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Delphi Study to Understand Options Available that will help to Identify, Address, or Mitigate the Impact of COVID-19 on Children Under Age 5

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Title: Delphi Study to Understand Options Available that will help to Identify, Address, or Mitigate the impact of COVID-19 on Children Under Age 5

Author(s): Dr Jacky Tyrie, Dr Cathryn Knight, Margarida Borras

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government.

For further information please contact:
Faye Gracey
Childcare, Play and Early Years Division
Welsh Government
Cathays Park
Cardiff
CF10 3NQ
Email: Talkchildcare@gov.wales

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1. Executive summary

Background

1.1 The importance of the earliest years of a child's life cannot be underestimated, with longitudinal evidence suggesting that early experiences can shape children's outcomes into adulthood (Melhuish, 2016; Sylva, 2010; Goodman & Sianesi, 2005). Life experiences in the early years have been found to impact a range of broad developmental areas including: educational outcomes (Sylva, 2010), cognitive development (Lloyd & Hertzman, 2010), social development (Sylva, 2010) and neurological development (Shonkoff, 2016; Bernier et al., 2016).

1.2 It has been estimated that around 85,000 children attended registered childcare and play settings (Care Inspectorate Wales), while approximately 70,000 attended education settings (Welsh Government 2020), producing a total of around 155,000 children aged 5 and under attended ECEC settings prior to the COVID-19 pandemic. Based on mid-year population estimates for 2020, the population of children under age 5 was 160,000[1], suggesting that around 77% of all 0-to-5-year-olds experienced some form of ECEC provision in the year before the COVID-19 pandemic. Given that roughly three-quarters of children under 5 in Wales attended ECEC settings, it is likely that COVID has had a large impact on this demographic's access and experience of ECEC. Childcare and play settings were asked to restrict provision to only vulnerable children and the children of critical workers between 23 March and 21 June 2020, and were not operating as normal, while maintained school provision restricted access to school sites for approximately three months in summer 2020, then again for 2 months from January 2021 for children in the Foundation Phase.

[1] National level population estimates by year, age and UK country (StatsWales)

1.3 Research into the experiences of ECEC staff in 2020 in the UK (Ofsted, 2020; Hunnikin et al, 2020) and emerging data from research undertaken in Wales in December 2020 (Tyrie et al., 2021), evidence the impact of the pandemic on ECEC settings. As a result of the pandemic children's lives have been unquestionably changed and disrupted (Estyn 2021, Dodd, Westbrook, and Lawrence, 2020; Bryant, Oo and Damian, 2020; Children's Commissioner for Wales, 2021; Ghosh et al., 2020). While it is clear that the COVID-19 pandemic has altered children's experiences, limited evidence currently exists that examines the extent of this impact on children's lives (see Ofsted, 2020 and Estyn 2021), the demographics of children most negatively impacted and the interventions that could be put in place to mitigate any adverse impacts.

1.4 Welsh Government have commissioned this research to examine identify, address, or mitigate the Impact of COVID-19 on Under 5's. The research which was undertaken between May and October 2021 had the following key objectives:

1. **Impact:** Gain consensus about the impact of COVID-19 on children under 5
2. **Differences**: Identify differences in impact between socio-demographic groups
3. **Support**: Identify strategies and support that may address the adverse impacts of COVID-19 on children under 5
4. **Opportunities**: Identify opportunities to capitalise on sustaining and/or extending positive impacts, if any.

Method

1.5 To undertake this research a Delphi study was utilised. Delphi methodology is a consensus method in which participants respond to rounds of surveys. It solicits opinions from groups in an iterative process of answering questions. After each round the responses are summarised and redistributed for discussion in the next round. Through a process of convergence involving the identification of common trends and inspection of outliers, a consensus is

reached. In this case, the aim was to use the Delphi method to establish consensus across a group of experts in the field of early childhood across 3 rounds surveys.

1.6 Participants were identified by the research team and a research advisory group as being experts in early childhood education and development (e.g. by suggestion from Welsh Government officials, or via their publications around this topic). Participants came from three distinct areas of expertise: academics (both national and international), experts from national and regional organisations (Wales), and expert practitioners (Wales). 75 expert participants completed survey 1, 52 completed survey 2 and 39 completed survey 3.

1.7 Concurrently with the launch of round 3 of the Delphi study, a survey was also sent to practitioners working in ECEC settings to get their views on the 'support' and 'opportunities' research aims. 378 practitioners completed this additional survey.

1.8 Each survey was split into 2 parts. Part 1 asked a series of quantitative Likert scale questions focusing on experts' views on the impact (positive and negative) of COVID-19 on children under-five, this is segregated by socio-demographic group and age and by domains of development. Part 2 of the survey addressed the experts' suggestions of methods that could be used to addressing the adverse impact of COVID-19 on children under 5.

The data presented in this report provides the opinions of experts.

Results

Part 1: Experts' views on the impact of COVID-19 on children under-five

1.9 After 2 rounds of Delphi surveys experts reached consensus that the following demographic groups would be most negatively impacted by the COVID-19 pandemic:

Table 1 : Demographic groups of children most impacted by COVID-19

Demographic group	Domain of Development Impacted
Children who have suffered bereavement due to COVID-19	Social and emotional development Cognitive development Speech and language development
Children with an additional learning need / special educational need / learning disability / difficulty	Speech and language development Cognitive development Social and emotional development Physical development and health
Children from families that have low income or living in poverty	Speech and language development Social and emotional development Cognitive development Physical development
Children whose parents have contracted long COVID-19	Social and emotional development Physical development and health

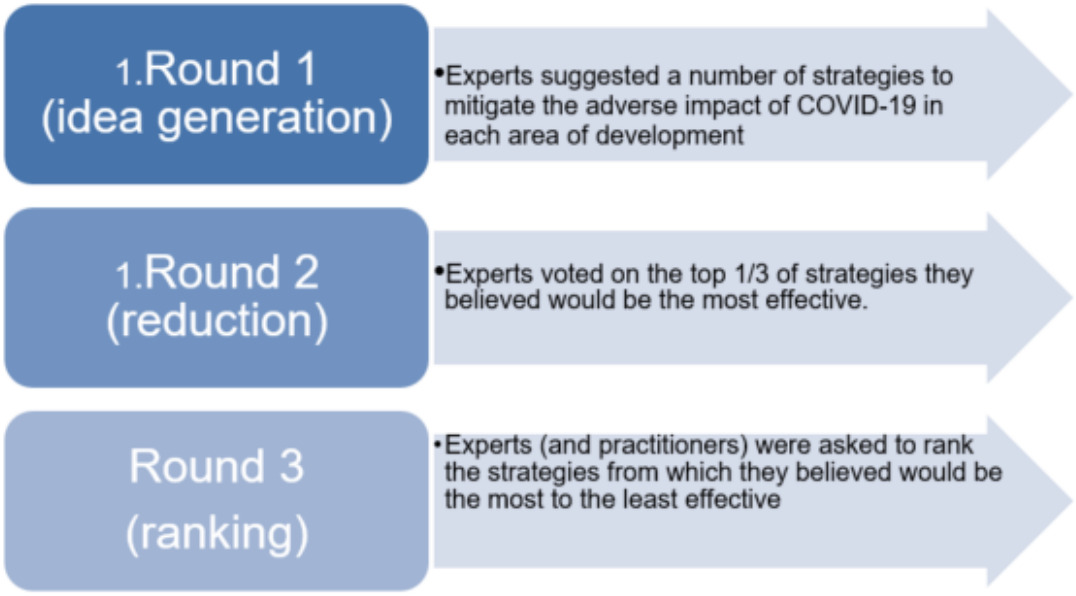
1.10 Overall, expert participants believed that the social and emotional development of children under 5 would be most negatively impacted by COVID-19. This was followed by speech and language development, physical development, and health and, finally, cognitive development. In addition, experts believed that 4-5 years olds would be the most negatively impacted by COVID-19 with the negative impacting decreasing as the child's age decreased.

1.11 Very few participants believed that there was a positive impact of the COVID-19 pandemic on any sociodemographic group, age group or area of development.

Part 2: strategies to mitigate the adverse impact of COVID-19

1.11.1 In round 1 experts suggested a number of strategies to mitigate the adverse impact of COVID-19, in round 2 they voted on the top 1/3 of strategies they believed would be the most effective. Then in round 3, participants were asked to vote on the strategies they believed would be the most effective, see figure 1 for further explanation.

Figure 1: Rounds determining the strategies to mitigate the adverse impact of COVID-19



Practitioner Survey

1.12 Practitioners were also asked to rank the top 1/3 of strategies suggested by experts in round 2 of the Delphi Study. The following strategies were ranked the highest for each area of development by the practitioners:

1.13 The following shows the strategies that were ranked the highest for each area of development by the expert participants and practitioners:

Table 2: Highest ranked strategies to mitigate adverse impact on cognitive development

Strategy targeted at…	Expert Delphi participants' highest ranked strategy	Practitioners' highest ranked strategy
Practice and Pedagogy in ECEC	Ensure the environment is supportive of play (including social play, indoor and outdoor play)	Less focus on formal learning (or catch up) and more on independent play and exploration (for example loose parts, play, fantasy, talking and listening and creative activities such as drawing)
Family and community	Support a positive home environment	Support a positive home environment
Strategic: Finance and resourcing	Increase Early Childhood Education and Care opportunities for all children; support universal access rather than targeted (e.g., all rising two's and three-year-olds to access funding)	Increase Early Childhood Education and Care opportunities for all children; support universal access rather than targeted (e.g., all rising two's and three-year-olds to access funding)

Table 3: Highest ranked strategies to mitigate adverse impact on social and emotional development

Strategy targeted at…	Expert Delphi participants' highest ranked strategy	Practitioners' highest ranked strategy
Practice and Pedagogy in ECEC	Avoid a 'catch up' agenda or putting pressure on children	Create a sense of belonging for children
Family and community	Neighbourhood based play and family support interventions	Supporting families financially and emotionally with high quality parenting support
Strategic: Finance and resourcing	Good Quality Early Childhood Education and Care	More funding for all children to access high quality Early Childhood Education and Care

Table 4: Highest ranked strategies to mitigate adverse impact on speech and language development

Strategy targeted at…	Expert Delphi participants' highest ranked strategy	Practitioners' highest ranked strategy
Practice and Pedagogy in ECEC	A calm supportive environment, giving time for children to speak – not rushing them.	A calm supportive environment, giving time for children to speak – not rushing them
Family and community	Support parents to enable children's speech and language learning at home e.g., eye contact; close interaction; stories and rhymes	Support parents to enable children's speech and language learning at home e.g., eye contact; close interaction; stories and rhymes
Strategic: Finance and resourcing	Further funding and universal access to high quality Early Childhood Education and Care throughout the year	Ensure speech and language therapy available at an early intervention stage (for both English and/or Welsh)

Table 5: Highest ranked strategies to mitigate adverse impact on physical development

Strategy targeted at…	Expert Delphi participants' highest ranked strategy	Practitioners' highest ranked strategy
Practice and Pedagogy in ECEC	Encourage and support unstructured high-quality play opportunities and time for exploring	Develop confidence and risk taking in children
Parents and families	Free events and activities at local venues / spaces to allow children to experience new environments and develop physical skills	Free events and activities at local venues / spaces to allow children to experience new environments and develop physical skills
Society and the outdoors	Encourage adults and children to play in the outdoors and natural environments	Encourage adults and children to play in the outdoors and natural environments
Strategic: Finance and resourcing	Universal access to high quality early child education with play-based learning in an out-doors/nature-based environment	Universal access to high quality early child education with play-based learning in an out-doors/nature-based environment

Conclusions

1.14 This study has shown experts' perceptions on the socio-demographic groups most negatively impacted by COVID-19. Furthermore, it has provided both experts' and practitioners perspectives on the most effective strategies to mitigate the adverse impact of COVD-19.

2. Introduction to the Research

2.1 The aim of this study was to gain a consensus on ideas to identify, address or mitigate any adverse impacts of COVID-19 on pre-school aged children's health, well-being, and development. This was done using the following key objectives:

- Impact: Gain consensus about the impact of COVID-19 on children under 5
- Differences: Identify differences in impact between socio-demographic groups
- Mitigations: Identify strategies and support that may address the adverse impacts of COVID-19 on children under 5
- Opportunities: Identify opportunities to capitalise on sustaining and/or extending positive impacts, if any.

Delphi Methodology

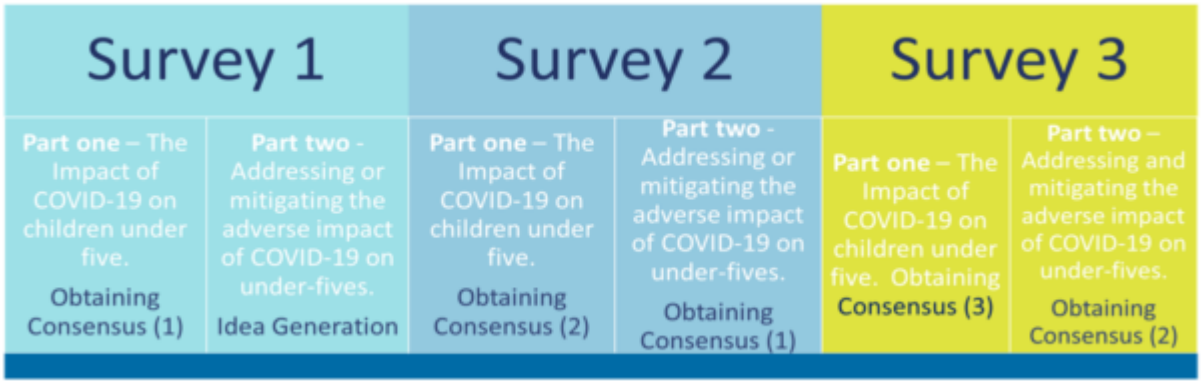
2.2 Delphi methodology is a consensus method in which participants respond to rounds of surveys. In this case, the aim was to use the Delphi method to establish consensus across a group of experts in the field of early childhood. After each round, participants are able to reassess their answers based on the anonymous aggregate results of the previous round and respond again to the items which did not reach consensus.

2.3 This report presents the findings from Round 1, 2 and 3 of this Delphi Study. Data were collected using an online survey, the Qualtrics survey platform was used as host. This is a secure online survey platform subscribed to by Swansea University.

Research Design

2.4 Figure 2 shows how the survey in each round has been broken down into two parts. In each survey there are two parts - Part 1 looked at the impact of COVID-19 on different demographic groups, while Part 2 looked at how any negative impact of COVID-19 on under 5s could be mitigated.

Figure 2: Delphi survey content



Participants

2.5 Of key importance to a successful Delphi study is the involvement of stakeholders and gatekeepers in all phases of the process. The study used a number of sampling methods including opportunity sampling (Cohen et al., 2018) focusing on those experts already known to the research team and client, followed by snowball sampling (Bryman, 2016) to capture the wider academic network of experts, supported by purposive sampling where experts will be actively sought via research outputs and professional websites.

2.6 While there is no set sample size for a Delphi study, it has been suggested that a minimum number of participants would range from 10 to 18 per area of expertise (Okoli & Pawlowski, 2004). The aim of this study was to recruit between 30 and 54 experts. The expert participants would come from three distinct areas of expertise: academics (both national and international), experts from national and regional organisations (Wales), and expert practitioners (Wales).

Delphi Demographics

2.7 Table 6 presents the breakdown of participant numbers. The total participants invited was 237 and 101 agreed to take part in the study, which represents 43% of the total participants invited. Round 1 of the survey was undertaken by 75 participants, which represents 74% of the participants that accepted to contribute to the study. Round 2 of the survey was undertaken by 53 participants, which represents 48% of the participants that signed the consent form. Finally, round 3

was undertaken by 39 participants which represents 38.6% of the participants that accepted to take part in the study.

Table 6 Participants recruited in round 1, 2 and 3

Participants	Academics	Organisations	Practitioners	Total
Accessible population (Participants invited)	150	67	20	237
Sample (Participants signed Consent form)	61	32	8	101
Accessible population response rate (sample)	41%	48%	40%	43%
Completed Survey 1	43	27	5	75
Round 1: Response rate of accessible population	29%	40%	25%	32%
Round 1: Response rate of sample	70%	84%	63%	74%
Completed Survey 2	29	21	3	53
Round 2: Response rate of accessible population	19%	31%	15%	22%
Round 2: Response rate of sample	48%	66%	38%	52%
Dropouts between round 1 and 2	14	6	2	22
Attrition rate between round 1 and round 2	33%	22%	40%	29%
Completed Survey 3	20	17	2	39
Round 3: Response rate of accessible population	13%	25%	10%	16%
Round 3: Response rate of sample	33%	53%	25%	39%
Dropouts between round 2 and 3	9	4	1	14
Attrition rate between round 2 and round 3	31%	19%	33%	26%

2.8 In Round 1, 75 experts responded to the survey. Of these 29% (43) were academics, 40% (27) were organisations and 25% (5) were practitioners (see figure 3). In Round 2, 53 experts responded to the survey. Of these 19% (29) were academics, 31% (21) were organisations and 15% (3) were practitioners (see figure 4). In Round 3, 39 experts responded to the survey. Of these 13% (20) were

academics, 25% (17) were organisations and 10% (2) were practitioners (see figure 5)

Figure 3 : Experts' Roles Round 1

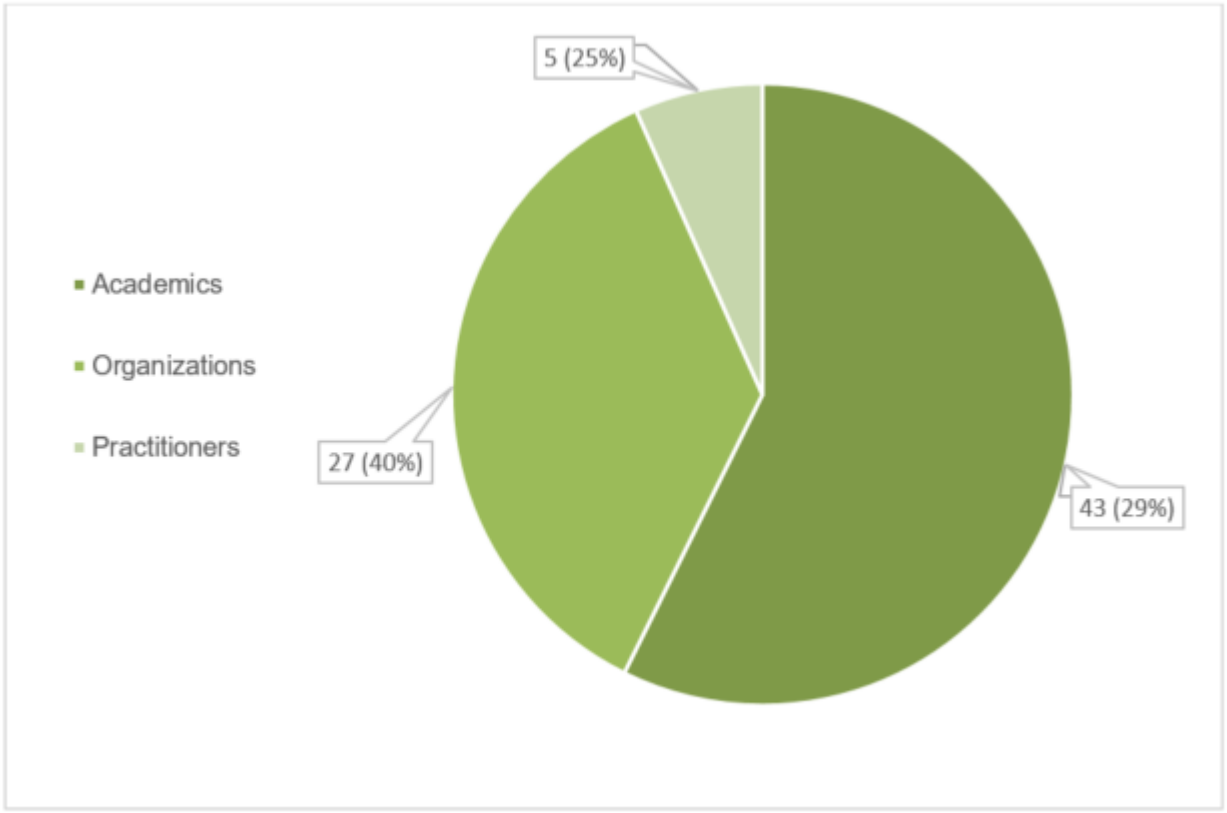


Figure 4 : Experts' Roles Round 2

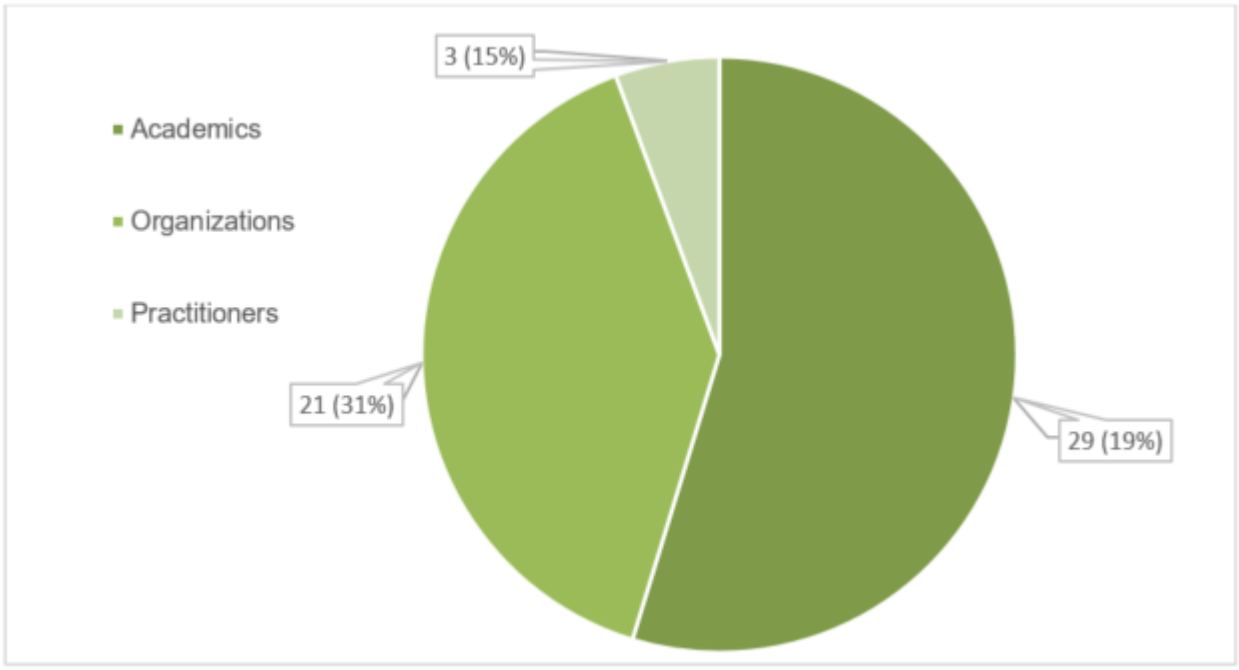
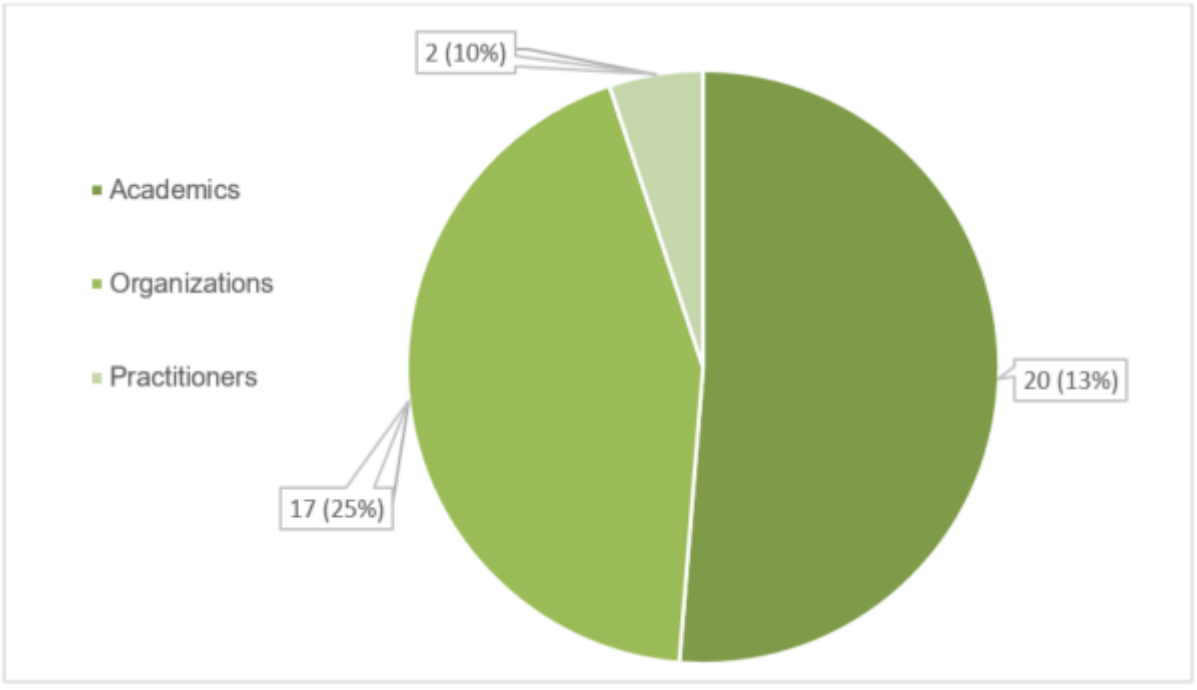


Figure 5 : Experts' Roles Round 3



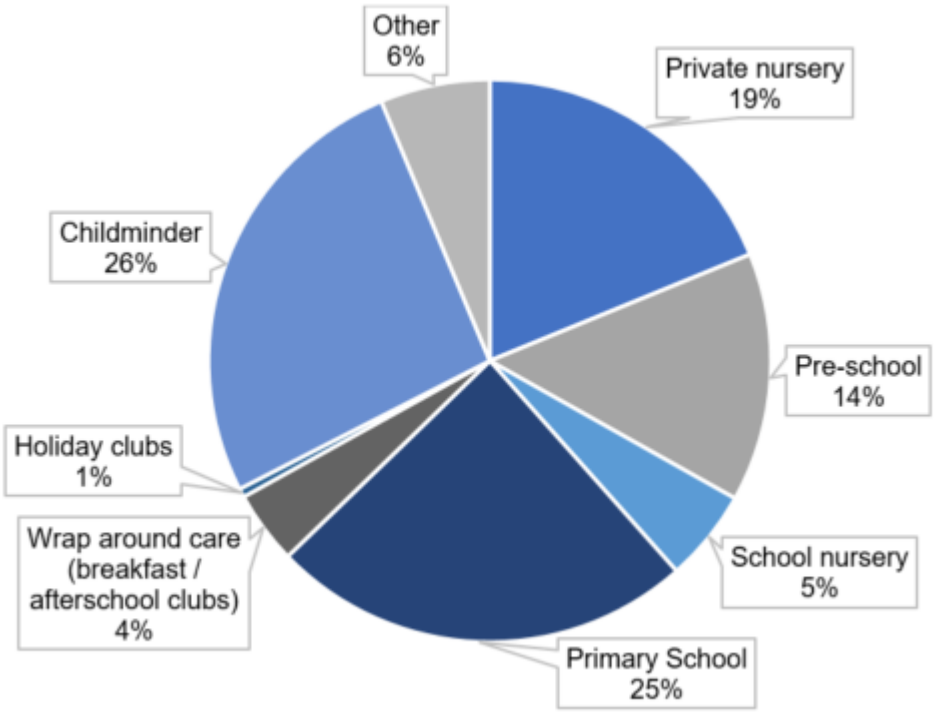
Practitioner Survey

2.9 The strategies that were presented to the Delphi participants in round 3 were also sent to practitioners working in ECEC settings. The survey was sent to primary schools in Wales for the attention of their Foundation Phase leads. Settings who consented to share contacts on the Care Inspectorate Wales register of childminders and day care settings were also contacted.

Practitioner Demographics

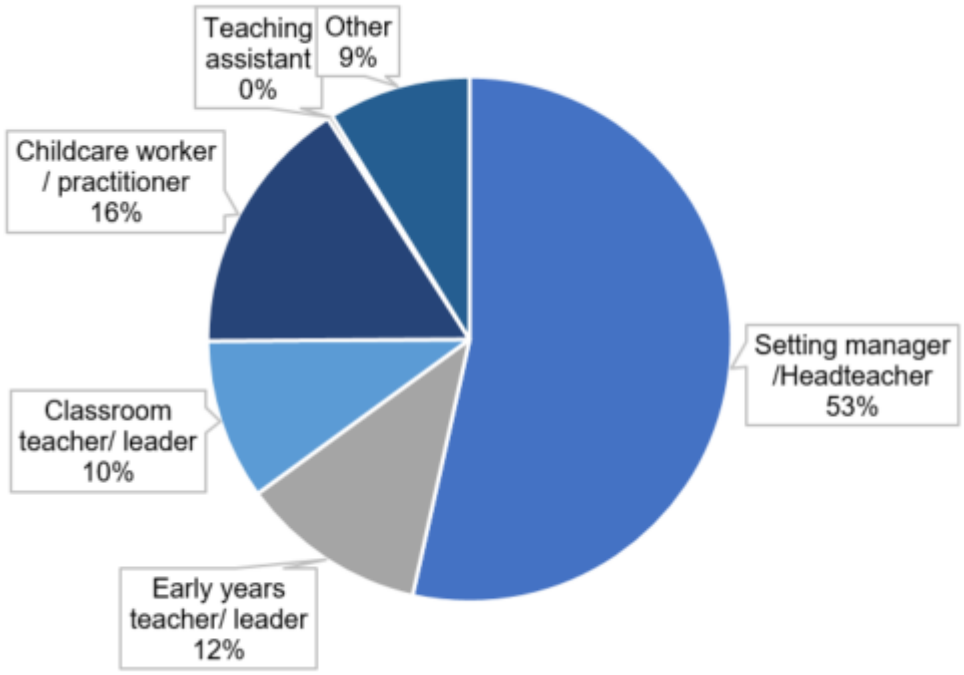
2.10 378 practitioners responded to the survey. Of these, 71 (18.8%) worked in a private nursery, 54 (14.3%) in a pre-school, 20 (5.3%) in school nurseries, 92 (24.3%) in a primary school and 99 (26.2%) as a childminder. The remaining 11.1% worked in various other settings such as wrap around settings and holiday clubs.

Figure 6 : Practitioner Setting



2.11 200 respondents (53.5%) were setting managers or headteachers, 43 (11.5%) were early years teachers/ leaders and 60 (16%) were childcare workers/ practitioners and 37 (9.9%) were classroom teachers/ leaders.

Figure 7 : Practitioner Role



3. Part One: The Impact of COVID-19 on children under five

Method

3.1 This section on the report will examine the evidence from experts around the impact of COVID-19 on children's development. During round 1 and 2 of the Delphi study the first section of the survey (part 1) consisted of a series of quantitative Likert scale questions focusing on experts' views on the impact (positive and negative) of COVID-19 on children under-five, this is segregated by socio-demographic group and age and by domains of development. These are: cognitive development; social and emotional development; speech and language development; and physical development. The Socio-demographic groups included a range of circumstances which children might have experienced during the COVID-19 pandemic (see table 7).

3.2 Each participant indicated their perceptions of the impact of COVID-19 on children under 5 using a 5-point Likert scale (Strong negative impact – negative impact – no impact – positive impact – strong positive impact).

Table 7: Socio-demographic groups

Children whose parents have been/are:	Children who have/ are:	Children from families that have:
critical workers. working from home. unemployed, economically inactive, or furloughed. suffering with long term COVID-19. single parents.	no siblings. an additional learning need or disability. an Ethnic minority. looked after or adopted. refugee and asylum seeker. in child carer families.	low income or living in poverty. non-Welsh speaking homes who usually attend Welsh medium settings. suffered bereavement due to COVID.

Consensus

3.3 An integral part of Delphi rounds is consensus. For this study, the concept of consensus is defined as a condition of homogeneity or consistency of opinion among the participants. In order to identify the items that achieve consensus, the following criteria was applied, at least 80% of participants rate the statements as 'strong negative impact / negative impact, 'no impact' or 'strong positive impact/ positive impact' (Falzarano, & Zipp, 2013).

3.3.1 The data presented in this report is the opinion of experts.

Findings

3.4 In Round 1 of the Delphi Study, participants were required to express what they believed to be the impact of COVID-19 on a range of socio-demographic groups. Of the 64 questions asked, 20 did not achieve consensus of views (see appendix 2 for full list of these).

3.5 Out of those 20 questions that did not achieve consensus in round one, 9 questions also did not reach consensus during round two. Appendix 2 shows how this has altered since the first round.

3.6 Those items which did not achieve consensus after two rounds are listed in table 8 below. It is worth noting that there was no consensus around children whose "parents have been/are critical workers" and "children whose parents were/are furloughed" across three (out of four) of the domains (i.e. participants could not agree on the impact on these groups of children).

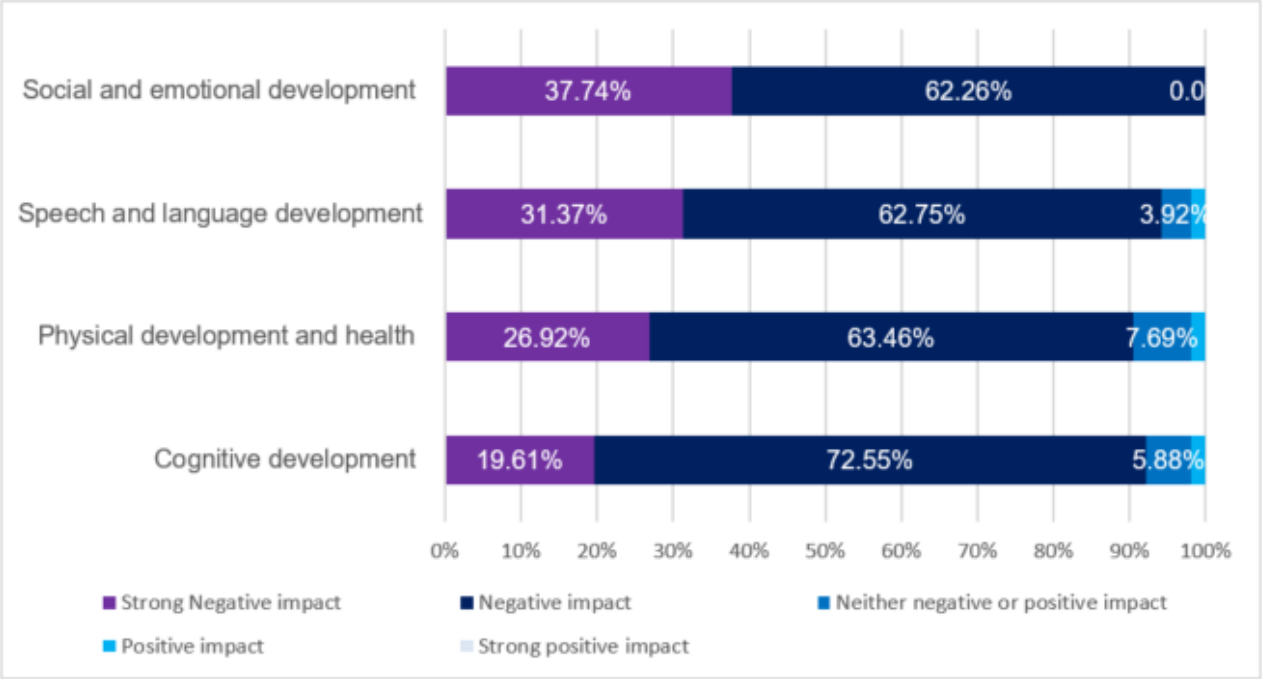
Table 8: Items that did not achieve consensus

Children whose parents have been/are critical workers	Cognitive development
	Speech and language development
	Physical development and health
Children whose parents have been/are working from home due to the pandemic whose children are also at home	Cognitive development
	Speech and language development
Children whose parents were/are furloughed	Social and emotional development
	Speech and language development
	Physical development and health
Children from non-Welsh speaking homes who usually attend Welsh medium settings	Physical development and health

Overall impact of COVID-19

3.7 We asked "*overall, how do you think COVID-19 has impacted the development of children under 5".* Figure 8 shows the results. All items received consensus (>80% agreement on impact). While consensus (over 80%) was reached across the domains of development it is interesting to note that 100% of participants said that there is a negative impact on social and emotional development.

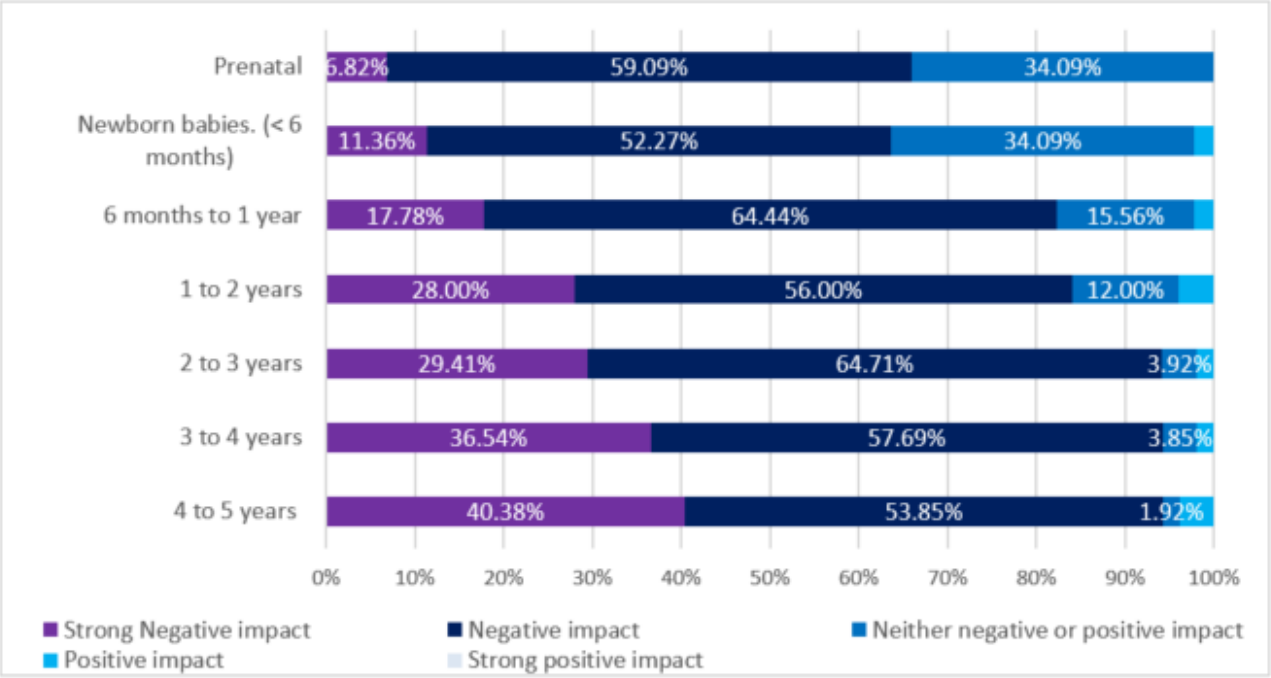
Figure 8: Overall impact



Impact of COVID-19 on different age groups

3.8 We asked participants "how do you think the different age groups have been affected by COVID-19?" Figure 9 shows consensus of experts after two rounds. In round two, 6 months to 1 year group reached consensus (which was not previous achieved in round one). No consensus was reached for prenatal and new-born babies with only 63 and 65% of the experts stating a negative outcome for this age range. It is of note that for pre-natal and new-born babies around 35% of participants felt there was no impact.

Figure 9: Impact on age groups



Findings by Domain of development

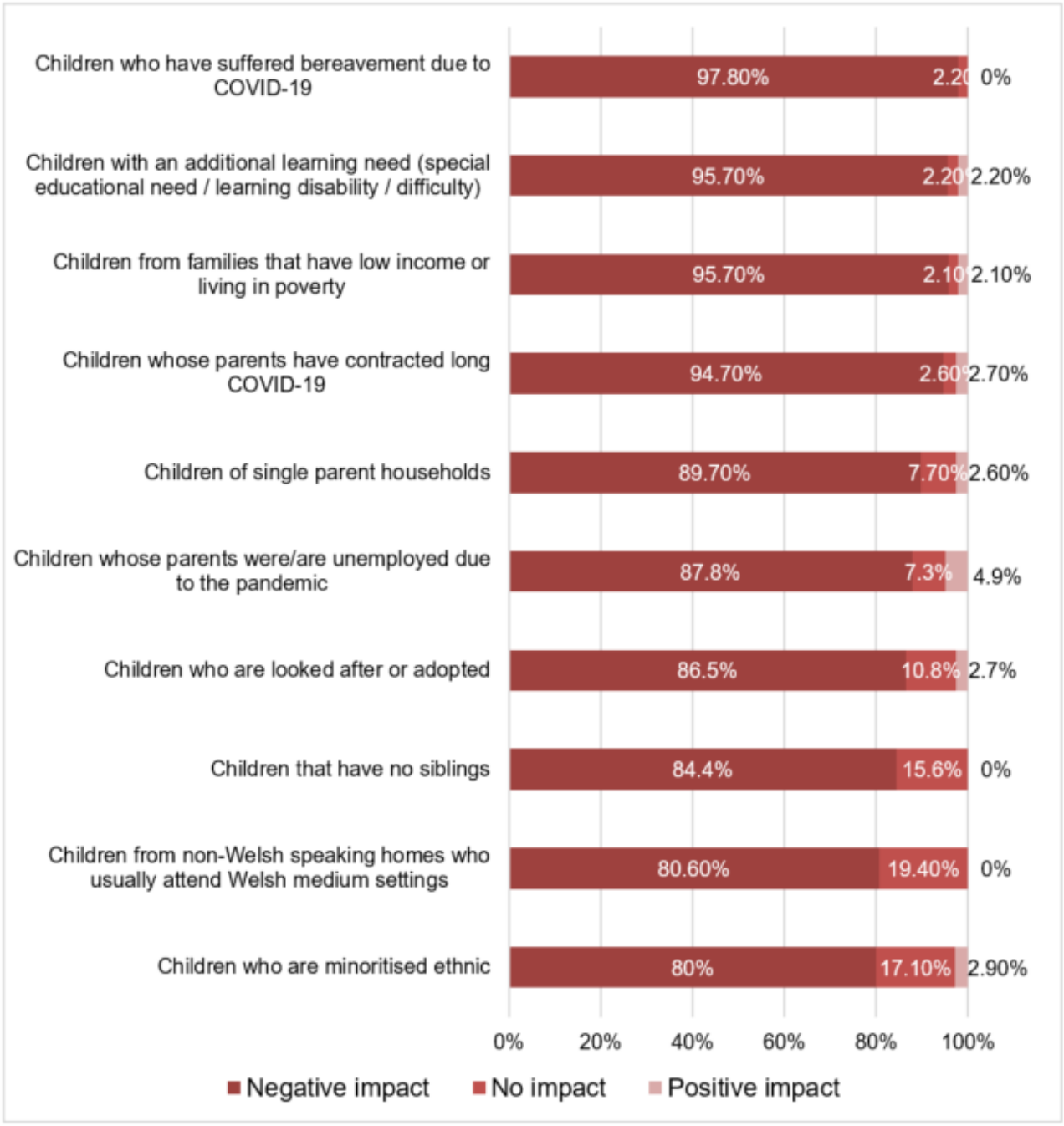
3.9 Those questions which achieved consensus across the two rounds are presented below under each of the domains of development.

Cognitive Development

3.10 *This refers to the child's ability to learn and solve problems. It includes all mental activity e.g., attending, remembering, symbolising, categorising, planning, reasoning, problem solving, creating, and fantasising.*

3.11 *Figure 10 shows the items that achieved consensus in Round 1 and 2 on the impact of COVID-19 on cognitive development (>80% agreement on impact). Experts had the highest levels of consensus for the negative impact of COVID-19 on children's cognitive development when children had suffered a bereavement, were living in poverty or had an additional learning need (ALN).*

Figure 10: Impact on Cognitive Development



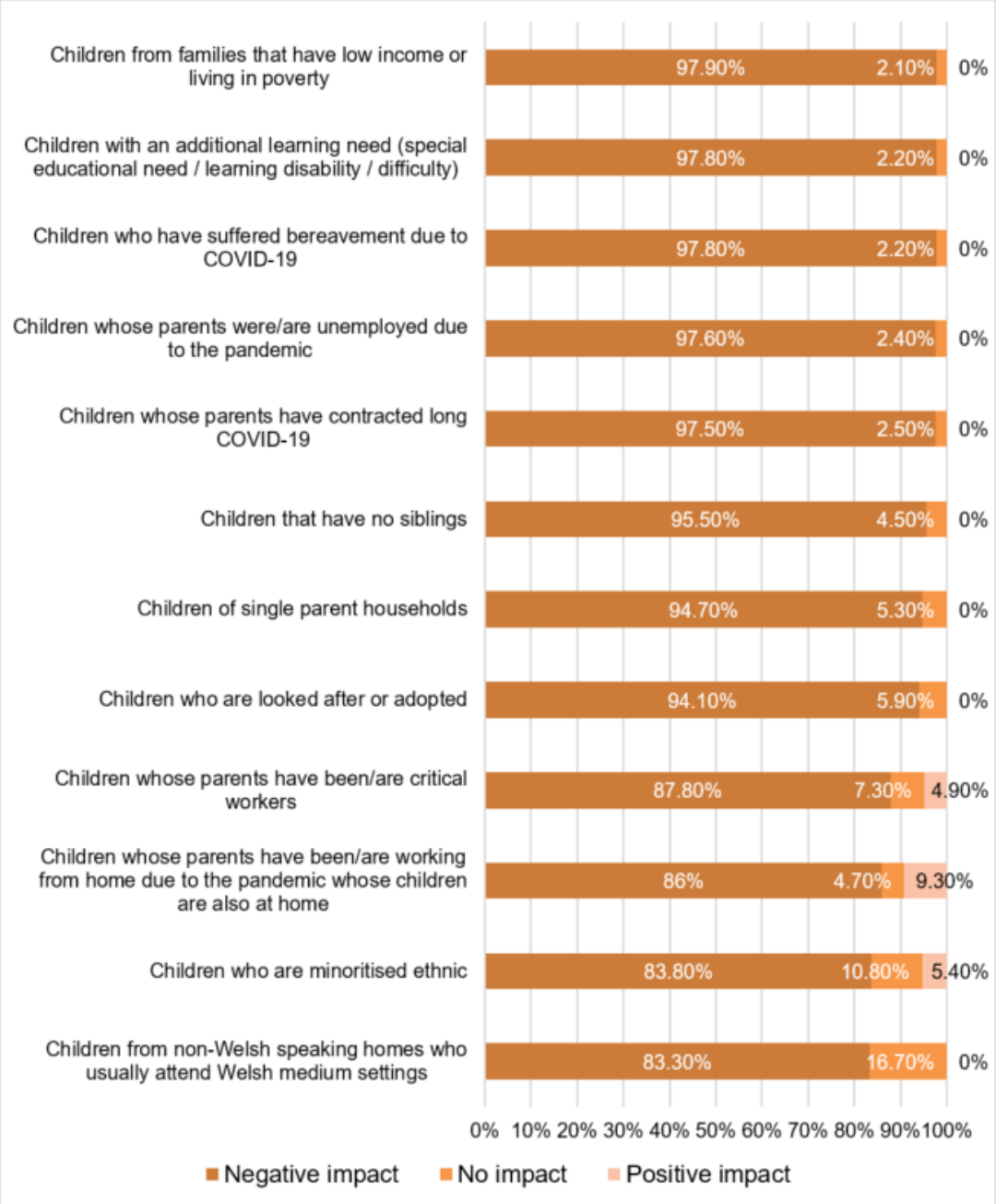
Social and Emotional Development

3.12 *This is the child's ability to interact with others, including helping themselves and self-control. e.g., emotional expression, emotional regulation, attachment, temperament, play, peer interaction and friendship.*

3.13 Experts believed that the largest negative impact on social and emotional development would be for those with an ALN, those who had suffered bereavement, those whose parents were unemployed or had contracted long COVID-19.

3.14 Figure 11 shows the items that achieved consensus in Round 1 and 2 on the impact of COVID-19 on social and emotional development (>80% agreement on impact).

Figure 11: Impact on social and emotional development

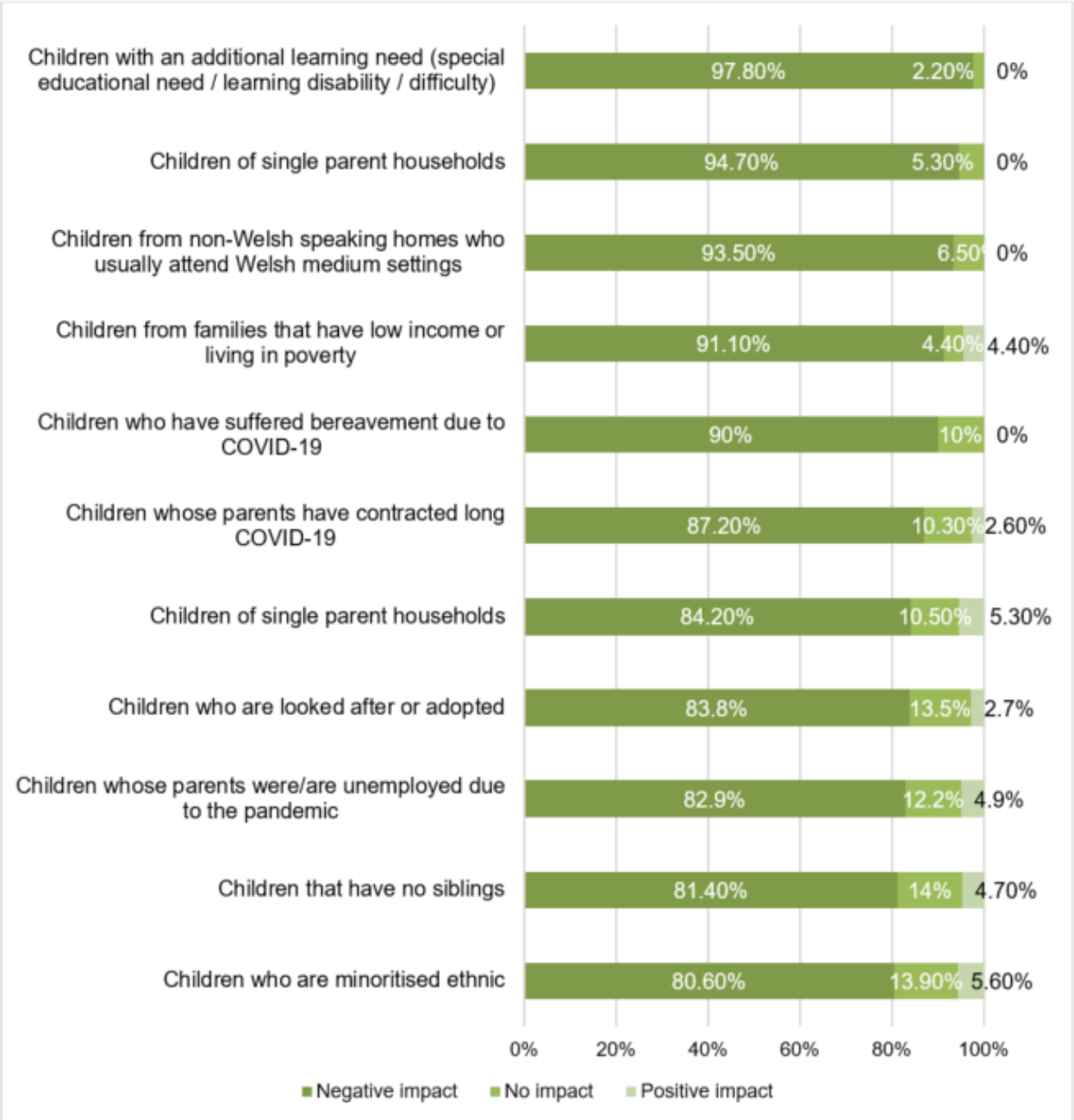


Speech and Language Development

3.15 *This is the child's ability to both understand and use language e.g., preverbal communication, phonological development, semantic development, development of syntax/ grammar, development of pragmatics. Physical development and health - The child's physical growth and development e.g., fine motor skills, gross motor skills, brain development, brain development and health.*

3.16 Figure 12 shows the items that achieved consensus in Round 1 and 2 on the impact of COVID-19 on speech and language development (>80% agreement on impact). According to the experts, the largest negative impact on speech and language would be for children of single parent households, children from non-Welsh speaking homes who attend Welsh school and children from families that have a low income or are living in poverty.

Figure 12: Impact on speech and language development



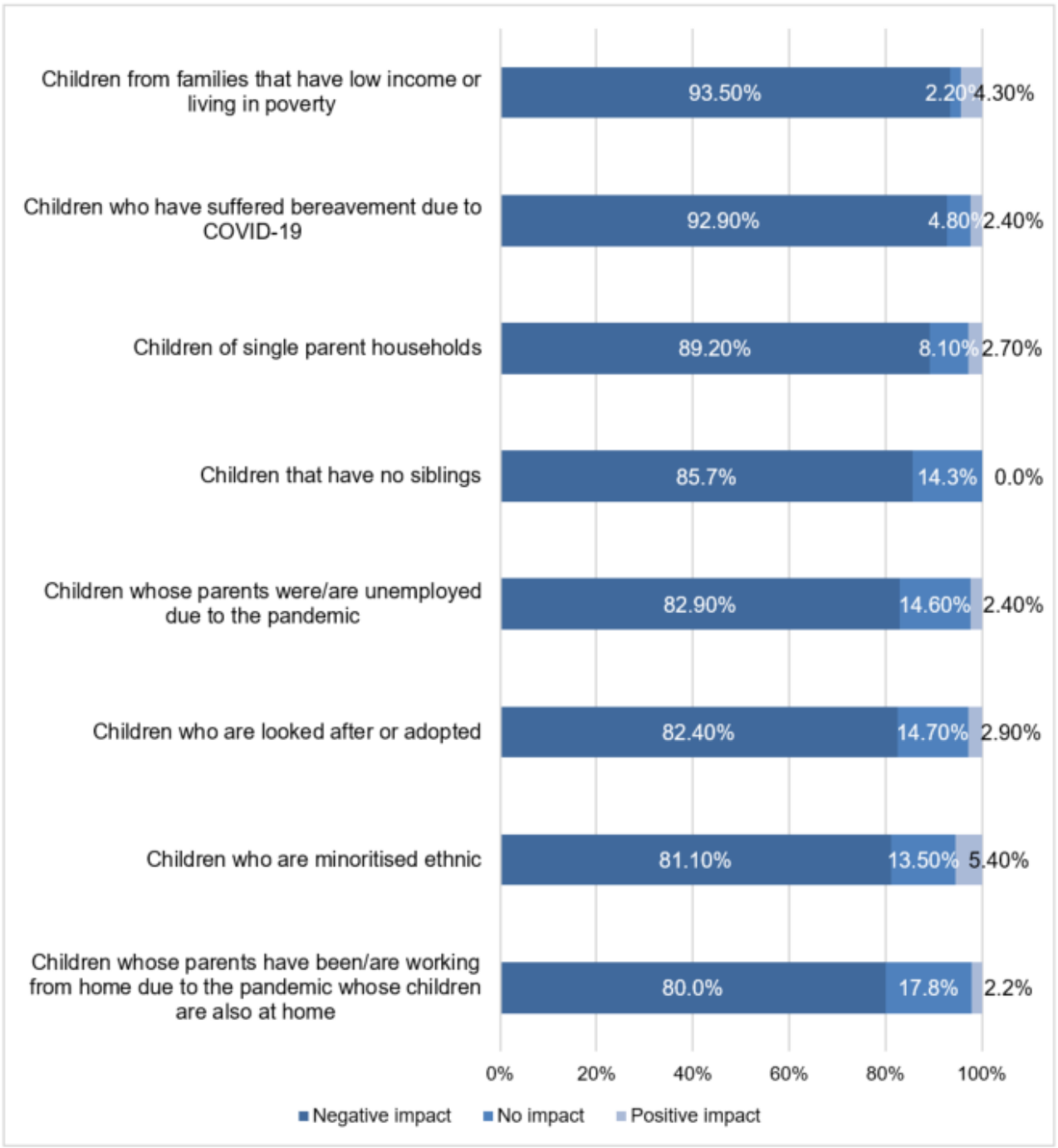
Physical Development and Health

3.17 *The child's physical growth and development e.g., fine motor skills, gross motor skills, brain development, brain development and health.*

3.18 Figure 13 shows the items that achieved consensus in Round 1 and 2 on the impact of COVID-19 on physical development (>80% agreement on impact). The experts

believed that the largest negative impact on physical development would be for children whose parents had contracted long COVID-19, children from families that have a low income or are living in poverty, and children that have suffered bereavement.

Figure 13: Impacts on physical development



Experts' views on the Impact of COVID-19 on children under five

3.19 In the third and final round of the Delph study participants were provided with the findings from round 2 which outlined where consensus was achieved for each socio-demographic group for different domains of development. Based on the data, participants were asked to provide qualitative comments about the findings.

3.20 The responses given by the experts reflect the complexity of understanding the impact of COVID-19 on Children Under Age 5. Within their comments one third of participants mentioned agreeing with the data. The participants provided some useful insights into the possible impacts of the pandemic and how to mitigate these:

- Some respondents pointed out the possibility of potential positive impacts on children that were not captured in the data.
- Several experts highlighted the importance of focusing on long term responses instead of short-term ones.
- There was a desire to focus on the lessons learned during this pandemic and to take into consideration the interdependence of factors discussed in the data.
- Respondents also noted that some groups were not included in the survey, such as: Black and Minority Ethnic, refugee and asylum-seeking families, whom, all might have been particularly impacted by the pandemic.

3.21 It is clear many participants from academic, organisations and expert practitioner roles felt that the results presented in appendix 3 are representative of their views, the quote below exemplifies this response.

"It is somewhat startling to see the high proportion of perception of negative and strong negative impact caused by the pandemic across all 4 areas of development. This is very much what I hear reported from preschool settings though, so it is evident that greater support is needed in all areas. Looking at the ages of children where greater negative and strong negative impact is reported could be seen as an indicator that those children have been denied access to quality childcare and other early years services."

3.22 A further example suggests the long-term insight that is needed and longer-term research to improve the outcomes for children during the COVID-19 pandemic:

> *"The results largely reflect what we would expect - children who are already at a disadvantage pre-pandemic (those from low-income homes, those who suffer bereavement, those with additional needs) are those perceived to have been worse affected by the pandemic across the range of development. This is unsurprising as the pandemic resulted in the reduction of supportive services for these families. Children whose parents were critical workers, worked from home, were furloughed had a much more variable time - so some of these children will have been badly impacted, but for others, they benefited from more focused time with caregivers (hence the lack of consensus) - it's really important to understand the specific experiences of individual families to arrange appropriate support where it is most needed."*

3.23 Overall, we can see that experts suggest that developing strategies to mitigate the negative impact of COVID-19 in children under 5 years old is highly needed. Please see the appendix 3 in this report to see the full responses to the graphs.

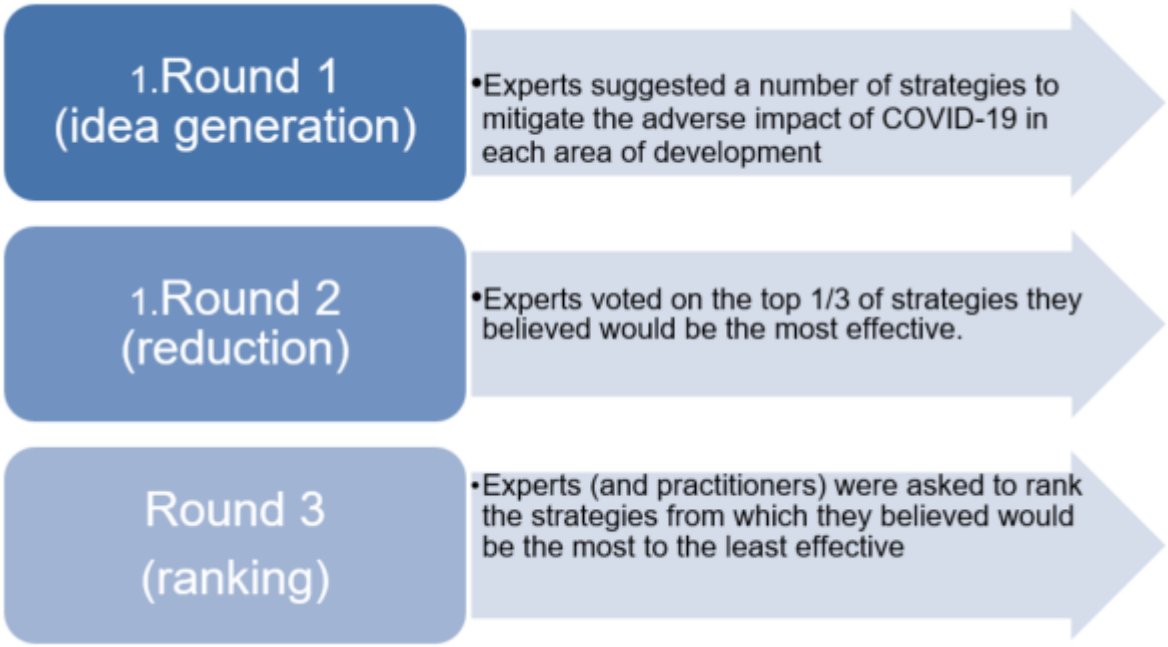
4. Part Two: Strategies and support to address the adverse impact of COVID-19 on under-fives.

4.1 The second part the Delphi study focuses on methods of addressing the adverse impact of COVID-19 on children under 5, focusing on ideas for strategies and support for children.

Method

4.2 In order to explore strategies to address the adverse impacts of COVID-19 on children under 5 this research used three rounds to firstly generate ideas, then to reduce the possible ideas via a voting process and then finally to determine consensus via a ranking process in the final round. In round 1 experts were asked to suggest strategies to mitigate the adverse impact of COVID-19. In round 2 they were then asked to select those that they felt would be the most effective. In round 3 the experts were then asked to rank the strategies that they felt would be the most effective to the least effective. This is illustrated below:

Figure 14: Rounds determining the strategies to mitigate the adverse impact of COVID-19



4.3 In **round 1** of the Delphi open-ended questions were used to generate ideas of methods to mitigate the adverse impacts of COVID-19. These ideas were grouped (by domain of development and themes that emerged) and were fed into the survey in round 2. Thematic analysis (Braun and Clarke, 2006) was used to determine the key themes within each area of development and these suggestions were summarised and presented in different socio-demographic groups for every domain of development.

4.4 In **round 2** the suggestions of strategies, methods or practical steps that had emerged during round one were thematically grouped. Then participants were asked to vote on the top 1/3 of responses for each domain (e.g., if there were 9 options, they were asked to select the 3 that they felt would be the most valuable). Appendix 2 shows the strategies that were suggested, and then number of votes they received.

4.5 In **round 3** participants were provided with a list of the suggested strategies (ordered by development domain and theme) and asked to rank the strategies from what they believe will be the most to least effective. We then looked at the mean rank to determine the highest ranked suggestions. The Mean Rank shows the average placing for each item (e.g., all responses added together and divided by the number or participants that responded to the question). This is the arithmetic average of each strategy's position in the list according to the views of those surveyed.

Findings

4.6 This section of the report identifies the most effective strategies that experts ranked as ways to mitigate the adverse impact of COVID-19. The following tables show the highest to lowest mean ranking for the strategies for each area of development and area of intervention out of the top 1/3 of strategies that were suggested in round 1.

4.7 The tables show the top third strategies (identified in round 2) and how they were ranked (in round 3). The Mean Rank shows the average placing for each item (e.g., all responses added together and divided by the number or participants that

responded to the question). This is the arithmetic average of each strategy's position in the list.

Cognitive Development

4.8 Experts felt that the following would be the most effective strategies to mitigate COVID-19 impacts and support children's cognitive development:

1. To ensure that the environment is supportive of play and staff have time to extend and support playful experiences.
2. In the family and community context experts suggested the most effective strategy is to provide families with support to build a positive home environment.
3. Finally, in the finance and resourcing domain experts recommended universal access for all children, rather than targeted. In addition, it was proposed to keep Early Childhood Education and Care centres remain open in the eventuality of further lockdowns.

4.9 In general, we can see that play, access to quality early years provision and parental support are seen as vital to mitigating the negative impacts of COVID on children's cognitive development. The below tables show the full details of the ranking provided by experts.

Table 9: Ranking provided by experts on Cognitive Development - Practice and Pedagogy

		Mean Rank
Most effective	Ensure the environment is supportive of play (including social play, indoor and outdoor play)	2.3
	Provide more quality time with staff supporting and extending play and playful experiences	2.33
	Less focus on formal learning (or catch up) and more on independent play and exploration (for example loose parts, play, fantasy, talking and listening and creative activities such as drawing)	2.39
Least effective	Adults to observe children and support children based on knowledge from their observations	2.97

Table 10: Ranking provided by experts on Cognitive Development – Family and community

		Mean Rank
Most effective	Support a positive home environment	1.25
Least effective	Provide support to parents such as Parenting Give it Time, Reach Up etc.	1.75

Table 11: Ranking provided by experts on Cognitive Development – Strategic: Finance and Resourcing

		Mean Rank
Most effective	Increase Early Childhood Education and Care opportunities for all children; support universal access rather than targeted (e.g., all rising two's and three-year-olds to access funding)	2.15
	Do not close Early Childhood Education and Care if there is another lockdown (including schools)	2.36
	Provide and support more high-quality settings and professionals working with under 5-year-olds	2.36
Least effective	Focus on poverty reduction and be poverty aware (for example, screen all communication to families with a 'poverty sensitive' lens)	3.12

Social and Emotional Development

4.10 In summary, experts suggested that the most effective strategies to mitigate the impact of COVID-19 on children's social and emotional development were:

1. To prevent children being pressured by a 'catch up' agenda and to invest on training ECEC professionals.
2. In the family and community context, participants highlighted developing interventions to help families to encourage play in their neighbourhoods and to support them financially and emotionally were the most effective strategies.
3. In the finance and resourcing domain, the most valuable interventions were to provide financial support to improve the quality of the educational settings.

4.11 Overall, the experts suggested that the most efficient strategies to mitigate the negative impacts of COVID-19 on children's social and emotional development were related to providing children with an environment with no pressures and well-trained practitioners.

4.12 The below tables show the full details of the ranking provided by experts.

Table 12: Ranking provided by experts on Social and emotional development – Practice and pedagogy

		Mean Rank
Most effective	Avoid a 'catch up' agenda or putting pressure on children	3.53
	More high-quality early years professionals being trained and employed	4.00
	Provide opportunities to undertake free play	4.25
	Create a sense of belonging for children	4.28
	Support easy to access and reliable sources of support for Early Childhood Education and Care settings around social and emotional development during / post pandemic	4.94
	Practitioners to use child-led approaches, supported by observations, such as a PACE approach	4.97
	Provision of outdoor activities and opportunities	4.97
Least Effective	Communications and dialog should be developed between Early Childhood Education and Care and parents (not just information giving)	5.06

Table 13: Ranking provided by experts on Social and emotional development – Family and community

		Mean Rank
Most effective	Neighbourhood based play and family support interventions	1.77
	Supporting families financially and emotionally with high quality parenting support	1.90
Least effective	Providing parental mental health support	2.33

Table 14: Ranking provided by experts on Social and emotional development – Strategic: Finance and Resourcing

		Mean Rank
Most effective	Good Quality Early Childhood Education and Care	2.31
	More funding for all children to access high quality Early Childhood Education and Care	2.72
	Increase free early education offer to whole year and all more groups	3.06
	Poverty reduction	3.28
Least effective	Focus on the 'Summer of fun' concept to get children enjoying and playing rather than 'catching up'	3.63

Speech and Language Development

4.13 The most effective strategies that experts suggested to mitigate the negative impact of COVID-19 on children's speech and language development were:

1. To provide children with an adequate environment to expand their speech and language skills. This would include a calm supportive environment that allows children to lead conversations as well as with trained ECEC professionals.
2. In the family and community context experts suggested to provide parental support and tools to encourage children to talk, such as eye contact, close interaction, stories, rhymes, songs, and books.
3. In the finance and resourcing domain, the most effective strategy suggested was to further funding and universal access to high quality Early Childhood Education and Care throughout the year and to keep playgroups, nurseries and playgrounds open during periods of COVID-19 restrictions 5.

4.14 Overall, we can see that providing a safe and calm space to develop speech and language is valued and that children are in a supportive environment with responsive adults was seen as crucial in developing speech and language development.

4.15 The below tables show the full details of the ranking provided by experts.

Table 15: Ranking provided by experts on Speech and Language Development – Practice and Pedagogy

		Mean Rank
Most effective	A calm supportive environment, giving time for children to speak - not rushing them	3.47
	High quality training for Early Childhood Education and Care staff on effective language development strategies for example Elklan	3.71
	Taking child-initiated approaches to play and learning	4.35
	Encouraging the use of conversation-eliciting and maintenance strategies (e.g. open-ended questions, explanations)	4.68
	Play and quality interactions with a known and trusted practitioner	5.68
	Opportunities for outdoor play and learning	6.38
	Opportunities to free play, particularly with peers	6.94
	High quality of resources in settings such as picture books, rhymes and songs, lots of opportunities to sing, chant and word play etc	7.06
	Opportunities with skilled practitioners for activities such as role play, show and tell, turn taking	7.09
	Opportunities for pretend and imaginative play	8.26
Least effective	Limit the focus on 'catch-up' approach	8.38

Table 16: Ranking provided by experts on Speech and Language Development – Family and Community

		Mean Rank
Most effective	Support parents to enable children's speech and language learning at home e.g. eye contact; close interaction; stories and rhymes	1.97
	Encourage parents to talk and sing to their children regularly and often	2.09
	Access to books / library and parent / toddler groups for parents	2.58
Least effective	Parenting advice on reducing screen time and increasing reading, singing and talking to their child/ren	3.36

Table 17: Ranking provided by experts on Speech and Language Development – Strategic: Finance and Resourcing

		Mean rank
Most effective	Further funding and universal access to high quality Early Childhood Education and Care throughout the year	1.68
	Keeping playgroups, nurseries and playgrounds open during periods of COVID-19 restrictions	2.13
Least effective	Ensure speech and language therapy available at an early intervention stage (for both English or Welsh)	2.19

Physical Development

4.16 The most effective strategies to mitigate COVID-19 impacts and support children's physical development found by the surveyed experts were:

1. To encourage child-led play as well as allowing children to take risks and improve their confidence.
2. In the family and community context experts suggested that there should be an increase in the offer of free events and activities at local venues to encourage children to experience new environments and develop physical skills.
3. In addition, for the society and the outdoors category it was stated that the most effective strategy was to promote play in the outdoors and natural environments.
4. In the finance and resourcing domain, experts suggested the most effective strategy would be to increase funding for play-based learning in an outdoor and/or nature-based environment.

4.17 Overall experts suggested that to mitigate the negative impacts of the pandemic on physical development children should be offered outdoor (where possible nature based) play and a range of free facilities to undertake play (including opportunities for risk taking).

4.18 The below tables show the full details of the ranking provided by experts.

Table 18: Ranking provided by experts on Physical Development – Practice and Pedagogy

		Mean Rank
Most effective	Encourage and support unstructured high-quality play opportunities and time for exploring	2.83
	Develop confidence and risk taking in children	3.37
	Plan an environment that encourages children to move in a variety of different ways such as to support development of body awareness for example, floor play and climbing	4
	Information to practitioners about the importance of play, risk, challenge and play opportunity.	4.17
	Free meals with an emphasis on healthy eating and communicating healthy eating messages to parents	4.91
	Strategies/ training to help all practitioners deliver physical literacy development. For example, making links with Forest School and physical activity specialists to lead and improve practice in this area	5.26
	Play games that involve movement (both indoor and outdoors)	5.31
Least effective	Promoting resources and training for practitioners on use of the outside area	6.14

Table 19: Ranking provided by experts on Physical Development – Parents and Families

		Mean Rank
Most effective	Free events and activities at local venues / spaces to allow children to experience new environments and develop physical skills	2.71
	Making activity more affordable for the whole family (for example more affordable sports such as swimming)	3.29
	Promotion of simple and easy to implement messages on being active and ways to promote physical development from birth e.g. tummy time, This Mum Moves, new parent walking groups, Welsh active early years schemes	3.44
	Information to parents about the importance of play, risk, challenge and play opportunity	3.62
	High quality parenting support	3.88
Least effective	Provide physical exercise programs for parents and preschool children, to do at home or in a drop-in basis, at both outdoor and indoor locations	4.06

Table 20: Ranking provided by experts on Physical Development – Society and the outdoors

		Mean Rank
Most effective	Encourage adults and children to play in the outdoors and natural environments	1.35
Least effective	Access to meaningful outdoors experiences everyday	1.65

Table 21: Ranking provided by experts on Physical Development – Strategic: Finance and Resourcing

		Mean Rank
Most effective	Universal access to high quality early child education with play-based learning in an out-doors/nature-based environment	1.45
	Further funding and universal access to high quality Early Childhood Education and Care throughout the year	2.17
Least effective	Keeping playgroups, nurseries and playgrounds open during periods of COVID-19 restrictions	2.38

5. Practitioner Survey Findings

5.1 Practitioners from ECEC settings were asked to rank the strategies that they felt would be the most effective to the least effective. The following tables show the highest to lowest mean ranking for the strategies for each area of development and area of intervention.

5.2 The Mean Rank shows the average placing for each item (e.g., all responses added together and divided by the number or participants that responded to the question). This is the arithmetic average of each strategy's position in the list according to the views of those surveyed.

Cognitive Development

5.3 Practitioners viewed the both the home and learning environment as important for cognitive development. In particular, higher ranks were given to strategies which ensured that the environment was supportive of independent play. Universal access to provision was ranked as the most important strategic and financial strategy.

5.4 The below tables show the full details of the ranking provided by practitioners.

Table 22: Ranking provided by practitioners on Cognitive Development – Practice and Pedagogy

		Mean Rank
Most effective	Less focus on formal learning (or catch up) and more on independent play and exploration (for example loose parts, play, fantasy, talking and listening and creative activities such as drawing)	2.09
	Ensure the environment is supportive of play (including social play, indoor and outdoor play	2.14
	Provide more quality time with staff supporting and extending play and playful experiences	2.69
Least effective	Adults to observe children and support children based on knowledge from their observations	3.09

Table 23: Ranking provided by practitioners on Cognitive Development – Family and community

		Mean Rank
Most effective	Support a positive home environment	1.25
Least effective	Provide support to parents such as Parenting Give it Time, Reach Up etc.	1.75

Table 24: Ranking provided by practitioners on Cognitive Development – Strategic: Finance and Resourcing

		Mean Rank
Most effective	Increase Early Childhood Education and Care opportunities for all children; support universal access rather than targeted (e.g. all rising two's and three year olds to access funding)	2.02
	Do not close Early Childhood Education and Care if there is another lockdown (including schools)	2.44
	Provide and support more high-quality settings and professionals working with under 5 year olds	2.49
Least effective	Focus on poverty reduction and be poverty aware (for example, screen all communication to families with a 'poverty sensitive' lens)	3.06

Social and Emotional Development

5.5 The practitioners ranked 'creating a sense of belonging' as the most effective strategy for mitigating the negative impact of COVID-19 on social and emotional development. Similarly, to cognitive development, universal support for all children was also ranked as the most effective strategic and financial strategy. High quality parenting support was also ranked as being the most effective strategy in the family and community domain.

5.6 The below tables show the full details of the ranking provided by practitioners.

Table 25: Ranking provided by practitioners on Social and emotional development – Practice and pedagogy

		Mean Rank
Most effective	Create a sense of belonging for children	2.69
	Avoid a 'catch up' agenda or putting pressure on children	4.29
	Provision of outdoor activities and opportunities	4.55
	Support easy to access and reliable sources of support for Early Childhood Education and Care settings around social and emotional development during / post pandemic	4.72
	Provide opportunities to undertake free play	4.76
	Practitioners to use child-led approaches, supported by observations, such as a PACE approach	4.89
	Communications and dialog should be developed between Early Childhood Education and Care and parents (not just information giving)	4.92
Least Effective	More high-quality early years professionals being trained and employed	5.17

Table 26: Ranking provided by practitioners on Social and emotional development – Family and community

		Mean Rank
Most effective	Supporting families financially and emotionally with high quality parenting support	1.66
	Providing parental mental health support	2.08
Least effective	Neighbourhood based play and family support interventions	2.26

Table 27: Ranking provided by practitioners on Social and emotional development – Strategic: Finance & Resourcing

		Mean Rank
Most effective	More funding for all children to access high quality Early Childhood Education and Care	2.51
	Good Quality Early Childhood Education and Care	2.57
	Increase free early education offer to whole year and all more groups	2.91
	Focus on the 'Summer of fun' concept to get children enjoying and playing rather than 'catching up'	3.38
Least effective	Poverty reduction	3.64

Speech and Language Development

5.7 Practitioners ranked environmental factors such as a calm and supportive environment and an environment that supports child-led play as the most effective strategies for speech and language development. In the family context, practitioners thought that support for parents to enable children's speech and language learning at home would be the most effective strategy. Early intervention was viewed as the most effective strategy in the finance and resourcing domain.

5.8 The below tables show the full details of the ranking provided by practitioners.

Table 28: Ranking provided by practitioners on Speech and Language Development – Practice and Pedagogy

		Mean Rank
Most effective	A calm supportive environment, giving time for children to speak - not rushing them	2.44
	Taking a child-initiated approaches to play and learning	3.66
	Encouraging the use of conversation-eliciting and maintenance strategies (e.g. open-ended questions, explanations)	5.22
	High quality of resources in settings such as picture books, rhymes and songs, lots of opportunities to sing, chant and word play etc	5.77
	High quality training for Early Childhood Education and Care staff on effective language development strategies for example Elklan	5.84
	Opportunities for outdoor play and learning	6.22
	Opportunities to free play, particularly with peers	6.49
	Play and quality interactions with a known and trusted practitioner	7.19
	Opportunities for pretend and imaginative play	7.43
	Opportunities with skilled practitioners for activities such as role play, show and tell, turn taking	7.56
Least effective	Limit the focus on 'catch-up' approach	8.19

Table 29: Ranking provided by practitioners on Speech and Language Development – Family and Community

		Mean Rank
Most effective	Support parents to enable children's speech and language learning at home e.g. eye contact; close interaction; stories and rhymes	2.21
	Encourage parents to talk and sing to their children regularly and often	2.31
	Parenting advice on reducing screen time and increasing reading, singing and talking to their child/ren	2.38
Least effective	Access to books / library and parent / toddler groups for parents	3.1

Table 30: Ranking provided by practitioners on Speech and Language Development – Strategic: Finance and Resourcing

		Mean rank
Most effective	Ensure speech and language therapy available at an early intervention stage (for both English or Welsh)	1.78
	Further funding and universal access to high quality Early Childhood Education and Care throughout the year	2.06
Least effective	Keeping playgroups, nurseries and playgrounds open during periods of COVID-19 restrictions	2.16

Physical Development

5.9 Practitioners viewed opportunities to develop confidence, risk taking and high-quality unstructured play opportunities as the most effective strategies for physical development. Access to new environments, including the outdoors were also seen as effective strategies. Once again, universal access to play environments was viewed as the most effective strategy in the finance and resourcing domain.

5.10 The below tables show the full details of the ranking provided by practitioners.

Table 31: Ranking provided by practitioners on Physical Development – Practice and Pedagogy

		Mean Rank
Most effective	Develop confidence and risk taking in children	2.48
	Encourage and support unstructured high-quality play opportunities and time for exploring	2.88
	Plan an environment that encourages children to move in a variety of different ways such as to support development of body awareness for example, floor play and climbing	4.22
	Information to practitioners about the importance of play, risk, challenge and play opportunity.	4.92
	Free meals with an emphasis on healthy eating and communicating healthy eating messages to parents	5.09
	Play games that involve movement (both indoor and outdoors)	5.13
	Strategies/ training to help all practitioners deliver physical literacy development. For example, making links with Forest School and physical activity specialists to lead and improve practice in this area	5.38
Least effective	Promoting resources and training for practitioners on use of the outside area	5.91

Table 32: Ranking provided by practitioners on Physical Development – Parents and Families

		Mean Rank
Most effective	Free events and activities at local venues / spaces to allow children to experience new environments and develop physical skills	2.26
	High quality parenting support	3.11
	Making activity more affordable for the whole family (for example more affordable sports such as swimming)	3.17
	Information to parents about the importance of play, risk, challenge and play opportunity	3.48
	Promotion of simple and easy to implement messages on being active and ways to promote physical development from birth e.g. tummy time, This Mum Moves, new parent walking groups, Welsh active early years schemes	4.46
Least effective	Provide physical exercise programs for parents and preschool children, to do at home or in a drop-in basis, at both outdoor and indoor locations	4.51

Table 33: Ranking provided by practitioners on Physical Development – Society and the outdoors

		Mean Rank
Most effective	Encourage adults and children to play in the outdoors and natural environments	1.27
Least effective	Access to meaningful outdoors experiences everyday	1.73

Table 34: Ranking provided by practitioners on Physical Development – Strategic: Finance and Resourcing

		Mean Rank
Most effective	Universal access to high quality early child education with play-based learning in an out-doors/nature based environment	1.88
	Keeping playgroups, nurseries and playgrounds open during periods of COVID-19 restrictions	2.06
Least effective	Further funding and universal access to high quality Early Childhood Education and Care throughout the year	2.06

6. Summary: Strategies and support to address the adverse impact of COVID-19 on under-fives.

6.1 Key aspects that received high ranks from practitioners across the domains were supportive play environments, in particular environments that encourage independent play both at home and in the ECEC setting. Furthermore, practitioners continually ranked universal provision as being the most effective strategy to mitigate the negative impact of COVID-19 across all domains of development. Support for parents and carers was also seen as important across all domains.

Key similarities and differences between Delphi and practitioner participants

6.2 There were many similarities in the responses from practitioners and the original Delphi participants. Both groups of participants ranked strategies that favoured universal approaches to support highly. Furthermore, strategies that targeted the play environment were ranked highly by both groups.

6.3 There were also areas of difference between the two groups. The practitioners appeared to favour strategies around independent play and were less likely to say that additional training for practitioners would be effective. The Delphi group ranked specific named interventions as more effective than the practitioner group.

6.4 Overall, perhaps unsurprisingly, the practitioners favoured approaches that targeted the ECEC environment and culture.

7. Conclusions

7.1 As outlined at the start of this report, the importance of a child's early life cannot be underestimated. With this in mind, this research, commissioned by Welsh Government Childcare, Play and Early Years division, set itself the goal of better understanding expert and practitioners views on the impact of COVID-19 on under 5's and the strategies that may address any adverse impacts of COVID-19 on these children. It has been estimated that around 155,000 children aged under five attended childcare, play and education settings prior to the COVID-19 pandemic (Care Inspectorate Wales). Given this, it is likely that COVID-19 has had a large impact on this demographic's access and experience of ECEC give the large-scale closures in 2020. Furthermore, previous research has shown that many ECEC settings have reported struggling with viability and staffing both during and in the aftermath the COVID-19 pandemic (Ofsted, 2020; Hunnikin et al, 2020, Tyrie et al., 2021).

7.2 Given the evidence and scale of the number of children impacted by the COVID-19 pandemic, this research provides some much-needed evidence from experts around which groups of children they perceive to be most negatively impacted by the pandemic and some suggestions for strategies and support that might start to address and mitigate these negative impacts. The objectives of the research were to focus on:

1. **Impact**: Gain consensus about the impact of COVID-19 on children under 5
2. **Differences**: Identify differences in impact between socio-demographic groups
3. **Mitigation**: Identify strategies and support that may address the adverse impacts of COVID-19 on children under 5
4. **Opportunities**: Identify opportunities to capitalise on sustaining and/or extending positive impacts, if any.

7.3 One of the objectives outlined above was to explore the impact of the COVID-19 pandemic on children and to examine differences in socio-demographic groups. Experts suggested that children who:

- Suffered bereavement due to COVID-19;
- Parents have contracted long COVID-19;
- Have an ALN / SEN / learning disability / difficulty;
- Lived with a family with experiences low income or living in poverty were most negativity impacted by the pandemic. It could therefore be suggested that these groups of children may be most in need of support to mitigate these negative impacts.

7.4 Our expert participants felt that the older the child (4-5 being the oldest), the more likely they would be to experience negative impacts of COVID-19, while prenatal and newborn babies were felt by a third of respondents to have experienced no impact of the pandemic. Furthermore, experts believed that the social and emotional development of children (aged 0-5) would be most negatively impacted by COVID-19. This was followed by speech and language development, physical development and health, and finally, cognitive development. Despite an effort to explore any positive impacts of the COVID-19 pandemic very few participants believed that there was a positive impact on any sociodemographic group, age group or area of development (although some did acknowledge this in qualitative comments).

7.5 The other main objective of the research was to identify strategies and support that may address or mitigate the adverse impacts of COVID-19 on children under 5. The research has drawn together a number of possible strategies that experts felt would be most effective.

7.6 When exploring strategies to support speech and language development, practitioners and experts ranked environmental factors such as a calm and supportive environment and an environment that supports child-led play as the most effective strategies. In the family context, experts and practitioners thought that support for parents to enable children's speech and language learning at home

would be the most effective strategy. Early intervention was viewed as the most effective strategy in the finance and resourcing domain.

7.7 When exploring strategies to support children's social and emotional development within ECEC settings, both experts and practitioners suggested that avoiding a 'catch up' agenda or putting pressure on children was likely to be effective, practitioners only also ranked 'creating a sense of belonging' as the most effective strategy. High quality parenting support focused on parent wellbeing was also ranked as being a highly effective strategy.

7.8 Experts and practitioners viewed both home and learning environment as important to mitigate the negative impacts of COVID-19 on cognitive development. In particular, higher ranks were given to strategies which ensured that the environment was supportive of play (including social play, indoor and outdoor play) with experts also suggesting a reduction in the focus on formal learning would be beneficial. Universal access to provision was ranked as the most important strategic and financial strategy.

7.9 In terms of supporting and mitigating the impact of COVID on young children's physical development experts and practitioners ranked unstructured high-quality play opportunities, and time for exploring and developing confidence and risk taking in children as being effective strategies. Alongside these setting-based strategies it was suggested that provision of free events and outdoor resources / spaces / environments could be provide alongside a home environment where adults and children play together in outdoor spaces.

7.10 In conclusion, when looking across the domains of development there are clear trends which point towards supporting ECEC settings to enable supportive play environments and opportunities, a reduction in pressure on children to 'catch-up' and creating calm environments which provide children with a sense of belonging. In terms of more strategic methods to mitigate the impact of COVID-19, the key message is that ECEC provision should be of a high quality with universal access, which sits alongside quality parents and careers support and resources.

8. Appendix List

1. Domains of development
2. PART ONE: Round 1 and 2 data
3. PART ONE: Qualitative responses round 3
4. PART TWO: Round 1 thematic analysis themes and frequency
5. PART TWO: Questions where no consensus was achieved in round 2

Appendix 1: Domains of development

8.1 In terms of the type of impact on children we would look to include the following areas of development:

- Cognitive development - This refers to the child's ability to learn and solve problems. It includes all mental activity e.g., attending, remembering, symbolising, categorising, planning, reasoning, problem solving, creating, and fantasising.
- Social and emotional development - This is the child's ability to interact with others, including helping themselves and self-control. e.g., emotional expression, emotional regulation, attachment, temperament, play, peer interaction and friendship.
- Speech and language development - This is the child's ability to both understand and use language e.g., preverbal communication, phonological development, semantic development, development of syntax/ grammar, development of pragmatics.
- Physical development and health - The child's physical growth and development e.g., fine motor skills, gross motor skills, brain development, brain development and health

Appendix 2: PART ONE Round 1 and Round 2 Data.

***Note**: purple highlight is where consensus has been achieved in round 1 and blue in round 2.*

		Round 1			Round 2		
Group	**Development**	**Negative impact**	**No impact**	**Positive impact**	**Negative impact**	**No impact**	**Positive impact**
Children whose parents have been/are critical workers	Cognitive development	51.4	29.7	18.9	65	25	10
	Social and emotional development	75.6	9.8	14.6	87.8	7.3	4.9
	Speech and language development	56.4	25.6	17.9	70.7	24.4	4.9
	Physical development and health	55	30	15	65.9	29.3	4.9
Children whose parents have been/are working from home due to the pandemic whose children are also at home	Cognitive development	75	12.5	12.5	72.7	13.6	13.6
	Social and emotional development	86	4.7	9.3			
	Speech and language development	75.6	9.8	14.6	73.3	13.3	13.3
	Physical development and health	77.3	9.1	13.6	80.0	17.8	2.2
Children whose parents were/are	Cognitive development	77.5	20	2.5	87.8	7.3	4.9

unemployed due to the pandemic	Social and emotional development	97.6	2.4	0			
	Speech and language development	78.9	18.4	2.6	82.9	12.2	4.9
	Physical development and health	82.9	14.6	2.4			
Children whose parents were/are furloughed	Cognitive development	50	25	25	39.5	37.2	23.3
	Social and emotional development	63.4	22	14.6	63.6	15.9	20.5
	Speech and language development	47.5	27.5	25	46.5	30.5	23.3
	Physical development and health	59.5	19	21.4	51.1	28.9	20
Children whose parents have contracted long COVID-19	Cognitive development	94.7	2.6	2.6			
	Social and emotional development	97.5	2.5	0			
	Speech and language development	87.2	10.3	2.6			
	Physical development and health	95	5	0			
Children of single parent households	Cognitive development	89.7	7.7	2.6			

	Social and emotional development	94.7	5.3	0			
	Speech and language development	84.2	10.5	5.3			
	Physical development and health	89.2	8.1	2.7			
Children that have no siblings	Cognitive development	73.8	19	7.1	84.4	15.6	0
	Social and emotional development	95.5	4.5	0			
	Speech and language development	81.4	14	4.7			
	Physical development and health	78.6	19	2.4	85.7	14.3	0
Children with an additional learning need (special educational need / learning disability / difficulty)	Cognitive development	95.7	2.2	2.2			
	Social and emotional development	97.8	2.2	0			
	Speech and language development	97.8	2.2	0			
	Physical development and health	97.8	2.2	0			
Children who are minoritised ethnic	Cognitive development	80	17.1	2.9			

	Social and emotional development	83.8	10.8	5.4			
	Speech and language development	80.6	13.9	5.6			
	Physical development and health	81.1	13.5	5.4			
Children who are looked after or adopted	Cognitive development	75	21.9	3.1	86.5	10.8	2.7
	Social and emotional development	94.1	5.9	0			
	Speech and language development	75	21.9	3.1	83.8	13.5	2.7
	Physical development and health	82.4	14.7	2.9			
Children from families that have low income or living in poverty	Cognitive development	95.7	2.1	2.1			
	Social and emotional development	97.9	2.1	2.1			
	Speech and language development	91.1	4.4	4.4			
	Physical development and health	93.5	2.2	4.3			
Children from non-Welsh speaking	Cognitive development	80.6	19.4	0			

homes who usually attend Welsh medium settings	Social and emotional development	83.3	16.7	0			
	Speech and language development	93.5	6.5	0			
	Physical development and health	69	24.1	6.9	78.8	18.2	3.0
Children who have suffered bereavement due to COVID-19	Cognitive development	95.1	2.2	0			
	Social and emotional development	97.8	2.2	0			
	Speech and language development	90	10	0			
	Physical development and health	92.9	4.8	2.4			
Overall, how do you think COVID-19 as impacted the development of children under 5	Cognitive development	91.3	6.5	2.2			
	Social and emotional development	100	0	0			
	Speech and language development	93.5	4.3	2.2			
	Physical development and health	89.4	8.5	2.1			
How do you think the different age groups have	Prenatal	58.3	38.9	2.8	65.1	34.9	0

been affected by COVID-19?							
	Newborn babies. (< 6 months)	52.3	36.4	11.4	62.8	34.9	2.3
	6 months to 1 year	66.7	22.2	11.1	81.8	15.9	2.3
	1 to 2 years	84.1	13.6	2.3			
	2 to 3 years	95.6	2.2	2.2			
	3 to 4 years	93.5	4.3	2.2			
	4 to 5 years	93.5	2.2	4.3			

Appendix 3: PART ONE Qualitative responses for Round 3

8.2 As an expert in early childhood, do you have any thoughts about the results presented in these graphs?

I tend to agree with these results based on evidence from our school
The graphs are much as I would have expected. They reflect the concerns of those involved with children on a daily basis. In reality the impacts on speech and language for young children will be greater than those on socio-emotional development. But most people worry about socio-emotional development more.
Covid has persisted longer than we anticipated. We are underestimating the impact on cognitive development
It would be useful to see these results grouped in some sort of logical manner as it is tricky to see what is going on. In addition, some of the words are cut off from the graphs (Children whose parents have been/are working from home...) so I cannot comment on these ones. It would also be useful to understand how you are defining "consensus". For example, for the items that did not achieve consensus, most of the participants still rated these items as having a "negative" impact on child health. Even if these items did not achieve consensus, I think it would be useful to point out that, for example, for the first item, over 80% of participants rated the item as having a strong negative or a negative impact. It is interesting to note that there was no consensus for any of the items where the parents were furloughed. One might speculate that furlough may have a positive impact on child development as parents may have more time to spend with their children. Likewise, it is interesting that for three of the domains, there was no consensus if children were parents of critical workers. There may not be as much of an impact for these children, as parents will be attending work as per usual, and children will be attending school as per usual, so in theory there may not be as much of a change in their circumstances. It is interesting that experts overall thought that there were no positive impacts of any of the items on child development at all. This is in contrast with some anecdotal reports and surveys which suggests that the pandemic did have some positive impacts for some children and families.
As overwhelmingly respondents believe Covid has negatively impacted on early years there are three pertinent questions for all decision makers, funders and politicians to reflect on. 1. How do we all contribute to ensuring that the children are supported...for the next 11 or so years. It's not just good enough to throw money at short term solutions when some of the disadvantage adds to pre-existing disadvantage. These children have had different starts, more transitions, more disruption than ever and these experiences will shape their short term and long term future. 2. As we rebuild, what positive steps can we take in Wales to promote children's opportunities to thrive. We have to accept that as a society with 30% plus child poverty we cannot just return to the previous approaches and expect different, more positive outcomes...we need to embrace the opportunity to make changes to better provide for children from birth to 16 3. What lessons have been learnt, so that any future pandemic, or environmental incident sees less dramatic negative outcomes for children

While I find the results interesting, and consistent with my experience, I have no additional thoughts or comments.
I would agree with the findings here - which show that covid has impacted young children negatively in a range of developmental areas. This was what I would have expected
the results reflect what is generally talked about - however my responses to previous questions were qualified by the fact that I do not have direct experience. I would probably hazard a guess that children who had positive experiences had parents who could give them time, opportunities to play and where possible interact with friends and families etc. Anecdotally settings report children's speech language, toileting, and 'behaviour' are not what they would have expected.
I think that prenatal and new-born babies have been affected more than the graph implies as parents have not been able to get the same level of support and this will have impacted on their attachment and the child's development goals. Also, the older children have had more continuity of provision as the schools have largely remained open other than under lockdown.
I think they are probably right. But what is interesting is that we don't identify directly the possible increased harm to children from BME or refugee and asylum seeking families. Yes inequality, poverty etc is included but if we know they have been disproportionately affected it may need to be a recommendation to look at the experiences of this group as opposed to white Welsh
I think that the results represent respondents views of what is important within childhood and also is subject to a lot of conjecture
It is somewhat startling to see the high proportion of perception of negative and strong negative impact caused by the pandemic across all 4 areas of development. This is very much what I hear reported from preschool settings though so it is evident that greater support is needed in all areas. Looking at the ages of children where greater negative and strong negative impact is reported could be seen as an indicator that those children have been denied access to quality childcare and other early years services.
I'm not overly surprised by the results, generally. Although, I would have thought that the view regarding prenatal and newborns might have been less positive.
Only that it is quite conclusive the overall negative impact on children under 5 years and we must ensure that in the event of future pandemics or public health crises that we plan in advance and consider how we mitigate this negative impact. It suggests that Early Childhood Experts should have been on governmental pandemic advisory committees to advise from the outset of the pandemic what should have been put in place to minimise the negative impact on this cohort of children. This negative impact will have far reaching implications across the life course for this cohort of children.
Data does not surprise me as the first years in settings/schools is key in setting the foundations for future learning

I think they truly reflect the impact of Covid but the challenge now is to move forward and ensure that these children do not suffer again.

The areas of impact where consensus was not reached reflect the 'variable impact' of these factors within context - for example some families might have experienced furlough as positive as it reduced financial worries/ provided some stability; whereas others may have experienced the temporary loss of work negatively (loss of routine and purpose - having everyone at home during the day - and this will also be impacted by other factors like suitability of housing, access to out door space etc...) This needs to be viewed through the 'complex adaptive system' lens where each variable is not viewed in isolation - the effect of one variable will be dependent on the cumulative impact of others.

Covid has had a strong negative effect on children under five. The impact will still prevail in their social and learning environment.

I think the results are what might be expected given the overall impact of COVID on society

Generally as expected. It is helpful to see that the picture does show a balance - ie some recognition that not all impact is strong negative

No comment, data are in accord with my expectations, especially the adverse effect on social emotional development.

Ers i mi lenwi'r holiadur, ac wrth bod y plant yn ôl mewn lleoliadau, mae'r staff yn dechrau deall effaith covid yn well. Nifer wedi nodi bod plant ddim ar ôl gymaint a hynny, ond erbyn nawr - canol Hydref, mae'r staff wedi cael mwy o amser gyda'r plant ac yn gweld mwy o fylchau yn eu datblygiad e.e. leferydd, ymddygiad a sgiliau cymdeithasol yn gyffredinol.

ENGLISH:

Since filling in the questionnaire, and now that the children are back in settings, the staff are beginning to understand the effect of Covid better. A number had noted that the children were not all that behind, but by now - mid October - the staff have had more time with the children and are seeing more gaps in their development, e.g. oracy, behaviour and social skills in general.

Interesting that the older a child was the more negative the perceived impact but also the more positive impact

The result are not surprising, and largely chime with my views.

I think the results are very interesting. I think the impact of covid will take years to realise.

The results largely reflect what we would expect - children who are already at a disadvantage pre-pandemic (those from low income homes, those who suffer beareavement, those with additional needs) are those perceived to have been worse affected by the pandemic across the range of development. This is unsurprising as the pandemic resulted in the reduction of supportive services for these families. Children whose parents were critical workers, worked from home, were furloughed had a much more variable time - so some of these children will have been badly impacted, but for others, they benefited form more focused time with caregivers (hence the lack of consensus) - it's really important to understand the specific experiences of individual families to arrange appropriate support where it is most needed.
As the results suggest, respondents feel that the pandemic has had a differential impact on under 5s according to their social and economic circumstances, which is a fair assumption to make.

Appendix 4: PART TWO round 1 thematic analysis themes and frequency

Category / Theme	TOTAL	1. Cog. Dev	2. Soc & Emotional Dev	3. Speech & Lang. Dev	4. Physical Dev. & Health
Give children time to adapt	3	0	3	0	0
Digital	5	1	2	1	0
Lifestyle	7	0	0	0	4
Specific PE Support	8	0	0	0	8
Increase of practitioners	11	2	4	1	1
Observation	11	4	1	2	1
General	12	2	2	3	2
School/home links	15	6	2	3	1
Relationships Children/adults	16	1	2	10	2
Specific SAL support	17	0	0	16	0
Skills to be taught	18	10	4	3	1
Use existing guidelines	24	2	1	12	5
Lockdown	29	5	4	6	9
Communication with pupils	36	6	9	13	0
Environment	38	8	5	9	8
Increase support to stakeholders	45	13	7	13	4
Increase funding	53	8	7	11	22
Type of intervention	53	2	17	7	7
Teaching/Interaction approach	58	6	6	20	19
Increase children's opportunities	63	13	5	9	22
Support families	66	2	16	14	14
Play	74	12	15	19	19

Appendix 5: PART TWO: Questions where no consensus is achieved in round 2.

Cognitive Development	Strategy or support	No of Votes
Practice and Pedagogy in Early Childhood Education and Care	Ensure the environment is supportive of play (including social play, indoor and outdoor play)	32
	Less focus on formal learning (or catch up) and more on independent play and exploration (for example loose parts, play, fantasy, talking and listening and creative activities such as drawing)	31
	Provide more quality time with staff supporting and extending play and playful experiences.	22
	Adults to observe children and support children based on knowledge from their observations	17
	Information and support for Early Childhood Education and Care staff around children's development	16
	Improve early education and care sector communication with parents and to better provide and home learning support	14
	Provide more targeted activities / challenges to develop attention, memory, language and problem solving	14
	Encourage reading and book use to support children’s thinking and talking	11

	Support staff to re-learn how to teach and support the new post COVID-19 under 5's within settings	11
	Provide more singing, music and stories	8
	Adults to engage with children about their experiences and answer questions in suitable language	5
	Support the curriculum documents and take a child centered approach	4
	Use targeted activities or challenges with children to develop self-care and understanding of self and others	3
Family and community	Support a positive home environment	28
	Provide support to parents such as Parenting Give it Time, Reach Up etc.	27
	Parents to play with and to undertake more talking and interacting with their children	25
	Teaching families about how to work with children at home	10
	Reduce or control screen time	5
Strategic: Finance and resourcing	Provide and support more high-quality settings and professionals working with under 5 year olds	30
	Increase Early Childhood Education and Care opportunities for all children; support universal access rather than targeted (e.g. all rising two's and 3 year olds to access funding to FP)	28

	Do not close Early Childhood Education and Care if there is another lockdown (including schools)	22
	Focus on poverty reduction and be poverty aware (for example, screen all communication to families with a 'poverty sensitive' lens)	17
	Extend the Childcare Offer to more groups / families and to more times of the year	16
	Provide more resources and financial support for under 5's	16
	Provide more staff (e.g. TA's) to work with children in Early Childhood Education and Care and schools	13
	Support for services for children with additional learning needs	12
	Provide more qualified teachers for over 2-year olds	11
	Support families to understand and access the finances support available for Early Childhood Education and Care - support people who don't take up funded Early Childhood Education and Care	11
	Fund community and support networks / groups	8

Social and Emotional development	Strategy or support	No of Votes
Practice and Pedagogy in Early Childhood Education and Care	More high-quality early years professionals being trained and employed	32
	Avoid a 'catch up' agenda or putting pressure on children	29
	Provision of outdoor activities and opportunities	26
	Provide opportunities to undertake free play	21
	Create a sense of belonging for children	19
	Support easy to access and reliable sources of support for Early Childhood Education and Care settings around social and emotional development during / post pandemic	19
	Communications and dialog should be developed between Early Childhood Education and Care and parents (not just information giving)	18
	Practitioners to use child-led approaches, supported by observations, such as a PACE approach	18
	Build simple social skills or feelings recognition into fun interactive games and activities	16
	Allow children time to express their feelings	15
	Support talking about thoughts and feelings	15
	Use of training packages like the Incredible Years to support parents, children and staff in Early Childhood Education and Care	15

	Listen to children verbally and non-verbally	12
	Opportunities to read and hear stories / books and to listen and talk about them.	12
	Interactive games and turn-taking activities	11
	Opportunities to have discussions with adults during and about play i.e., children make sense of what's happening through play	10
	Undertake relaxing or stress reduction activities, to have daily rituals or routine	10
	Opportunities to play and socialise with older children or adults	8
	Opportunities to interact with animals	7
	Have a space for talking / calm corner	3
	Role-play activities	1
Family and community	Proving parental mental health support	27
	Supporting families financially and emotionally with high quality parenting support	25
	Neighbourhood based play and family support interventions	22
	Drop-in sessions to support parents and give children a chance to socialise	20
	Focus on family resilience support, for example Circle of Security, Boing Boing's resilience framework, Solihull programmes, parents as first teachers and family support packages	15
	Resources for families and carers to help children understanding their experiences	13

	Family supports- skilled workers using systemic family therapy approaches	11
	Providing parenting support for behaviour management	10
	Support for children and families during the occurrence of a bereavement	2
Strategic: Finance and resourcing	More funding for all children to access high quality Early Childhood Education and Care	27
	Good Quality Early Childhood Education and Care	26
	Focus on the ‘Summer of fun’ concept to get children enjoying and playing rather than 'catching up'	22
	Increase free early education offer to whole year and all more groups	20
	Poverty reduction	20
	Remove barriers to accessing funded Early Childhood Education and Care	19
	Children's Rights focused approach to any intervention	18
	Recognise and listen to the experiences of children during the COVID-19 pandemic	16
	Reduce lockdown restrictions (e.g. keep playground, playgroups open and allow family gatherings)	13

Speech and Language Development	Strategy or support	No of Votes
Practice and Pedagogy in Early Childhood Education and Care	High quality training for Early Childhood Education and Care staff on effective language development strategies for example Elklan	33
	A calm supportive environment, giving time for children to speak - not rushing them	31
	Taking a child-initiated approaches to play and learning	31
	High quality of resources in settings such as picture books, rhymes and songs, lots of opportunities to sing, chant and word play etc	28
	Opportunities for outdoor play and learning	26
	Opportunities to free play, particularly with peers	25
	Limit the focus on 'catch-up' approach	23
	Encouraging the use of conversation-eliciting and maintenance strategies (e.g. open-ended questions, explanations)	22
	Play and quality interactions with a known and trusted practitioner	19
	Opportunities with skilled practitioners for activities such as role play, show and tell, turn taking	18
	Opportunities for pretend and imaginative play	18
	Small group teaching and learning	17

	Opportunities for lots of reading and stories; particularly interactive reading. For example, story time being made 'special' e.g. hot chocolate or cosy cushions utilised	16
	Communication between Early Childhood Education and Care and parents should be developed	16
	Using child led talk techniques	15
	Practitioners who are able to model language	14
	Opportunities for singing, including outside	13
	Implementation of speech and language toolkit / resources such as the Wellcomm Screen	12
	Turn taking in conversations	12
	Oral activities / games that develop vocabulary	11
	Regular attendance at Early Childhood Education and Care settings	11
	Social interactions with adults and peers in different sized groups	11
	Remove the use of masks in Early Childhood Education and Care settings as they hinder speech and language development	10
	Increasing the amount of describing and commenting on both adult and children’s actions by adults	9
	Using prompts, toys and crafts to support dialog and conversation	7
	Link words with pictures to support children's vocabulary development	7

	Use of animals and pets to help calm children and use as a 'buddy' to talk to	6
	Using sign or Makaton to support communication	6
	Have a word/concept of the week that children learn and explore its meaning	5
	Using games such as board games and language games	4
	Use of technology both television and cell phones, iPads, laptops etc with educational programmes	2
	Repetition - repeating sentences back to children	0
	Use of online phone calls	0
Family and community	Encourage parents to talk and sing to their children regularly and often	27
	Access to books / library and parent / toddler groups for parents	23
	Support parents to enable children's speech and language learning at home e.g. eye contact; close interaction; stories and rhymes	23
	Parenting advice on reducing screen time and increasing reading, singing and talking to their child/ren	19
	Supporting parental mental health	18
	Prompting and encouraging conversations within home environment	17
	Support parents to enable children to speak, tell stories and listen at home for example support of high quality interactions (e.g. BBC Tiny Happy People videos)	12

	Regular check ins with speech therapists and reductions in waiting lists	11
	Introduce more mobile libraries (e.g. Story buses)	9
	Speech and language resources for parents	9
	Support in use appropriate communication both verbal and body language	7
	Training and support for adults to undertake dialog with babies	6
Strategic: Finance and resourcing	Further funding and universal access to high quality Early Childhood Education and Care throughout the year	22
	Keeping playgroups, nurseries and playgrounds open during periods of COVID-19 restrictions	20
	Ensure speech and language therapy available at an early intervention stage (for both English or Welsh)	20
	Welsh Government to continue to develop the Talk with Me SLC plan with universal access to training for childcare and early years practitioners	18
	Funding community-based play initiatives	14
	Health boards across Wales need ring fenced funding to support the delivery of first-class speech and language services, so that children's developmental needs are fully supported and waiting times eliminated	11
	Provide guidance about when and how to report concerns about delay and access support	10
	Short-term childcare placements for families where there are child development concerns but where the complexity of the family requires a setting to support development while the worker builds parental capacity to continue the child development targets	9

	Supervision for frontline practitioners e.g. health visitors/ HV team members/ EY practitioners on working with children with language delay	7
	Help children to understand how to communicate in a world where people have their faces covered	3

Physical development and Health	Strategy or support	No of Votes
Practice and Pedagogy in Early Childhood Education and Care	Encourage and support unstructured high-quality play opportunities and time for exploring	36
	Develop confidence and risk taking in children	28
	Play games that involve movement (both indoor and outdoors)	25
	Plan an environment that encourages children to move in a variety of different ways such as to support development of body awareness for example, floor play and climbing	22
	Information to practitioners about the importance of play, risk, challenge and play opportunity.	21
	Strategies/ training to help all practitioners deliver physical literacy development. For example, making links with Forest School and physical activity specialists to lead and improve practice in this area	20
	Promoting resources and training for practitioners on use of the outside area	19
	Free meals with an emphasis on healthy eating and communicating healthy eating messages to parents	18
	Provide children with experiences that allow them to use a wide range of tools and equipment with increasing control	16
	Early identification of children with gross motor/ neurodevelopmental disorders	15
	Gives opportunities for movement	15

	Get afterschool clubs back up and running	14
	Providing more opportunities for wellbeing and healthy experiences for children	14
	More childcare settings to work towards achieving healthy strategies such as the Healthy and Sustainable Pre-school Scheme or Designed to Smile	13
	Provide more outdoor toys and games	11
	Support and undertake a range of activities/play that are engaging and of interest (including those which focus on fine motor skills or gross motor skills)	11
	Use resources and activities to encourage activity and movement	11
	Growing fruits and vegetables to harvest and cook together	10
	More PE sessions as these often get pushed to the bottom of the curriculum	9
	Supporting gross motor play indoors	7
	Use incentives to encourage physical activity and movement, for examples, stair climbs/steps/danceathons	5
	Innovation in games and sports that mitigate the spread of COVID-19	3
	Put music on often	3
	Use stories and books that include heath food and lifestyles	3
	Contact sport should be avoided as much as possible	1

Parents and Families	Free events and activities at local venues / spaces to allow children to experience new environments and develop physical skills	28
	Making activity more affordable for the whole family (for example more affordable sports such as swimming)	28
	High quality parenting support	26
	Provide physical exercise programs for parents and preschool children, to do at home or in a drop-in basis, at both outdoor and indoor locations	24
	Promotion of simple and easy to implement messages on being active and ways to promote physical development from birth e.g. tummy time, This Mum Moves, new parent walking groups, Welsh active early years schemes	20
	Information to parents about the importance of play, risk, challenge and play opportunity	19
	Advice to parents on the adverse effect of inactivity and too much screen time	18
	Ensure that breast-feeding support is provided face-to-face for new parents	16
	Supporting families to feel part of a community	16
	Children should have access to a healthy diet	15
	Adults should undertake more activities and movement with children to encourage their engagement	15
	Increasing access to healthy foods and parental cooking confidence - e.g. providing slow cookers, ingredients and recipe cards, or free or cheap fruit and veg boxes	13

	For working parents with children at home, during breaks from work, parents should take children for short walks in the garden or parks	8
	Regular healthy eating	8
	Training for parents to promote and recognise that 3 hours is a suitable amount of movement time for a child under 5	7
	Short term childcare placements for families where there are child development concerns but where the complexity of the family requires a setting to support development while the worker builds parental capacity to continue the child development targets	6
	In the house, family dance offs are one way to ensure that children move regularly and are also interacting with those around them	1
Society and the outdoors	Encourage adults and children to play in the outdoors and natural environments	25
	Access to meaningful outdoors experiences everyday	23
	Initiatives to support access and time to play outdoors	17
	Encourage children to play with peers in the outdoor and natural environments	16
	Enable children to have access to green spaces	13
Strategic: Finance and resourcing	Universal access to high quality early child education with play-based learning in an out-doors/nature based environment	19
	Keeping playgroups, nurseries and playgrounds open during periods of COVID-19 restrictions	18

	Further funding and universal access to high quality Early Childhood Education and Care throughout the year	15
	Funding community support networks and local community play initiatives	13
	Campaign around ‘summer of fun’ with focus on getting children playing rather than focusing on formal educational ‘catch up’ over the summer	11
	Schools must provide evidence of how they are supporting outdoor play, so that there are not disparities across schools across the country, i.e. Monitoring and evaluation	8
	Increased investment by Welsh Government in outdoor play environments at early education facilities and at schools	8
	Poverty reduction	8
	Polices and strategies which impact on children need to take full account of children's rights	7
	Carry out an audit of outdoor provision to support the widening of experiences	6
	Health check-ups and clearing NHS backlogs due to COVID-19, to ensure children can access necessary care	6
	Investment in parks and green spaces	6
	Increased investment in 'Forest Schools' as a programme of delivery	3
	Focusing the RRRS grant on resources for the outside area. The grant is sufficient to buy large outside equipment for all settings	2

	Further funding for nurseries	2
	Reduce of car vehicle traffic and implementation of low-traffic neighbourhood schemes to allow children to play out on streets	2
	Remove barriers to take-up of funded Early Childhood Education and Care places	1
	Safe cycle lanes	1
	Taxes on unhealthy foods, subsidies for healthy foods	1
	Welsh Government should give subsidies to play based environments to open their doors to parents with younger children across the summer holidays	1

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