (Not a household member)	Don't know
Younger children	☐	☐	☐	☐	☐	☐	☐
Older children	☐	☐	☐	☐	☐	☐	☐
Parent/carers	☐	☐	☐	☐	☐	☐	☐
Other adult household members	☐	☐	☐	☐	☐	☐	☐

16. Do you feel that any of the following factors have impacted upon your child's play and socialising during lockdown? Please select all which apply. * *Required*

Please select at least 1 answer(s).

- [ ] Parental working pattern
- [ ] Limited access to space within the home
- [ ] The location of the home (e.g. rural and isolated or perhaps somewhere unsafe for outdoor play)
- [ ] Additional needs of another household member (e.g. illness or disability)
- [ ] Limited access to technology
- [ ] Academic pressures on child
- [ ] None of the above
- [ ] Other

16.a. How has "*Parental Working Pattern*" impacted your child's play and socialising?

16.b. How has "*Limited Access to Space Within the Home*" impacted on your child's play and socialising?

16.c. How has "*The Location of the Home*" impacted on your child's play and socialising?

16.d. How have "*Additional Needs of Another Household Member*" impacted on your child's play and socialising?

16.e. How has "*Limited Access to Technology*" impacted on your child's play and socialising?

16.f. How have "*Academic Pressures on Child*" impacted on your child's play and socialising?

16.g. If you selected Other, please specify and explain:

Page 5: Play and socialising with non-household members

On a typical day **during lockdown** please consider the **ways** in which your child plays and socialises with people who **do not** live in your household in **comparison** to a typical day **before** lockdown. *E.g. Is your child using video calls "Much more" than usual at the moment?*

17. The **ways** in which your child socialises and plays now compared to **before lockdown** * *Required*

	Much less	Somewhat less	About the same	Somewhat more	Much more	Not applicable	Don't know
Face to face (including at a social distance of 2 meters)	☐	☐	☐	☐	☐	☐	☐
Video call (e.g. Facetime or Zoom)	☐	☐	☐	☐	☐	☐	☐
Telephone call	☐	☐	☐	☐	☐	☐	☐
Online messaging (e.g. Whatsapp)	☐	☐	☐	☐	☐	☐	☐
Social media	☐	☐	☐	☐	☐	☐	☐
Online multi-player gaming	☐	☐	☐	☐	☐	☐	☐
Letters	☐	☐	☐	☐	☐	☐	☐

17.a. What (if any) have been the impact of these changes?

17.b. Are there any other ways by which your child plays and socialises with peers?

On a typical day **during lockdown** please consider the **amount of time** that your child is currently spending playing and socialising with people who **do not** live in your household in **comparison** to a typical day before lockdown. *E.g. Is your child playing with neighbours "somewhat more" than usual at the moment?*

18. Your child's **time spent** socialising and playing with **non-household** members **now** compared to **before lockdown** * *Required*

	Much less time	Somewhat less time	About the same	Somewhat more time	Much more time	Not applicable	Don't know
Friends from school	☐	☐	☐	☐	☐	☐	☐
Other friends	☐	☐	☐	☐	☐	☐	☐
Neighbours	☐	☐	☐	☐	☐	☐	☐
Family members	☐	☐	☐	☐	☐	☐	☐

18.a. What (if any) has been the impact of these changes?

19. Over a week, roughly how many different children who DO NOT live in your house does your child play and socialise with during the current lockdown? Please do not include online whole-class assemblies or teacher instruction.

19.a. If you selected Other, please specify:

Page 6: Your views

In this final part of the survey, we want to know how you evaluate your child's play and socialising with others.

20. Please indicate the extent to which you agree with the following statements:

	Strongly disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Strongly agree	Not sure
I am concerned about the long-term impact of lockdown on my child's social skills	☐	☐	☐	☐	☐	☐
I am concerned about the long-term impact of lockdown on my child's friendships	☐	☐	☐	☐	☐	☐
I am satisfied with the frequency of my child's play and socialising with others	☐	☐	☐	☐	☐	☐
My child is satisfied with the frequency of their play and socialising with others	☐	☐	☐	☐	☐	☐

21. On a scale of 0 - 10, please rate how confident you feel about the following statements. The numbers reflect increasing confidence in your ability from 0 to 10. *Required*

Please don't select more than 1 answer(s) per row.

Please select at least 8 answer(s).

	Cannot do at all - 0	1	2	3	4	Moderately can do- 5	6	7	8	9	Highly certain can do - 10	Not applicable
I can contact other parents and arrange for my child to play and socialise with other children	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can think of ways for my child to play and socialise with other children even if this is not face to face	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can think of activities for my child to do with other children	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can encourage my child to play and socialise with other children	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

I can teach my child to play and socialise nicely with other children	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can teach my child to play and socialise nicely with his or her siblings	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can think of things that I can do with my child for play and socialising	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
I can control the way that my child spends their time in order to make time for play and socialing	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

21.a. Please add any further explanation here

22. Have you noticed any **positive** changes to your child's play and socialising with others since lockdown? Please describe them.
* *Required*

23. Have you noticed any **negative** changes to your child's play and socialising with others since lockdown? Please describe them. * *Required*

24. Is there anything else that you would like to add?

Page 7: Just before you go...

Children's survey

The **next step** is for your child to complete their part of the survey.

Remember to enter their name into the survey so that we can link their response to yours.

Also **please bear in mind** that your child may need practical or emotional support when completing their survey. Please be available to support them with this during and after the survey as required.

https://exeterssis.eu.qualtrics.com/jfe/preview/SV_e2oSXzXlU0x8PAh?Q_SurveyVersionID=current&Q_CHL=preview

Would you be interested in becoming more involved in this research?

The views of parents and carers are invaluable in understanding the impact of this situation on children's play and socialisation. If you are interested in finding out more about participating further in this study then please leave your details below.

25. Your email address

26. Or your telephone number

27. I understand that by providing my details below a researcher from the University of Exeter will contact me regarding further participation in this study. *Required*

- Yes
- No
- Not interested in further participation

Please note
We will only use the details you provide here for the purposes of contacting you about future paritcpation in this research. The responses will be stored for a maximum of 5 years and will be password protected until being deleted/destroyed. The University of Exeter processes personal data for the purposes of carrying out research in the public interest. The University will endeavour to be transparent about its processing of your personal data and this information sheet should provide a clear explanation of this. If you do have any queries about the University's processing of your personal data that cannot be resolved by the research team, further information may be obtained from the University's Data Protection Officer by emailing dataprotection@exeter.ac.uk or at www.exeter.ac.uk/dataprotection

Page 8: Final page

Thank you for participating in this study!

If you would like further information about this study or if you have any concerns then please contact the researcher, Clare Sowman on: ces244@exeter.ac.uk

Appendix H: Child Questionnaire

Compared to before lockdown,
how much do you do the things below **at the moment**?

	How much do you do this?		
	More nowadays (1)	No change (2)	Less nowadays (3)
Sports (e.g. cycling, football) (1)	○	○	○
Play outside games (e.g. tag or hop scotch) (2)	○	○	○
Play video games or online games (e.g. Super Mario or Roadblox) (3)	○	○	○
Use technology (e.g. iPad or computer) (4)	○	○	○
Play board games or card games (e.g. Dobble or Monopoly) (5)	○	○	○
Play make believe or pretend games (6)	○	○	○
Do creative activities (e.g. painting or colouring) (7)	○	○	○
Play with toys (e.g. Lego or LOLdolls) (8)	○	○	○
Play fight (9)	○	○	○
Watch TV (e.g. Netflix or PawPatrol) (10)	○	○	○
Other (11)	○	○	○

Q4 Compared to before lockdown,
who do you do the things below with **at the moment**?

	Who do you do this with?

	By myself (1)	Brothers and sisters (2)	Parents (3)	Friends (4)	On my own (5)	I don't do this (6)	Neighbors (7)
Sports (e.g. cycling, football) (1)	☐	☐	☐	☐	☐	☐	☐
Play outside games (e.g. tag or hop scotch) (2)	☐	☐	☐	☐	☐	☐	☐
Play video games or online games (e.g. Super Mario or RoadBlox) (3)	☐	☐	☐	☐	☐	☐	☐
Use technology (e.g. iPad or computer) (4)	☐	☐	☐	☐	☐	☐	☐
Play board games (e.g. Dobble or Monopoly) (5)	☐	☐	☐	☐	☐	☐	☐
Play make believe or pretend games (6)	☐	☐	☐	☐	☐	☐	☐
Do creative activities (e.g. painting or colouring) (7)	☐	☐	☐	☐	☐	☐	☐
Play with toys (e.g. Lego or LOLdolls) (8)	☐	☐	☐	☐	☐	☐	☐
Play fight (9)	☐	☐	☐	☐	☐	☐	☐
Watch TV (e.g. Netflix or PawPatrol) (10)	☐	☐	☐	☐	☐	☐	☐
Other (11)	☐	☐	☐	☐	☐	☐	☐

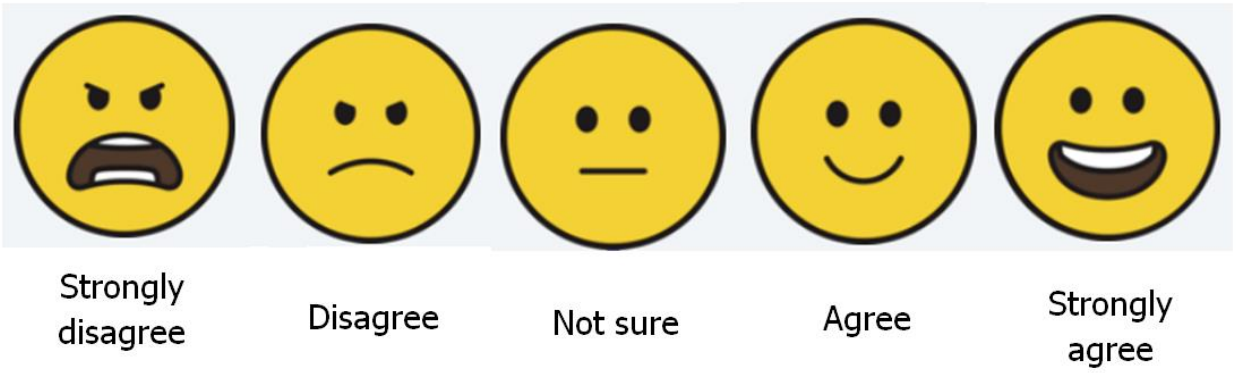
Q5 Compared to before lockdown,
how much do these things happen **at the moment**:

	More nowadays (1)	No change (2)	Less nowadays (3)
My friends treat me well (1)	○	○	○
My friends are nice to me (2)	○	○	○
I wish I had different friends (3)	○	○	○
My friends are mean to me (4)	○	○	○
My friends are great (5)	○	○	○
I have a bad time with my friends (6)	○	○	○
I have a lot of fun with my friends (7)	○	○	○
I have enough friends (8)	○	○	○
My friends will help me if I need it (9)	○	○	○
I laugh with my friends (10)	○	○	○
I can tell my friends about things that are worrying me (11)	○	○	○
Children bully me (12)	○	○	○
Children leave me out (13)	○	○	○
Children encourage me to do bad things (14)	○	○	○

End of Block: Interactions with friends

Start of Block: Block 3

Info Please tell us how much you **agree** or **disagree** with the statements below by moving the blue circle to change the emoji's face.



Q6a I've been feeling calm

Q6b I've been feeling cheerful about things

Q6c I've been feeling relaxed

Q6d I've been getting on well with people

Q6e I enjoy what each new day brings

Q6f I think there are many things that I can be proud of.

Q6g I feel that I am good at some things

Q6h I think good things will happen in my life

Q6i I can find lots of fun things to do

Q6j I think lots of people care for me

Q6k I've been able to make choices easily

Appendix I: Interview Transcription Notation System

Feature	In-text code	Explanation
Identity	I:	Interviewer.
	P1:	Participant 1.
Anonymity	P1* *or* I*	Something in this line of transcript has been amended for anonymity .
	**	Asterisks placed around the line of transcript which has been amended for anonymity. E.g. and you know *Focus Child* was just so excited.
Punctuation	.?,	Punctuation in the interviewer's lines was included as interviews were transcribed by the interviewer themselves therefore it was reasonable for the transcriber to know the meaning of their spoken phrases.
	‘	In participant lines, punctuation was used with apostrophes in instances of contraction (e.g. don't) or possession (e.g. Kate's Gameboy) It was reasonable to use apostrophes in a participant's recount of their child's experiences as it can be assumed that the participant was talking about their child in the singular and possessive sense.
	‘’	To indicate in-text reported speech or thought in participant lines (e.g. and I said to him 'give it a break Joe' or I thought to myself 'what is this about[??]').
	(.)	To indicate a one to two second pause in participant lines.
	[??]	In participant lines, to indicate where the tone used the participant suggests a question.
Vernacular usage, abbreviations or mispronunciation		Speech is transcribed as the transcriber (the interviewer) heard it and terms such as dunno, kinda or shoulda will not be corrected (e.g. dunno → Don't know).
Names of media		References to things such as games, programmes, products or toy brands will be capitalised as proper nouns and placed in italics (e.g. *Roblox*).
Non-verbal communication	[Laughs]	Participant or interviewer laughs.
	[sigh]	Participant or interviewer sighs.
	Umm, err	Non-verbal statements will be transcribed in the way that they are spoken by participant and heard by the interviewer (e.g. umm, ahh, err).
Interruptions	()	Used where an interview has been interrupted and a parent speaks to another person to indicate who they are speaking to and when (e.g. and I thought (speaking to *Focus Child's Brother*) I'm just on a

		call *Focus Child* (speaking to interviewer) sorry about that).
Unclear speech	[inaudible]	Where speech is not sufficiently clear for transcribing.

Appendix J: Wilxoxon Pairwise Comparisons for Children's Time Spent Doing Various Play Activities

Play activity	1 Sport	2 Outside games	3 Video /online games	4 Use technology	5 Board or card games	6 Make believe or pretend	7 Creative activities	8 Play with toys	9 Play fight	10 Watch TV
1 Sport										
2 Outside games										
3 Video /online games	Z = -4.603 [b] p < 0.002	Z = -3.744[b], p < 0.002								
4 Use technology	Z = -5.500 [a] p < 0.002	Z = -4.905[a] p < 0.002								
5 Board or card games				Z = -4.935[a] p < 0.002						
6 Make believe or pretend	Z = -4.064 [b] p < 0.002	Z = -3.284[b] p < 0.002								
7 Creative activities	Z = -3.378 [b] p < 0.002									
8 Play with toys	Z = -3.508 [b] p < 0.002									
9 Play fight			Z = -4.189 [b], p < 0.002	Z = -5.525[a] p < 0.002				Z = -3.140 [b] p = 0.002		
10 Watch TV	Z = -3.656[a] p < 0.002								Z = -3.123[a] p = 0.002	

[a] based on negative ranks

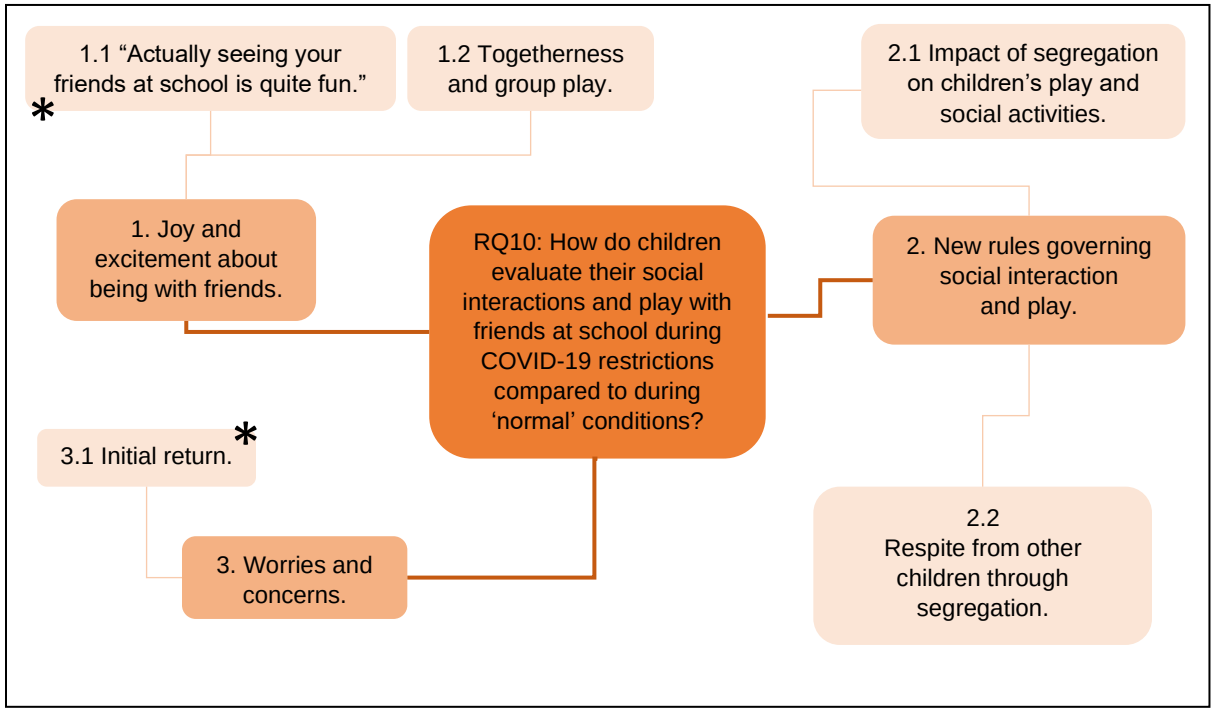
[b] based on positive ranks

Appendix K: Thematic Analysis of Children's Interview Data Regarding Their Experiences of The Return to School

Research Question Ten: How do Children Evaluate Their Social Interactions and Play with Friends at School During COVID-19 Restrictions Compared to During 'Normal' Conditions? And Research Question Nine: How do Children Feel About their Return to School with Regards to Interactions with Peers?

Figure 1

Themes and subthemes relating to research question ten.



Note: Large asterisks above illustrate themes in the children's interviews which also reflect responses to RQ9 about how children felt about their return to school with regards to social interactions with peers.

1 Theme One: Joy and Excitement About Being with Friends. The children in my sample spoke positively about being reunited with their friends as part of the return to school. Children felt that seeing their friends face-to-face was distinct from seeing them digitally and they marvelled in opportunities to be together 'in real-life' expressing their view that it was fun and exciting to be with friends again with more freedom around what they could do together. Linked to their enjoyment of social interaction, was a sense that the return to school provided group togetherness whereby the children were able to play with multiple friends as part of a group.

1.1 Theme One: Sub-Theme One: "Actually Seeing Your Friends at School is Quite Fun." When evaluating the return to school and comparing social interactions with friends at school to social interactions with friends from home, children spoke positively about being able

to see friends face-to-face. They used phrases like ‘actually seeing’ and ‘in-real life’ to reflect their view that being physically together was different and better.

> I: So what was it like when you went back to school to seeing your friends again? Where shall we put the arrow?
> C6: really good
> I: it was really good. Okay so tell me more about that.
> C6: because of I could see them in real life and I could actually play more games than I would be able to.

The children felt that seeing friends in person was inherently better and also better with regards to play; they spoke about how being together in a shared space created varied opportunities for playing together:

> C4: but um actually seeing your friends at school is actually quite fun actually cause you get to play loads of different games with them you can just make up a game and yeah you can just chat to them in real life so.

Children dislike restrictions on their play and social activities (Howard et al., 2017; Blatchford & Baines, 2019) and lockdown was associated with a host of restrictions within children’s social lives. In contrast, the return to physical togetherness at school enabled children to play games which were not possible digitally – they delighted in this freedom to play spontaneously and openly (Piaget, 1932). The children reflected on many of the limitations which were associated with digital interactions as described above.

1.2 Theme One: Sub-Theme Two: Togetherness and Group Play. The children’s sentiment towards time with friends at school was positive overall: “I: okay and why were you happy to see your friends at school? C2: Cos I like seeing my friends and playing with them.” As part of this, when recounting their reunification with peers at school children emphasised contact with groups of friends using words like “all” or listing friendship groups: “Um I was really excited and glad to see my friends cause this is probably the best class I’ve ever been in cause all my most of my best friends are in this class” (C3). Words such as ‘we’ and ‘together’ were common and I noticed that children often appeared excited when sharing their experiences of play with groups:

> You can play cops and robbers you can play tunnel ghost it’s really good it’s really cool because you can play all those different games and also you can play them all together. (C5)

2 Theme Two: New Rules Governing Social Interaction and Play. The children described changes to the context within which they were able to play and socialise at school as result of COVID-19 restrictions. Changes included restrictions to the spaces available to them for play and limitations on their contact with peers. Children’s experiences of being unable to socially interact and play with children from different year groups or classes varied as a result of their pre-existing experiences: where children had lots of friends in other year groups or typically enjoyed inter-year-group games, they expressed disappointment and annoyance at the changes; however where children experience difficulties with children in other year groups or classes, they viewed the changes to groupings more positively.

2.1 Theme Two: Sub-Theme One: Impact of Segregation on Children's Play and Social Activities. All participants spoke about changes to the spaces that they used at break and lunchtimes. This typically involved partitioning of areas into zones so that "Everyone has different sections for their year group" (C1). In some schools the children rotated in between spaces daily and in other schools, rotation between spaces was termly, "Every different term we change playground uh um no we change sides" (C6).

Children explored how features of the physical space such as size or available resources (e.g. climbing apparatus) had influenced the games that they could play. Size was particularly salient for children who enjoyed playing group sports:

> You can't even like really do football really well cause you need to cause there are barriers on the football pitch splitting it into two you and you have to you're not really allowed to move those barriers it's really so you can't really do football and it's a lot harder to do cricket and rounders. (C3)

Children also missed not being able to move freely between zones as part of their play, a contrast with the freedom that they experienced through physical togetherness:

> Oh well it's just it's just cause we used to be able to go anywhere on any place we wanted and like we could go from the wild area to like the playground and now we can we have to stay in that area. (C5)

As a result of the zones and the need for bubbles, there were also changes to the way that children could access one another. Except for one child who was in a smaller mixed-age group, the other children were unable to mix with peers from different playground zones. This changed the play partners that children would normally have, greatly restricting opportunities for play between different aged children: "Normally me and the other class would be and some year fives we'd be able to all play in one playground but because of corona we have one part of the playground and we can only stay in that part" (C6). One child - who enjoyed playing football matches – noted that he could no longer get "a ton of people" (C3) for games.

For children with friends in different groups or classes, they were disappointed and annoyed about being separated from them: "I mean it's not really good cause like there's two or three of my friends that I can't see" (C4). One child reflected on how this had had quite a big impact on his as lots of his friends were in a different year group:

> I kind of feel bad because like you don't get to talk to anybody in your class anymore uh different classes and you see I had lots of friends in the lower year in a year lower than me and um it's kind of annoying because then you can't talk to them. (C5)

These accounts from children are like those elicited by Blatchford and Baines (2019) and by Howard et al., (2017) and illustrate the disdain which children have towards restrictions on their social interactions and play. The COVID-19 rules at school restricted the children's spontaneity and freedom. This may be particularly salient for children in middle childhood who begin to distance themselves from adults wishing instead to focus on group identity (Gifford-Smith & Brownell, 2003) but because of COVID-19 were unable to choose activities or group members without adherence to adult-imposed limits.

2.2 Theme Two: Sub-Theme Two: Respite from Other Children Through Segregation. For some children, changes to access to other year groups were either inconsequential or welcome. Children who did not tend to play with children from other year groups during 'normal conditions' were less concerned with this option being removed. And children who found peers in other year groups challenging in some way, viewed not being able to interact with these children as an improvement:

> I: ah okay so what do you think about not being able to play with the other years?
> C1: a bit better cos some of the year sixes are a bit stupid
> I: okay so some of year six are a bit stupid?
> C1: yeah
> I: mmm. So why is it better then not to be around them?
> C1: cause then they don't tell you what to do and boss you around.

Even where children had noted that they were missed friends in other year, they also reflected on some of the positive aspects of segregation such as exclusivity within their games and relief from 'annoying' siblings:

> I mean it's a bit of both because it's kinda good cause then at the playground children could just come up and say "oh hi can I play with you [??]" and say like we were playing a game that only can have like two or three people in then it would be like really weird to like and also [younger brother] could just come up and he could be like "oh hi" and then he could keep on annoying me which is sad. (C4)

This is another illustration of the way in which COVID-19 restrictions could shelter children from adverse social experiences. Whilst children viewed this relief positively, it may not be advantageous for them as conflictual interactions in childhood are valuable for social development (Brinkman, 2011) and school adjustment (Pellegrini & Bohn, 2005).

3 Theme Three: Worries and Concerns. Whilst in general the children evaluated the return to social interaction and play at school as a positive experience, there were moments where the surrounding context of COVID-19 created difficulty or worry about social interaction. Some children were worried about the actions of other children in relation to the virus, this affected their comfortability around certain peers: "Some people not sensible" (C2). Another child had had some challenging interactions with peers related to her desire to follow certain COVID-19 guidance: "At the start when I wore a mask in the bathroom people were saying like "[focus child] why are you wearing a mask [??]" and I I actually I did answer back and say "why do you need to know [??]"" (C6). The duration of lockdown also affected one child, who spoke about how the time apart from friends created apprehension about the return:

> I just felt nervous about what was happening cause I hant seen like I'd only seen a couple of people and that was over by screens and anyone I'd seen in person were like people I'm really good were like my family so technically I just felt like I like I hant seen them for ages so like what if they don't think what I I don't know what they think of me anymore and everything like that. (C5)

In a similar manner to the family-systems model for COVID-19 outlined by Prime et al., (2020) the children's accounts show how contextual stressors were influencing their interactions. These reports also demonstrate that whilst children in general may have appeared to some to be less concerned about COVID-19 than adults (Qui et a., 2020), that they were still some

children who were worried about the virus and these worries could affect their interactions. For one child, concerns about the virus – which were not understood by peers – led to conflict. This shows how the return to school may have provided a context where children were brought back together in a space where the meanings that they associated with COVID-19 were not always shared with peers. For some children, this could be quite a stark contrast to their experiences at home. This illustrates how children can use interactions with one another to negotiate meaning (Piaget, 1932), develop their self and interpersonal awareness (Trevarthen & Panskepp, 2017), and accommodate new ways of thinking (Pellegrini & Bohn, 2005).

Summary

This brief report documents the results of a survey which has been completed by children and parents to capture their experiences of lockdown. The survey was delivered online with a separate version for parents and for children.

A small number of parents (11) and children (13) at ***[XXXXX]*** *completed the survey therefore these results reflect the experiences of this group and are perhaps unlikely to be representative of the wider school population. That said, the data shared gives an insight into the social experiences of some Bluecoat pupils and their families during lockdown.*

Summary of parent survey

Parents in this survey were generally quite concerned about changes to their children's play and socialising. Concerns were related to the children's reports of loneliness, the children's emotions, and parental concern regarding long-term impact.

Parents described how certain factors – especially parental working pattern and academic pressures on their children – had created some extra challenges for them when they tried to support their child's play and socialising. For parents of children with additional needs, some felt that lockdown was having a particularly big impact on their child's play and socialising.

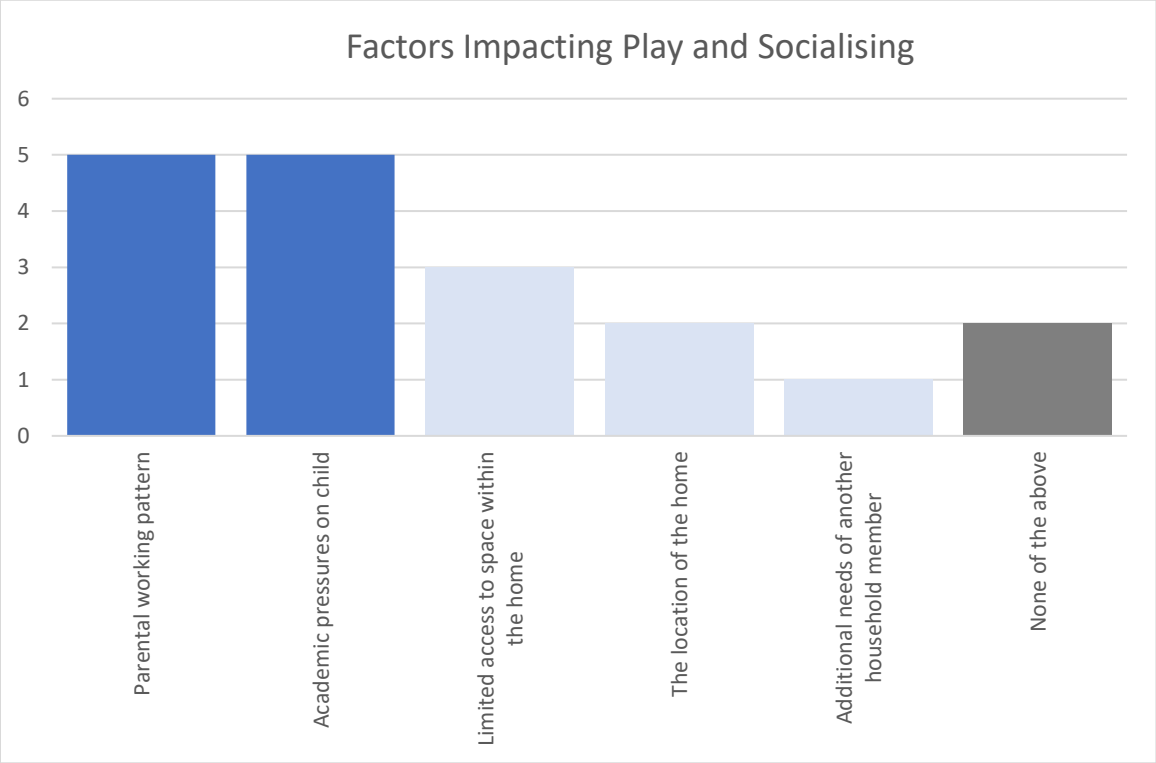
Alongside challenges, parents also identified positive aspects of lockdown for their child's play and socialising. For one child, typical social pressures had been removed resulting in improved emotional wellbeing. For other children, parents described increased independent play skills and some improvements to sibling relationships.

Demographics

Parent respondents were almost all female (10:1) and the majority were from two-parent-households. However, there were also a couple of respondents from single-parent households. Parents described their children's ethnicity as white-British. There were four parents who indicated that their child had additional needs and two parents whose children were in receipt of pupil premium funding.

Factors influencing play and socialising

When asked if any of the factors had influenced their child's play and socialing, ***parental working pattern*** *and* ***academic pressures on child*** *were the most common answers.*



Comments about **parental working pattern** included:

Combining home schooling with working from home has been difficult. Not able to go out for walks / activities during the week days. Not able to supervise on line chats with friends, so postponed to weekends only. Unable to play games or do activities together because of work has lead to boredom and too much time on games consoles & tv.
I have had to continue working from home which means that my daughter has to entertain herself. When I have tried to spend time with her school work has come before play.
I'm a key worker working nights
We are all home most of the time. This can put a strain on all relationships.

Comments about **academic pressures on child** included:

Have set school wok which he has to get done so he does this like a normal school day from 9-3 roughly. He has breaks but doesn't really play or socialise until after this time.
We have spent a lot of time on the home schooling. William has not enjoyed some aspects and it has lead to some friction and bad moods, leading to some withdrawal. It would have been great if lessons could been active sessions, so there was some real life communication between teacher & class mates, plus less pressure on parents trying to teach.

The impact of additional needs

Four of parents whose children have additional needs felt that their child's needs had negatively impacted their play and socialising during lockdown.

> *"My child has few friends outside school due to their autism as many children don't want to play with them. They have been in contact with one friend using video messaging."*

However, one other parent indicated that owing to their child's additional needs, their child had been positively impacted by lockdown.

> *"My child struggles with socialising, so the lockdown has had a positive impact, as X doesn't feel so left out and isolated."*

Mediums for play and socialising

- Online formats such as social media, multi-player gaming and online messaging (e.g. whatsapp) were all being used more where children already had access to these before lockdown. Video call was being used a lot more but not unanimously by all families.
- When asked about the impact of changed mediums, parental opinion about digital technologies was varied.

  For several children, use of digital media could bring emotional challenges:

> *"Although we are friendly with some parents, it has been difficult to give X enough opportunities to socialise with friends/children his on age on line and he sees It as a great injustice that his parents have been able to see their friends."*

> *"X has become obsessed with video games and gets angry when asked to stop them or if she can't get hold of her friend."*

> *"He gets more upset sometimes after speaking to his friends after FaceTime because he wants to see them in person."*

Partners for play and socialising

- More time was being spent with neighbors and family members.
- Less time was being spent with school friends or other friends.

The most common response from parents was that this was having a negative impact on child wellbeing as children were missing their friends:

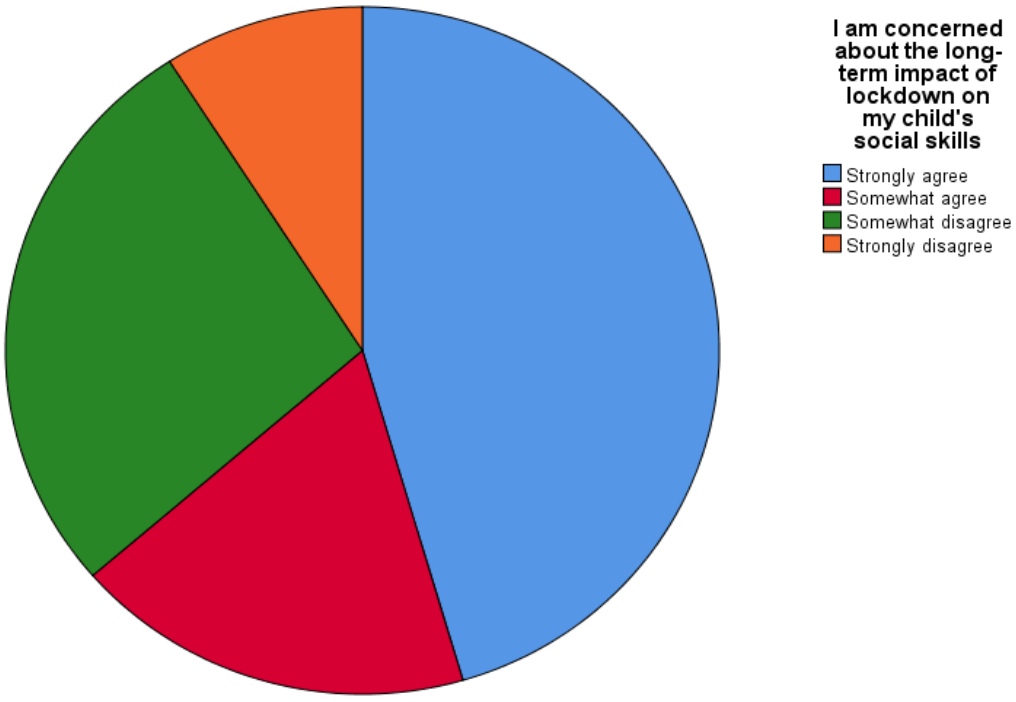
> *"Can get angry and frustrated because he can't play with friends. He loves football and other sports."*

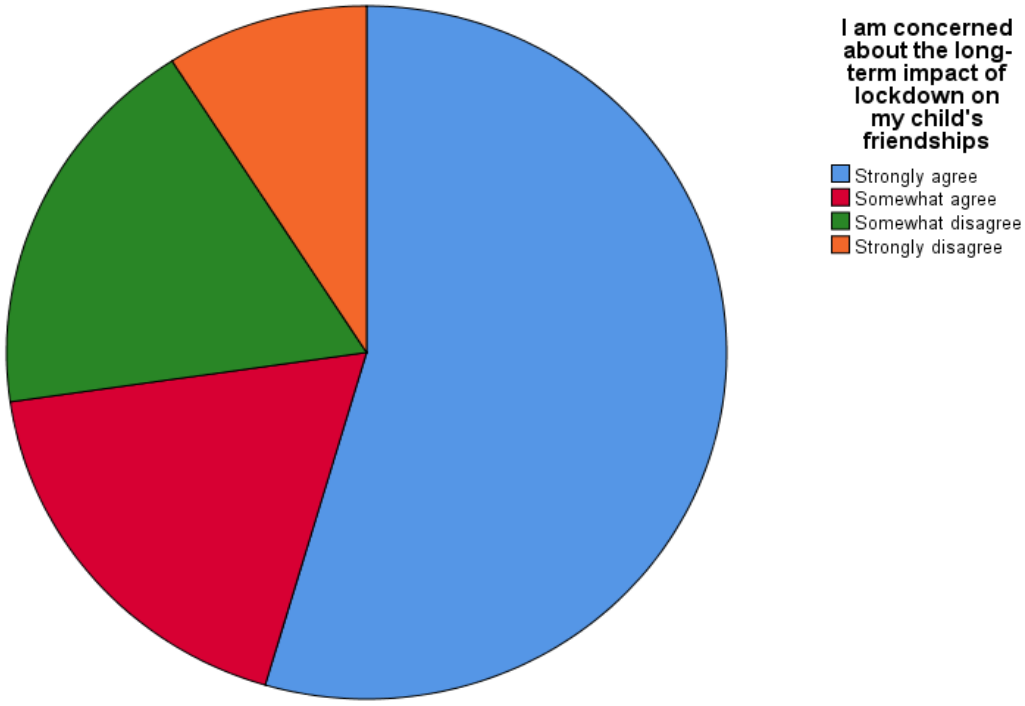
"My child misses his friends. He has become very clingy and follows me around wherever I go. Before lockdown he'd be either up the park or round a friend's house and that freedom helped him become more confident."

"She tells me she misses them but has been accepting of the situation. As long as she has us she feels safe."

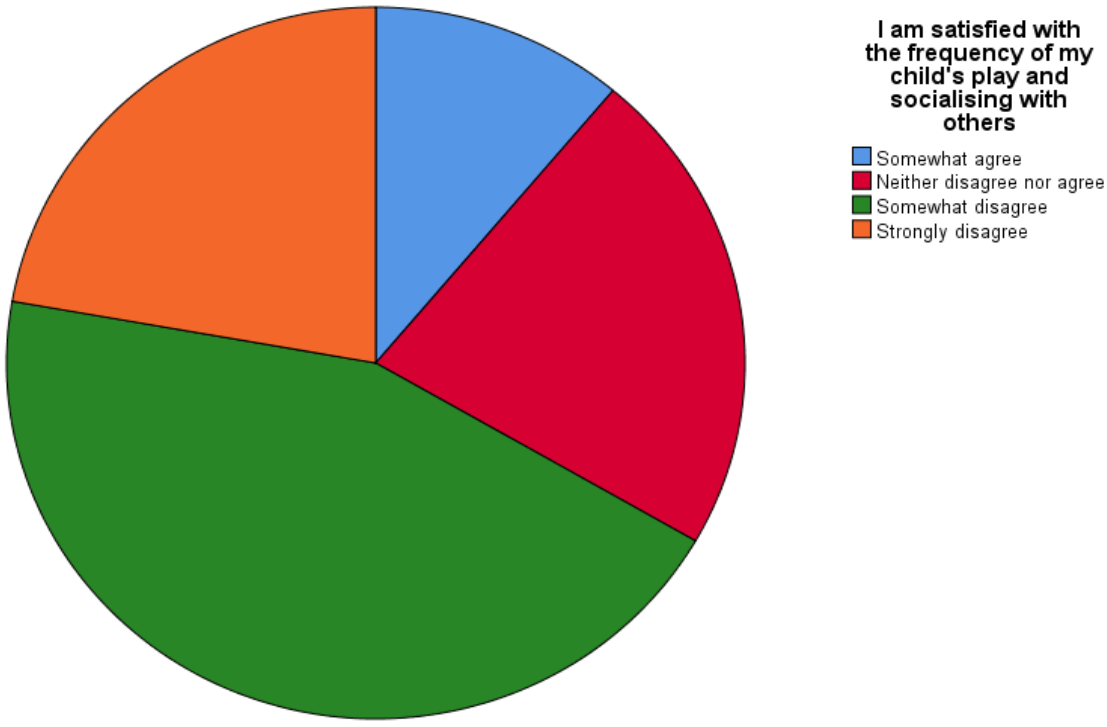
Parental opinion

The majority of parents had concerns regarding the long term impact of lockdown on **both** their child's social skills and their child's friendships.





Parents were generally dissatisfied with their children's play and socialising and they felt that their children were more dissatisfied than them.



Parental self-efficacy

Parents were asked to rate their confidence in performing the tasks below and these scores were used as a measure of self-efficacy. Higher scores indicated higher confidence.

I can...

think of activities for my child to do with other children

think of ways for my child to play and socialise with other children even if this is not face to face

contact other parents and arrange for my child to play and socialise with other children

control the way that my child spends their time in order to make time for play and socialing

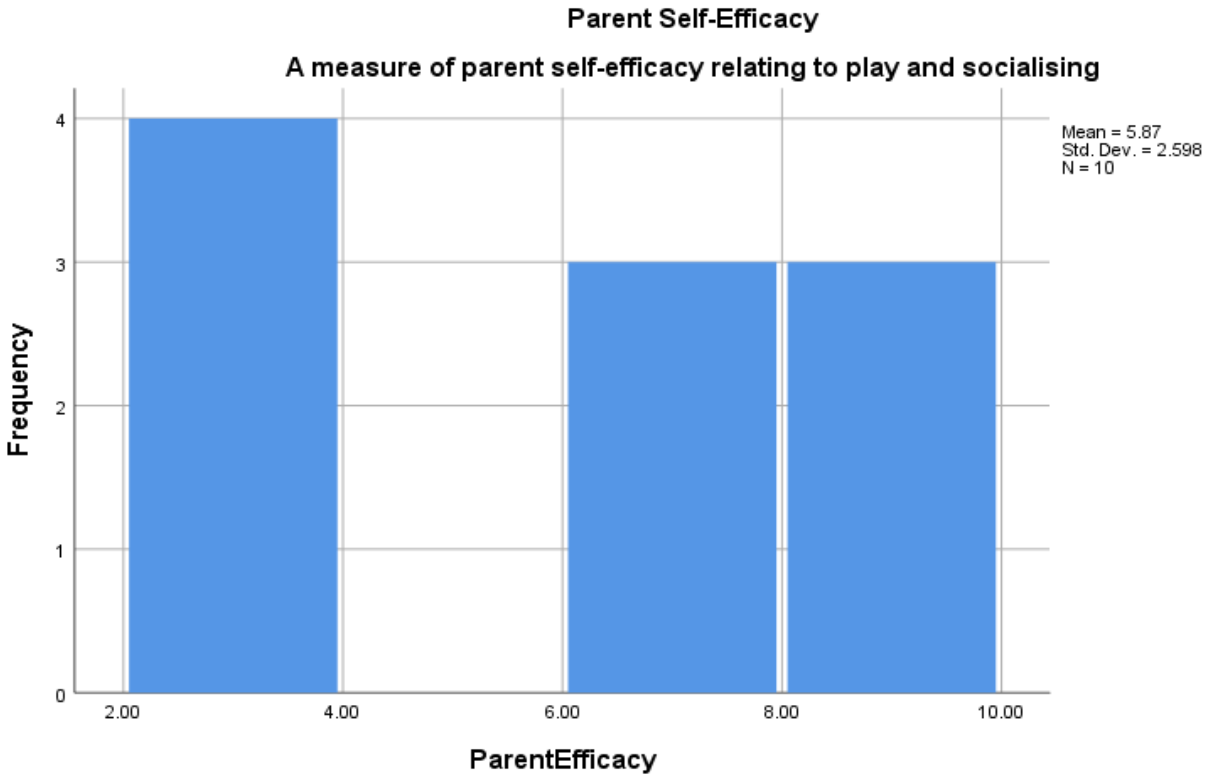
think of things that I can do with my child for play and socialising

teach my child to play and socialise nicely with his or her siblings

teach my child to play and socialise nicely with other children

encourage my child to play and socialise with other children

The below histogram shows the distribution of self-efficacy scores for parents from [XXXX]. The results indicate that there was a reasonable amount of variance amongst respondents: whilst a slight majority of parents felt a high sense of self-efficacy, a smaller group of respondents were finding parenting more difficult during lockdown. ***N.B.: One parent's data was excluded due to missed items.***



Classification:UNCLASSIFIED

Parental view of positive and negative changes in play and socialising owing to lockdown

Parents described several positive changes to their child's play and socialising:

Closer sibling relationships.

> *"Yes, sibling relationship is stronger and relationship with adult sibling is stronger."*

More independence.

> *"She is able to entertain herself for short periods of time and is less attention driven, especially around me, the main carer"*

> *"I have noticed he can play for longer on his own."*

Increased creativity in play.

> *"Has been creative, coming up with new ideas for lego etc. Using the garden and summerhouse more."*

Negative changes to children's play and socialising included:

Increased frustration and anger exhibited by the children.

> *"Can be spiteful and purposely aggravating, but I believe this is pure frustration & boredom."*

> *"She gets angry if she can't get hold of her friend using social media."*

Concerns about screen time.

> *"I worry she is having too much screen time."*

Q: What has been the impact of changes to your child's play and socialising during lockdown?

"His moods are very unpredictable. He is desperate to get back to school (which usually he is not keen on)."

Summary of children's survey

The 13 children who completed the survey at [XXXXX] were generally more positive than negative about their experiences at home. Children felt that they were having a similar number of positive social experiences and less negative social experiences. Wellbeing was generally good.

When describing changes to their activities, children spoke of increases in technology use but also increases in make believe play, play with toys, creative activities and board games.

Children's activities

When asked to compare their activities to pre-lockdown, children described increases in almost all activities. In particular, **screen-based activities** appeared to increase alongside **play with toys** and **make-believe play**. Playing outside (a common feature of the school day) and sports were perceived by children to have decreased the most.

	More	*No change*	*Less*
Use technology (e.g. iPad or computer)	*100.0%*	*0.0%*	*0.0%*
Play video games or online games (e.g. Super Mario or Roblox)	*91.7%*	*8.3%*	*0.0%*

Watch TV (e.g. Netflix or PawPatrol)	*83.3%*	*8.3%*	*8.3%*
Play with toys (e.g. Lego or LOLdolls)	*75.0%*	*25.0%*	*0.0%*
Play make believe or pretend games	*50.0%*	*41.7%*	*8.3%*
Play board games or card games (e.g. Dobble or Monopoly)	*41.7%*	*50.0%*	*8.3%*
Do creative activities (e.g. painting or colouring)	*41.7%*	*33.3%*	*25.0%*
Play fight	*41.7%*	*41.7%*	*16.7%*
Play outside games (e.g. tag or hop scotch)	*25.0%*	*0.0%*	*75.0%*
Sports (e.g. cycling, football)	*16.7%*	*8.3%*	*75.0%*

Activity partners and activities

Children spoke of both solitary, sibling and parents as play or activity partners. Neighbors were not mentioned. When playing alone, many children indicated that they would be playing with toys or using technology such as a video game or a watching TV. With their siblings, children spoke about play fighting alongside more structured activities such as sport or board games. With parents, children spoke about creative activities (perhaps adult-facilitated), board games and watching TV.

	Myself	Brothers or sisters	Parents	Friends	I don' t do this	Total
Sports	5	6	7	1	1	20
Video Games	10	3	1	4	1	19
Outside games	4	4	3	0	4	15
Use technology	11	3	3	2	0	19
Play Board Games	2	6	9	0	2	19
Make Believe	9	2	2	0	2	15

CreativeActivities	8	4	10	0	0	22
PlayWithToys	12	2	3	0	0	17
PlayFight	1	8	4	3	0	16
WatchTv	10	4	9	0	0	23
Other	1	0	1	0	5	7

Evaluation of positive friendship experiences

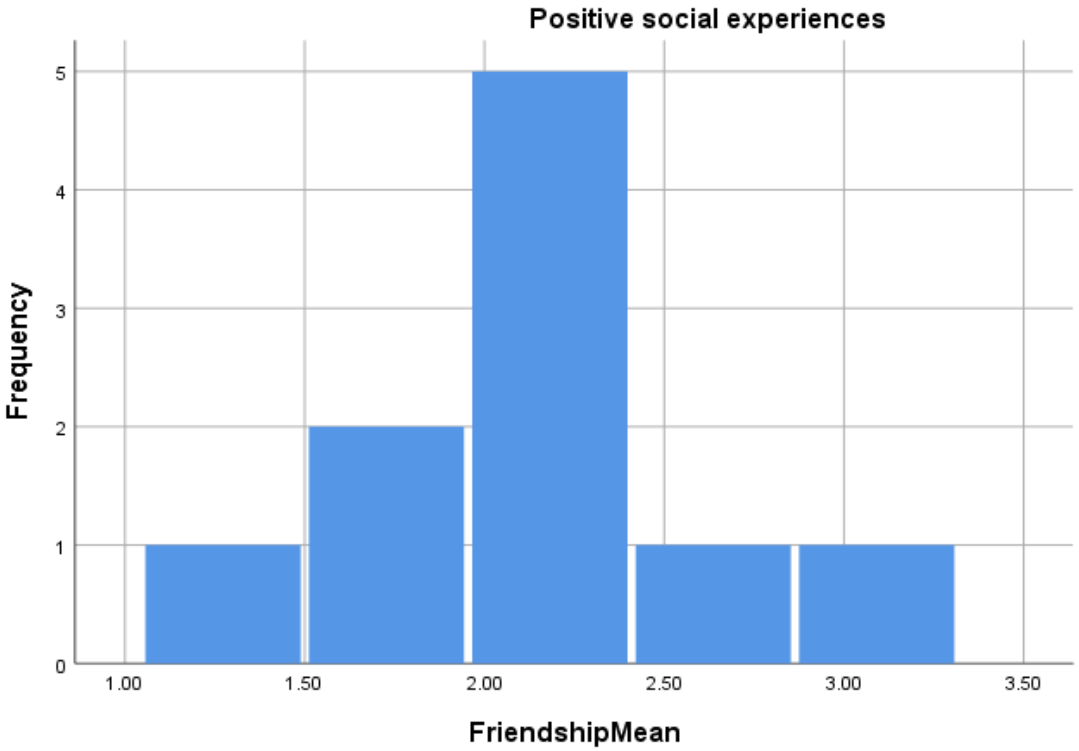
Children were asked to rate (more, less, no change) how often the following social experiences happened during lockdown in comparison to before. A mean score was computed per child to indicate either a positive (lower number=more nowadays) or negative (higher number=less nowadays) total score, some items which were negatively worded were reverse coded before the mean was computed.

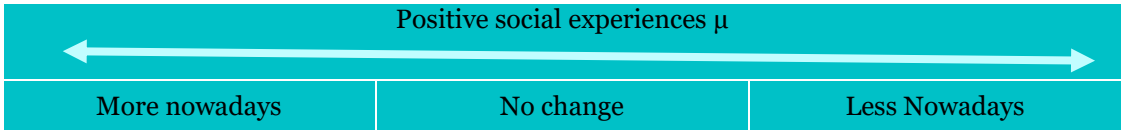
Example items included:

"My friends treat me well"

"My friends are nice to me"

"I can tell my friends about things which are bothering me"





Results were generally centred around 'no change' however there was variance around this.

Evaluation of negative social experiences

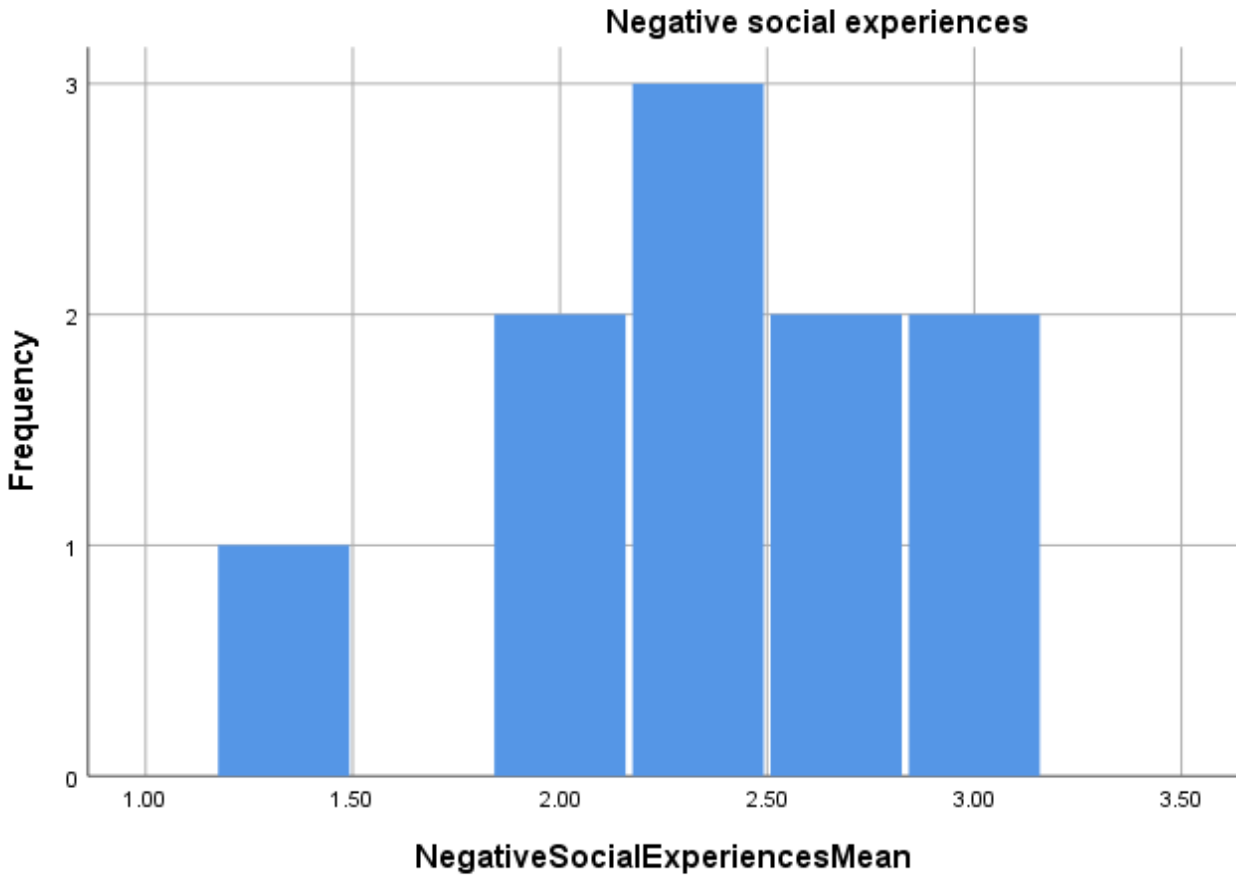
Children were asked to rate (more, less, no change) how often the following social experiences happened during lockdown in comparison to before:

"Children leave me out"

"Children bully me"

"Children ask me to do bad things"

Results indicated that the respondents felt that these events happened "**no change**" or "**less nowadays".** One respondent was experiencing more negative social encounters.



Negative social experiences μ		
More nowadays	No change	Less Nowadays

General measure of wellbeing

The children indicated their agreement with 11 items measuring general wellbeing.

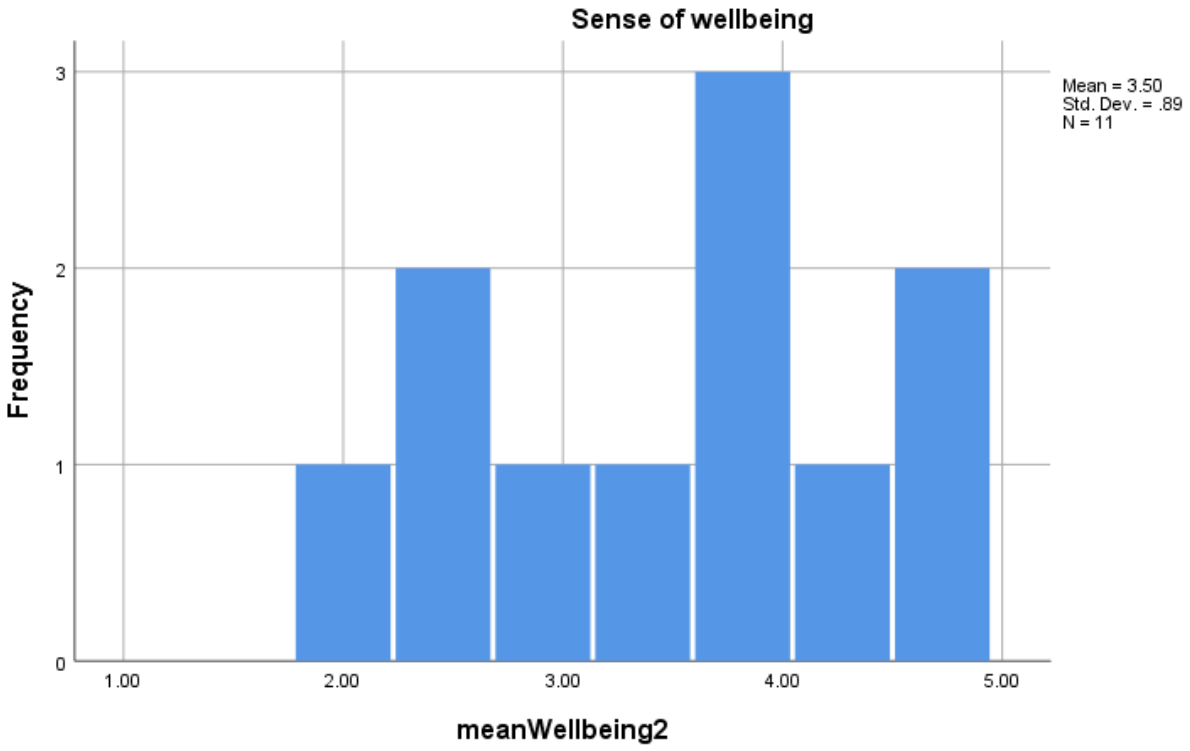
Items included:

"I have been feeling relaxed"

"I have been feeling cheerful about things"

"I have been getting on well with people"

Participants responded to items using a 5-point likert style scale (shown below). Their responses leaned more towards positivity however a few children felt more negatively in response to the wellbeing items during lockdown.



Strongly disagree | Disagree | Not sure | Agree | Strongly agree