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**ECSTOP600**

**INDEPENDENT PROJECT**

**Title**

Children’s Emotional Well-being and COVID-19

**Student Number**

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**Date**

11/4/2024

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Mummy, while I study, thank you to Elsie for helping with chores and Jake for being a good boy for me. I want to prove to you both that the sky is not the limit and that you can achieve beyond if you put your mind to it. I want you both to always remember to try your best, which is what matters.

**Abstract**

This independent research project aims to analyse children’s emotional well-being and COVID-19 critically; the purpose is to gain an understanding of how the pandemic has affected children’s emotional well-being. In contrast to this, how practitioners could play a key role in supporting children with emotional well-being difficulties, including if their level of qualifications could affect the way the child is supported, and the quality of services provided. The objective of the investigation is to have a greater understanding of resilience and evaluate if this could also be a primary factor when supporting children’s emotional well-being.

The chosen method of data collection is a questionnaire using qualitative and quantitative methodology. The data was collected from a nursery and practitioners on the undergraduate early years degree, which gave interesting results due to participants being from different settings. This review's main findings suggested an increase in referrals made after the pandemic, and the importance of resilience was highlighted within the findings. The conclusion of this study emphasises the importance of the quality of services within the early years sector and highlights the role of the practitioner, concluding towards the notion that early years practitioners of a certain level should be able to carry early intervention ahead of time and reduce the strain on outside services to increase the opportunity to minimise further risk to children’s emotional well-being

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**List of Abbreviations**

Abbreviations Definition

COVID-19 Coronavirus Disease 19

DFE Department for Education

EYFS Early Years Foundation Stage

JRF Joseph Rowntree Foundation

LA Local Authoriy

MAPPA multi-agency public protection

arrangement

PTSD Poat Traumatic Stress Disorder

UK United Kingdom

UN United Nation

**Chapter 1: Introduction**

**1:1 Aim of independent project**

This independent research project has a clear and practical aim: to test the hypothesis that COVID-19 has significantly impacted children’s emotional well-being. It also seeks to understand the role of practitioners in providing early intervention for children facing emotional well-being difficulties. The study further aims to determine the role of resilience in children’s emotional development and to observe how children can overcome the barriers posed by the pandemic. A comprehensive mixed methodology of qualitative and quantitative approaches shall be used for data analysis to achieve these goals. The primary data collection method is a questionnaire, which will be distributed to practitioners within the early year's sector to ensure a broad and diverse range of perspectives are included in the study.

**1.2 Justification of study**

Understanding the complexity of children’s emotional well-being and COVID-19 is vitally important if practitioners within the early years sector are to provide adequate support and the ability to identify early intervention for those children who have been highlighted with emotional well-being difficulties because of COVID-19. Recently, there has been extensive research on children’s emotional well-being and COVID-19; thus, from a personal perspective, I have noticed the changes in children’s behaviour, and this is something I would like to evaluate and be able to support within the early years, therefore, creating this small-scale study to obtain in-depth knowledge and understanding the holistic approaches that have influenced children’s emotional well-being. Also, this independent study provides an opportunity to investigate possible contributing factors during and after COVID-19, to demonstrate if there is an influx of referrals for emotional difficulties within children (Dorrell,2023), working collaboratively with others, and analyse the significance of positive and negative brain functions on a child’s development (Zimmerman,2005); moreover, I have always been drawn to the psychological element of children’s emotional well-being and observing how childhood pioneers' and their theories are embedded within children's daily development, for example, Bowlby’s attachment theory, Bandura’s social learning, and Erikson's theory of executive function (Pound,2014), which will be explored within the literature review.

**1.3 Relevance of topic**

In recent years, there has been a growing body of literature that recognises the importance of children’s emotional well-being and COVID-19. Therefore, COVID-19 is still a contemporary issue within the early years sector from a local, national and global perspective (DFE,2022); consequently, the UK government has placed a contingency plan to recover the early years sector, including a focus on children’s emotional and social development (GOV,2024); furthermore, there has been intensive media coverage and difficulties created due to the pandemic with global and national data evolving daily. The current political implication is the increasing rate of referrals and the funding to support this pressure; as a result, this could maximise the risk of children who could have social and emotional difficulties rather than maximise the opportunity for support (Children Act,2004); in other words, with this political implication, this could cause children to have later in life difficulties (The Children’s Society,2023). Hence, this is just one of the reasons why practitioners should be interested in this topic, due to the apparent reason that it could lead to lifelong difficulties in emotional well-being; from this perspective, to have a greater understanding of knowledge of how emotional difficulties affect the brain structure and day-to-day function, for example, cognitive development (Kar et al., 2008); while evaluating how COVID-19 could have a more significant influence on children’s brain function, the literature review will highlight the importance for children to gain the ability to regulate emotions through the amygdala function (which is located in the prefrontal lobe). In addition, exploring what could happen if there is an increase of cortisol hormone due to contributing factor of COVID-19 and how this could affect the amygdala (Pechtel and Pizzagalli,2011); further consequences which we ought to be analysing is the national issue of the increase in poverty since COVID-19 and how this also could diminish brain function and development due to malnourishment (British Nutrition Foundation,2022); with these points in mind, practitioners should be concerned as these issues affect the future generation.

**1.4. Summary of Key Areas that I hope the Research addresses.**

The key areas I am hoping will be addressed within this independent research project are the significance of the practitioner's role when supporting children with emotional well-being difficulties and the role of leadership within the setting when supporting their staff members to provide quality services in the early years; in contrast, how confident practitioners are when working collaboratively with others and whether their qualification provides a difference in services, for example. Identifying a need for early intervention, the ability to adapt reports into activities, and if they have adequate training to reduce the pressure on other professionals and services.

Additionally, another area that I feel is quite important is highlighting the magnitude of referrals since COVID-19 and the need to support children with well-being difficulties, including how the children have returned to their early years' provision; in this respect, it would be interesting how the study highlights the importance of resilience and how it could reduce later in life emotional well-being difficulties.

**Chapter 2 Literature Review**

**2.1 Theory of Social and Emotional Development**

The EYFS (DFE,2023) defines social and emotional development as influencing a child’s development and could promote healthy relationships later in life, including cognitive development, thus accentuating the importance of emotional and social development in early childhood (Murray and Palaiologou,2018). Drawing on the concept of Erikson’s ‘executive function’, it has been noted that his theory demonstrates the ability to self-regulate basic cognitive and emotional processes to become resilient when completing tasks (Mooney,2013). In addition, practitioners may support children within the early years setting by providing activities to promote turn-taking; it has been conclusively shown that this can help children regulate their emotions to reduce frustration (Eisenberg et al., 2010). Consequently, modelling behaviour can play a crucial role in ensuring practitioners can demonstrate to children how to resolve a social conflict, which is linked to Bandura's theory of ‘Social learning’(Pound,2017). Also, this points towards the ‘Resilience Theory’, a process that concentrates on positive and contextual social behaviour that interrupts disruptive development that could trajectory into unwanted behaviour due to frustration (Zimmerman,2005). Therefore, encouraging children at an early age could support their resilience later in life and gain the ability to combat difficulties and situations (PHE,2014); in other words, early years services promoting children’s emotional resilience reduce the risk of mental health issues (The Children’s Society,2023); furthermore, practitioners could support the individual child by introducing a timeline of the day to count down when it is home time and praise the child for achieving each routine, which suggests Skinner’s theory of positive reinforcement (Pound,2014).

Practitioners today can support building emotional resilience within the early years provision through the settling-in period, pointing towards Bowlby’s Attachment theory (Holmes,2006) and introducing small steps to encourage anxious children to settle in their new key person as well as surroundings (Early Education,2021), by providing a stay and play session as well as using the child’s likes to gather resources to develop a self sooth box for distraction (Young Minds,2019); practitioners can talk calmly and assist the child through emotional literacy (Bruce,2010). Thus, encouraging children to separate upon arrival and to have a secure base within early years settings (Lindon,2013). In this respect, a key person helps children settle into different transition periods to demonstrate transferring to educational settings, new homes, family structure and bereavement (Kaplan et al., 2023). Consequently, by understanding the Bronfenbrenner Ecological System, which focuses on a centred child approach (Early Intervention Foundation,2023), practitioners can work collaboratively with those who understand the child to provide adequate intervention, has each social interaction a child can build resilience in development (McCrimmin et al., 2018). Children’s level of resilience emerges from individual personality and develops through life (Antony,2022); furthermore, practitioners can provide children with certain activities that can promote social and emotional development; this points to Pavlov's theory of conditioning. Activities could include stories, role play and visits to support the child’s needs (Rescorla,1988)

**2.2 Brain development: The Positive and Negative effects.**

Recent studies suggest that brain development starts within the womb; providing a healthy, balanced diet during pregnancy increases the chance for children to develop a healthy brain (Please see Appendix 1) (WHO,2016); however, COVID-19 is currently a leading cause of poverty, with an estimated 120,000 children being placed in deprivation within the UK (Butler,2020), leading to children and families becoming malnourished due to inflations and cost of living (British Nutrition Foundation,2022); therefore evidence suggests, malnourishment could affect the function and pathology of the brain resulting in poor motor skills, cognitive skills and working memory (Kar et al., 2008). In addition, children perform poorly in tests with low emotional and social development (Roger et al., 2022) consequently, children could become unable to achieve milestones (Fan et al., 2021), for example, throwing and catching large balls, walking, climbing, coordination for handwriting, language acquisition and cognitive development in processing information to support learning (Development Matters,2023) however, early childhood malnourishment is decreasing with early intervention (Galler et al.,2021).

Extensive studies have shown that a healthy diet can also develop Neuron Function and improve cognitive development and memory, thus making a happy brain (Ahmed et al., 2021); it has been found that the intake of high-quality food containing vitamins, minerals and antioxidants protects the brain from oxidative stress which could damage cells (Selhib,2022) moreover, healthy eating programmes within schools has been a process before COVID-19 (British Nutrition Foundation,2023) encouraging those in deprived areas to receive free school meals according to the Education Act (2006), The Welfare Reform Act (2012) and finally Children and Families Act (2014). Yet, UN ministers visited the UK in 2018 and argued that not enough was being made to support families (Booth, 2019) therefore, pointing to extreme poverty in the UK because of the government providing insufficient funds for families on benefits, with eighty-five pounds for a weekly allowance (Booth,2023). Professor Philip Alston (2018) claims that a fifth of the UK still lives in poverty, and 50% are below the poverty line; 1.5 million people are unable to afford basic requirements, which leads to Maslow’s Hierarchy of Needs that could prevent children from reaching self-actualisation. Also, pointing towards psychological problems, children could become less accepting of themselves, and others may not feel loved and protected (Help Children Live Better, 2023). JRF (2023) suggests that between 2020 and 2021, 32% of children were living in poverty in Havant and 33% in Portsmouth, therefore displaying the top percentage of deprivation in the southeast (Please see Appendix 2 and 3); thus pointing towards the early argument of Professor Alston’s (2018) argument.

In a recent study, COVID-19 heightened the risk of abuse (NSPCC,2020), which could link to emotional well-being difficulties, for example, post-traumatic stress syndrome through being subjected to ill-treatment, including seeing or hearing others being ill-treated (Children Act,1989). Research shows there are three systems within the brain: the threat system, identifying potential danger; the reward system, where a child responds to positive experiences; and lastly, the memory system, where experiences become stored memories (McCory, 2023). Consequently, children who are exposed to regular abuse could become hypervigilant, hence pointing to the threat system becoming over-heightened, resulting in a decreased attention span (McCory,2020). Children could also experience difficulties in regulating emotions due to increased reactivity to social rejection, withdrawal of self and feeling anxiety in a safe environment, resulting in restricting the ability to build relationships (Abbat and Burkitt,2023). Hence, this links back to an increased risk of emotional and social difficulties to demonstrate PTSD, depression, and anxiety, leading to latent vulnerability later in life (Clark and Mackay, 2015). From this perspective, the cortisol level will increase through stress, leading to the thinking process becoming unresponsive due to irrationality; this could point to adverse decisions that indicate the amygdala function is becoming disruptive (Pechtel and Pizzagalli, 2011); it also links to the hippocampus function in the way it may become turbulent, thus providing difficulties to store memory and support cognitive development (Kim et al., 2015).

**2.3 Early Intervention**

Interventions for children and families depend on their support needs, which are low, medium, and high (Hampshire County Council,2023). Early Intervention Foundation (2023) defines this stage as reducing the risk factors that lead to more harm. This is also reinforced in the Children Act (1989) ‘article 19’ and Children Act, (2004) section 9 A (1), which sets targets for children and their families. This points to Bronfenbrenner’s Ecological System (Appendix 4), which places the child’s voice first (Ravenscroft,2019). However, during COVID-19, due to social restrictions, it was difficult for Early Help Hubs to meet families in person; therefore, they used virtual video calling to connect with families (Hardy et al., 2021). In contrast, not all families have access to the internet and connect with professionals; Ofcom (2021) argues that there were still 1.5 million people offline during COVID-19. As a result, this demonstrated a barrier to early intervention, suggesting that this could further strain supporting families with targets (Milson,2020); consequently, the waiting time has increased and missed opportunities are arising; thus, the needs of the children are not being met. This is drawn to our attention by Hall (2023), who argues that 60% of children are still waiting, and in 2021 -2022, 35% of children were being turned away and forgotten. However, Practitioners in the early years setting could provide early intervention by receiving adequate training (Working to Safeguard Children, 2018).

**2.4 Working Collaboratively**

The objective of working collaboratively is to maximise opportunities and minimise risks (Children Act, 2004). This was emphasised in the now archived Every Child Matters (2003) due to Victoria Climbie’s serious case review from the Lamings Report (2002); everyone must ensure the centred child’s needs are met (Working Together to Safeguard Children, 2018). However, since legislation has been passed, there are still severe case reviews within early childhood, which point to failure within the system and communication in sharing information between MAPPA (Mann and Lundrigan, 2023).

Yet, the rise of abuse in COVID-19 caused a barrier for early childhood practitioners to work collaboratively in a multi-agency (Gov, 2021). Practitioners were unable to monitor vulnerable children due to children services not being able to enforce the children to attend early years establishments (BBC, 2020) to demonstrate Arthur Labinjo-Huges, a six-year-old boy who suffered abuse had unfortunately lost his life and was found to have 130 injuries to his body (Bland,2021);thus, this case highlighted the difficulties and barriers professionals encountered.

Recent research from DFE (2022) shows that emotional well-being disorders have risen since COVID-19, with 900,000 young children and people on a referral waiting list, resulting in services now at a crisis point (Dorrell,2023) consequently, affecting services within the community to support families, children and early years services therefore, increasing paperwork for practitioners to support children’s development (DFE,2022) which could link to increased risk and difficulties for later life (Chowdry and Oppenheim, 2018).

**2.5 Parents and Guardians**

According to Fitzgerald (2010), breaking down barriers for children to observe a unity between placement and home is essential; in addition, parents are children’s first educators (DFE,2012), and it is beneficial to work alongside parents; however, COVID-19 enforced a barrier between parents and practitioners due to bubble systems restricting contact (DFE,2022). Other parents would work from home, with the added responsibility of homeschooling pointing to further stress, which could lead to emotional well-being difficulties (Ferguson,2021) as more parents felt under pressure during the second lockdown, with three out of ten parents of primary-aged school children feeling they were more anxious,14% crying more frequently, 18% suffering sleepless nights and 10% arguing with partners (Oxford University,2021); Yet, not all children lived with both parents during COVID-19; it was up to the parents to assess and decide if the children would move between homes (Foster and Loft,2021); furthermore, not all parents are on amicable terms. Flanagan (2020) implies that lockdown was an opportunity to remove the other parent’s responsibility and believed that this could lead to parent alienation, where one parent uses a form of emotional abuse towards the child to provide inaccurate comments and prejudiced remarks about the other parent (Doughty et al., 2018). In other words, the child could believe that the other parent has abandoned them, leading towards low self-esteem, anxiety, and depression (Mehta,2021). On the other hand, not all families could connect due to long distances. To overcome this barrier, families could use technology, for example, zoom and digital devices (Coventry University,2021); this was also the case within schools using Google Classroom to connect and encourage remote learning; nevertheless, despite placing learning support, Clever et al., (2011) directs our attention to parents who have several personal challenges which could prove difficult to provide a safe environment for their children, referring to NSPCC's (2020) argument that COVID-19 has heightened abuse within the home.

**2.6 Government and COVID-19**

Ofsted (2021), claims that children are settling back into provisions efficiently; however, it was also reported that it was too early to understand the percussion of COVID-19 on children’s emotional well-being. Consequently, establishments made network programs to promote social interaction and set social activities within the early years. The House of Commons (2023) suggests that the government must ensure that families and children access high-quality services, thus pointing to leadership teams incorporating provisions and adequate training to ensure practitioners can provide appropriate training (Camp-Barr and Leeson 2016). As a result, Ofsted is enrolling inspections to ensure quality services are provided by 2025 (Gov,2022). Yet, the outcome of reduced funding in LA and has placed pressure on services with limited training and financial difficulties (Mason,2023), which potentially guarantees that all staff are adequately trained (Gaunt,2021). In this respect, settings employ apprenticeships due to the cost of wages and the inability to afford level-three practitioners (Nutbrown,2021); furthermore, this could also point to a risk in identifying potential emotional well-being difficulties in children who may need early intervention, due to a lack of knowledge (Peeters and Sharmahd, 2014).

**2.7 Summary**

In conclusion, the essay reveals there could be multiple missed opportunities within the early years sector with early intervention (Mann & Lundrigan, 2023); and the pressure COVID-19 has caused on the growing waiting list (Milson,2020); thus, the difficulties of early years establish affordability for practitioners and training due to the cost of living (Nutbrown,2021). On the other hand, the government has implemented strategies to support high-quality services (Ofsted,2022). In addition, it could affect the way practitioners help parents and children on return to early years provision, thus leading to the importance of resilience. Mastering this could support brain development to prevent later in life (Fergus and Zimmerman,2005).

**Chapter 3: Methodology**

**3.1 Introduction**

The methodology chapter for this research is to provide information to support the validity (Kallet,2005); thus, throughout this chapter, there shall be coherent details of the interpretivism paradigm and the mixed methodology approach, which are qualitative and quantitative (Kumar,2014); hence leading to the chosen method for data collection, this will be a questionnaire about ‘Children’s emotional-well-being and COVID-19’. Furthermore, the method section will also discuss the importance of ethical guidelines for instance, permission, piloting the questionnaire before controlled distribution (BERA,2018) and potential barriers in childhood research (Mukherji and Albon,2023).

**3.2 Reflexivity**

A vital aspect of this Methodology chapter is reflexivity; Holdo (2022) reminds us that Dewy’s reflectivity is a cycle that allows practitioners to transform unclear information into structured definiteness and supports progression, while Boud et al., (1985) also maintain that an individual’s intellect will have a new understanding and appreciation from evaluating practice and research; therefore, this practitioner will apply reflexivity throughout to provide a clear vision of possible barriers and resolution (Hainline et al.,2018).

**3.3 Research Paradigm**

Aubrey et al., (2000) claim that a researcher's choice of paradigm affects their understanding of ethics and acknowledge interpretivism could have many perspectives, while Mukherji and Albon (2023) suggest that interpretivism research recognises many different patterns of why society does what it does. In other words, this small-scale research aims to critically analyse the in-depth variables of social science to determine how COVID-19 has affected children’s emotional well-being (Husam, 2020). However, there is much criticism towards interpretivism; there is a potential risk of subjectiveness (Goldkuhl, 2010), which could corrupt and produce a biased piece of research; as a result, the validity of the study would become questionable as well as potentially dismissed (Atheide and Johnson, 2011); In addition, this could link to unconscious and conscious bias, when the researcher either intentionally or unintentionally controls the outcome (Pritlove et al., 2019).

**3.4 Methodologies**

Kumar (2014) suggests that the mixed methodology approach provides an evident understanding of a situation or phenomenon rather than using only one methodology. The first of the two mixed methodologies is qualitative, which gathers non-standardised data and critically analyses pictures and language rather than quantitative, using numerical data to analyse within graphs and statistics tables (Rahman,2016). On the other hand, the research methodologies could support the ethnography, as it aims to understand the effects of COVID-19 on children’s emotional well-being and to have in-depth descriptions as well as the interpretation of this topic (Coffey,2018); thus, using the current social world to gain insight of children’s everyday resilience after COVID-19 (Buchbinder et al., 2006). The method used throughout this research is questionnaires. Consequently, there are limitations to this chosen method because of the research size involving only twenty participants (Kumar,2014); furthermore, the data collected is a small sample within the time frame given. However, Cohan et al., (2018) suggest the response rate could be increased by designing a questionnaire that is appealing and simple for participants to use, as well as using reminders to complete the questionnaire.

**3.5 Data Collection Method**

The data collection method will be a questionnaire; on reflection (Gibs,2013), it is a simple way to collect data from a group of twenty participants and effortlessly incorporates the mixed methodologies together (Young,2016); therefore, this practitioner plans to analyse the qualitative data gathered from the questionnaire and turn it into a quantitative numerical data, to demonstrate within a series of charts for instance, a bar and pie chart, this could then illustrate the percentages and whole numbers for the findings (Bazley,2009).

Before collecting the data, firstly, I would have to consider the purpose of my questionnaire, which is to support the topic and paradigm of my research (Cohan et al.,2017). secondly, I would have to formulate research questions that will then relate to the children’s emotional well-being and the effects of COVID-19(Newby,2014); thus, the ideology behind the design of my questionnaire is to ask specific questions to identify practitioners' knowledge and understanding that links to the subject of my independent project (Hobbs,2014), for instance, practitioners ability to create activities based on individual reports, provided by other professionals. Hence, the target audience I would like to participate in my questionnaires is early years practitioners, as they have a crucial role in supporting children with difficulties in emotional well-being (Kaplan,2004). In addition, the questionnaires will be handled in a controlled distribution, which could help with anonymity and ensure the questionnaires are emailed to the targeted participants (Mukherji and Albon,2023); moreover, the design of the questionnaires is to gain knowledge from practitioners, which, could then point to quality services as suggested within government policies and to identify if they have adequate training to support early intervention (GOV, 2022).

**3.6 Piolet Questionnaire**

A minimum of six questions are in the questionnaire, and a maximum of twenty participants; this is to prevent the method from becoming too ambiguous, which could lead to the miss-interpretation of the data collected (Einola and Alevesson,2020); the piolet questionnaire will be sent to my supervisor, this will support reflectiveness within the research to identify discrepancy within the questions that could be subjective and direct (Mukherji and Albon,2023). Once piloted and reflected on the questionnaires with the supervisor with confirmation, I would like a week's time frame, allowing time to communicate with the early years provider and start distributing the questionnaires straight away, as I feel this will keep the data collection and analysis on track to be completed (Corttell,2017). Thus, it provides enough time to correct further barriers that may arise.

Mukerji and Albon, (2023) point out that questionnaires need to be presented and organised well and should be free from jargon for participants to follow and complete; this could reduce barriers, for instance, English as an additional language, hence why the questionnaire is sent to practitioners and not the wider community (Kolb,1984)

After a discussion with the supervisor, some questions had to be removed due to the risk of politics; this could lead to the risk of direct and subjectiveness within the answers, which could affect the outcome (Cohan,2017); in contrast to this, adjusting the questions has supported the research being objective (Kumar,2014). Furthermore, I had to remove the red stars from the questionnaire as this meant that participants could not pass on a question; in line with BERA (2018), this could have posed a breach due to participants not having the choice to withdraw from answering a question and pose a concern of ethics within my work. On reflection (Gibbs,2013), I am also wary of how the questions are written to avoid condescending language (Squires et al., 2019).

While reflecting on the piolet with the supervisor, it was noted that there were too many questions within the questionnaire, which, as stated before, would have been too ambiguous for me to analyse (Staller, 2021). Therefore, I removed questions, as this could encourage participants to be engaged, maintain focus, and reduce the possibility of me becoming overwhelmed when evaluating the findings (Kolb,1984). In addition, there could be a risk of the questionnaires being answered randomly or misread due to time issues (Young,2015); thus, to overcome this barrier, one could suggest a time frame for participants to complete the questionnaires; this solution could offer adequate time to evaluate answers (Atkins and Murphy,1993).

**3.7 Ethics**

Mukerji and Albon, (2023) state that, Ethical consideration should be applied through the research process from this perspective, Brookes et al., (2014) argue that, ethics is the morality of the person performing the research. In other words, my morals and understanding of right from wrong are taken into consideration while completing the data collection process; the British Educational Research Association, (2018) (BERA) argues that, while performing data collection within research, participants must have the option to withdraw at any time, thus leading to consent emphasised within the Confidentiality Act, (2018) which implements the European Union’s General Data Protection Regulations, (2018) (GPDR) stating, information must be transparent between the researcher and participants. Also, the information must be processed lawfully and fairly to ensure that no distress occurs while participants complete questionnaires; for instance, no discrimination will be made against sex, religion, age, or gender. Moreover, to ensure the establishment's reputation will be unharmed during the process (BERA,2018). Therefore, on reflection (Gibbs,2013), this practitioner will be informing the gateway keeper of the intention of the research, in accordance with the Confidentiality Act (2018) and BERA (2018) guidelines, a letter of consent will be emailed directly to the early years setting manager, outlining the intentions of the research, the process, who It is aimed at, and guaranteeing confidentiality throughout, also known as informed consent (Mukerji and Albon,2023). In addition, I will be detailing that all personal information will be blocked out to implement anonymity (Dougherty, 2021). Furthermore, there is a small written passage at the beginning of the questionnaires informing those of who I am and the aim of my independent research (Gov, no date); this clarifies why I am contacting them requesting their involvement in collecting data (Aubrey et al., 2000). The questionnaire introduction also states clearly and reminds participants that they can withdraw before starting (Gordon, 2022); however, they cannot withdraw after submitting the questionnaires (please see Appendix 5). I will also provide an opportunity if the participants wish to read my independent research project, and if I do very well and there is a prospect to publish, I would like to do so (Gibbs,2013); however, this practitioner should still be mindful of Mukherji and Albon’s (2023) argument that, researchers who are articulate and cautious in their studies could still cause harm to child subjects and others.

Information obtained will be placed within a securely locked pass-coded laptop as well as a pass-coded file (GPDR,2018), to which I will be the only person with access; this could prevent leaked information or exposure of identities of the early year's provision (Korstjens and Moser, 2017). I have chosen a nursery that I have no connection to (Gibbs,2013); through having no connection with the earlier year's establishment, my positionality will be easier on the reflectivity as my influence will be impartial and objective (Dwyer et al., 2009) thus not being an inside researcher could eliminate any distress towards myself and any disagreements that could arise within the setting (Holmes, 2020).

**Chapter 4: Findings and Data Analysis**

**4.1 Introduction**

This chapter aims to evaluate the evidence accumulated from the qualitative and quantitative questionnaire (Appendix 7) while critically analysing individual results of each question to support the overall findings of this topic; the data will be displayed in numerical graphs as well as written paragraphs to explain the outcome thematically (Denscombe,2021).

**4.2 Coding**

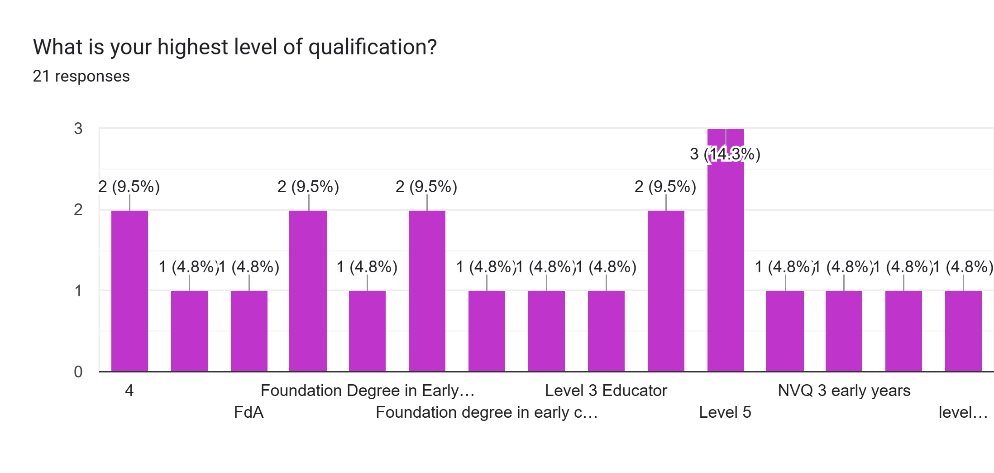
Coding is an analytical process of transforming information from the questionnaire into coherent terminology that the reader can easily interpret (Mukherji and Albon,2023). To begin the coding process, I became familiar with the data by reading the charts; I was then able to place the data thematically, which would identify common themes in the data (Coolican,2018) to demonstrate four thematical patterns that appeared in this questionnaire were, practitioner’s level of knowledge, children’s resilience, working collaboratively with other’s and quality of leadership and training. Once the data was placed in themes, I was then able to begin writing the findings; furthermore, I was able to develop concepts and form some generalised statements that linked to my research question as well as relating the findings to the arguments made within the literature review (Denscombe,2014).

**4.3 Background variables**

According to Blaxter et al., (2010), the methods and techniques used for research support the validity and reliability of findings. Thus, there are a few variables that contribute towards the findings within the data; however, I have controlled the variables within my research and have purposely chosen not to include age brackets for ordering children into groups within the questions; furthermore, there is no gender category; consequently, the reasoning for not involving these specific questions is to prevent stereotyping which, could lead to subconscious bias (Pritlove, et., 2019); however, there is only one controlled variable which asks a specific question that categorises the participants by knowledge, and that is highlighting their level of qualification (Mukerji and Albon,2023). In contrast, this question could relate to all findings, considering the literature is about emotional well-being and COVID-19; also, keeping in mind the level of knowledge and understanding could affect the outcome of how practitioners support children within the early year’s settings.

**4.4 Theme One: Practitioners' level of knowledge**

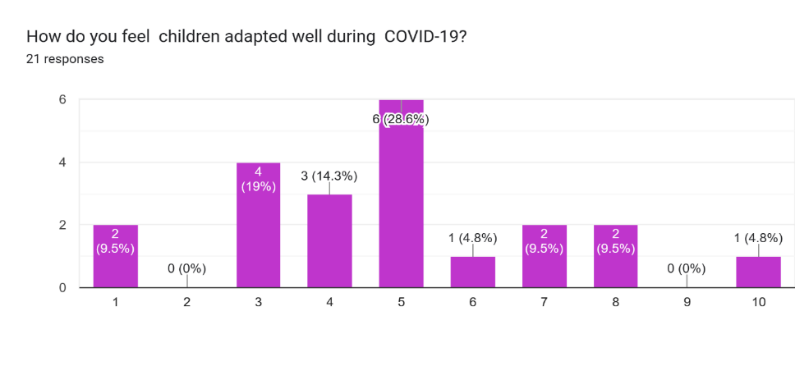
**Figure 1**

**Figure 1**

The evidence from this numerical data suggests that 4.8% of participants have an equivalent qualification of a level three, 9.5% have a foundation degree, and 14.3% have achieved level five, thus pointing to the government's argument of the quality of services within the early year's sector (House of Commons, 2023); furthermore, demonstrating that higher qualified practitioners could support others in developing their knowledge and understanding which could be observed in Ofsted inspection (Gov,2022); however, due to no evidence of apprenticeships taking part within the questionnaire the data is unable to suggest that early years provisions are more inclined to employ apprenticeships due to the cost of living (Nutbrown,2021); also, data is unable to clarify if the increase of apprenticeships in the setting could affect early intervention.

**4.5 Theme Two: Children’s Resilience**

The participants were asked to recall the children’s ability to adapt during COVID-19. Figure 2 presents the breakdown of the question, which was presented as a linear scale. What stands out within this Bar chart is that 71% out of twenty-one participants suggested that children’s ability to adapt during COVID-19 was at the lower end of the scale, pointing to the interpretation that children needed lots to moderate support.

**Figure 2**

***(1 = Needs lots of Support 10 = Very Confident*)**

However, 28.6% of the participants pointed out that the children they looked after had a more remarkable ability to adapt during COVID-19, which could indicate they needed little to no support; further analysis, based on these statistics suggest, 28.6% of the children had greater resilience than others as well as pointing to healthy emotional well-being, while 71% of children were significant to moderately impacted by COVID-19. This leads to the importance of Erikson’s theory of ‘executive function’ in helping children to have the ability to self-regulate emotional processes and build resilience, resulting in the ability to adapt to different situations (Mooney,2013).

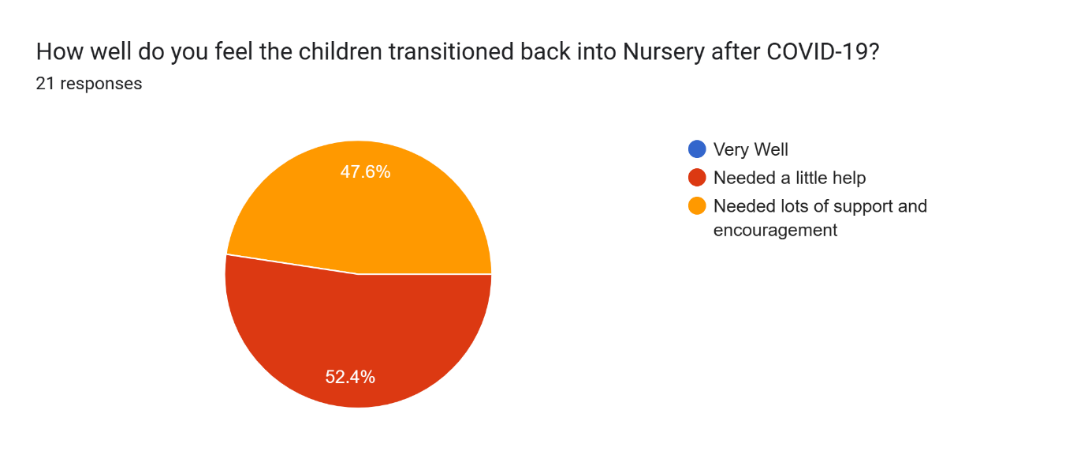
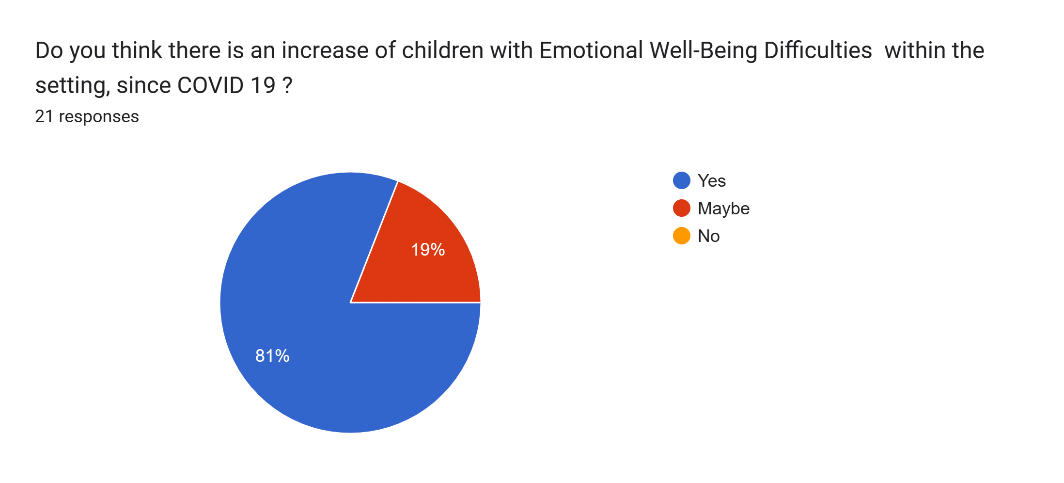
**Figure 3** 

Figure 3 above asked the participants to reflect on how well the children transitioned back into the nursery from COVID-19; the pie chart above shows the proportion in different categories, which displays the following: 52.4% of the participants stated that children needed a little help, while the other 47.6% reflected that children required a lot of assistance to transition back into the nursery. If given more time for this independent project, it would be interesting to investigate how many children out of the 52.4% were key people children and how many stayed at home with their parents. Nevertheless, this demonstrates the importance of the role of the practitioner, supporting Bowlby’s attachment theory to create a secure base (Holmes,2006) as well as the importance of helping children to regulate their emotions, in addition to backing the ideology of emotional literacy and placing intervention to provision the return of children (Bruce,2010).

**Figure 4**



The Final data out of this set of thematical questions asked the participants to indicate whether they thought there was an increase in emotional well-being difficulties since COVID-19; the following data shows an astonishing 81% of participants felt there was an increase in emotional well-being difficulties, this could point to a potential risk for children to obtain the ability to resolve the challenges and situations later in life (PHE,2014); in addition, with little to no resilience this could manifest into unwanted behaviour, due to children not being able to regulate their emotions (Abbat and Burkitt,2023). There are many reasons that could lead to the increase in emotional well-being difficulties since COVID-19; for example, as argued within the literature review, the possible increase in abuse could have amplified during the pandemic (NSPCC,2020); in addition, this could have led to post-traumatic stress syndrome from hearing or seeing ill-treatment (Children’s Act,1989); moreover, supporting Abbat and Burkitt,(2023) argument that children could of experienced an increased reactivity to social rejection resulting in alienating themselves from others, which could also lead to anxiety in a safe environment.

**4.6 Theme Three: Working Collaboratively with Others**

In Figure 5, the question was designed to rate the participants' confidence in identifying emotional well-being difficulties. This relates to the literature review concerning how confident practitioners are in recognising signs and symptoms to provide early intervention (Working to Safeguard Children, 2018).

**Figure 5**

Forms response chart. Question title: Are you confident you can identify signs and symptoms for Emotional well-being Difficulties ?   
. Number of responses: 21 responses.

The data from the pie chart shows that 85.7% of participants strongly felt that they could identify emotional well-being difficulties, compared to the 14.3% who are not overconfident; however, they are confident enough to recognise the signs and symptoms. From the first chart displaying practitioners' qualifications, there is no surprise that there is 0% for the answer ‘no’, thus relating again to the importance of quality services (Gov,2022).

This leads to the next set of data gathered in Figure 6, which asked the practitioners to rank how confident they are working in partnership with parents (Fitzgerald,2010); breaking down barriers between parents and practitioners is essential as they are children’s first educators (DFE,2012). However, obstacles were created during the pandemic, possibly meaning that the relationship between the practitioner and parents was strained due to bubble systems, lockdowns, and only accepting key people's children (DFE,202)

**Figure 6**Forms response chart. Question title:   As an individual how confident are you working in partnership with parents?  
. Number of responses: 21 responses.

***(1= Need support 10 = Very Confident)***

Figure 6 presents an overview of the variety of answers from participants, with participants (38.1%) expressing they were very confident when working in partnership with parents and participants (7.1%) suggesting they were moderately confident. However, surprisingly practitioners felt that they were not as confident as the others, ranking themselves at three, considering practitioners work in partnership with parents daily; this possible outcome was not contemplated or discussed within the literature review.

**Figure 7**

***Scenario:***David displayed an attachment difficulty after COVID-19; Portage has come in to provide targets for David,

 As his Key person, would you feel confident supporting David with his targets and creating activities based on his report?

A graph with purple squares and numbers

Description automatically generated

***(1= not very confident 10= very confident)***

Figure 7 presents the summary of statistics of how confident participants would be when interpreting reports from other agencies to facilitate children's development; moreover, to gain data to see if they felt they had the confidence and knowledge to transfer information into developing tailored activities for individual needs, therefore, pointing to practitioners' ability to create and carry out their own interventions for children with emotional well-being difficulties. However, this could increase the paperwork for practitioners when it comes to early intervention (DFE,2022); in contrast, this could ease the strain of services (Dorrell,2023); therefore, early years settings could have the potential to develop their early intervention service, and once more leading back to the practitioner’s level of knowledge and understanding to achieve this (Gov,2022).

The data above also show some similarities against the chart representing working in partnership with parents; 38.1% answered that they were very confident when it came to interpreting a child’s report to place strategies within activities, and felt that they were moderately confident when carrying out the same task.

**Figure 8**

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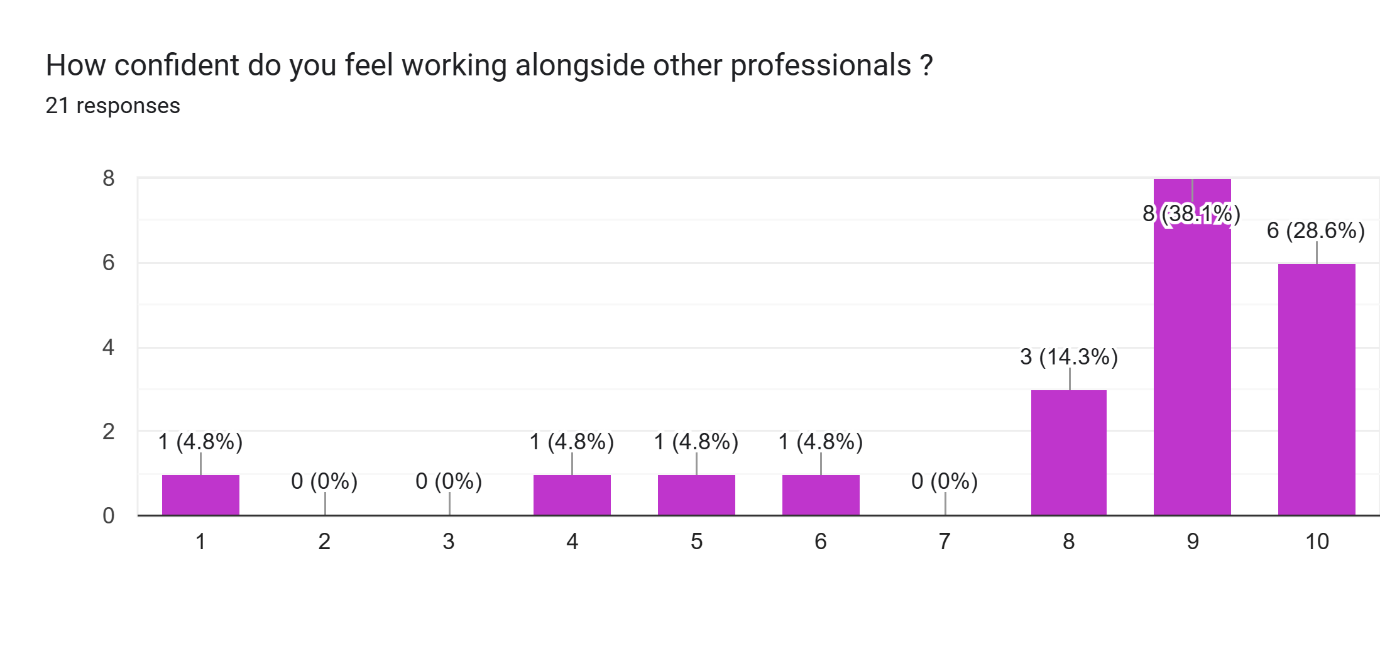
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The qualitative data displayed in Figure 8 asks participants to give a brief explanation of whether they felt they had adequate training to support early intervention. Six thought that they did have sufficient training, while seven disagreed and answered no or maybe.

Thus, this draws my attention to Figures 5, 7, and 8 again, which are all thematically about early intervention. Interestingly, the data in Figure 7 suggest 100% of the participants rated five or above, inferring they felt confident that they could interpret reports to develop activities for early intervention; in contrast, the results in Figure 5 also support this conclusion, with 81% of participants implying that they would be able to identify the signs and symptoms of emotional well-being difficulties confidently, in contrast to this, when gathering data about adequate training, this is when Figure 8 seems to contradict both Figure 5 and 7. The data in Figure 8 displays the majority of practitioners' answers as no or maybe, yet six said yes; hence, interpreting these results points towards the suggestion that the majority of practitioners are not that confident when it comes to early intervention, without the adequate training to identify signs and symptoms within this subject, as well as interpreting reports to provide appropriate activities, there is a possibility that practitioners are unable to maximise opportunities and minimise risks (Children Act, 2004); which, Working Together to Safeguard Children (2018), discusses within the government document including training and early intervention. However, on closer inspection, there were only fifteen responses to this one question. Consequently, the response rate for this data is lower than the charts provided above in 5 and 7. Therefore, there is inaccuracy within this data, and the findings do not provide a factual outcome for Figure 8. Hence, this could be the reason why the results are contradicting.

**Figure 9**



***(1 =Not very confident 10 = Very confident)***

The bar chart above shows that most participants feel moderate to very confident, with most of the statistics at nine (31.1%) and 28.6% of the practitioners being very confident; on reflection, this could be down to experience and having the opportunity to work alongside other professional (Gibbs,2013). However, two participants (9.6%) suggest they are less confident than their peers. Therefore, this could pose a barrier when it comes to meeting the needs of the children. Due to their lack of confidence, practitioners may become nervous when discussing their needs and miss information. However, this could also happen to the more confident practitioners within the setting (Mann & Lundrigan, 2023).

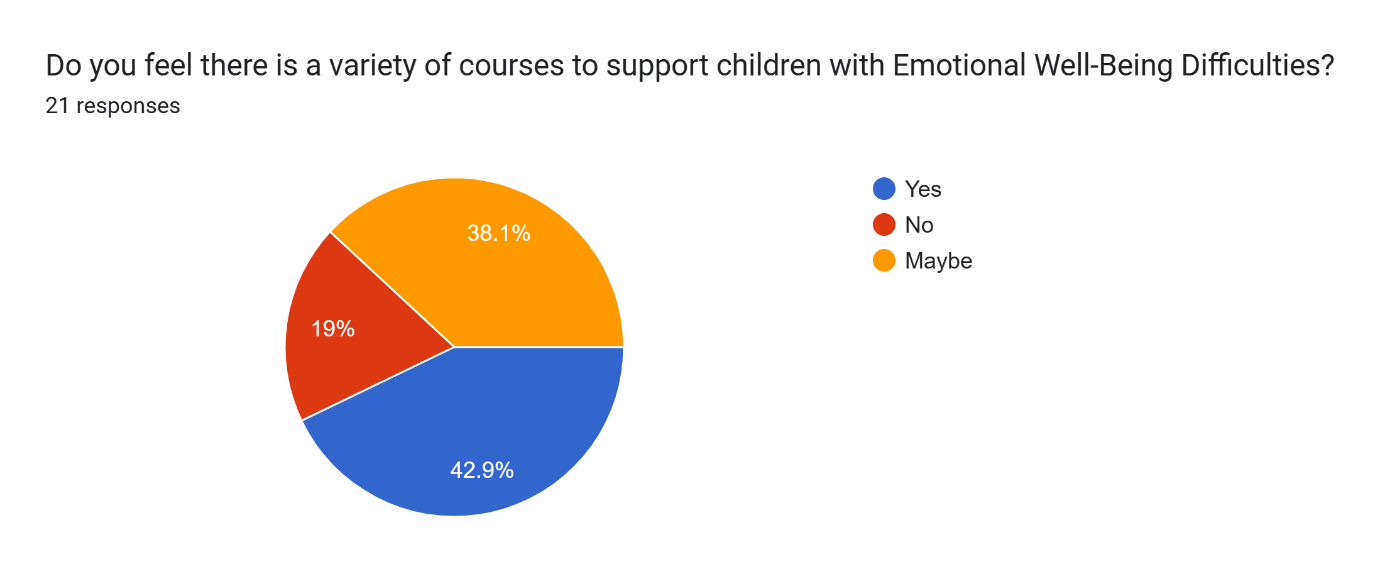
**4.7 Quality in leadership and training**

The first of the two thematic questions elicited information on how much support practitioners feel they get from the leadership team regarding training. The pie chart below demonstrates the percentage of the answers provided; an overwhelming 90.5% of participants agree that they receive support when applying for training, while the other 9.5% suggest that they may have support.

**Figure 10** 

On reflection, again, there is a trend within all the statistics gathered throughout this research is that is consistent in regard to the importance of having adequately trained and qualified staff members (Gibbs,2013); in addition, from translating these results it appears that settings are striving to have excellent quality services, in order to facilitate children with emotional well-being difficulties after COVID-19; in contrast, we cannot dismiss that there is a small percentage of practitioner's that feel they may not have the full support of leadership team; in comparison to this, if this research had more time to extend data collection and analysis of findings it could depict why the 9.5% of practitioners feel this way, for example, funding from local authorities, private courses, and possibly if there was a need for training, however, questions about funding were initially within the pilot questionnaire yet, due to risk of ethics in regard to becoming too political the question was removed.

**Figure 11**



Looking at Figure 11, it is apparent that the group of participants reported a mixed opinion on whether there are various courses to support children with emotional well-being difficulties. The majority of practitioners 42.9% answered yes; on the other hand, if we analyse these statistics and combine the percentages displayed, more participants said no as well as not being sure if there is a variety of courses, which suggests they could outweigh the answer yes, with 57.1% that is a 7.2% difference between the answers. However, it is essential to investigate the statistics separately, comparing 31.8% of practitioners who said maybe to the 19% who responded with no, thus interpreting that there is insufficient variety. If there is not enough variety to adequately train practitioners to support children’s needs and provide early intervention, then this potentially risks settings and the government initiative of providing quality services for children and families after COVID-19; furthermore, this could be represented within Ofsted’s role out for inspections, thus the potential to observe a decline in ratings (Gov,2022). Consequently, what is apparent within the statistics, as mentioned before in Figure 9, is that there could potentially be barriers due to the argument made that due to reduced funding from the LA, there is now less variety of courses available due to the possible financial strain. Therefore, courses may not be available due to the economic difficulty of employing people to teach the training (Mason,2023). Moreover, this leads to the argument that for early years establishments to succeed in providing adequate training, there is no surprise within this result that it yet again suggests it is down to leadership teams to ensure their staff have quality training and knowledge to facilitate the quality of care and services within their settings (Gaunt,2021).

**4.8 Conclusion**

The findings from the data analysis identified a common theme throughout the results, indicating the importance of quality services within the early years sector, in addition to highlighting the importance of the role of the practitioners knowledge and understanding; without this, there is potentially an indication that without the adequate training, children are at risk of not receiving the appropriate early intervention. Furthermore, this would lead to children experiencing later in-life difficulties that could affect them significantly, for example, becoming over hypervigilance and emotional well-being difficulties, including depression. However, practitioners expressed that they were confident enough to implement targets from reports produced by other agencies; in contrast, Figure 8 contradicted the results as most participants suggested they did not feel there is enough adequate training on well-being difficulties, yet, in Figure 5 and 7 majorities of participants were confident identifying signs and symptoms as well as implementing activities from reports. In contrast, out of twenty-one participants, only fifteen responses were given for Figure 8 therefore, resulting in the data for Figure 8 being inconclusive. The findings also suggest that COVID-19 indeed impacted and still impacts children’s emotional well-being as 81% of the practitioners answered yes in observing an increase in referrals of emotional well-being difficulty.

**Chapter 5: Conclusion**

**5.1 introduction**

This chapter aims to discuss and draw attention to the key findings of this independent research project on the subject of ‘Children’s emotional well-being and COVID-19’. In addition, it will conclude the contribution value of this study while identifying implications and limitations, which could propose possible future opportunities to research this topic further.

**5.2 Aim and reflection of process**

This study set out to test the hypothesis that COVID-19 impacted children’s emotional well-being and to understand the practitioner's role in supporting early intervention for children who have been identified with emotional well-being difficulties. Moreover, the hypothesis was also to determine the role of resilience in children’s emotional development and to observe how children could overcome the magnitude of barriers from the impact of COVID-19. To gather the evidence needed to support this study, the research method used was a mixed methodology approach, using qualitative and quantitative data as this would provide an evident understanding of a situation or phenomenon (Kumar, 2014), thus leading to performing a questionnaire, this data collection method utilises both numerical and language evidence, which supported the paradigm of the research best (Cohan,2017). In contrast to this, it was initially challenging to write questions for the questionnaire that would not jeopardise the outcome of the findings in the terms that it could lead to unconscious bias (Mukherji and Albon,2023); furthermore, the questionnaire aimed to apply specific questions that would provide close to accurate data needed which linked to the research topic; from this perspective, the risk of the data collection method becoming too ambiguous was significantly decreased; as a result, it had indeed reduced complications and difficulties when it came to coding (Einola and Alevesson,2020); it was also challenging to ensure that there was no political gain or condescending language used. However, a political question within the pilot survey asked about government and funding and was moved swiftly. In further conclusion, there was also a risk of breaching BERA’s (2018) guidelines, where the questions on the survey had red stars; this meant the participants had to answer, which exposed participants' right to pass on a question and was down to researchers lack of attention to detail, highlighting the importance of piloting and meeting with supervisors, which is paramount when reflecting and producing research (Cohan,2017). Once the supervisor checked the pilot, it was sent to an early-year setting to start the data collection.

**5.3 Findings**

The findings indicated that there was a common theme throughout the results, which highlighted the importance of quality services within the early years sector (House of Commons, 2023); in addition, an increase in cases has been observed when supporting children with emotional well-being difficulties; from the data provided, the results suggest that COVID-19 has categorically had an impact on children’s emotional well-being which is expected, due to the issues that could arise during the pandemic as argued within the literature review, for instance, abuse, possible malnourishment, poverty and lack of social interaction. The findings also provided insight into how confident practitioners felt when it comes to collaborating with others; there was one unexpected outcome when (4.1%) suggested that they were less than confident when working in partnership with parents; this is surprising as practitioners of a certain level should be able to communicate confidently with parents as they are children’s first educator (DFE,2012). Furthermore, practitioners should be communicating daily to build a professional relationship with the parents that could also help with creating a bond with the child (Fitzgerald, 2010). On further conclusion, these findings have raised critical theoretical issues that have a bearing on social and emotional development; for instance, the data indicated that 71% of the children's ability to adapt during COVID-19 was at the lower scale, thus pointing to the argument made within the literature review of Erikson’s theory of ‘executive function’, which support children’s ability to regulate emotions, in other words highlighting the importance of the ‘Resilience Theory’, described as a process that concentrates on positive and contextual social behaviour that interrupts disruptive development that turns into possible unwanted behaviour (Zimmerman,2005).

Therefore, the study has shown within the findings that the practitioner's role in identifying and supporting children with emotional well-being difficulties is one of the critical aspects to curbing the increase of referrals and implementing activities suggested by other professionals to support the demand of cases. In this respect, if an early years practitioner has exceedingly in-depth knowledge and understanding due to their qualification, then as a possible recommendation, the highest qualified practitioners could provide adequate activities to promote social and emotional development, in addition to providing tailored activities for those who they feel are at risk and need early intervention due to emotional well-being difficulties, in effect, this would maximise opportunities and minimise risk (Children Act,2004), as the child would be receiving a form of intervention instead, then waiting for the strained and already at breaking point services to suggest activities that the practitioners could already know, and with an astonishing 90.1% indicating they have support when it comes to applying for courses this could also point to an advantage for early interventions.

The findings also note that for Figure 8, the response rate was lower than the rest of the questions and has been deemed inconclusive due to the lack of data to provide accurate findings.

**5.4 Limitation and Future Research**

Several limitations need to be noted regarding the present study, that is, the short time frame given to carry out the research; with more time, the research could provide greater detail of why some of the outcomes have been identified in unexpected ways as well as reducing the risk of inconclusive data, hence, pointing to the scale of study; this research was only on a small scale with twenty- one participants if, on a larger scale and time, this study could have a greater understanding of the extent of children’s emotional well-being and COVID-19, it would be interesting to see it on a grander scale of possible hundreds of participants involvement and expand it to a larger area, to demonstrate, early years establishments, within the Hampshire district, or possibly expanding it and pinpointing certain regions of the UK to have an overall conclusion of how COVID-19 has effected different variables, for instance, age, class and gender. Through this study, this practitioner has gained in-depth knowledge and a different perspective on how much children’s emotional well-being has been impacted by COVID-19, especially the positive and negative outcomes on Brain development.

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**Appendix**

A diagram of a brain

Description automatically generatedAppendix :1

Appendix 2

A screenshot of a map

Description automatically generated

Appendix three

A map of the united states

Description automatically generated

Appendix: Four

A circular chart with text and images

Description automatically generated with medium confidence

**Appendix Five Participant Information**

|  |  |
| --- | --- |
| A black and blue sign with text  Description automatically generated | **PARTICIPANT INFORMATION FOR UNIVERSITY OF CHICHESTER RESEARCH PROJECT**   * **Questionnaire-** |
| Children's Emotional Well-being and Covid-19 | |

**Research team**

|  |
| --- |
| Principal Researcher: **Undergraduate** |
|  |
|  | **University of Chichester** |

**Why is the study being conducted?**

We would like to invite you to participate in our research study. Before you decide, it is important that you understand why we are doing the research and what we are asking of you. Please read this information. If you have questions or would like more information, please ask us.

Who is carrying out the research? This research project is being undertaken as part of an Undergraduate For

Why is the research being done? The purpose of this project is to investigate emotional well-being and COVID-19, I would like to evaluate how the pandemic has affected children and the importance of supporting children with emotional well-being difficulties.

Why are you invited? You are invited to participate in this research project because you work within the early years sector and have experience in the field the research aims to explore.

We will now answer some important questions about this research.

**What does participation involve?**

Your participation will involve a questionnaire that will be sent to all the practitioners within your Nursery.

The questions will include 20 different questions, all on a Google form in a location suitable to you. It will take you about 5-10 minutes to complete

**What happens if you change your mind and want to withdraw?**

Your participation in this research project is entirely voluntary. If you do agree to participate you can withdraw from the research project without comment or penalty. You can withdraw anytime during the research study. Once you have submitted your answers on Google Forms then, you cannot withdraw your answers furthermore, If you wish to exercise your right to withdraw or request the erasure of personal information after 2 weeks of completing the questionnaire (once the data has been collected, anonymized and analysed) it may not be possible to erase your data without seriously impair the achievement of the research objectives. Therefore, it may not be possible to accommodate this request. Your decision to participate or not participate will in no way impact upon your current or future relationship with the University.

**What are the possible benefits for me if I take part?**

It is expected that this research project will not benefit you directly. The outcomes of the research, however, may provide an opportunity for you to reflect on the results

**What are the possible risks for me if I take part?**

There are no risks beyond everyday day-to-day living associated with your participation in this research project.

**What about privacy and confidentiality?**

All Comments and responses are anonymous, i.e. it will not be possible to identify you at any stage of the research because personal identifying information is not sought in any of the responses, and no traceable information is collected via the server or survey tool.

Any personal information that could potentially identify you will be removed or changed before files are shared with other researchers or results are made public. The information that will be removed includes name, postcode, and place of work.

Any data collected as part of this research project will be stored securely as per the University of Chichester’s [data protection and privacy standard.](https://www.chi.ac.uk/about-us/policies-and-statements/data-protection/) Personal data will be stored for a minimum of five years Personal data would only be disclosed where there is a legal basis for doing so, e.g. to protect individuals from harm, to meet a statutory or regulatory requirement.

Retention of Data Any data collected as part of this research project will be stored securely on a password-protected computer as per the University of Chichester’s Privacy Standard and data management policy. Data will be stored for a minimum of 5 years and can be disclosed if it is to protect you or others from harm, if specifically required by law, or if a regulatory or monitoring body such as the research ethics committee requests it. University of Chichester’s Privacy Standards can be viewed online at https://www.chi.ac.uk/about-us/policies-and-statements/data-protection. For any further queries, please email the University’s Data Protection Officer at dpofficer@chi.ac.uk.

**How do I give my consent to participate?**

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate.

**What if I have questions about the research project?**

If you have any questions or require further information, please contact one of the listed researchers:

Lisa Portal [Lisa.Portal@HSDC.ac.uk](mailto:Lisa.Portal@HSDC.ac.uk)

Jo Pandolfi [Jo.Pandolfi@HSDC.ac.uk](mailto:Jo.Pandolfi@HSDC.ac.uk)

**What if I have a concern or complaint regarding the conduct of the research project?**

The University of Chichester is committed to research integrity and the ethical conduct of research projects. Please contact the University’s Data Protection Officer [dpofficer@chi.ac.uk](mailto:dpofficer@chi.ac.uk) if you have any queries relating to Data Protection. If you wish to discuss the study with someone not directly involved, particularly in relation to matters concerning policies, information or complaints about the conduct of the study or your rights as a participant, you may contact the Research Office on 01243 816000 or email [research@chi.ac.uk](mailto:research@chi.ac.uk).

**Thank you for helping with this research project.**

**Please keep this sheet for your information**

Appendix: Six Gate Keeper Consent Form

A close up of a logo

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**Consent Form for Gatekeeper**

PLEASE READ THE FOLLOWING CAREFULLY AND ANSWER ALL STATEMENTS

**Study title:**

|  |  |
| --- | --- |
| 1. I have read and understand the information sheet for this research project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | Yes No |
| 1. I understand that my permission allows the researcher to hand out questionnaires to adults within the college with their consent being obtained. | Yes No |
| 1. I understand that all information will be anonymized, and that no personal information will be collected. | Yes No |
| 1. I agree to give permission for the questionnaires to be distributed for this research. | Yes No |
|  |  |

Your name (please print) … …JESS EATON ………………………

Your signature… …… ……J.Eaton…………………………

Date.............1.3.24.....................................

Researcher’s name (please print) …………

Researcher’s signature …………………

Date..........................................

**Thank you for your time**

Appendix:7 Questionnaire

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A screenshot of a survey

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A screenshot of a survey

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Appendix eight Research proposal

|  |  |
| --- | --- |
| Research Questions | The name of my research question will be Children’s Emotional Well-being and Covid. The motivation for this topic is that Covid is current and still on going and that the data is continuously evolving from the pandemic. One feels this would be very beneficial to their own practice as well as knowledge and understanding.   Therefore, one would like to investigate and critically analyze how the pandemic has affected children’s emotional well-being. This includes the brain development of negative and positive interaction and how this has affected children since covid. Further questioning will include what is the effect on their emotional and social development. Including, history before and after the pandemic, what is the difference in data, how do we as practitioners support children and their families to develop emotional well-being. In addition, to also evaluate those that may have strived within the pandemic as well as evaluating multi- professional support, government programs and if there is an increase of referral for the services. One shall also analyse what government plans are, will they provide funding to support the early years sector to identify early intervention consequently, from covid. Furthermore, local authorities provide professional development courses to support practitioners to identify emotional well-being difficulties.  The use of different government documents, for example, Impact of Covid 19 on Early childhood, Education and Care (2021), Education recovery in Early years providers (2022). Also investigating legislation Children’s Act (1989), Every Child Matter (2004), The children’s and Family Act (2014). These will be explored and evaluated to investigate how settings, government and parents can support their children’s emotional well-being. |
| Research Sub heading questions | Questions that will be the sub heading to underpin the overall research question are as followed;  Theories on emotional well-being.  Children's brain development  Early intervention  Parents  Working in partnership  Government |
| Methodology | The methodology that will be used within the research is mixed method including quantitative and qualitative. These methods are numerical and written which is suitable for the evidence one shall be collecting. In addition, one shall also be using secondary research to critically analyse the evidence gathered and primary research that will be in a form of a questionnaire. I shall also use the paradigm interpretivisms. One will use all the data and evidence collected to provide a interpretation of the findings to support the conclusion. |
| Action plan time scale | Time scale for this Ip will be as followed;  September Action plan,  October Ethics, consent form, information sheet,  December Literature Review,  February Methodology,  April introduction and inclusion,  May Complete Ip    Within this action plan one shall also email to a minimum of twenty participants a questionnaire to complete for data analysis. |
| Initial Reading | Department of Health [DFH] (2023) *Anxiety in children.* Available at  <https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/anxiety-in-children/>      Glazzard, J. and Bligh, C (2018) *Meeting the Mental Health Needs of children 4-11 year.* Essex: Critical Publishing    Uk Parliament Post (2021) *Childrens Mental Health and the COVID-19 pandemic. Available at:*  <https://researchbriefings.files.parliament.uk/documents/POST-PN-0653/POST-PN-0653.pdf>    Department for Education [DFE] (2021) *Education in Recovery in early years providers: autumn.* Available at:  Department of Health [DFH] (2023) *Anxiety in children.* Available at  <https://www.nhs.uk/mental-health/children-and-young-adults/advice-for-parents/anxiety-in-children/>      Bakopoulou (2022) The impact of the COVID-19 pandemic on early years transition to school in the UK context. *Taylor and Francis online Education*3-13, |

Appendix 9

A yellow medal with red ribbons

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**CERTIFICATE FOR ETHICAL APPROVAL**

**INDEPENDENT PROJECT**

This is to confirm that

has been granted ethical approval for the following project

The following documents have been received and approved. The approved ethics form has been uploaded to the Independent Project Moodle page:

|  |  |
| --- | --- |
| Document | Supervisor to sign |
| Application for Ethical Approval | Lisa Portal |
| Consent Form |  |
| Information Sheet |  |
| Demographic Questionnaire |  |
| Research tools [for example, questionnaire; interview questions; observation schedule] |  |

Please include this certificate in the appendix of your Independent Project.

Signature of supervisor: Lisa Portal

Date: 06/10/2023