



Department
for Education

Children of the 2020s: second survey of families at age 2 years

Research brief

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Introduction

The Children of the 2020s (COT20s) study is a nationally representative birth cohort study in England. It measures the circumstances and outcomes of children, and their families, longitudinally, with annual data collections over the first 5 years of life. It is DfE's Education and Outcomes Pathways Study of the Early Years (EOPS Early Years).

This research brief provides a summary of key findings from COT20s on three key research topics:

1. The economic circumstances of families of 2-year-olds in England and the relationship between family finances and early childhood education and care (ECEC) choices and usage.
2. The mental health and wellbeing of primary caregivers of 2-year-olds in England and the connections between caregiver mental health, the home learning environment and parenting.
3. Children's language, emotional and behavioural outcomes at age 2 years and how these vary according to family circumstances.

Methodology

The COT20s study began with Wave 1 in 2022, when the cohort children were aged 9 months. The Wave 2 survey invited the primary caregiver identified at Wave 1 (defined as the parental figure who provided most of the care for the cohort child at the time) to complete an online survey when their child was around 2 years old. Fieldwork took place between October 2023 to February 2024. The cohort children were between 24 and 28 months old (average of 24.8 months). A total of 4,758 surveys were completed by the cohort children's primary caregivers (92% of whom were the biological mother), representing a response rate of 55% of the issued sample. All statistics reported are weighted based on the probability of being sampled at Wave 1 (initial sampling was from the Child Benefit Register). This means that the frequencies presented in this report provide population estimates of 2-year-old children in England who were registered on the Child Benefit Register (CBR) in infancy.

Summary of findings at age 2

Topic 1: The economic circumstances of families of 2-year-olds in England and the relationship between family finances and early childhood education and care (ECEC) choices and usage

How have the financial circumstances of families with young children in England changed between age 9 months and 2 years?

- On average, families' incomes increased by 4% between 2022 when their child was age 9 months, and 2023/24 when their child was age 2. Over a similar period, inflation rose by 4.6%.
- Despite the average increase, 42% of families experienced a drop in income during this period.
- At the age 2 survey, 35% of families reported financial strain such as not keeping up with bills and debts; finding it very difficult to manage financially; having to skip meals; or not being able to afford essential items for their child. The proportion reporting financial strain was 5 percentage points higher than when the children were 9 months of age.

What are primary caregivers' main activities, and how does this differ from Wave 1 and/or before the child was born?

- Those on parental leave were asked to report their main activity before taking leave; by age 2, 60% of primary caregivers had taken parental leave at some point for the cohort child.
- At the age 2 survey, 67% were in paid work, compared to 71% at 9 months.
- For those in paid work, 45% experienced no change in their employment between the age 9 months and age 2 surveys. When primary caregivers reported changes in their employment, the most common were higher pay (28%) and shorter working hours (16%).

What are the most common reasons for not being in paid work among parents with young children?

- A third (33%) were not in paid work when their child was aged 2. The most common reasons were: personal choice (16% prefer to look after the child themselves) and financial constraints (7% stated their income would not be enough after childcare costs to be worthwhile, and 5% cannot afford childcare).

What early childhood education and care (ECEC) provision do parents of 2-year-olds typically use, and how has it changed since their child was 9 months old?

- Between 9 months and 2 years, 52% of families had used formal ECEC (such as nursery or childminder), up from 13% between birth and 9 months, and 52% had used informal ECEC (such as relatives), compared to 37% between birth and 9 months.
- Formal ECEC was used between 9 months and 2 years by 67% of those in paid work compared with 20% not in paid work, and by 85% in the highest income quintile compared with 22% in the lowest.

What are the most common reasons for not using formal ECEC?

- Almost half (48%) did not use formal childcare between 9 months and 2 years. The most common reasons were: personal choice (53% of those not using formal childcare, 25% of the total sample, prefer to look after their child themselves) and financial constraints (38% of those not using formal childcare, 18% of the total sample, said it was too expensive and/or unaffordable).
- Of the 52% who had used formal childcare between 9 months and 2 years, half (50%) found it difficult or very difficult to afford. Even in the highest income quintile, 37% found it difficult or very difficult to afford formal childcare.

Context

Children of the 2020s has studied parents and children during a challenging time in England, as families and wider society came out of the COVID-19 pandemic to then face a difficult economic landscape marked by rapidly increasing inflation and a rising cost of living. The COT20s study provides important longitudinal data on the economic circumstances of families with young children and the interactions between employment and childcare during this period.

Changes in average income and rates of financial strain

Overall, families had a 4% higher income (adjusted for household size) when their child was 2 years (mean = £28,713) compared to the previous round of data collection when the children were 9 months (mean = £27,523). This is consistent with the fact that although a similar number of primary caregivers were in paid work both when their child was 9 months and 2 years (around 67%), the most common change to their main job, reported by 28% of primary caregivers at age 2 years, was higher pay. The small increase in average income needs to be interpreted in the context of inflation during this period, which peaked in October 2022 at 11.1%, around the time the cohort children turned 1, but then declined to around 4.6% in October 2023 when the children turned 2. Reflecting this rising cost of living, over a third of families reported experiencing significant financial strain (35%), as indicated by one or more of the following indicators: not keeping up with bills and debts; finding it very difficult to manage financially; having to skip meals; or not being able to afford essential baby items. This figure was up 5 percentage points from when they were surveyed at 9 months. The data suggest that small rises in income did not keep pace with rising living costs for many families with 2-year-olds and underlines the economic challenges faced by young families in England at the time of the survey.

Patterns of employment

Although at the age 2 survey the majority of primary caregivers were in paid work, a total of 33% of primary caregivers were not working. Seventeen percent reported their main

activity was looking after family and 5% said they were not in paid work because of a reason other than poor health. These caregivers reported that the most common reasons for not being in paid work primarily revolved around personal choice (such as the 16% who 'prefer to look after the child themselves') and financial constraints (such as the 7% whose 'income would not be enough after childcare costs to be worthwhile', the 5% who 'cannot afford childcare').

Childcare usage, choices and affordability

Typical reasons given for not being in paid work mirrored the reasons for not using formal early childhood education and care (ECEC) provision, underlining the interdependence between childcare use and employment. Although as a whole, more families were regularly using ECEC at 2 years (74%) compared to when their child was 9 months (43%) – possibly corresponding, in part, to the end of parental leave (60% reported that they had taken parental leave for the cohort child at some point since the child was born) – 48% had not used any type of formal childcare since their child was 9 months old. The two most common reasons for this were personal choice (indicated by 25% of the total sample) and financial constraints or unaffordability (indicated by 18% of the total sample). The perception of unaffordability of formal childcare was also shared by half of formal ECEC users, who reported that it was very difficult or difficult to afford, with those with lower incomes more likely to report finding it difficult. Note that the age 2 survey took place before the April 2024 introduction of 15 hours of government-funded childcare per week for eligible working parents of 2-year-olds.

Topic 2: The mental health and wellbeing of primary caregivers of 2-year-olds in England and the connections between caregiver mental health, the home learning environment and parenting

How common are significant symptoms of anxiety and depression among primary caregivers of 2-year-olds in England, and have these changed since the children were 9 months of age?

- When the children were age 2 years, 10% of primary caregivers reported symptoms indicative of depression, compared to 9% at 9 months. At 2 years, 12% reported symptoms indicative of anxiety, compared to 13% at 9 months.
- A total of 3% reported symptoms indicative of depression at both time points, and 4% of anxiety at both time points, indicating chronic mental health difficulties.
- The percentage of primary caregivers using mental health support services was stable at 8% from birth to 9 months, and 8% from 9 months to 2 years.

Which socio-demographic groups are most at risk of depression and anxiety, and how does this compare to when the children were 9 months old?

- When children were 2 years of age, primary caregiver depression was independently associated with lower family income and lower levels of education. Depression was more prevalent in the lowest income quintile (17%), than in the highest income quintile (5%) and was more prevalent in the lowest education group (18%) than in the highest education group (4%). These patterns were similar to those found at 9 months, though single parent status was also linked to depression during infancy.
- When children were age 2 years, primary caregiver anxiety was independently associated with lower family income, and ethnicity. Anxiety was more prevalent in the lowest income quintile (16%), compared to the highest quintile (7%). Fewer primary caregivers of Asian or Asian British ethnicity had symptoms indicative of anxiety (9%), compared to those of White ethnicity (12%).
- The socio-demographic groups at greatest risk of primary caregiver depression and anxiety were somewhat similar both at age 9 months and 2 years, with low incomes consistently associated with depression and anxiety at both time points.

Does the home learning environment vary depending on parental mental health and socio-demographic circumstances?

- The Home Learning Environment Index (HLE-Index) measures how often someone at home engages in five activities with the cohort child: reading or looking at books, playing with letters, playing with numbers or counting, teaching songs or rhymes, and painting or drawing.
- The most frequent home learning activity reported at age 2 was reading or looking at books, with 56% doing this daily and only 2% never doing so.

- Parents of 2-year-olds in 2023-24 were carrying out these home learning environment activities to a similar degree to parents of 2-year-olds 10 years earlier. Higher HLE-Index scores reflect more frequent and varied home learning activities. HLE-Index scores were independently associated with family background: families with lower income, lower education, and of Black or Asian ethnicity reported lower HLE-Index scores, indicating their children experienced fewer or less frequent home learning activities. For example, 77% of the highest income families read daily with their child, compared to 32% of the lowest income quintile; 73% of caregivers with the highest education read daily, compared to 29% of those with the lowest; and 62% of White caregivers read daily, compared to 33% of Asian and 25% of Black caregivers.
- The variety and frequency of engagement in home learning activities was unrelated to primary caregiver mental health.

Does children’s screen time vary depending on parental mental health and socio-demographic circumstances?

- The World Health Organisation (WHO) recommends no more than 1 hour a day of sedentary screen time for children between 2 and 4 years. This was defined in the current study as the amount of time watching television, videos or other digital content on a screen on a typical day. Fewer 2-year-olds met this WHO recommendation in 2023-24 than in 2013-14 (34% in COT20s, compared to 46% in the Study of Early Education and Development 10 years ago).
- At 2 years, 98% of children watched television, videos or other digital content on a screen on a typical day. They watched for an average 127 minutes a day (up from an average of 29 minutes when the children were age 9 months).
- Screen time can be a shared activity: 26% of primary caregivers said they mostly watched with their child during screen time, 46% sometimes watched with their child, and another 26% said they mostly did something else.
- In addition, 19% of children played computer games at age 2. The total average time spent either watching screens or playing computer games at age 2 was 140 minutes per day.
- Lower family income, lower primary caregiver education, and Black, Asian or Mixed/Other ethnic backgrounds were independently associated with higher screen time (combined time spent either watching screens or playing computer games) at age 2. For example, children in the lowest income quintile had nearly double the screen time of those in the highest (179 compared to 97 minutes per day). Similarly, children of primary caregivers with the lowest education level had nearly twice the screen time (186 compared to 98 minutes) of those with the highest. Screen time was also higher among children of Black (213 minutes), Asian (156 minutes) and Mixed/Other ethnicity primary caregivers (174 minutes), compared to White primary caregivers (131 minutes).
- Parents’ mental health was also independently associated with children’s screen time. Children of primary caregivers with depression symptoms had more screen time (182 minutes) than those without (135 minutes).

Does parenting style vary depending on parental mental health and socio-demographic circumstances?

- Overreactive parenting scores measure a parent's tendency to get angry or irritable when a child's behaviour is challenging. Higher scores indicate more overreactive parenting.
- Primary caregivers from higher income households, with higher levels of education and those who were in a couple, were more likely to report overreactive parenting. For example, 19% of those in the highest income quintile said they yell or raise their voice when their child misbehaves, compared to 15% in the lowest quintile; 21% of those in the highest education group said they would yell or raise their voice when their child misbehaves, compared to 13% in the lowest education group; and 18% of coupled parent/carers would yell or raise their voice when their child misbehaves, compared to 16% single parent/carers.
- Parental mental health was also independently associated with overreactive parenting. A quarter (25%) of those with symptoms indicative of anxiety or depression reported responding by yelling or raising their voice when their child misbehaves, compared to 17% without symptoms.

Context

Parental mental health and wellbeing are important factors that can affect parenting and the home learning environment and are important to consider when seeking to understand how family circumstances contribute to disparities in children's outcomes.

Rates of parental mental health problems

Overall, 10% of primary caregivers reported symptoms indicative of depression and 12% reported symptoms indicative of anxiety. This was similar to rates reported when the children were 9 months of age (9% and 13%, respectively). When children were 2 years, parental depression was more prevalent in the lowest income quintile (17%) than in the highest income quintile (5%) and was more prevalent in the lowest education group (18%) than in the highest education group (4%). These patterns were similar to those found at 9 months, though single parent status was also linked to depression during infancy but not at 2 years. Anxiety was more prevalent in the lowest income quintile (16%), compared the highest income quintile (7%). Fewer primary caregivers of Asian or Asian British ethnicity had symptoms indicative of anxiety (9%), compared to those of White ethnicity (12%). These findings were similar to those at 9 months. However, Black/Black British primary caregivers had shown higher anxiety rates than White primary caregivers at 9 months, while by age 2 rates were similar to those of White primary caregivers.

Children's screen time

A particular focus of the study is early-life exposure to rapidly evolving digital media. At 2 years, the vast majority (98%) of children watched television, videos or other digital content on a screen (such as computers, tablets, smartphones) on a typical day. Only one-third of 2-year-olds met the World Health Organization's guideline of no more than one

hour of sedentary screen time per day for children aged 2-4 years. In COT20s, fewer 2-year-olds met this WHO recommended threshold than children in a comparable study 10 years ago (34% in COT20s, compared to 46% in 2013-14). Given how widespread screen use is in the early years, understanding its impact on development is an important priority.

Parental mental health, the home learning environment, children's screen time and parenting

The frequency or variety of home learning activities (such as reading, singing, drawing, and playing with numbers or letters) were reported at similar rates to those observed a decade ago in the Study of Early Education and Development (SEED). The frequency and/or variety of home learning activities at age 2 was not associated with parental anxiety and depression. Instead, socio-economic and demographic factors, particularly lower income, lower parental education, and a minority ethnic background, appeared to play a potentially more important role, in each case being associated with a lower frequency and variety of home learning activities. For example, 32% of primary caregivers in the lowest income quintile reported someone at home read daily with their child, compared to 77% of those in the highest; 29% of primary caregivers with the lowest education level reported someone at home read daily, compared to 73% of those with the highest; 33% of Asian primary caregivers and 25% of Black primary caregivers reported someone at home read daily to the child, compared to 62% of White primary caregivers.

Primary caregiver mental health was linked to children's screen time. Children of primary caregivers with symptoms indicative of depression spent more time on screens in a typical day (182 minutes) than those without (135 minutes). In addition, children from lower-income families or whose primary caregivers had lower education levels, tended to have higher screen time. For example, children in the lowest income quintile had nearly double the amount of daily screen time as those in the highest (179 compared to 97 minutes). Similarly, children of primary caregivers with the lowest education level had nearly twice as much daily screen time (186 compared to 98 minutes) as those with the highest education level. Additionally, primary caregivers of Black or Black British ethnicity, Asian or Asian British ethnicity or Other/Mixed ethnicity reported their children to have more screen time (on average for 213 minutes, 156 minutes and 174 minutes per day, respectively) compared to children of primary caregivers of White ethnicity (average of 131 minutes).

Overreactive parenting, broadly defined as displaying anger or irritability in response to a child's behaviour, was more common among primary caregivers who reported difficulties with anxiety and depression. A quarter (25%) of primary caregivers with symptoms of depression reported responding by yelling or raising their voice when their child misbehaves, compared to 17% of those without depression symptoms. Similar differences were seen among primary caregivers with symptoms of anxiety. Overreactive parenting was also more common among caregivers with higher education levels and higher income, and among coupled parents. Nineteen percent of those in the highest income quintile said they were more likely to respond by yelling or raising their voice when their child misbehaves, compared to 15% in the lowest quintile; 21% of those in the highest

education group said they responded by yelling or raising their voice when their child misbehaves, compared to 13% in the lowest education group; 18% of coupled parent/carers said they responded by yelling or raising their voice when their child misbehaves, compared to 16% single parent/carers.

Topic 3: Children's language, emotional and behavioural outcomes at age 2 years and how these vary according to family circumstances

At 2 years, what is the average level of children's language skills in England?

- At 2 years, children could say, on average, 21 words from a set of 34 words commonly said by children this age.
- We found preliminary evidence that children's spoken vocabulary in this cohort was not significantly different from earlier cohorts of 2-year-olds from 2017 to 2020.

What socio-demographic, parental mental health, and home environment factors are most strongly linked to language ability at 2 years?

- Lower family income was independently associated with lower spoken vocabulary. Children from lower-income families could say fewer words at age 2, on average, than those from higher-income families. For example, children in the lowest income quintile could say 53% of the 34 test words on average, compared to 68% by those in the highest income quintile.
- Primary caregiver depression was independently associated with lower vocabulary in children. Children whose primary caregiver reported symptoms indicative of depression could say 56% of the 34 test words on average, compared to 62% of children whose parent did not.
- The home learning environment was independently associated with vocabulary development. Children in the lowest HLE-Index quintile, representing those with the least frequent and varied home learning activities, had the lowest spoken vocabulary. On average, children in the lowest HLE-Index quintile could say 44% of the 34 test words, compared to those in the highest HLE-Index quintile, who could say 74% of the 34 test words.
- Finally, higher screen time was independently associated with vocabulary development. Children in the highest screen time quintile (averaging at around 5 hours per day) could say on average 53% of the 34 test words, compared to 65% for children in the lowest quintile of screen time (with an average of 44 mins per day, which meets the maximum 1 hour per day recommended by the World Health Organization for children aged 2 to 4).

At 2 years, how commonly are children in England presenting with possible emotional and behavioural problems?

- In a standardised questionnaire completed by primary caregivers, a quarter of the children scored above the threshold indicating possible behavioural or emotional problems. This is consistent with the proportion in the original standardisation sample. This threshold is designed to identify children who may benefit from further observation, professional discussion, or support (it does not constitute a diagnosis).

What socio-demographic, parental mental health, and home environment factors are linked to emotional and behaviour problems at 2 years?

- Several demographic factors were independently associated with possible behavioural and emotional problems, including family income, primary caregiver education, family type, and primary caregiver ethnicity. For example, 41% of children in the lowest income quintile had scores indicative of possible problems, compared to 12% in the highest income quintile. Similarly, 48% of children with primary caregivers with the lowest education levels had scores indicative of possible problems, compared to 15% with parents with the highest education levels. Children from single-parent households (39%) and those with primary caregivers of Asian or Asian British ethnicity (38%) were also more likely to have scores indicative of possible problems compared to those with coupled parents (21%) and White primary caregivers (21%), respectively.
- Both primary caregiver depression and anxiety were independently associated with an increased likelihood of children having possible behavioural and emotional problems. For instance, the rate of possible emotional or behavioural problems was 41% among children of primary caregivers with depression symptoms, compared to 23% of those without, and 46% among children of primary caregivers with anxiety symptoms, compared to 22% of those without.
- Higher screen time was independently associated with emotional and behavioural problems: 39% of children in the highest screen time quintile (average 5+ hours/day) had scores indicative of possible emotional and behavioural problems, compared to 17% in the lowest screen time quintile (average of 44 minutes per day).
- Overreactive parenting (the likelihood of displaying anger or irritability in response to a child's behaviour) was independently associated with emotional and behavioural problems, with 43% of children whose primary caregivers were in the highest quintile for overreactive parenting having scores indicative of possible problems, compared to 20% of those whose primary caregivers were in the lowest quintile.

Context

Children's early developmental skills and behaviour are important foundations for their later outcomes, including their educational attainment and mental health. This report focused on 2-year-old's language skills and their emotional and behavioural wellbeing.

Children's language development

At age 2, primary caregivers reported that children could say an average of 21 out of 34 words commonly used by children of this age¹. Analysis provided a preliminary indication that children's spoken vocabulary was not significantly different from earlier cohorts of 2-

¹ The child uses a different pronunciation of a word (for example, "raffe" instead of "giraffe" or "sketti" for "spaghetti"), or says the word in a different language (e.g. "dwr" or "agua" for "water"), the respondent was asked to select that word anyway.

year-olds from 2017 to 2020. Several factors were independently associated with children's spoken vocabulary, including family income, parental depression, home learning environment and screen time. By age 2, children from the lowest income families were able to say on average 53% of the 34 test words compared to those from the highest income families, who could say 68% of the 34 test words. Primary caregiver depression was associated with lower spoken vocabulary at 2 years. Children whose primary caregiver had symptoms indicative of depression could say 56% of the 34 test words on average, compared to 62% by those without symptoms of depression. The frequency and variety of home learning activities – measured by the Home Learning Environment (HLE)-Index – were also linked to language skills. Children in the lowest HLE-Index quintile, who experienced the least frequent and varied home learning activities, could say on average 44% of the 34 test words, compared to those in the highest HLE-Index quintile, who could say on average 74% of the 34 test words. The largest relative difference occurred between the lowest and second-lowest quintiles, suggesting that even a small increase in HLE activities for the lowest quintile could make a difference for children's language development. Greater screen time was also associated with lower vocabulary scores. Children in the highest screen time quintile (with an average of 5+ hours per day) could say 53% of the 34 words, compared to 65% among those in the lowest quintile of screen time (who had less than an average of 44 minutes per day of screen time). The World Health Organization (WHO) recommends no more than one hour of sedentary screen time a day for children aged 2 to 4 years.

Children's emotional and behavioural problems

One in four children (25%) scored above an established threshold for possible emotional and behavioural problems, aligning with expectations based on standardised norms for the instrument (the Brief Infant-Toddler Social and Emotional Assessment). This threshold identifies children who may benefit from further assessment or support. Possible emotional and behavioural problems were more common among children in lower income families, with primary caregivers with lower education levels, single parents, or with primary caregivers from Asian or Asian British backgrounds. For example, 41% of children in the lowest income quintile were above the threshold for possible problems, compared to 12% in the highest income quintile. Similarly, 48% of children of primary caregivers with the lowest education levels were above threshold, compared to 15% of those with the highest education levels. Children from single-parent households (39%) and those with primary caregivers of Asian or Asian British ethnicity (38%) were also more likely to be above threshold compared to those with coupled parents (21%) and White primary caregivers (21%), respectively.

Primary caregiver anxiety, depression, and overreactive parenting, and children's high daily screen time, were also associated with increased rates of possible emotional and behavioural problems. For instance, 41% of children with primary caregivers showing depression symptoms were above threshold for possible emotional or behavioural problems, compared to 23% without depression symptoms; and 46% with primary caregivers showing anxiety symptoms were above threshold for possible behavioural or

emotional problems, compared to 22% without anxiety symptoms. Furthermore, 39% of children in the highest screen time quintile (average 5+ hours/day) were above threshold for possible behavioural and emotional problems, compared to 17% of children in the lowest screen time quintile (average 44 minutes/day). Finally, 43% of children whose primary caregivers were in the highest quintile for overreactive parenting were above the threshold for possible behavioural and emotional problems, compared to 20% of those whose primary caregivers were in the lowest quintile for overreactive parenting.

These findings highlight the complex and interrelated influences of economic circumstances, caregiver wellbeing, and the home environment on early development. They underscore the importance of addressing early disadvantage, supporting parenting and providing guidance on screen use during early childhood.

Conclusion

This report presents a summary of findings from Wave 2 of the Children of the 2020s study, focusing primarily on cross-sectional analysis. For more details please see the full research report on this topic. Results cannot identify causal factors directly but highlight multiple factors worthy of further investigation. As the study progresses, its design will allow for increasingly powerful longitudinal analysis of how family circumstances, early childhood education and care, and the home learning environment shape children's developmental outcomes. Data from Cot20s is being made publicly available on the UK Data Service and ONS Secure Research Service. Wave 3, the data collection for age 3 which took place in 2025, includes a rich array of direct assessments of language, reasoning, working memory, inhibition and motor skills, as well as large-scale video recordings of parent-child interaction and will allow a host of new insights about children's development in England.



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