Rapid Reviews COVID-19

Review 2: "Supporting Families to Protect Child Health: Parenting Quality and Household Needs During the COVID-19 Pandemic"

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RR:C19 Evidence Scale rating by reviewer:

- **Reliable.** The main study claims are generally justified by its methods and data. The results and conclusions are likely to be similar to the hypothetical ideal study. There are some minor caveats or limitations, but they would/do not change the major claims of the study. The study provides sufficient strength of evidence on its own that its main claims should be considered actionable, with some room for future revision.

Review:

The preprint of "*Supporting Families to Protect Child Health: Parenting Quality and Household Needs During the COVID-19 Pandemic*" provides an examination of factors that relate to parenting practices during spring 2020. As noted in the preprint, this paper is the first such investigation. Due to school closures, the necessity of working from home, and financial strain, many families are facing unprecedented challenges during the COVID-19 pandemic.

Parents play an important role in promoting children's resilience during stressful times. Notably, this investigation finds that caregivers' (primarily mothers) depression was associated with parenting practices even when accounting for a variety of other risk/protective factors. Results are consistent with findings in parenting research prior to the pandemic. Thus, this investigation makes an important contribution and could inform intervention efforts aimed at connecting parents with critical mental health services during and after the pandemic.

There are a number of strengths in this investigation. **First**, this is a large investigation with over 500 parent participants during spring 2020. **Second**, parenting and mental health were assessed with established measures with strong psychometric properties (however, the authors should consider providing more information about psychometric properties). **Third**, survey items were created to capture the challenges that families face during the pandemic (loss of employment, food insecurity, financial strain, unmet child care need); results give readers an understanding of the context of results within this unique time period. **Fourth**, this investigation used mixed methods. Inclusion of open-ended questions allowed parents to describe their challenges in their own words and provides a depth to the results that are informative.

While this paper makes an important contribution, there are also limitations that need to be noted when considering the application of results. Most of these limitations are clearly and appropriately noted by the authors. **First**, this is a cross-sectional investigation and no causal inferences can be drawn from the investigation. As such, the dataset cannot consider if the COVID-19 pandemic led to changes in parenting practices as pre-pandemic data is not available. **Second**, the sample included very few parents that report low socio-economic status (SES; i.e., the vast majority of participants have incomes over \$60,000 per year and report a Bachelor's degree or higher). Inclusion of a higher risk sample may have yielded different results. **Third**, all measures were self-reported. Parenting is often assessed through observational measures to increase ecological validity (however, collecting such data would not have been feasible during the pandemic).

There are also several additions/modifications that could strengthen the manuscript. In order to understand the application of results, the authors should provide additional information about participating parents. Given this is a convenience sample, results may not be applicable to all parents (e.g., lower SES families). Specifically, there is no information provided about the race of participants. Without this information, it is unclear if this is a diverse and inclusive sample. Given that there are clear race-related health disparities in the impact of COVID-19, considering results within the context of health disparities due to systematic racism is important. There also needs to be clarification about the sample size in general. Is the sample size 656 (i.e., all participants) or 555? It appears, based on the abstract, that the latter was what was used in analyses; thus, reported demographics should be for this sample. Table 3 currently contains a lot of information and would be clearer if it were broken into a few different tables. Moreover, the authors could make more *specific* recommendations about programs that could be used to meet the mental health and parenting-focused needs of parents during the pandemic. Given that the pandemic limits face-to-face services, the authors could cite specific, evidence-based programs that are provided through telehealth or online platforms (e.g., specific online parenting programs or online self-guided programs that teach cognitive behavior therapy skills known to reduce depression).