What are teachers' perspectives of post COVID-19's effects on children's ability to self-regulate?

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others.

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Contents

1.0 Introduction

This research will explore teachers' perspectives of post COVID-19's effects on children's ability to self-regulate. This topic has been selected due to the obvious lasting effects of COVID-19 on children's ability to access learning due to issues self-regulating in an educational environment, due to extended disruptions in children's education and prolonged time at home. A systematic review by Rao and Fisher (2021) discusses a global widespread deterioration of children's mental health and social skills. Emphasising a need for schools and educational institutions to address the lingering affects of the pandemic. A small-scale case study was conducted in a rural, English primary school with 26 staff members. The school had several mixed- age classes, one class was observed during the course of the research, the class contained high numbers of children with additional needs, with particularly large numbers of children on Education, Health and Care plans. A questionnaire was distributed to staff who had actively worked during the COVID-19 pandemic, it comprised of a Likert scale and open-ended questions in order to gather qualitative and quantitative data. The study aims to explore if there has been a decline in self-regulation skills post COVID-19, impacts on children's overall Social, Emotional and mental health as well as the impacts of online learning on SEMH compared to in person teaching. This research hopes to identify a need for targeted strategies and professional development for teachers and staff members to combat these emerging issues.

2.0 Literature Review

What this literature review will explore:

Has there been a decline in self-regulation skills post COVID-19?

Overall impact on children's Social Emotional and Mental Health.

Impacts of online learning on SEMH compared to in person teaching.

2.1 Has there been a decline in self regulation skills post COVID-19?

Recent research in this topic strongly suggests a significant decrease in children's attention, patience and impulsivity control (Raghunathan et al, 2021). These are important contributing factors to understanding the term self-regulation. It should be considered that there are many varying definitions of self-regulation, Vohs and Baumeister(2004) define the term as controlling ones self to be in line with standards. Inzlicht (2021), argues that Vohs and Baumeister's (2004) approach focuses too heavily on 'fragility of willpower' and offers no real distinction between self-control and self-regulation. Inzlicht (2021) states that not all forms of self-regulation involve self-control as supported by Fujita (2011),who explores that high- or low-level construals for example predictability, autonomy and insecurity, effect how one responds to events, when there is a bigger picture, goals are retained and behaviour is controlled accordingly. However, intrinsic motivation as suggested by Fujita (2011) depends on fulfilled needs, Samsen-Bronsveld et all (2022) suggests that due to lockdown, the needs of the learners have not been met, resulting in a decrease of the internal drive to engage. Mantovani et al (2021) argues that lockdown had some positive outcomes for a percentage of children, due to having a familiar support system or regulators, often parents, available 24 hours a day. This encompasses Deci and Ryan's (2017) self-determination theory, which describes psychological motivations behind emotional processing, tolerance and reactions to situations. This theory has influenced multiple studies and research which explore self-

regulation from a self-determination perspective. Amongst these, Brown and Ryan's (2015) research explores how social contexts foster or hinder self-regulation. Day et al (2022) explores further how environmental stimulus impacts dysregulation. They comment that a safe and secure environment is crucial and that whilst teachers can strive to do so, they cannot fulfil the same relatedness that parents provide. Separation from caregivers is beneficial in promoting self-regulation skills, through providing independence, confidence and forming positive external relationships separate to caregivers (Balaban, 2006). Indrayanti and Lande, (2022) argues that there has been a positive result for enhanced family communication and active parental involvement which has supported children's motivation and adaptability to cope with new situations, due to the pandemic and introduction of home learning .Contrastingly, a crucial perspective to examine is Duran and Ömeroğlu's (2021) study conducted during the time of the pandemic , it looked at 25 parent perspectives on the behavioural changes of their children between the ages of 3 to 6 years old during isolation. Parents generally found that their children's behaviour had become aggressive and violent, from parent's responses the researchers put this down to a change in routine, lack of sleep, boredom and limited socialisation. In conjunction to the previous study, Rueda-Posada et al, (2023) found similar results from their study of 72 caregivers of children aged 3 to 6. The study highlighted that parents self-regulation or lack of was transmitted to their children who mirrored and internalised their emotions. According to Brenfenbrenner's (1979) ecological model, self-regulation and home environments have a direct link. Many factors contribute to a dysregulated child in the home environment, particularly from a physical aspect (Bagais and Pati, 2023). (Gao et al, 2024) Explores high levels of household chaos and crowding; shared spaces, large families, during COVID-19 Lockdown, directly links to children's learnt behaviours and emotional responses. Oloye and Flouri, (2021) acknowledges that socioeconomic factors such as a lack of available space, resources and high levels of noise can contribute to children's self-regulation. Bandura's (1991) social cognitive theory of self regulation, supports the idea that behaviour is shaped by social contexts and observational learning.

2.2 Overall impacts on children's Social , Emotional and Mental health.

Martin-Denham (2021) identifies from their thematic analysis of headteacher perspectives of Social, Emotional and Mental Health (SEMH), obtained via interviews, that SEMH embodies issues surrounding emotional regulation difficulties, challenging behaviours, mental health concerns and social interaction difficulties. Blanco-Bayo and Reraki, (2025) states that SEMH is hard to define due to it being misinterpreted as Special Educational Needs and Disabilities (SEND). According to Else (2025) SEMH is one of the main categories of SEND according to the SEND code of practice. Tes (2025) supports this, stating that SEMH is one of the primary needs in children's Education, Health and care plan (EHCP) which has risen over 77.8% over a 6 year period. Not only this but, development delay due to COVID-19 isolation and environmental stressors such as economical issues impacted parent and child interactions affecting fine and gross motor skills and communication (Wenner Moyer, 2022). Additionally Egan et al (2021) states that COVID-19 impacted children's socio-emotional development, with parents experiencing under-stimulation and clinginess from their child due to a lack of an appropriate environment which an early years setting provides. Solomon, Greenberg and Pyszczynski's (2015) Terror Management theory explores a fear of death and profound awareness of morality. This competes with Bowlby's (1988) attachment theory, an anxiety of separation from loved ones. Steele (2020) argues that secure attachment can moderate the impact of fear of mortality's prominence in children's concerns. Steele(2020) goes as far as to say secure attachment during a crisis such as COVID-19, promotes greater emotional resilience. However, Kural and Kovacs, (2021)argues that high levels of attachment anxiety corresponded to lower levels of resilience. Additionally, lack of problem focused coping strategies, for example identifying sources of stress or healthy eating, in turn were associated with lower resilience. In the return to education from the pandemic, educators faced barriers such as limited resources, social incompetencies, food insecurity and widened educational disparities (Dias et al, 2020). Woollard and Randall (2004) Identifies from their study that a lack of funding for SEMH needs, assessment pressure taking president over emotional needs, high demand of external support and parents lack of cooperation in communication, all affected children's emotional , social and health needs being met. As a response to gaps in pastroral provision , schools and educational settings adopted measures such as weekly check ins, mental health awareness

and education and assessment adaptability (Spears and Green, 2022). Jalongo (2021) provides insights into impacts on early education influenced by COVID-19. They pose that changes in teaching strategies will be essential in preparing children to cope with navigating home-learning challenges. Manis and Stewart (2024) found in their study of 11,281 clinically referred children between the ages of 4 – 18, that the groups who regressed in peer socialisation skills were, males between the ages of 8-18, low-income children and Early Years Foundation Stage (EYFS) aged children who lacked face to face interactions. They also found that peer interactions had adapted to the isolation period and encouraged an increase in cyberbullying.

Ventouris, Panourgia and Hodge (2021) explore in their study that excessive or unsupervised use of technology has negative Impacts on children's attention and performance. Teacher's perspectives in this study express concerns that children's interactions with technology and social media will expose them to harmful content and increase social isolation and anxiety. According to Solmi and Correll (2021) physical health consequences of COVID-19 in children showed reduced quality of care for children with existing chronic illnesses or those with special educational needs. These children and family members experienced increased symptoms of depression and anxiety. Lopez-Leon et al's (2023) study explored long COVID-19's affects on children's SEMH, children present with mood disturbances, fatigue and sleep disorders 3 years on from the Virus' initial spread. Sharchar-Lavie et al (2023) reflects on how parental concerns and economical issues exacerbated mental health issues amongst children experiencing long COVID symptoms.

2.3 Impact of online learning on SEMH compared to in-person education.

There are debates amongst researchers and educators on the efficacy of Online learning in terms of children's wellbeing and development. Olasile Babtatunde and Emrah (2020) describe a clear distinction between the terms 'online learning' and ' emergency remote learning'. They argue that online learning has a structured and holistic approach which

contrasts to the isolating nature of emergency remote learning. Lemay, Bazelais and Doleck(2021) explore that whilst online learning has positive outcomes academically, simultaneously learners stress, anxiety and feelings of isolation increased. Zembylas, Theodorou and Pavlaki (2008) explores positive emotions such as autonomy and flexibility surrounding online learning. However, unfamiliarity and academic demands alongside a lack of traditional classroom dialogue cause outcomes of stress in disconnect. Chen et al (2020) argues psychological distress was elevated due to technology usage and internet related issues and behaviour. Pupil Premium students suffered particularly during online learning due to a lack of access to free nutritional school meals, resources and academic support (Gonchar and Doyne, 2020). Scrimin, Mastromatteo and Hovnanyan (2022) supports the argument that low socioeconomic families were most affected physically and mentally by Online learning, stating that parents stress and concerns for supporting children academically and emotionally was particularly high amongst this group. Similarly to Reuda-Posada et al (2023) previous discussion about parents projecting emotions on to their children is supported by Scrimin, Mastromatteo and Hovnanyan (2022) who state this stress was translated on to their children. Miranti Sidiq and Al Umairi (2022) states a success of online learning was that it provided families with opportunities for bonding and fostered independence for children. Parents attitudes to learning from home meant a general disengagement, particularly parents from low-income families, fathers, and parents without access to a digital device (Pratama and Firmansyah, 2021).The impact this has on children according to Webb (2023) is that children feel emotionally neglected and overwhelmed by completing school work unsupported. However, Gonida and Cordina (2014) poses an argument for parents over involvement when children learn from home, causing feelings of control, interference and pressure. Wildman et al (2021) argues that during online learning, communication, teamwork and a sense of community which face to face learning provided was lost and impacted the skills children required for their return to an educational setting . Munamala, Rafi and Mahesh (2024) believes high levels of screen time is negatively associated with social skill development for children. Similarly, Dunton, Do and Wang (2020) discuss online learning created a gateway for a decline in children's physical activity levels and a rise in sedentary behaviour and increased screen time. Stiglic and Viner (2019) found associations between screen time and high levels of behaviour issues, anxiety, lower self esteem and sleep quality when children were exposed to high levels of screen time.

In summary, the COVID-19 pandemic directly impacted children's self-regulation. The research shows that an interpretation to daily routines, screen time and limited social interactions have directly affected Social Emotional and Mental health issues. The noticeable decline in self regulation skills and SEMH is most evident in low socioeconomic families and difficult home environments. Impulsivity, aggression and emotional dysregulation was extremely prevalent during COVID-19 lockdown(Raghunathan et al,2021 ; Duran and Omeroglu, 2021). Theories such as self control (Vohs and Baumeister, 2004) and self determination (Deci and Ryan, 2017) explore perspectives on children's needs being met and encouragement of intrinsic motivation to aid in children's self regulation. Additionally, research surrounding parental involvement defended positive outcomes of isolation, Bronfenbrenner and Bandura's theories in particular align with this perspective. Environmental factors often had negative affects on emotional development and children mirrored parent's emotional dysregulation. Prominent SEMH issues such s social dysfunction and development delay, were observed by teachers and caregivers and explored that children lacked independence and confidence in the return to educational settings post COVID-19. Not only this, but children faced an increase in cyberbullying and general well being due to confinement and online social presence. Online learning also produced outcomes both positive and negative. Although it fostered autonomy and individualised support, it also introduced stress and disengagement particularly with interactions with school work and family members.

The shift to online learning produced mixed outcomes. While it fostered autonomy and flexibility for some, it also amplified stress, disengagement, and emotional neglect, especially for disadvantaged children lacking parental support and access to online learning. Multiple studies found that COVID-19 provided negative online presence for children, in terms of interactions online with peers, for some limited technology access and long periods of engagement with screens which affected physical activity, mental health and behaviour. Going forward, interventions and strategies for parents and educators are needed to address and assist in SEMH and self-regulation issues, in order to recover from post pandemic inequalities.

3.0 Research Methods

3.1 Introduction

The approach for this research was intended to find 'teachers' perspectives of post COVID's effects on children's ability to self-regulate?' A case study approach was selected in order to discover patterns in perspectives from teachers who had taught during the pandemic . According to Heale and Twycross (2018) a case study has many definitions, but can loosely be defined as an in-depth study about a particular person, group or community who's data can be generalised amongst a wider group or individual to which the research may be applicable. A case study is suitable as it allows a researcher to delve into real life contexts to find complexities and nuances (Bennett, 2004) Although a case study allowed for an in depth

insight from educators, it can be argued that singular case study research may not be applicable to a wider population and has potential for bias (Margevičiūtė, 2012).

In order to gather an in depth understanding of teachers perspectives of the affects of COVID-19, a convergent parallel mixed method was used. Edmonds and Kennedy (2017) describe a convergent parallel method as one where, both quantitative and qualitative data are gathered simultaneously, then analysed separately, they are then amalgamated to provide an over all understanding of the research problem. This allowed a balanced understanding of data using a combined approach of quantitative and qualitative data. This is a reliable method for gaining clarity and relevance (Zohrabi, 2013) based on numerical data and nuanced perspectives. Using a questionnaire, the research allowed quantitative and qualitative results to be obtained. Pottoff and Eller (2000) acknowledges that whilst a well structured questionnaire brings clear questions that bring reliability and validity, recall bias can be an issue for respondents. The period of COVID-19 was high stress inducing time for Educators, this may affect their ability to recall events. Oei et al (2006) discusses from their study, that participants under psychological stress demonstrate significant issues with working memory. This is especially relevant for this particular study due to the nature of the time period researches are expected to reflect upon.

3.2 Participants

The data was collected from three teachers and support staff, who actively worked during the pandemic. The research was conducted in an English rural primary school , and general observations of behaviour were conducted in a mixed age range year one and two class. A purposive sampling method was used for the questionnaire. Tongco (2007) describes purposive sampling as a tool for researchers to select participants that have particular qualities that directly correspond to the research topic.

This method was most appropriate due to the participants rich experience and direct subject knowledge (Rai and Thapa, 2015). However, purposive sampling is not generalisable due to its particular selection of participants , not all experiences will represent the wider teaching staffs experience (Campbell et al, 2020). Participants were recruited based on their

experience and questionnaires were sent via email to all teaching staff and support staff at the school. Ethical approval was obtained from the gatekeeper and participants were made aware of the right to withdraw and option to participate. The data was collected anonymously, this was determined in order to preserve accurate data, participants who are aware their identity is private are more likely to respond more openly and honestly (Yang, Zhong and Wright, 2005).

3.3 Data collection

Questionnaires (Appendix 1)

The questionnaire aims to explore teachers perspectives of post COVID-19's effects on children's ability to self regulate. This data collection method included qualitative and quantitative data through the use of a Likert scale and open ended questions. A Likert scale is used to measure respondents attitudes and opinions, it is presented typically with a statement of which respondents must align themselves on the scale based on how much they agree or disagree (George, 2024). A Likert scale is suitable for its ability to quantify data, making it comparable and helps identify patterns (South et al, 2022). Although the questionnaire was distributed to all staff, the response rate was low, with only three respondents. A limitation of this, is that lower response rates are generally less reliable due to homogeneous identities causing bias (Leslie, 1972). When analysing the data from the questionnaire all respondents answered every Likert scale question providing quantifiable results, however when responding to qualitative questions a continuous pattern occurred amongst missing data. Consistently there was one missing response from each qualitative question. This suggests the respondent felt unable to respond to the questions based on them not being applicable or increased effort to articulate responses (Dohrenwend, 1965). These non responses were treated as missing data, the analysis of this will be addressed within the limitations section of the research. It is recommended by Slattery et al, (2011) to design questionnaires comprising of open ended and closed- ended questions in order to optimise the data's richness and response rate, this was taken in to consideration within this research.

3.4 Ethical considerations

Ethical approval was granted by York St John University prior to starting this research. Due to the nature and focus on children in this research, safeguarding was at the forefront of data collection and the Safeguarding Vulnerable Groups Act(2012) was taken into consideration. Ketefian (2015) emphasises the importance of having emotional sensitivity and maintaining confidentiality when addressing distressing topics. Consent was obtained by the gatekeeper and participant anonymity and appropriate data storage were followed (refer to Appendix) .

3.5 Limitations

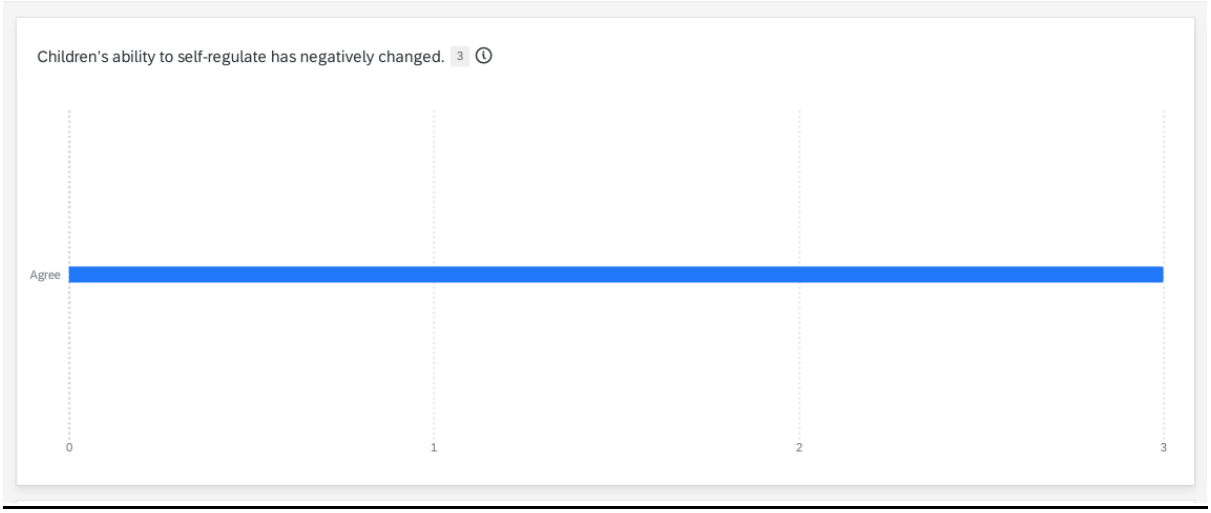
Limitations in this research have been acknowledged and will comment on how these limitations affect the generalisability of this research. With only three respondents to the questionnaire, the sample size is noticeably limited. This restricts the variety of perspectives and causes finding to be less reliable (Hackshaw, 2008). Issues surrounding missing data was evident amongst open-ended questions. As aforementioned, this could be due to effort surrounding answering in depth questions. Miller and Dumford (2014) discuss factors such as question placement, time burden and self-identification also impact omittance of open-ended questions. Bassey (2002) argues that this limits findings to being context-specific and leads to subjective interpretations in participants responses. The limitations emphasise the relevance of educational contexts as a factor for a positive or negative experience for teacher's prior and post COVID-19, such as class size, quantity of children on an EHCP and access support staff. This suggests a need for further research to be conducted that includes larger sample sizes, inclusion of multiple educational settings and adaptations to the structure of the questionnaire to prevent missing data.

4.0 Findings

This research findings section will explore data gathered from the questionnaire responses. This has been analysed in two sections: quantitative and qualitative results. The questionnaire consists of twelve closed ended questions provided to respondents in a statement format, a Likert scale was provided for respondents. The Likert scale offered a range and depth of feelings, from Strongly agree to strongly disagree and neutral response in the middle of the scale. These closed ended questions had four open ended questions intertwined throughout, the questions were grouped by themes opposed to question types. These questions allowed for elaboration and expansion of perspectives. The combination of the two question types allowed for qualitative and quantitative analysis.

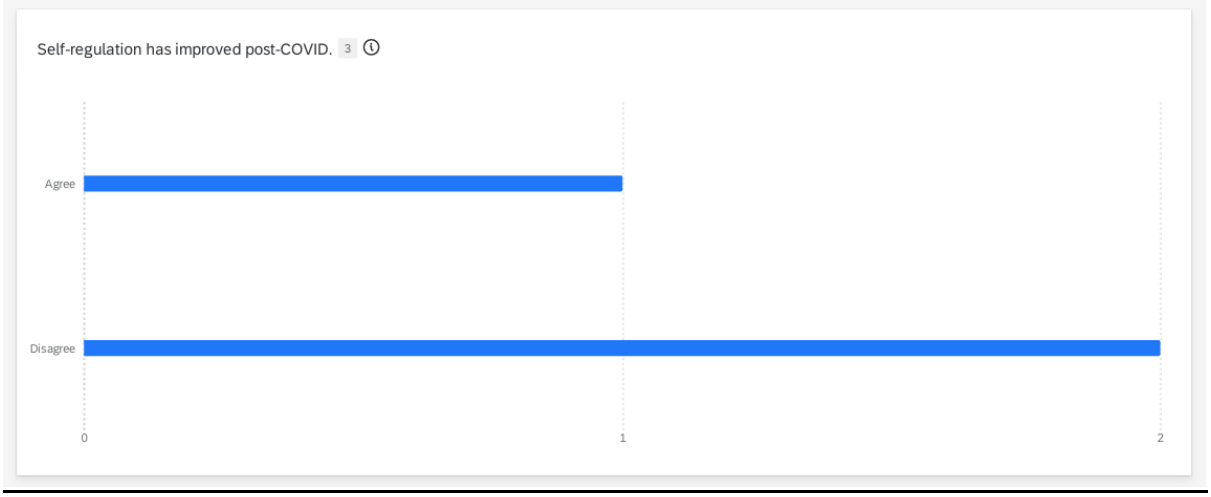
4.1 Qualitative Data Findings (Appendix 1)

Figure 1.1



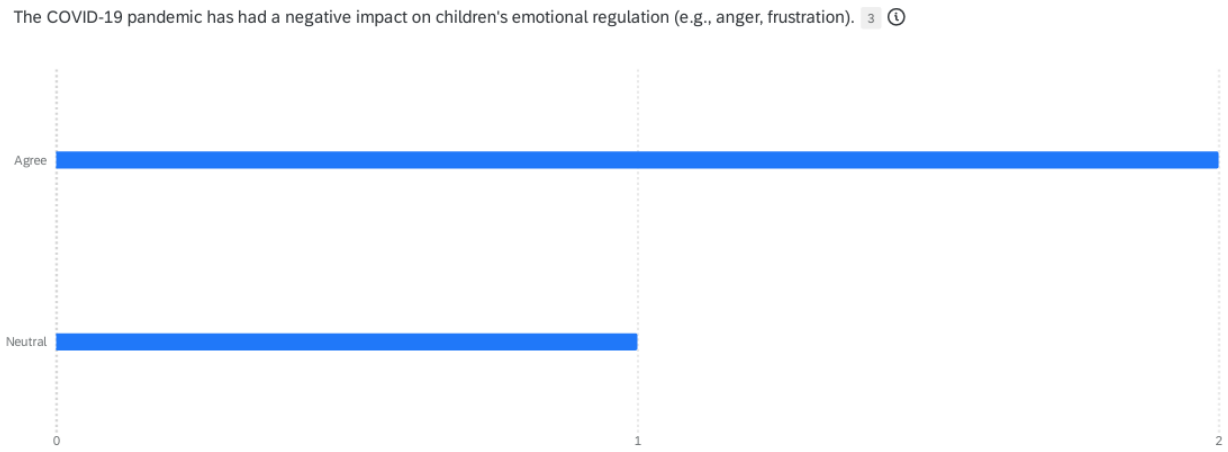
The data from figure 1.1 suggests that all respondents (3 of 3) are unanimous in their perspectives that children's self-regulation skills have negatively changed.

Figure 1.2



However, when the participants were asked if self-regulation had improved specifically post COVID-19 there was a contrast in responses. In figure 1.2 it is clear that although figure 1.1 shows all respondents thought self-regulation skills in children had negatively changed, one respondent in figure 1.2 agrees that self-regulation post COVID-19 has positively changed.

Figure 1.3



This bar chart (figure 1.3) shows that two respondents agree that the COVID-19 pandemic negatively impacted children's emotional regulation. One respondent answered neutral, suggesting a lack of strong opinion or uncertainty.

Figure 1.4

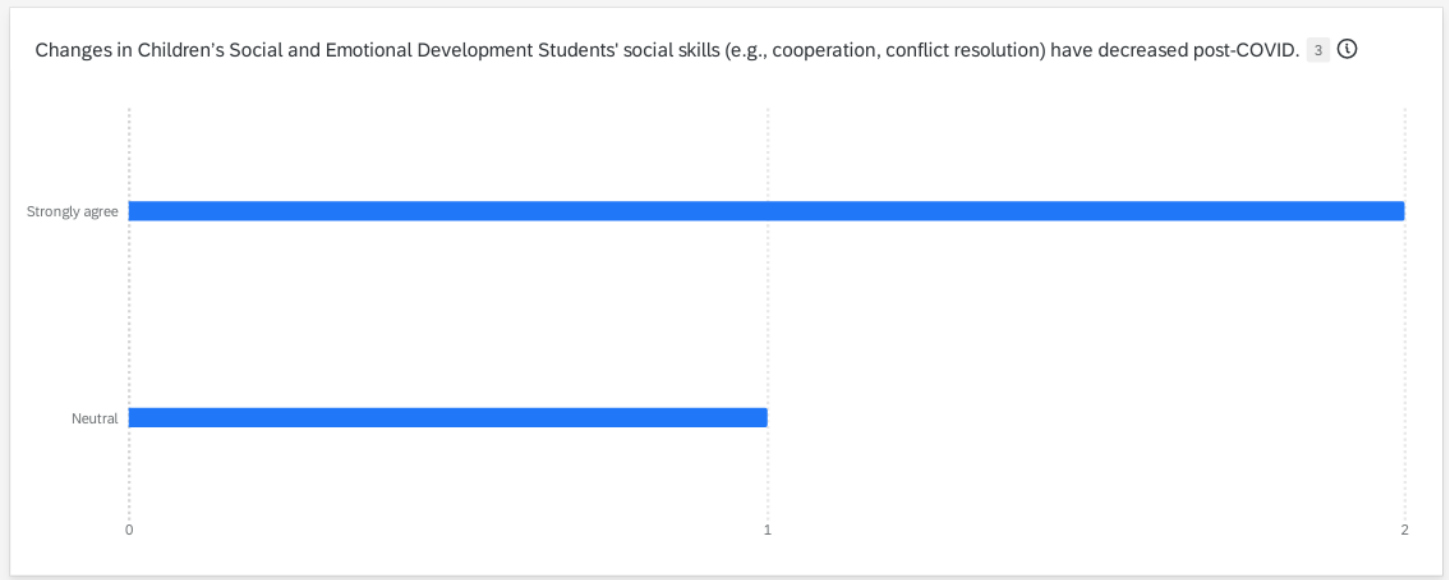
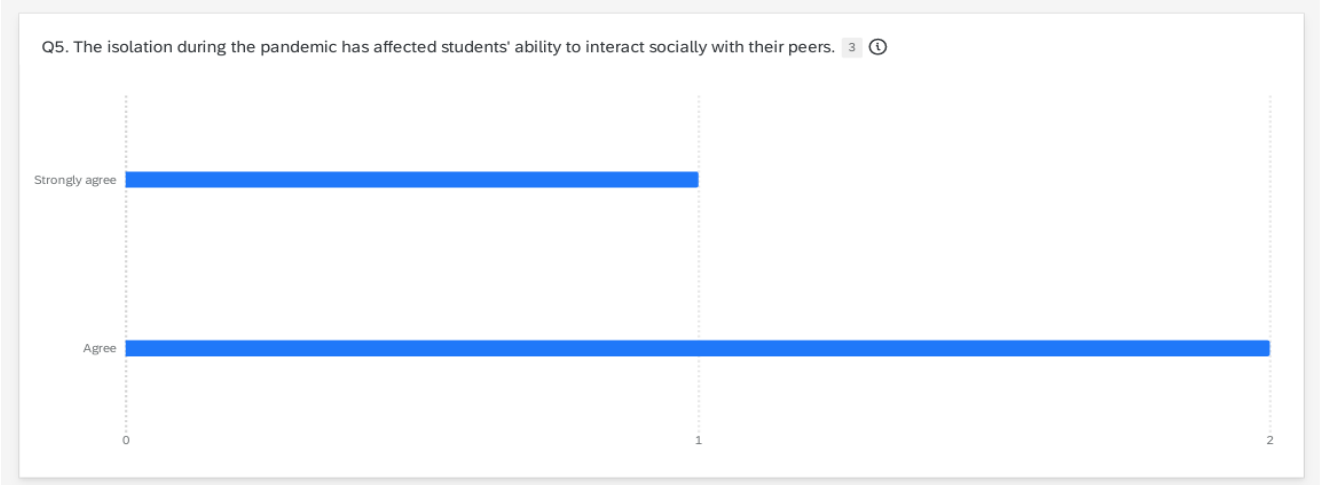


Figure 1.4 shows two out of three respondents strongly agreed there has been a decline in social skills such as cooperation and conflict resolution. One respondent neither contradicts nor agrees with the other respondents, their neutral response suggests uncertainty or a balanced view.

Figure 1.5



This graph (figure 1.5) shows a generally that all respondents agree somewhat that COVID-19's isolation period affected students' social skills. Two of three respondents show a strong agreement with the statement and one respondent shows a regular level of agreement.

Figure 1.6

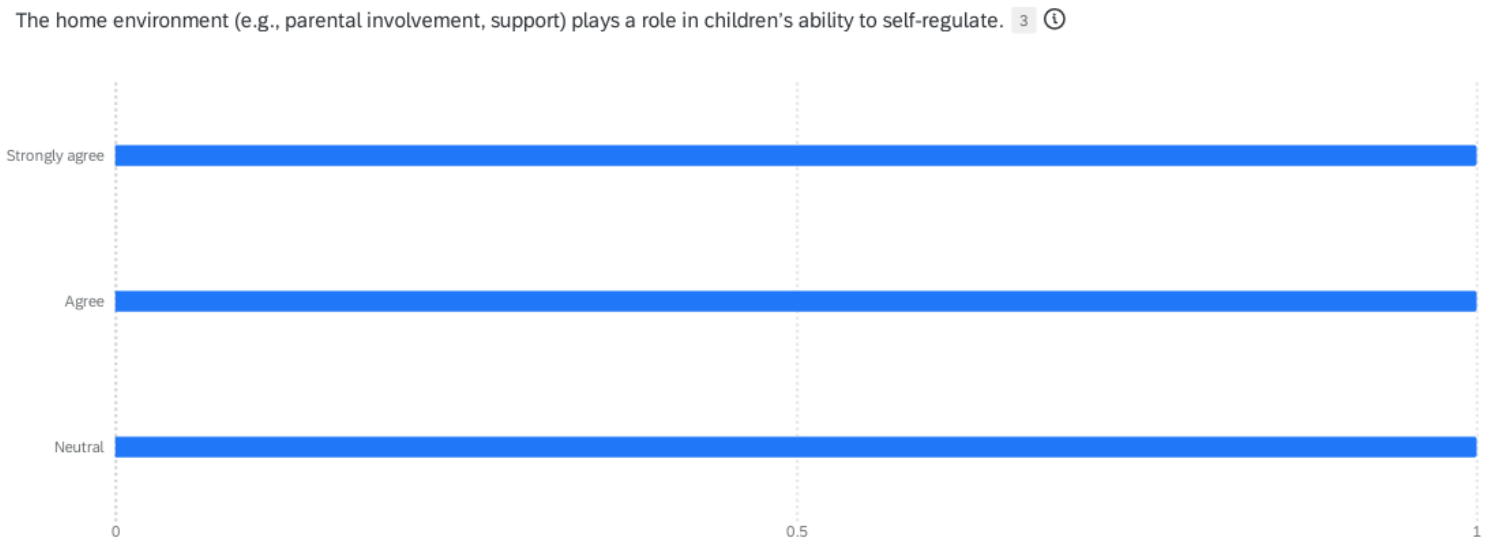


Figure 1.7

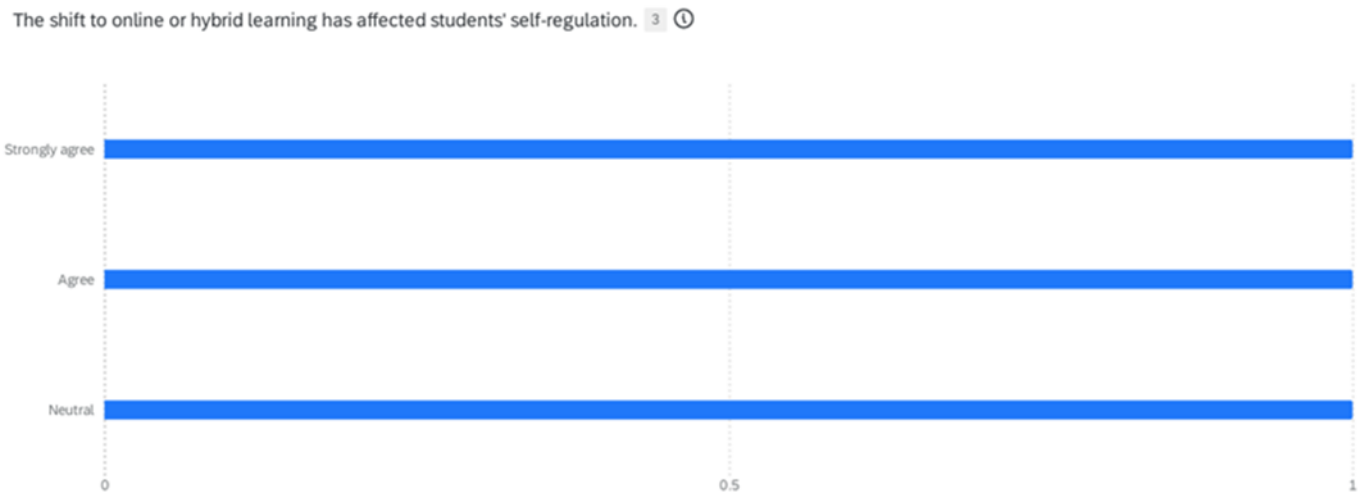


Figure 1.6 and Figure 1.7 show the same response, all three respondents selected differing responses, whilst they do not contradict each other, they show different levels of agreement. Whilst two respondents at some level agree that online learning and home environment factors affect self-regulation, consistently one respondent selected a neutral viewpoint.

Figure 1.8

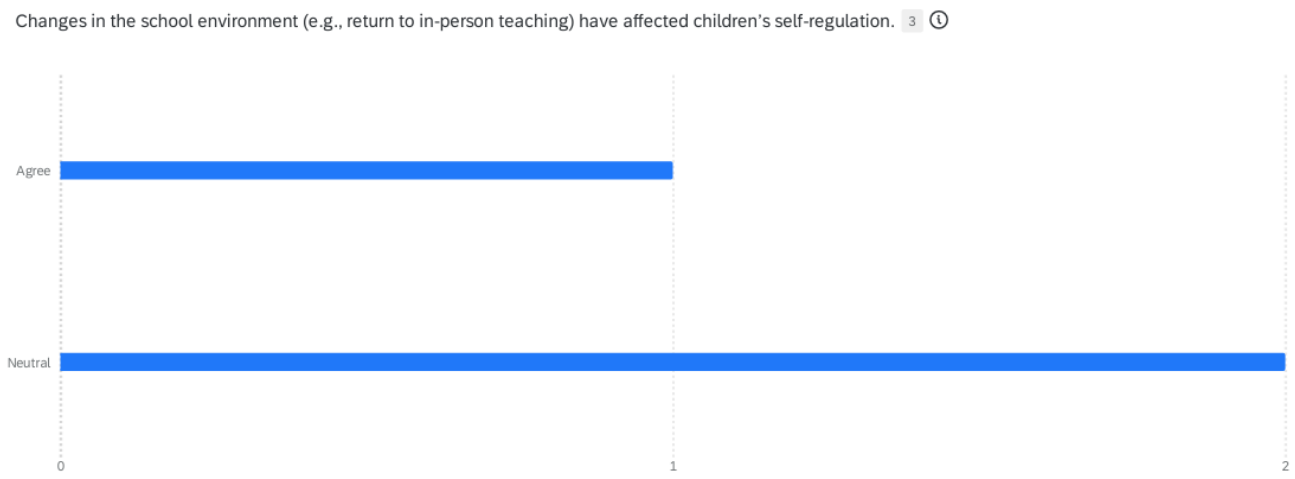
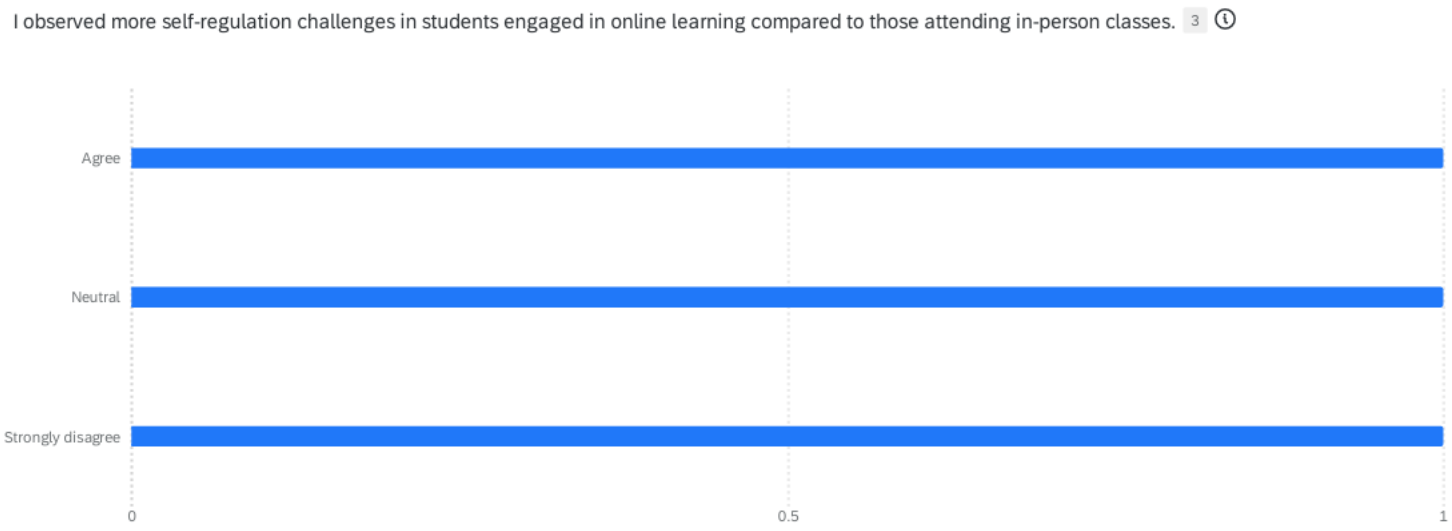


Figure 1.8 shows an agreement between two respondents in relation to how a return to the school environment and in person teaching affected children's self-regulation. One respondent of the three, responded neutrally suggesting that they neither agree or disagree with the statement.

Figure 1.9



This table (figure 1.9) shows no real consensus and indicates mixed perspectives. One respondent responded neutrally suggesting no significant opinion on the statement. One respondent selected agree, suggesting they observed more challenges in online learning.

The last respondent selected strongly disagree, suggesting they did not face more challenges in online learning, possibly even fewer or the same as in person learning.

Figure 2.0

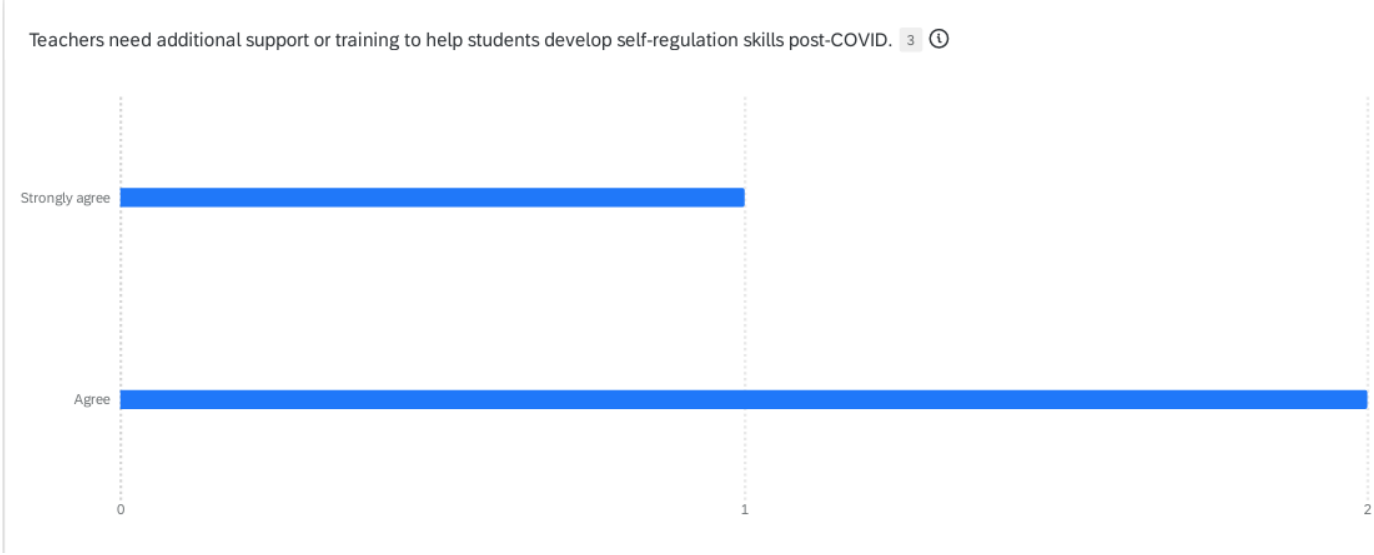


Figure 2.1

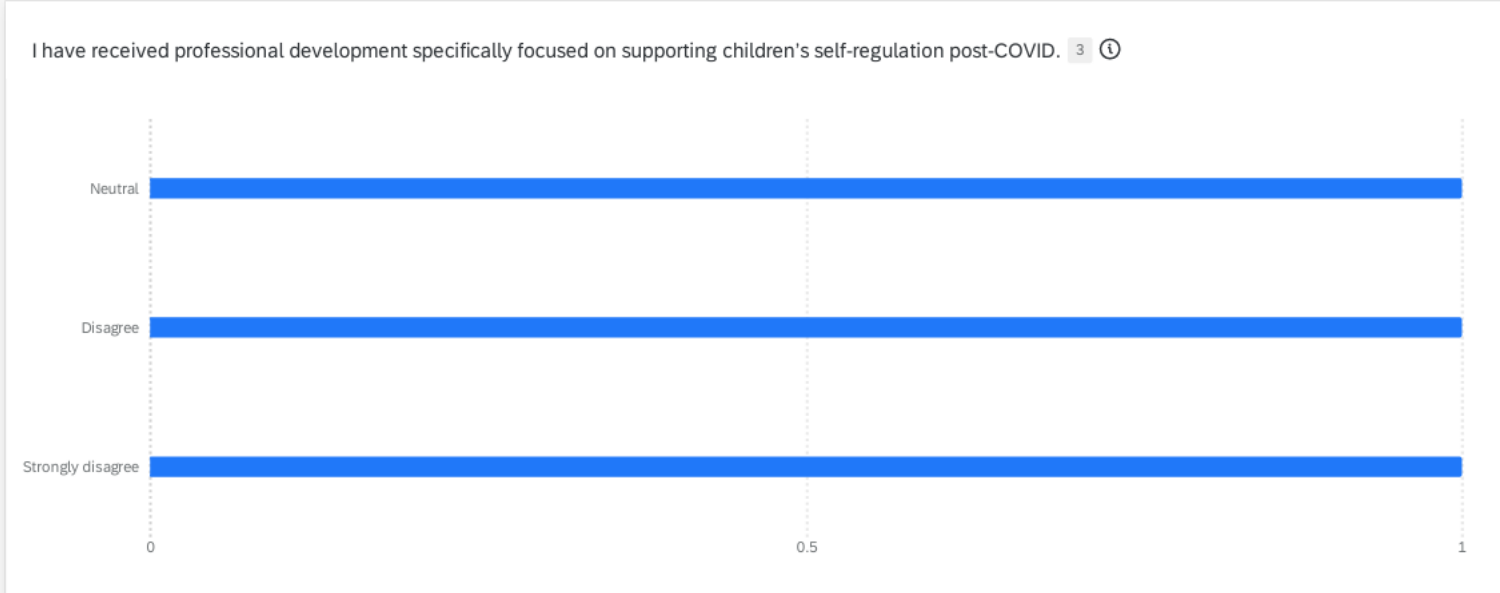
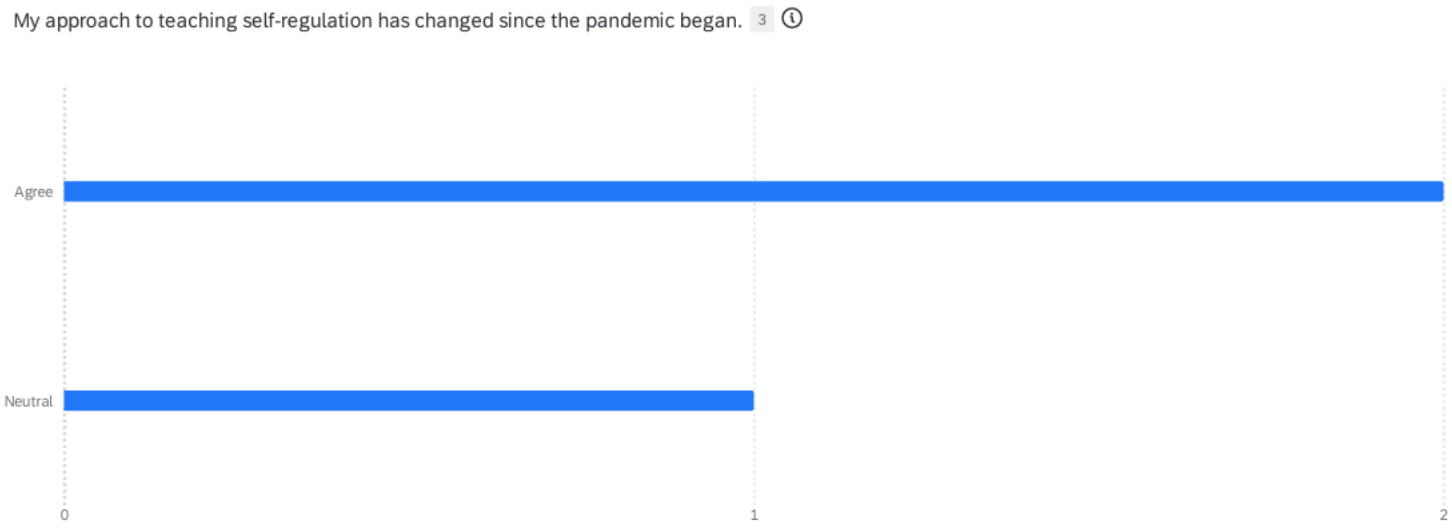


Figure 2.0 and Figure 2.1 both address teacher's training and CPD post COVID in supporting well-being and self regulation. Figure 2.0 shows that all respondents agree somewhat that teachers and teaching staff should receive more training in managing children's self-regulation. Two respondents strongly agree and one respondent agrees. In Figure 2.1 , there is a consensus that suggests professional development surrounding supporting self-regulation has not been received by professionals. Two respondents disagree with the statement one respondent felt more strongly opposed to the other who selected disagree. One respondent selected a neutral response.

Figure 2.2



This bar graph (figure 2.2) demonstrates that two respondents feel they have implemented changes to teaching self-regulation since the COVID-19 pandemic commenced. However, one respondent selected a neutral perspective, suggesting that their strategies remain the same or there is reflective uncertainty.

Overall, the quantitative data shows a general agreement in negative impacts on children's self-regulation and Social, Emotional and Mental Health as a result of the COVID-19 pandemic. There is a clear call for more concentration in continuous development and training. Some responses revealed contrasting perspectives (Figure 1.9), this suggests a need for further research to understand the disagreements in these areas.

4.2 Qualitative Data Findings (Appendix 1)

The respondents were asked if they had observed changes in mental health since COVID-19. Respondent 1 and 2 (see Appendix 1) emphasis the impacts on students being impacted emotionally and cognitively leading to reduced independence, emotional dysregulation and lack of decision making. Respondent 1 states 'children are less able to solve problems independently'. Respondent 2 supports this by stating 'some children find it more difficult to

process their emotions due to the prolonged time that they spent away from peers'. The third respondents lack of response limits triangulation and confirmation of a universal experience.

The respondents were also questioned about whether they had implemented any specific teaching strategies to support students' self regulation post COVID-19. The responses imply a variation in practice. One respondent stated they had implemented 'conflict resolution support' and 'emotional wellbeing support'. Respondent 2 commented that the question was 'not applicable' suggesting no perceived need to adapt teaching. Again a third respondent did not comment, limiting the triangulation.

In order to understand affects on children's academic abilities the respondents were asked if self-regulation skills have negatively affected students' academic performance since the pandemic. There was a sotrng agreement between two participants surrounding the impacts of emotional dysregulation on learning. One respondent states 'children are less able to regulate, therefore performance is impacted.' This is supported by the second respondent who agrees 'they may spend several hours of their school day too heightened to access the curriculum'. The final respondents' lack of response does not contradict the previous respondents perspectives however, reduces the strength of the consensus on this topic.

Finally, the last qualitative question explored whether it has taken more than a year for children to fully adjust to pre-pandemic levels of self-regulation. Two respondents believe that this time is dependant on age, developmental stage and personal circumstances. One respondent observed 'Children who were in EYFS (currently Y4 and y5)missed the play based learning approach and this has had a lasting impact'. The second respondent mirrors this by explaining recovery time is 'Dependent on individual child and their personal challenges'.

5.0 Discussion

The findings section implies that negative impacts caused by the COVID-19 pandemic has affected children's self-regulation skills, emotional wellbeing and social skills. The findings based on responses from teachers and teaching staff bring up themes of inadequate training to deal with children's emotional and behavioural needs. Despite general consensus in the other questions, when asked about their experience with online learning compared to in person teaching there were conflicting perspectives. This discussion section aims to address the findings and its relationship to wider research.

5.1 Negative impacts of COVID on self-regulation and emotional development.

A theme that developed from the responses to the questionnaire, was how COVID-19 had negatively impacted self regulation skills. Responses from the questionnaire indicated to a decline in emotional regulation as a consequence of isolation and disrupted routines. This response aligns with research by Raghunathan et al (2021) who suggests a decline in children's attention, patience and impulsivity. Based on the qualitative data produced by respondents these impacts can be observed in classroom settings. As one response highlighted, 'children are less resilient and are less able to solve problems independently'. This relates to Fujita's (2011) concept of intrinsic motivation, due to learners needs not being met, there is a lack of willingness to become independent and resilient. Figure 1.4 suggests that educators have observed a decline in social and emotional skills, majority of respondents 'strongly agree' cooperation and conflict resolution skills have decreased. Martin-Denham's (2021) analysis of headteachers' perspectives on SEMH, discusses similar findings around challenging behaviour and social interaction difficulties. Respondents' reflections on home environment and parental support showed an agreement in the ability these factors have on self-regulation (Figure 1.6). Mantovani et al's (2021) research could support these educators responses based on their rationale surrounding positive parental engagement producing positive self-regulation outcomes in children during the isolation and home learning period. In the return to face to face teaching, teachers and support staff

have observed a demand for the implementation of self-regulation strategies post COVID. As indicated by Figure 2.2 in which two of three respondents showed an agreement towards adapted teaching approaches requirement. Spears and Green's (2022) research supports a widespread demand for pastoral care increase post COVID-19, suggesting weekly check-ins, pastoral care and adapting routines is necessary in order to begin to undo the damage to mental health and forming positive relationships. Further to this an open ended question prompted respondents to reveal strategies they have implemented , one response stated similar requirements to Spears and Green's (2022) research, stating 'emotional wellbeing support' was introduced.

Whilst findings suggest that strategies for assisting with self-regulation are successful, they also indicate the ongoing issue in educational settings when faced with dysregulation and the impact this has on concentration and memory directly impacting students academic performance. The findings from qualitative data, shows that respondents feel self regulation is a barrier to children's academic learning. One respondent stated ' They may spend several hours of their school day too heightened to access the curriculum.' Egan et al (2021) supports this statement, reflecting upon COVID-19's impact on socio-emotional development causing a lack of readiness and ability to focus.

5.2 Influence of online learning and home environment.

A reoccurring theme amongst findings is the influence online learning and home environment had during COVID-19 lockdown on self-regulation. Figure 1.6 and Figure 1.7 show a mixed agreement of this view. Parental involvement and presence during children's online learning, suggests a strong involvement in dysregulation based on the findings of the data. Scrimin, Mastro Matteo and Hovnanyan (2022) research resemble a similar argument, parental stress and emotional burden was prominent particularly amongst low socioeconomic families.

However the findings in Figure 1.9 , exploring challenges in self-regulation skills in online compared to in person learning, highlighted diverging views. All three respondents conveyed opposing responses, suggesting that one respondent feels there is no challenges in self regulation during online learning , that they were fewer than in person teaching or in person teaching ultimately reveals more issues. This result compared to another respondents, who agrees there is more dysregulation online, could show that this is dependant on the children and the circumstances of the class. This could align with Indrayanti and Lande's (2022) perspective that children became regulated when there was positive parental engagement and access to technology and resources.

5.3 Social skills and peer interaction.

From the Findings particularly Figure 1.5, all respondents agreed that to some degree students social skills were affected by the isolation period in the pandemic. Respondents noted that 'some children find it more difficult to process their emotions due to the prolonged time that they spent away from their peers' which suggest that ability to process emotions and engage socially has been negatively affected. Ventouris, Panourgia and Hodge (2021) share similar findings, in their research teachers observed anxiety, social isolation and engagement with harmful online content. This suggests children's abilities to interact in a face to face manor has adapted due to the online accessibility during COVID-19. Respondents also observed 'Children who were in EYFS (currently Y4 and y5)missed the play based learning approach and this has had a lasting impact'. This suggests that the opportunity an Early years setting provides in terms of social development, team work and communication skills was missing for this age group during isolation. These findings are supported by Manis and Stewart (2024) who state there has been a significant regression due to children's lack of Early Years face to face interactions.

5.4 Lack of CPD and training for educators.

Throughout the responses, the need for further training in both self-regulation and mental health support has been made apparent by teachers and teaching staff. This is evident from the responses in Figure 2.0 and Figure 2.1, majority of respondents agree teacher training is needed to help manage children's self-regulation and majority feel they have not received continuous development to support students in this area post COVID. Jalongo (2021) discusses the need for changing teaching approaches to prepare students for home learning and emotional support strategies. Similarly, Spears and Green (2022) provide strategies for implementation such as relevant CPD opportunities and pastoral responses, some respondents have embraced their own strategies and approaches to their individual children's self-regulation and SEMH needs. As one respondent states 'conflict resolution support' and 'emotional wellbeing support' was required post COVID-19.

6.0 Conclusion

In summary, the findings as a result of this research, reveal the impact of COVID-19 on self-regulation, emotional wellbeing and social skills. From the findings it can be determined, teaching staff have observed declines in regulation, resilience and behavioural challenges. This aligns with current literature that show disruption and isolation have encouraged regression in these skills (Duran and Ömeroğlu, 2021; Kural and Kovacs, 2021). The perceived lack of appropriate training has left educators ill-equipped to manage increasing emotional and behavioural needs of the children in their class. It is important to acknowledge that context of the children and environment will determine an educator's experience of these needs. As seen from the findings, context determines an educator's perspective of self-regulation whether during online or in person teaching. These mixed responses indicate a reflection of diverse experiences amongst students. Parental involvement, access to technology and home environments provide challenges for both parents and students. This has caused issues between parent to child interactions and long periods of isolation have affected peer interaction and long-term development. This was particularly evident amongst children in the early years stage at the time of the pandemic. These findings highlight the importance of targeted interventions and addressing barriers to socio-emotional and academic achievement hindered by dysregulation.

6.1 Future considerations

The findings indicate a need for further research into long term effects if the pandemic, particularly in self-regulation and social, emotional and mental health. The small sample size and limited general scope of teachers experiences, prompts improvements for future research that includes larger and more diverse group of participants. This would provide an enhanced generalisability. A longitudinal study would be beneficial in order to find out how children are recovering from disruptions caused by COVID-19. McGrath's(2003) study suggests that longitudinal studies allow for deep reflection and valuable qualitative data.

The role of teacher training and CPD based on the respondent's data brings attention to a need for adaptations. Due to findings indicating, future research should examine using appropriate training programs and interventions that target students who are struggling with emotional regulation and resilience and how educators can manage this in a classroom

environment. Schools may benefit from receiving trauma informed strategies. Such strategies may include, ensuring psychological safety, maintaining trust, training for staff, creating safe spaces and policy and procedures review (Perry and Daniels, 2016). The home learning environments impact on children's self-regulation emphasises the need for future research to explore the school to parent dynamic. Specifically, how schools can support low socioeconomic and vulnerable families. Goldberg (2017) discusses in their research, through empowering parents in workshops in child development and homework, as well as technology and language classes, parents become connected and supportive of their child's home learning.

It is vital that school leaders and policymakers invest in wellbeing monitoring tools in order to track emotional and behavioural progress. This could identify early issues and provide tailored interventions, as well as allowing educators to feel supported by senior leaders (Gigante and Firestone, 2008).

7.0 References

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8.0 Appendices

Appendix 1 – Questionnaire

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Children's ability to self-regulate has negatively changed.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree

Self-regulation has improved post-COVID.

- ○ Strongly agree
- ○ Agree
- ○ Neutral
- ○ Disagree
- ○ Strongly disagree

The COVID-19 pandemic has had a negative impact on children's emotional regulation (e.g., anger, frustration).

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

Changes in Children's Social and Emotional Development
Students' social skills (e.g., cooperation, conflict resolution) have decreased post-COVID.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

Q5. The isolation during the pandemic has affected students' ability to interact socially with their peers.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

Have you observed changes in mental health since covid? If Yes please elaborate.

The home environment (e.g., parental involvement, support) plays a role in children's ability to self-regulate.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

The shift to online or hybrid learning has affected students' self-regulation.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

Changes in the school environment (e.g., return to in-person teaching) have affected children's self-regulation.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

I have implemented specific teaching strategies to support students' self-regulation post-COVID. If yes please explain what strategies you have implemented.

Self-regulation skills have negatively affected students' academic performance since the pandemic. If you agree state why you think so.

I observed more self-regulation challenges in students engaged in online learning compared to those attending in-person classes.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

Teachers need additional support or training to help students develop self-regulation skills post-COVID.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

It has taken more than a year for children to fully adjust to pre-pandemic levels of self-regulation. Please provide a rough duration.

My approach to teaching self-regulation has changed since the pandemic began.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

I have received professional development specifically focused on supporting children's self-regulation post-COVID.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

Appendix 2 – Letter to Headteacher

QTS6004M Research Project Permission form

Student name: _Catherine Ruddick_____

SE3 School: _____

Headteacher permissions:

I have read this student's ethical clearance form and give my permission for the conduct of this small-scale research project.

Additional parental passive consent is not required/has been obtained (pleased delete as applicable)

Headteacher's name: _____

Headteacher's signature: _____

Date: _____