

Remote learning: Experiences of Australian families



Supplementary Poll report

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Poll 19 Supplementary report, August 2021

This report contains findings that were first publicly released as preliminary data in October 2020

This report was amended for accuracy on August 30, 2021

Introduction and overview of The RCH National Child Health Poll

The Royal Children's Hospital (RCH) National Child Health Poll is a periodic national survey of Australian parents shedding new light on the big issues in contemporary child and adolescent health. The Poll's structure and focus combines the rigour of academic discovery with the timeliness and reach of online quantitative research, to deliver significant new knowledge about the health, wellbeing and lives of children and young people in contemporary Australia. See www.rchpoll.org.au for further information.

Two surveys were conducted in 2020 focusing on the pandemic and related impacts on Australian children and families. Results of these surveys have been published in a series of reports available on the [Poll website](#). As part of the second survey, conducted in September 2020, parents were asked a series of questions about their experiences of remote learning. The findings from this research are presented in this supplementary report.

One in three

Australian children
have experienced
a negative mental
health impact due
to remote learning



Methods

In a cross-sectional survey fielded from Sept 15 to Sept 29, 2020 Australian parents were asked a series of questions related to their experiences of remote learning during the COVID-19 pandemic, as part of a broader survey on the impacts of the pandemic on families. Parents reported separately on each of their children aged between 5 and less than 18 years who were reported to be enrolled in school. The relevant questions from the survey are presented at the end of this document.

The survey of a nationally representative sample of Australian parents and carers of children less than 18 years was conducted online for The Royal Children's Hospital National Child Health Poll by a private vendor, the Online Research Unit. The Online Research Unit (ORU) has a consumer panel of over 350,000 adults living in Australia aged 18 years and over with internet access. Participants are randomly recruited to the panel using both online and offline methods and only one person per household can complete the questionnaire. Parents were randomly selected by the ORU proportional to the population of states and territories in Australia. The data were subsequently weighted to reflect the distribution of the Australian parent population by state of residence, age, sex, number of children in the family and socio-economic status using figures from the Australian Bureau of Statistics.

At the time the survey was administered, different states and territories across Australia had experienced different periods of time in remote learning. During the period March-May 2020, all states and territories enacted some

level of stay-at-home restrictions and remote learning. At the time of data collection in September 2020, children living in Victoria were still engaged in remote learning as part of 'stage 4 stay-at-home restrictions' (also known as 'lockdown') and children from all other states and territories had returned to face-to-face learning. This difference in exposure to remote learning across jurisdictions allowed for comparison of the impacts across three jurisdictions. Results from respondents living in Victoria were compared with those in New South Wales (NSW) and all other states and territories combined.

Results

A nationally representative sample of 1,121 parents yielded data on 1,797 children aged between five and less than 18 years who were enrolled to attend primary or secondary school.

We found that whilst nationally in September 2020, 35% of children were reported by their parents to have experienced a negative mental health impact (either large or small) as a result of remote learning, the proportion in Victoria (56%) was more than one and half that of NSW (34%) and double that of all other states and territories combined (26%). One in ten (12%) of children in Victoria reportedly experienced a large negative mental health impact compared with about one in 17 in NSW (6%) and all other states and territories combined (5%). Of note, close to one third of children in NSW (29%) and one in five in both Victoria (21%) and all other states and territories (21%) were reported to have had a positive mental health impact (either large or small) from remote learning (see *figure 1*).

impact of remote learning on children's mental health and wellbeing by jurisdiction

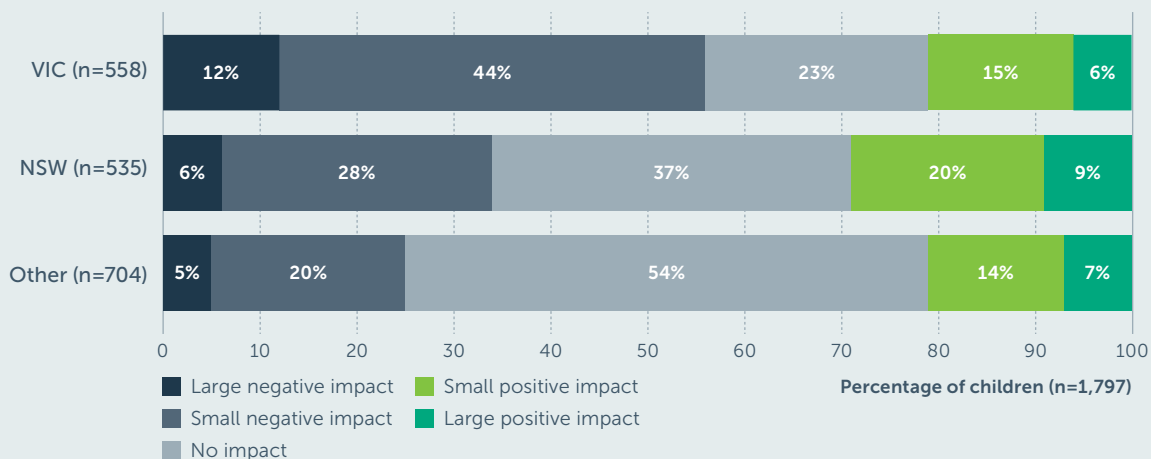


Figure 1. Parent report of impact of remote learning on their child's mental health and wellbeing by jurisdiction, RCH National Child Health Poll, September 2020

Teenagers were slightly more likely than primary school aged children (12 years and under) to experience negative mental health impacts, with 57% of Victorian teens reported to have a negative mental health impact compared to 54% of younger children. In NSW, 36% of teens reportedly experienced a negative impact compared to 33% of younger children. Gender was also a contributing factor, with 60% of Victorian girls reported by parents to have a negative mental health impact compared to 51% of boys. When looking at socioeconomic status based on SEIFA, children in higher income families in Victoria (highest quintile) were more likely to experience a negative mental health impact (62%) than those in the lowest quintile (46%).

Those in regional and remote areas reported similar levels of negative impact to those in major cities. Fifty-six per cent of Victorian children in major cities were reported to have a negative mental health impact compared to 53% of their regional and remote counterparts. This small difference may reflect a shorter period of remote learning for regional school children in Victoria compared to children from Melbourne who continued remote learning throughout the survey period.

Implications

The results of this poll indicate substantial impacts on the mental health of school children related to experiences of remote learning. Of concern, those children who had experienced a longer period of remote learning and were still engaged in remote learning at the time of survey completion were significantly more likely to have negative effects on their mental health compared with those children who had a shorter duration of remote learning and had returned to face-to-face learning prior to survey completion. School closures can result in isolation of children from their friends and community and often their support networks. While children identified as 'vulnerable' have continued to be eligible to attend school on site, this group is likely to account for only a small fraction of the many children who may experience psychosocial difficulties related to school closures. Girls, teenagers, children living in major cities and those from families of higher SES were most likely to have been reported to experience a negative mental health impact associated with remote learning. This survey relied on parent report of child mental health experiences and findings may be affected by parent bias and their ability to assess the mental health of their child.

Also important in these findings is the report of positive mental health impacts related to remote learning for a minority of children. This may be a reflection of increased time at home and connectedness to parents and siblings, which is an experience reported by many families during the first lockdown in Australia. It may also reflect situations where children have difficulties engaging at school, including bullying, social and emotional and learning difficulties. In these settings, a home learning environment may confer benefits for children.

Further surveillance and research are required going forward to understand the longer-term impacts of remote learning on patterns of child mental health and wellbeing. Prevention and rapid identification of negative mental health impacts among children is vital as they have further experiences of remote and/or face-to-face learning. As the pandemic continues and decisions are made about remote learning for children, public health policy must duly consider the balance between causing and preventing harm among all sectors of society including children.

Appendix A

RCH National Child Health Poll Questionnaire:
Questions used to collect data on family experience of remote learning.

The following question was answered by parents with children aged 5-18 years who were enrolled in school.

1. Thinking about the SIX MONTHS since the pandemic began (SINCE MARCH 2020), what has been the impact of remote learning (learning from home) on your child's emotional, behavioural and social wellbeing (their mental health)? Please answer separately for each child

Response items:

- Large positive impact
- Small positive impact
- No impact
- Small negative impact
- Large negative impact

Respondents also answered questions about sociodemographic variables including age, sex, income, relationship status, indigenous status and country of birth.

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