

**Report to the NHS Somerset Clinical Commissioning Group on 27 January 2022**

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| <b>Title: Annual Report of the Director of Public Health for Somerset: Young People in the Second Wave of COVID-19</b> | <b>Enclosure F</b> |
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**Summary and Purpose of Paper**

The production of an annual report is a statutory obligation for Directors of Public Health (DPH). It is an opportunity for the DPH to give an independent view of health and wellbeing priorities.

The year 2021 has been dominated, like 2020, by Covid-19. The disease itself, the response and the further impacts of restrictions imposed are all Public Health issues.

This report describes Covid-19, focusing on how the ‘alpha variant’ dominated the ‘second wave’. It looks at how children and young people were affected, using their own words and experiences. Most striking is the range of responses and effects felt by different young people.

**Recommendations and next steps**

The Governing Body is asked to:

- Endorse the report
- Support and promote continued vigilance of COVID-19 in the local population and the importance of testing and vaccination, including against ‘flu
- Commit to the improvement of digital access in education for all children and young people in Somerset
- Support the ongoing efforts to nurture and strengthen children and young people’s mental health.
- Use the evidence here – including evidence of gaps in our knowledge - to inform our plans for the continuing pandemic, and our ultimate recovery.

**Impact Assessments – key issues identified**

|                 |   |
|-----------------|---|
| <b>Equality</b> | The report considers the impact of the second wave of COVID-19 on inequalities in our population and especially on our children and young people.     |
| <b>Quality</b>  | The report highlights the impact that COVID-19 has had on the mental health and wellbeing of many young people, especially in anxiety and depression. |
| <b>Privacy</b>  | Not directly applicable.  |
|                 |   |

|                             |  |            |            |          |
|-----------------------------|--|------------|------------|----------|
| <b>Engagement</b>           | The voice of older children and young people appears in the report from focus group work with Young Somerset, Youth Parliament and Public Health Nurses. |            |            |          |
| <b>Financial / Resource</b> | Not directly applicable.   |            |            |          |
| <b>Governance or Legal</b>  | Not directly applicable.   |            |            |          |
| <b>Risk Description</b>     | Summary of risk description if applicable.   |            |            |          |
| <b>Risk Rating</b>          | Consequence  | Likelihood | RAG Rating | GBAF Ref |
|                             | n.a  | n.a.       | n.a        | -        |

Draft

# Annual Report of the Director of Public Health for Somerset 2021

## **Young People in the Second Wave of COVID-19**

Professor Trudi Grant

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## Executive summary

Public health in 2021, and indeed life in general, has been dominated by the continuing COVID-19 pandemic and measures that have been taken to reduce its effects. In Somerset, by the end of wave 2 (22<sup>nd</sup> May 2021) there had been 22,455 infections and 680 deaths. Only 35 deaths were of people under 60, and the number of deaths of children and young people is too small to be disclosed.

This does not mean that only the elderly have been affected, and the report uses quantitative data from the school census of 2021, and the 'voice' of children and young people as recorded by Somerset Youth Parliament, Young Somerset and Public Health Nursing teams to describe some aspects of the impact. It is not a

Most striking, perhaps, is the diversity of experience that young people went through, with some finding it a positive experience – such as the 32% of primary school children, and 22% of secondary pupils who said that their physical health had improved (against 6% and 16% who said it had worsened). When asked about mental health, 23% of primary and 11% of respondents said that it had improved, with 12% of primary and, strikingly, 30% of secondary students saying that it was worse. For many other indicators, too, the younger children seemed to have coped better than the older ones, many of whom may have been affected by the stress of examination (or, indeed, the lack of them.)

The focus groups found that whilst not universal, the most common negative response was anxiety. Young people were worried about health – their own and especially that of elderly family members, about their relationships with family and friends, their experience of being away from and returning to, school, and about their prospects in a rapidly changing and uncertain world. Many young people found support from their families, friends and caring services in schools and elsewhere, and many also reported the healing properties of the natural environment.

Importantly, though, there are few generalizations that can be made about their circumstances, their reactions and the support that they found. The considerable resources in Somerset devoted to helping young people are described in the report, and the findings here should strengthen their focus on a child-centred, individual approach to their care.

The nature of the pandemic in Somerset has been transformed by a highly successful vaccination programme, with 79.5% of the population having received two doses by November 2021. At the time of writing (November 2021) this programme has been extended to 12-18 year-olds, particularly helping to reduce the impact on their schooling.

## Introduction

Inevitably, my annual report for 2021 is on the subject of COVID-19, as indeed it was last year. Pandemics are mercifully rare, but their effects on health are profound and long-lasting, and extend far beyond the direct effects of the disease. Last year, I discussed what we were already calling the 'first wave' of COVID, even as the second wave – largely due to the alpha (or 'Kent') variant – was beginning. This report focuses on that second wave, from the 1<sup>st</sup> September 2020 to 22<sup>nd</sup> May 2021, and including the period of full lockdown measures from 6<sup>th</sup> January 2021, gradually lifted in spring and summer.

Mostly, though, I want to look at the experience of older children and young people in the pandemic. Babies and pre-school children are not included – not because they aren't important but because we have less information about them; we are aware of this 'baby blindspot'. COVID-19, as an *illness*, is clearly more serious for older people, and for most, otherwise healthy, young people it is relatively minor. However, they have seen a transformation to their home lives, leisure, education and prospects for their working lives. It will take many years for the impact to have its full effect, and we cannot expect to have a clear understanding of it while the pandemic is still happening. I want to focus on what the COVID-19 pandemic and the consequent lockdown has meant to young people so far, and how they see the future.

In the autumn of 2021, we are now in a third wave, this time driven by the delta (or 'Indian') variant. The character of this wave is very different from the previous two because of the extent to which the population has been vaccinated. This Public Health intervention has not eliminated COVID-19, far from it, but has successfully put us in a position where we can begin to think about 'living with COVID', and I want to consider that programme too.

## Covid infections and deaths in wave 2

### Infections

The graph in Figure 1 shows how the second wave of COVID started in the autumn as schools and colleges restarted, and more people began to mix indoors as the weather worsened, and after an initial peak in October rose again in December as the alpha variant became dominant. The rates peaked around the start of 2021 and again fell away after a full national lockdown was imposed, and fell to very low levels in early summer, as is typical of respiratory infections, and as vaccination began to have an impact. Throughout this period the rates in Somerset were consistently below the national average (down to September

2021 the Somerset total rate was 6.7% compared to 10.6% for England), as was typical of rural areas where spread of disease is naturally slower.

At the end of the first wave, lab detected infections in the county had reached about 1200; by the end of the second (22<sup>nd</sup> May) this had reached 22,455. These figures alone do not make it certain that the second wave was bigger than the first, despite the undoubtedly more contagious nature of the alpha variant, as it was only by the second wave that testing was sufficiently comprehensive to give any confidence that numbers of confirmed cases matched reality. And indeed, Office for National Statistics population studies suggest that these figures have underestimated the true prevalence.. At the time of writing, during the third wave, total numbers of lab detected cases are over 60,000.

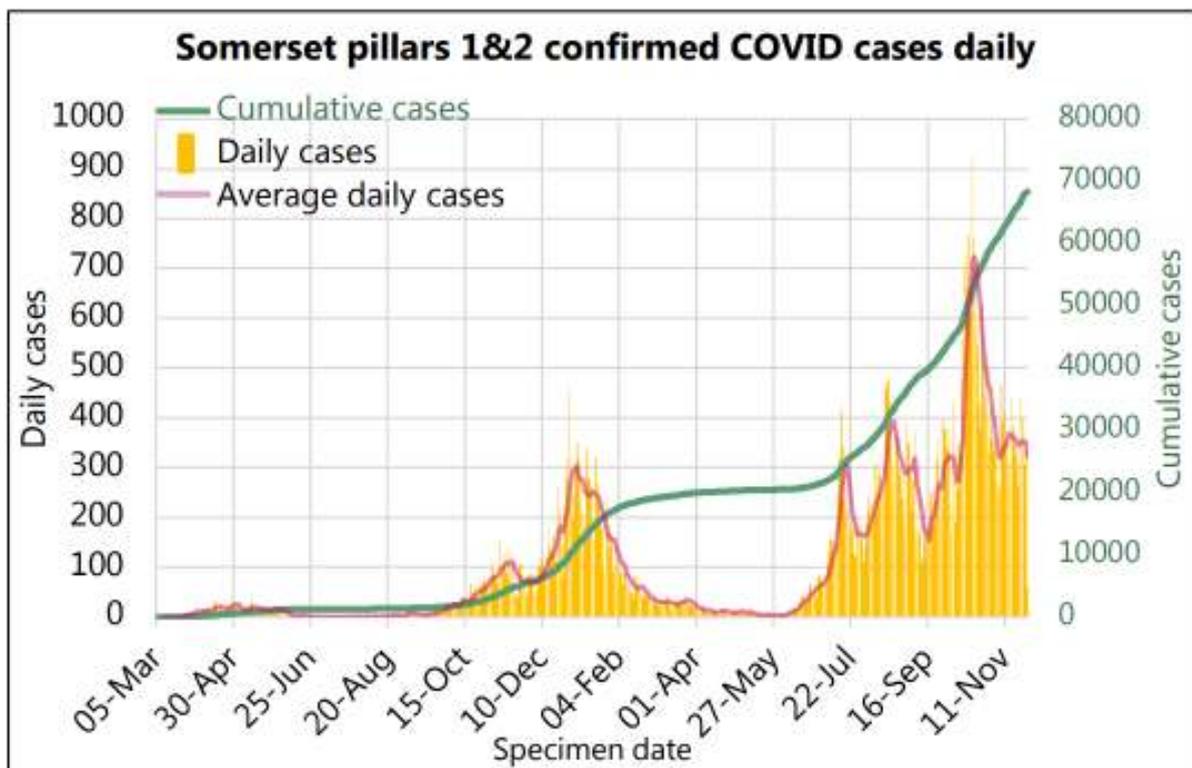


Figure 1: Covid infections in Somerset

Infection rates by age are shown Figure 2, taken from the UK COVID dashboard. Darker blue colours indicate a higher rate of cases by age group. This shows that in the first wave the highest rates of known infection were in the most elderly age groups, with very few young people under 20 recorded (numbers and patterns may be affected by the relatively limited amount of testing undertaken early in the pandemic). In the second wave, when testing was much more extensive, there are far more infections evident, but still very few in those under 15. As it happens, Figure 2 also shows part of the third wave – current at the time of writing – when the infection is particularly prevalent in secondary school pupils.

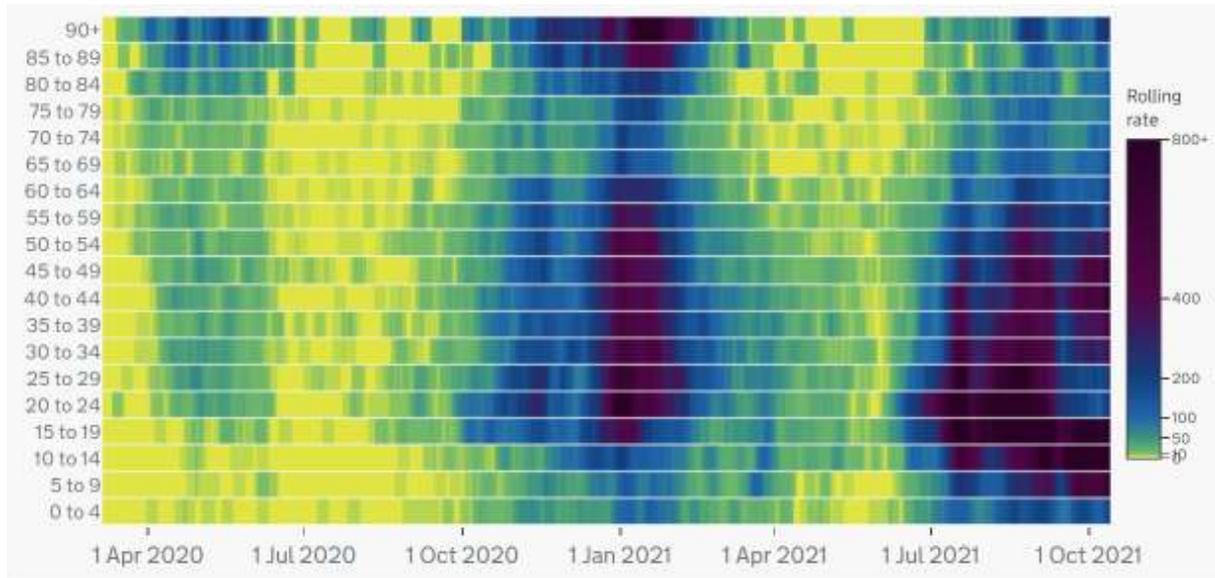


Figure 2: Infection Rates by Age for Somerset (UK COVID dashboard <sup>1</sup>)

## Deaths

Somerset saw 680 deaths by the end of the second wave (22<sup>nd</sup> May 2021), and sadly, 822 deaths related to COVID-19 by the time of writing (November 2021). This is, at 145.8/100,000 people, mercifully lower than the England rate of 222.7/100,000.

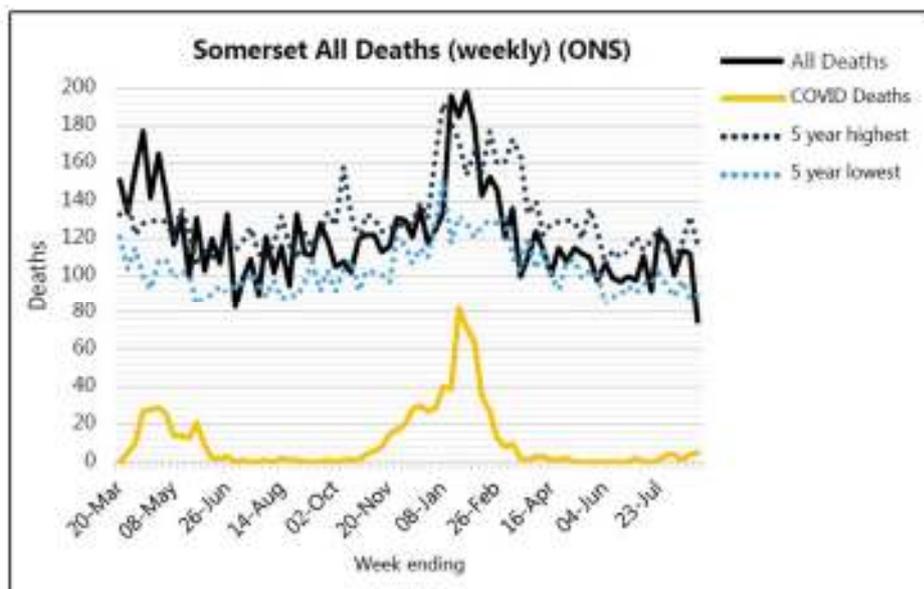


Figure 3: Somerset deaths during the pandemic

Figure 3 shows how COVID-19 deaths broadly followed the pattern of infections in the first and second wave, with a delay of about a month, reaching a peak in January 2021. Only at the peaks of these waves did death rates significantly exceed levels that have been seen in

the previous five years (and indeed at times overall rates have been below that): this does not, of course, begin to describe the concentrated impact of the disease in specific settings, nor of the measures taken to reduce its spread. Significantly, the rise in COVID deaths in the third wave is far more subdued than in the previous: the 19,068 cases recorded in the second wave led to 539 deaths in Somerset, whereas the 48,154 recorded (so far – November 2021) in the third wave have been associated with 143 deaths. This reflects the success of vaccination as well as the younger age profile of more recent cases.

*Table 1: COVID-related deaths by age band*

| Age      | 1st Wave Pre Aug 2020 | 2nd Wave Aug 20 to Jun 2021 | Population | 1st Wave Rate per 100,000 | 2nd Wave Rate per 100,000 |
|----------|-----------------------|-----------------------------|------------|---------------------------|---------------------------|
| Under 60 | 14                    | 21                          | 384763     | 3.6                       | 5.5                       |
| 60-69    | 13                    | 26                          | 75070      | 17.3                      | 34.6                      |
| 70-74    | 14                    | 47                          | 37549      | 37.3                      | 125.2                     |
| 75-79    | 27                    | 69                          | 37521      | 72.0                      | 183.9                     |
| 80-84    | 44                    | 90                          | 37683      | 116.8                     | 238.8                     |
| 85-89    | 38                    | 137                         | 26420      | 143.8                     | 518.5                     |
| 90+      | 52                    | 184                         | 18666      | 278.6                     | 985.7                     |

As **Error! Reference source not found.** shows, there is a clear relationship between age and the death rate from COVID, with most deaths occurring amongst people over the age of 60. We also know, from national evidence, that being overweight or generally poor health, or having specific conditions such as diabetes, are additional risk factors. As I will go on to show, however, this does not mean that young people have been unaffected – far from it.

## Long COVID

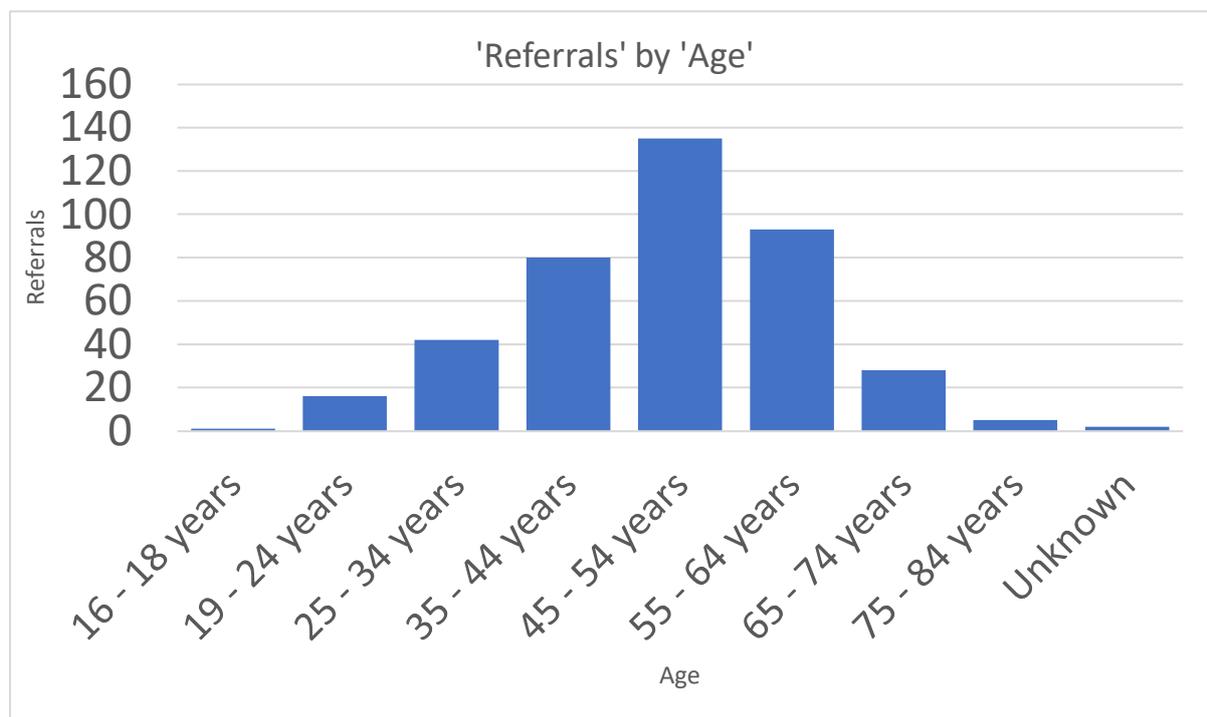


Figure 4: Referrals to Long COVID treatment in Somerset

It is, almost by definition, too early to draw conclusions about the impact of 'long COVID' – the continued effects of the disease after the initial infection, typified by fatigue and breathlessness. The results shown in Figure 1Figure 4 show that very few referrals have been made to the Somerset COVID Recovery Service for young people. Clearly, this may change, especially as we have seen a general lowering of the age of people catching COVID over the course of the pandemic.

## Economic impact

The lockdowns and their changing patterns of work, travel and shopping have had profound effects on the economy, and we know that good work and a good income both contribute to good health. Figure 5 shows how (using national data) there was an initial plunge in economic activity in the first lockdown, followed by an initially swift, and then more uncertain recovery. The national economy is not expected to recover to its levels of early 2020 until 2022. This has clearly had a particular impact on working families, but I am also concerned about the effect that this uncertainty will have on young people as they consider their future, not least because of the disruption to their education over the pandemic.

## Economic activity and output fell significantly, but beginning to recover

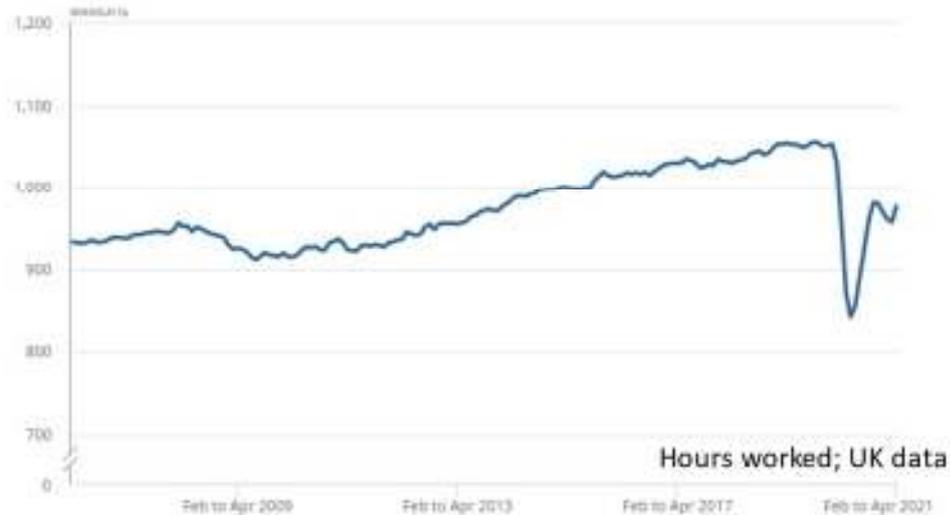


Figure 5: Hours worked during the pandemic

The effect on individuals in Somerset is shown in Figure 6, which demonstrates how the rise in unemployment – at least as measured by the uptake of benefits – has affected all age groups. Interestingly, the very youngest – 16- and 17-year-olds - showed the least increase and quickest recovery (although this is a very small cohort<sup>1</sup>). Those aged 18-24 have also shown a reduction in their unemployment from a peak in the summer of 2020, although still 50% higher than before COVID. It is important to note that patterns of unemployment in this downturn have been very different from previously because of furlough; it is also reported that many young people have taken up training during the pandemic, and is likely that many have gone into this, rather than into work.

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<sup>1</sup> Before the pandemic only 25 people were in this category: the vast majority were in education or training.

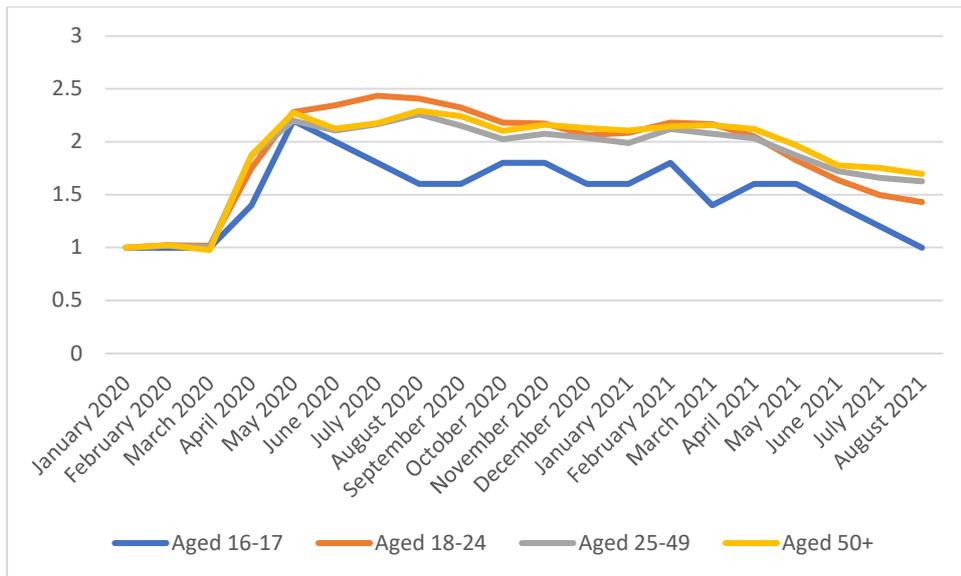


Figure 6: Unemployment related benefit claims (index)

This overview of data on the disease and the economy does not give much information about the effect that it has all had on young people, especially those of school age. For this we need to dig deeper, using the Somerset schools' survey and, above all, information we could glean from speaking to children and young people themselves.

## The impact on older children and young people

It was important to me to let older children and young people express their own concerns about COVID. This section of my report uses closed questions from the two-yearly school survey, but also structured conversations that sought to cover a range of topics without restricting young people's ability to raise what mattered most to them. I am grateful to the Somerset Youth Parliament, Public Health Nurses and Young Somerset for leading those conversations. We have not sought to identify any individuals, and descriptions such as age, sex or location are only included where they bear upon their thoughts. I hope we have done them justice.

### First reactions

As the first pandemic for a hundred years, the outbreak of COVID-19 has been unprecedented in almost all of our lives, and it is not surprising that there was not a single consistent reaction from the people we hear from.

Some were 'disappointed' or 'frustrated' at the cancellation of GCSEs and their other plans, while some felt 'relief' (that social pressures were lifted) and even 'excited and pleased' (to be off school). This last young person did, though, admit that excitement increasingly turned to boredom as the lockdown went on.

**'I was extremely anxious as I felt I had no idea what was happening, having to let go of control made me nervous.'**

**'Good. I could stay at home.'**

For some, their identity or particular needs was significant in how they felt at the start. A young person with an Asian background described how COVID had exacerbated racist attitudes that had already been stirred in the Brexit debate. Another, with ADHD, described the confinement at home as being especially painful, for them and their family. And the isolation of lockdown was felt strongly in those for whom rural isolation was already a concern.

**'Because I live in a very rural area, I feel even more isolated than I usually do.'**

## Physical and mental health

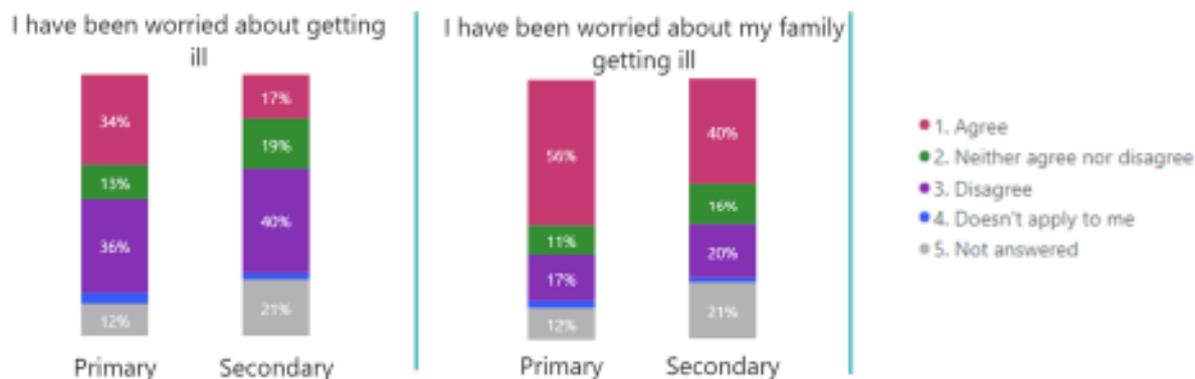


Figure 7: Worry about catching COVID-19

As can be seen in Figure 7, more of the school survey respondents were not worried about catching COVID than were concerned. Given the low severity of the disease for most young people, as we have seen, this is probably a realistic assessment of risk rather than insouciance. Far more, especially of primary school age, however, *were*, not unreasonably, worried about their family – especially, no doubt, elderly grandparents. Interestingly, for all the concerns expressed, catching the disease itself was not an issue that was raised in engagement activities.

### My physical health has...

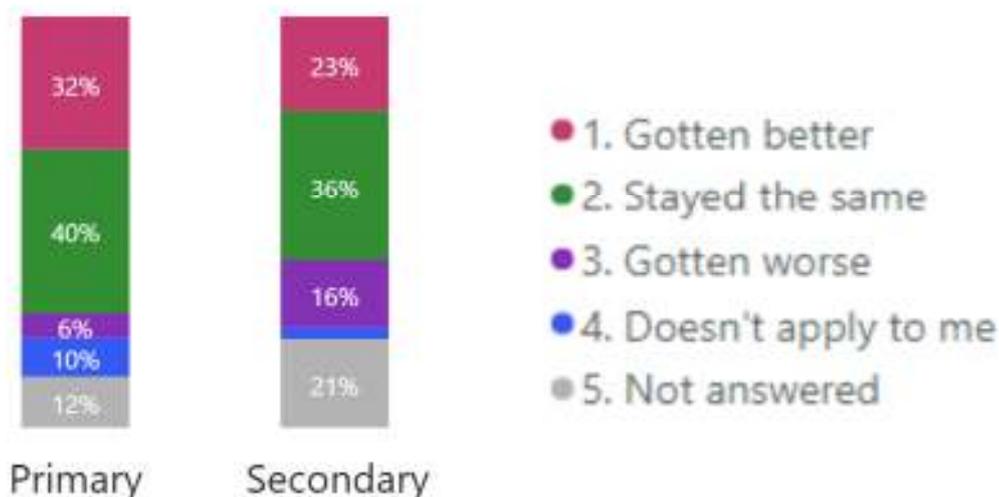


Figure 8: Physical health (School Survey)

Despite the findings on school-life balance, Figure 8 shows that a majority of respondents to the School Survey, particularly in primary schools, had found their physical health the same or even better during the pandemic. Only 6% of primary school age pupils said that it was worse, and 16% of those at secondary school.

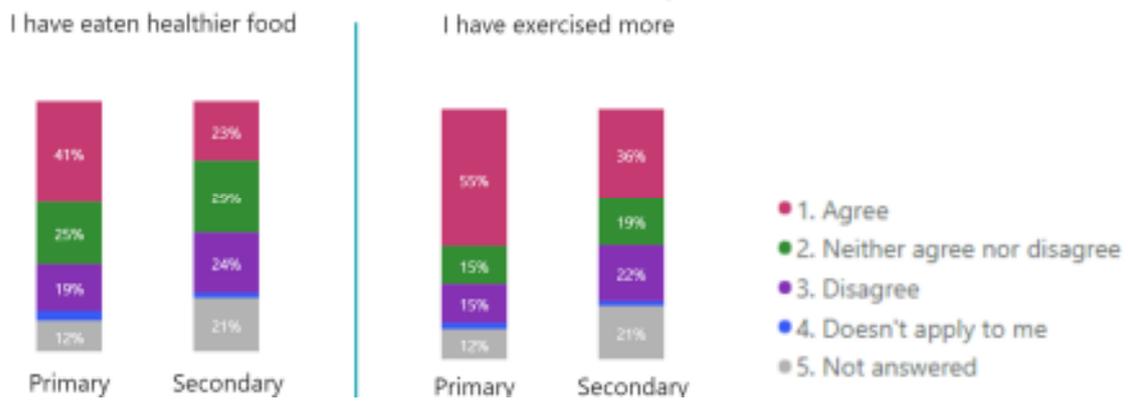


Figure 9: Diet and Exercise (School Survey)

Figure 9 shows that primary school age children felt that they had eaten more healthily and exercised more during the pandemic, which no doubt contributed to their responses on physical health. For secondary pupils the findings are less clear-cut, with the proportion saying that their exercise had increased being almost the same as those who said it had decreased.

Figure 10 shows that the largest single category for both primary and secondary age pupils was that their mental health had stayed the same. However, nearly twice as many primary pupils said that it had improved than had got worse; in striking contrast nearly three times as many secondary pupils – 30% of the total - said that it had worsened over lockdown.

### My mental health has...

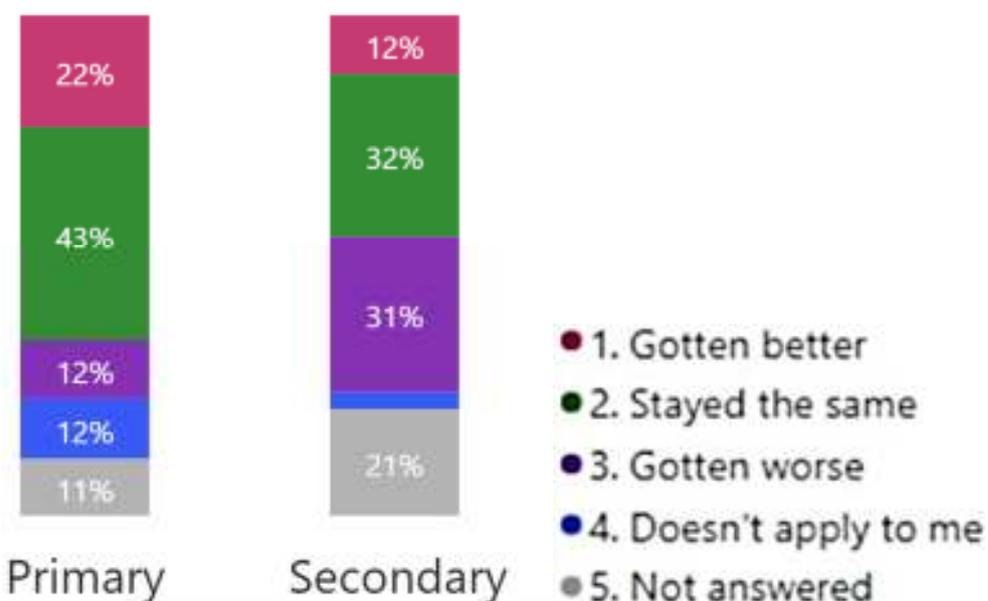


Figure 10: Mental Health (School Survey)

**'I think we all miss the hubbub of the 'outside world'. Being isolated for short periods is ok - but for longer periods can really affect us badly. It's not healthy or normal.'**

**'So many people are depressed at my college.'**

The focus groups had a higher representation of the older children, and their statements show how tough they found many aspects of the pandemic. Isolation was most prominent, but others talked about their sense of purpose and future direction, identity, education, money – and how it affected their housing, relationships, and fear of COVID-19 itself. NHS benchmarking suggests that 3.3% of school pupils have social, emotional or mental health needs in Somerset, compared to 3.3% nationally.

Some people raised self-harm as an aspect of mental ill health.

**'I've seen people self-harming in school. One of my friends does it and it's getting worse.'**

**'I don't know if It's me but I've noticed people self-harming more.'**

## Education

### Remote learning

As Figure 11 shows, the majority of school-age children were home educated during the lockdown, and only 20% of primary age and 13% of secondary age – because of vulnerability or being the children of key workers – were at school for the whole time.

During lockdown I...



|   | Primary | Secondary |
|---|---------|-----------|
| Attended school                                 | 20%     | 14%       |
| Spent some time at school and some time at home | 17%     | 10%       |
| Was home-schooled                               | 54%     | 56%       |

Figure 11: Attendance during lockdown

### I have struggled with remote learning

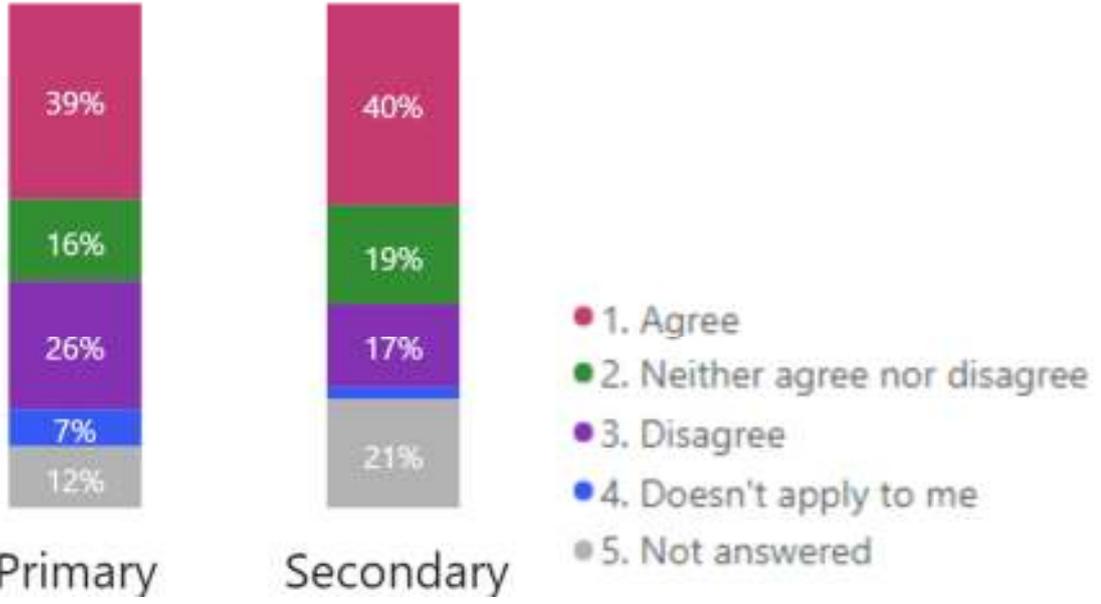


Figure 12: Remote Learning (school survey)

The importance of school attendance is shown in Figure 12, with the school survey finding that nearly 40% of respondents struggled with remote learning. A quarter of primary school pupils reported that they did not; this figure fell to only 17% for secondary school pupils.

## My school life balance has...

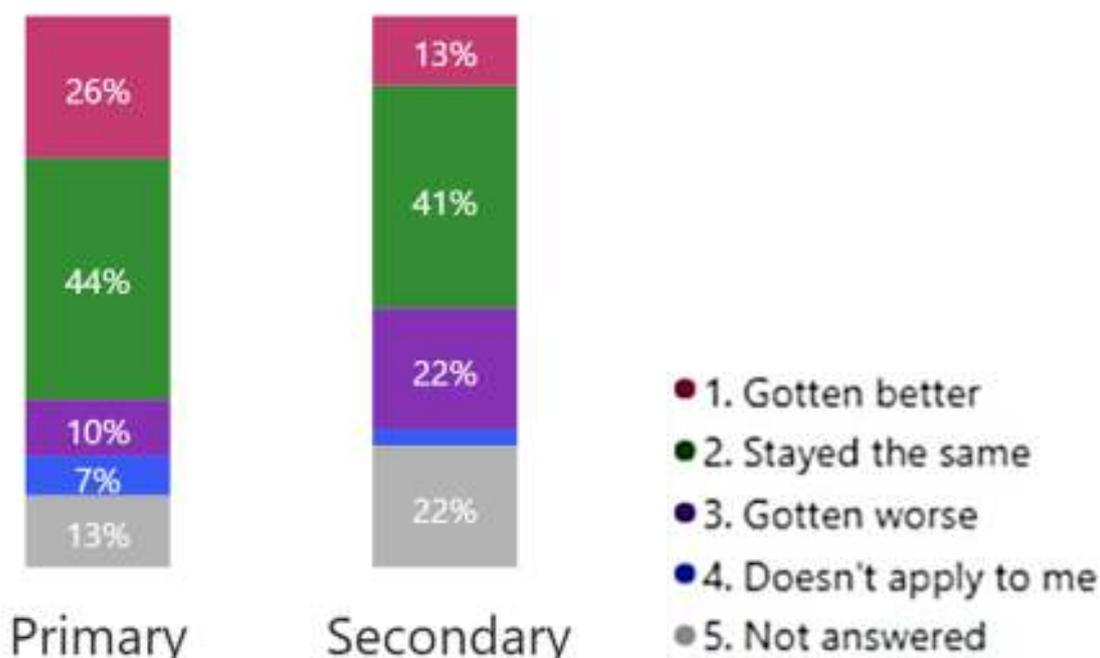


Figure 13: School-life balance (School survey)

Interestingly, whilst the largest category of responses was that school-life balance had stayed the same, 25% of primary pupils thought it had improved, compared to only 12% of secondary school pupils (10% of the former said it had worsened, compared to 21% of the latter). Given that the older pupils would, on average, spend more time travelling, this may raise questions about how well remote learning took the place of attendance.

### Returning to school

Even though remote working was not perfect, the return to school also raised concerns for young people in Somerset. Wearing masks, for instance, was an issue, not helped by the uncertainty over official guidance.

**'There's also been a problem in my school with the cold drawing nearer and the windows having to be open. They should try and do everything they can to make sure students don't have to worry about anything else except learning.'**

**'It's stressing students out to be worried about the silly things that they can forget, and not being allowed to wear jackets during lessons is not going to help us at all with our learning, in fact it's even more distracting when you're freezing cold to try and do your maths.'**

Returning after the second wave lockdown, in the spring of 2021, was particularly stressful – because of the cumulative stress of the pandemic and the proximity of exams or some form of assessment for many. Some reported that there was less patience, arbitrary rule enforcement, chaotic safety guidelines, contradictory messages, rise in bullying, homophobia, racism and sexism

## Exams

Young people returning to school and college earlier this year reported that they were in a constant state of anxiety, stress and concern about their exams and how their work would be evaluated by teachers. For some, the transition to college and university, which could be stressful in normal circumstances, was a particularly difficult prospect, as they worried about the quality of learning they would find and their career prospects thereafter.

**'Since returning to school the workload is ridiculous. I can't sleep properly. There's no time to focus on anything else apart from lessons.'**

**'It's 'work, work, work' and it's an impossible pace to keep up, including for the teachers themselves.'**

**'COVID has created an uncertain future and there's little support.'**

## Living in lockdown

### Family life

I have had more time to be at home with my family

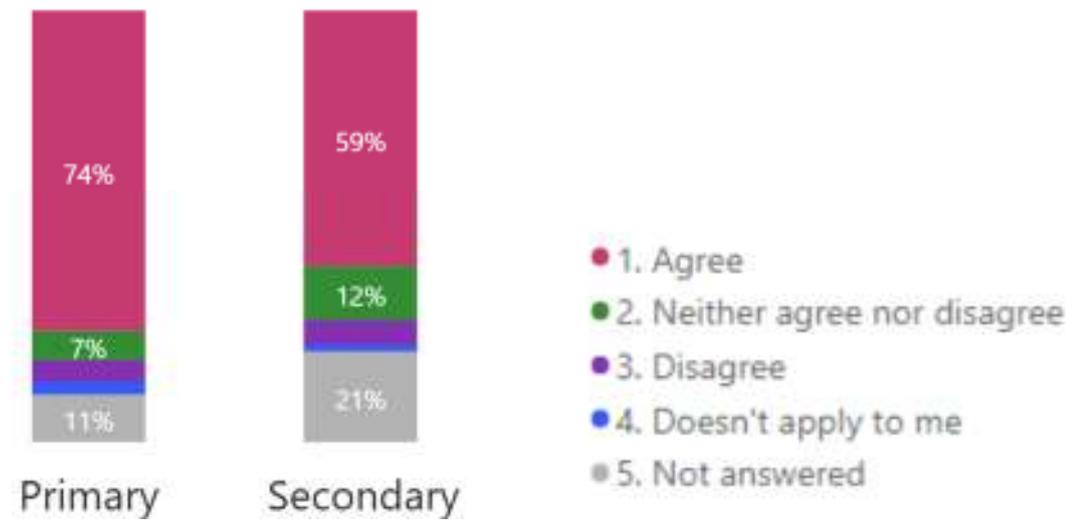


Figure 14: Time at home with the family

Unsurprisingly, as shown in Figure 14, a large proportion of primary and secondary pupils said that the lockdown had given them more time at home with the family.

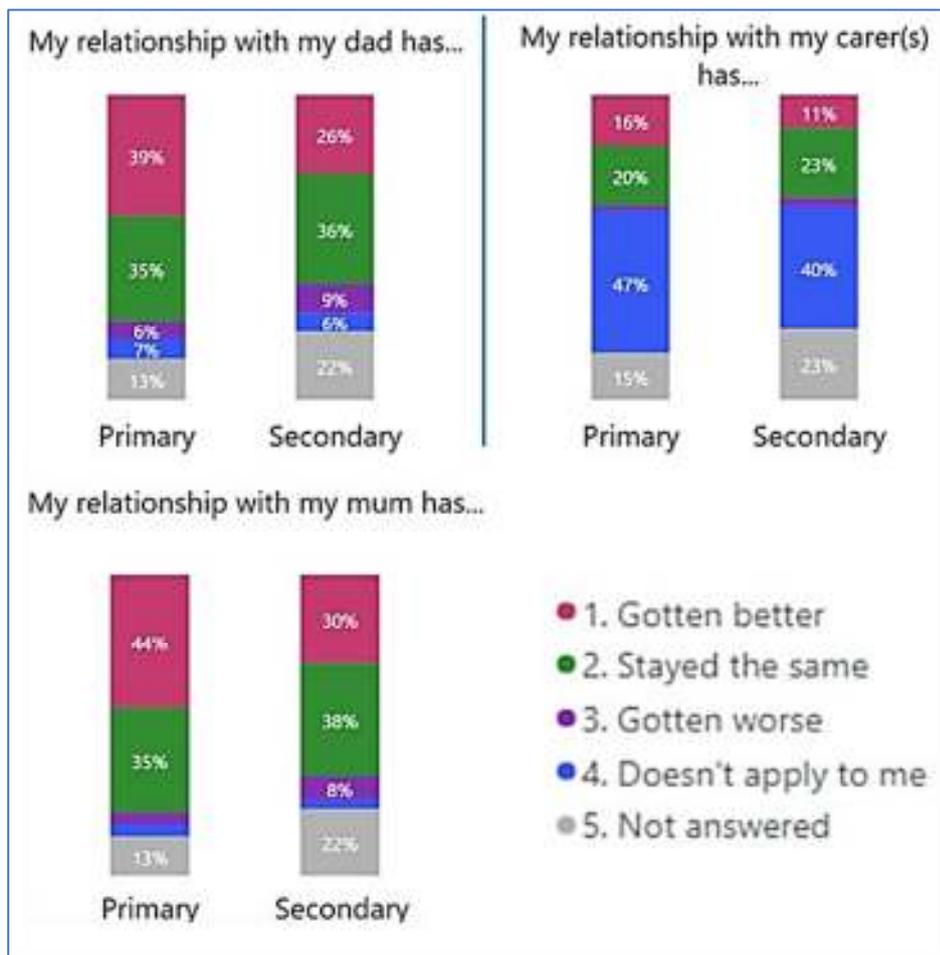


Figure 15: Relationship with parents and carers

Reassuringly, the findings of the school survey shown in Figure 15 are that for most children the relationships with parents and carers improved or at least stayed the same. No more than 10% in any category said that relationships had worsened. This contrasts with the focus groups, where those who had found domestic life more difficult were by far the most vocal. At the most 'positive', the sentiments expressed were about missing family members who could not be together during lockdown.

**'I haven't been able to see my family.'**

**Mum and I are missing my dad, he's stuck abroad, and now we can't see my sister who lives on her own. It's really hard on Mum and I'm worried about her.**

**'I already have a difficult relationship with my parents, so seeing them 24/7 rather than a few hours a day was hard.'**

## Domestic abuse

Whilst we can feel confident that it only applies to a minority, we heard important messages from young people about domestic abuse. For some, lockdown will have given rise to tensions, or exacerbated existing tensions, and this has had harmful consequences for those affected. It has also provided opportunities for abusers, especially as reduced contact with neighbours and the authorities may have made the abuse harder to detect. As shown in Figure 16, the lockdown does not seem to have led to a dramatic change in incidents *recorded* in families, and indeed as the pandemic went on the number of incidents *seems* to show something of a decline. Evidence from elsewhere of the pressure on services suggest that this may say more about the effectiveness of contact and recording than the prevalence of incidents.

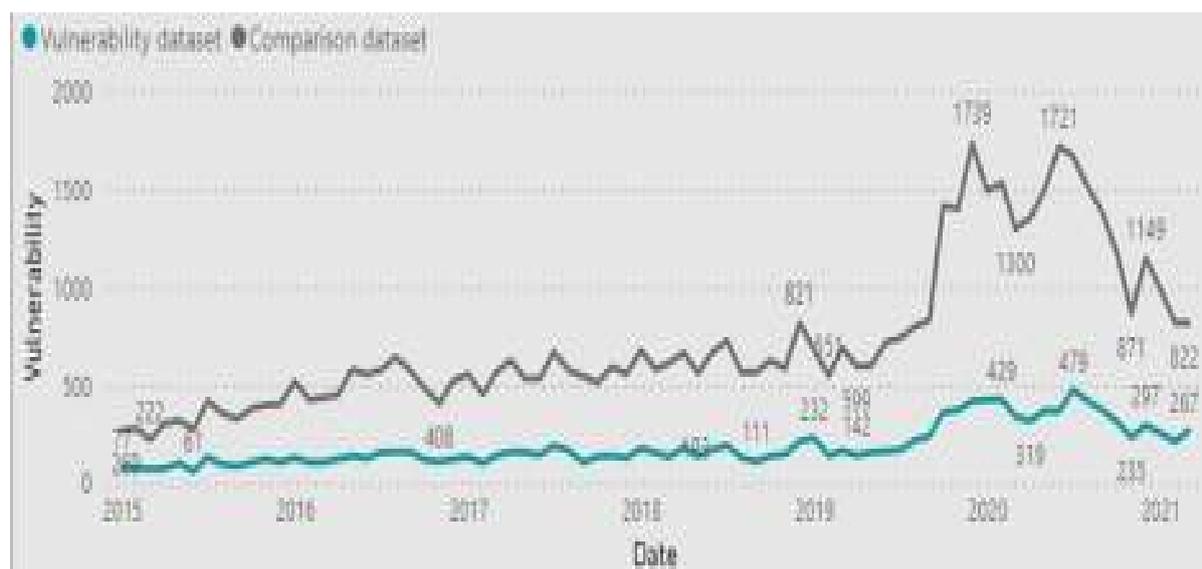


Figure 16: Domestic Abuse - incidents reported (provisional data)

**'There is a higher risk for young people who live in an abusive household and have nowhere to go during this time, which is a bit scary, as no one knows what's going on really.'**

**'Many young people may reside in hostile family environments and be in the presence of abusive parents/relatives - due to COVID-19, their opportunities to escape that environment are very limited which places them in frightening danger.'**

**'Teachers won't see it and therefore cannot report it if the child isn't going to school. Also, the longer we are in lockdown and with pressure on families, worry about jobs and money and just coping, could trigger the start of abuse... and also give sexual abusers exactly what they want!'**

**'With no guidance councillors, helpful teachers or other support systems outside the home, young people are left to resort to their parents/carers for help, which doesn't always work out.'**

### Crime and anti-social behaviour.

The pandemic and lockdown clearly cannot be an excuse, but the pressures already described were given by some of our respondents as an explanation for what they saw as worsening behaviour amongst their peers, especially boys. This has included sexist jokes, bullying, sharing explicit pictures and sexual assault. Others expressed that lockdown had increased the vulnerability to organized crime such as 'county lines'. However, whilst important to report that this fear was expressed, we do not have any suggestions that this exploitation has occurred.

**'I was walking down the school corridor and a guy asked me for a high five as he walked past me, I put my hand up to high five him and he grabbed my boob. I told the teachers, but they did nothing about it. This same guy slapped a girl on the bum the other day and once again, the teachers did nothing.'**

**'I'm particularly concerned about young people trapped in county line arrangements because while they cannot deliver drugs, the demand for drugs will not abate and may eventually get worse as vulnerable young people will become even more isolated.'**

### I have missed spending time with my friends

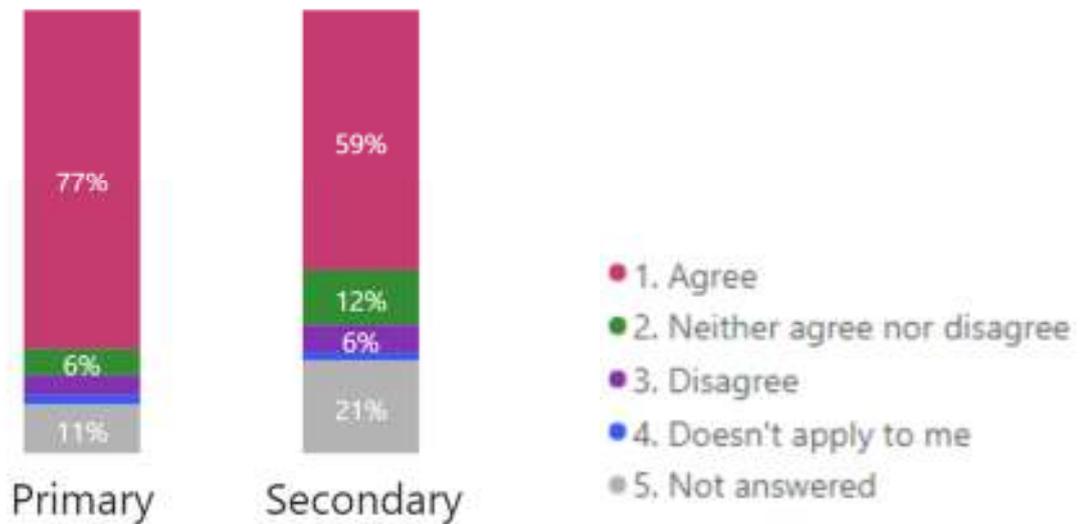


Figure 17: Time spent with friends

### My relationship with my friends has...

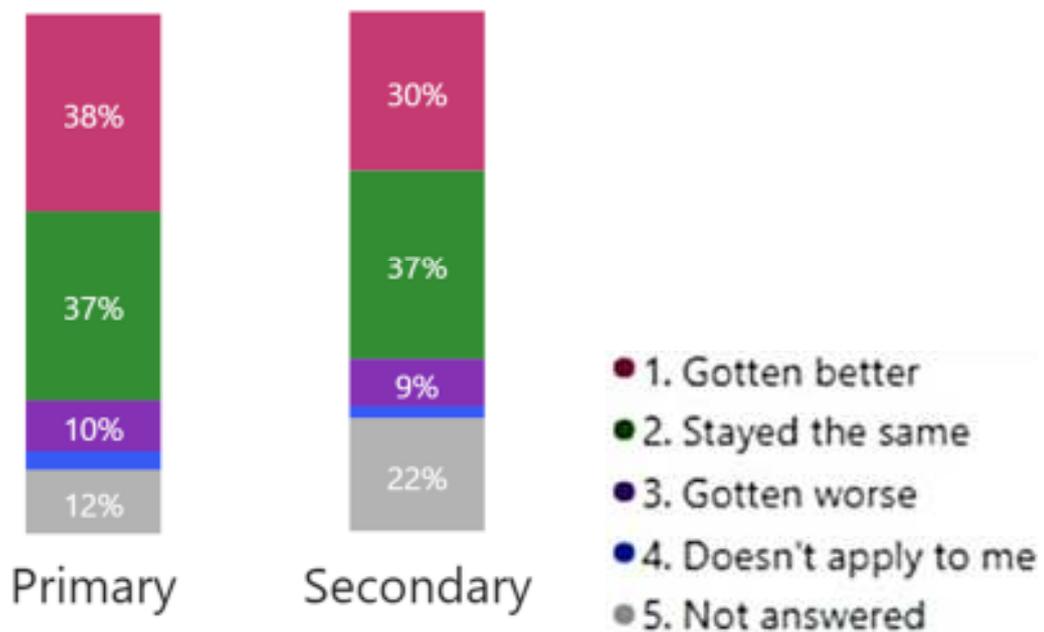


Figure 18: Quality of relationships with friends

Figure 17 shows a sad consequence of lockdown – that a large majority of children of all ages missed seeing their friends because of the restrictions in place. More reassuring, though, is Figure 18, which reveals that a similar proportion reported that the quality of their relationships had stayed the same or even improved. Although not stated, the opportunities to maintain contact through video calls and social media are surely part of that, even if not a total substitute.

**'I really miss the freedom of going elsewhere for recreational purposes (i.e. meeting friends or going shopping for non-essential goods) mainly because communicating with people through social media just isn't as good as talking to people in real life or having real life experiences!'**

**'I miss physical contact and having a hug from my friends the most.'**

### I have had more time for hobbies

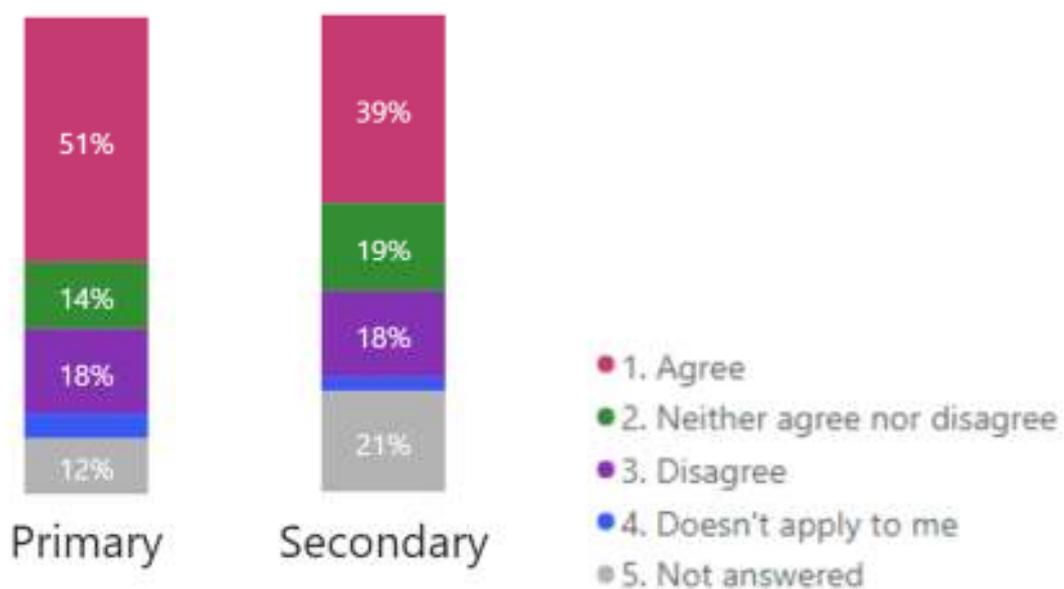


Figure 19: Time for hobbies

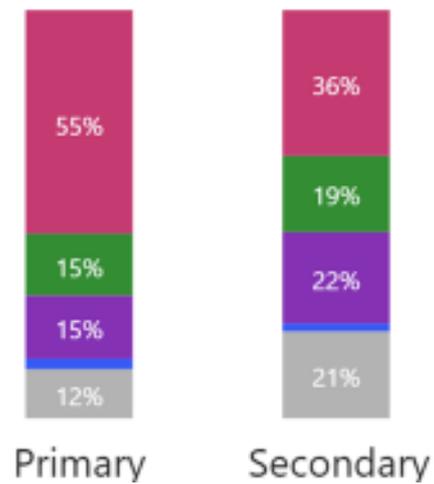
Another silver-lining of the lockdown is shown in Figure 19, where more than half of primary school children, and nearly 40% of secondary school pupils, said that they had more time for their hobbies. This is somewhat counterintuitive, as secondary pupils would normally have spent longer travelling, and so probably reflects the continuing workload of remote schooling.

## Healthy behaviours

### I have eaten healthier food



### I have exercised more



### I have been able to enjoy the outdoors more



Figure 20: Diet, exercise and being outdoors

Figure 20 shows a notable difference between the responses of primary and secondary school pupils, with a majority of the former exercising more and spending more time outside (these may be the same activities, of course), and 40% reporting that their diet was healthier. For secondary school age, though, the proportions were much lower. It is not clear whether this reflects greater demands on the older children's time in remote school work, or a degree of personal choice; individuals, of course, may have responded the same way for very different reasons. Access to the outdoor environment was cited as important by many, and the Youth Parliament described how having 'people living in restricted space with no escape could lead to a rapid decline in mental health.' They also stressed that the pandemic, for all its importance, should not distract from addressing the climate crisis.

**'As we know fresh air is extremely crucial for human beings as it teaches us new things and broadens our minds and experiences. In the end, being in the same environment for too long is psychologically, emotionally and physically damaging and draining.'**

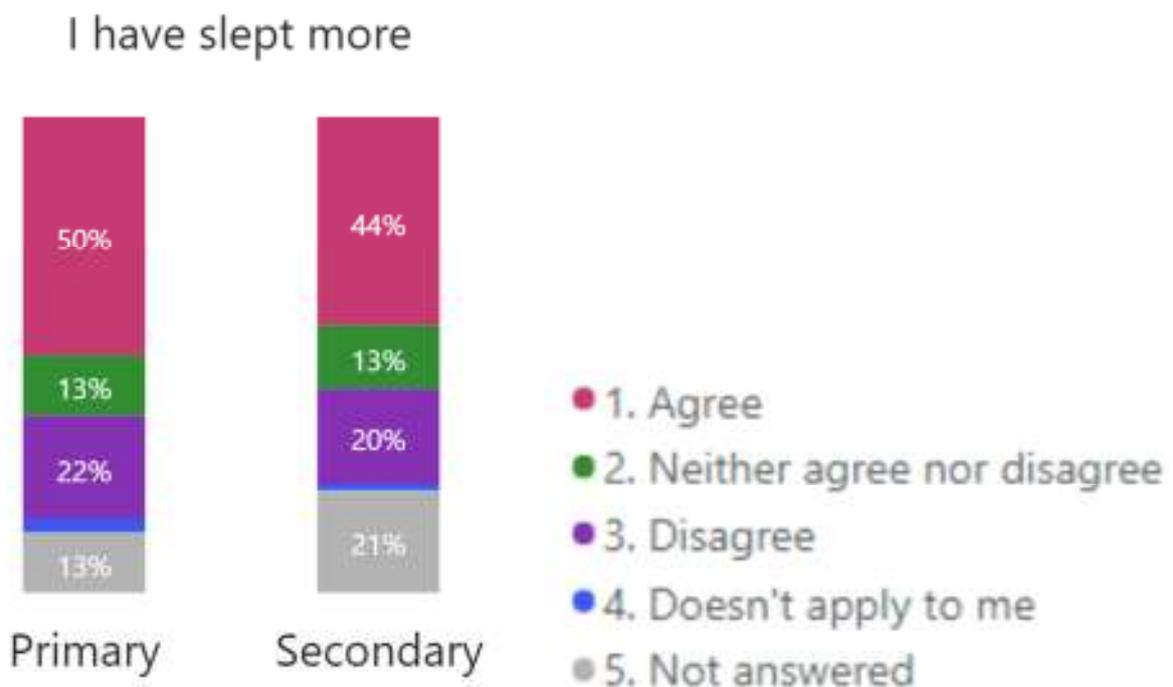


Figure 21: Sleep

The results of the School Survey in Figure 21 seem, at first sight, to show another unexpected benefit of the lockdown – more sleep. However, the focus groups, which backed up the suggestion that young people had slept more, gave a more worrying picture. As young

people described it, sleep was just a way of killing time, and did not provide the rest and recharge that it should.

**'I would spend 20 hours sleeping. The world felt miserable.'**

**'The thing that's changed the most about me during lockdown would most likely be my sleep schedule. It's kind of problematic, since I wake up late and feel exhausted which isn't really a win-win situation for me- it kinda sucks.'**

## Support

I wanted to cover the experience of children and young people in the pandemic not simply as an academic description, but in order to improve their chances as we start to recover, and so I also want to look at the ways in which they did, or too often did not, feel supported. We also heard from one young person that providing support to their peers made them feel proud.

**'It's harder to get support. The school support base is shut down and accessed by appointment only - if you have a panic attack there's nowhere to go and you have to email teachers.'**

**'I'm not aware of any work being done in college to represent, listen to or address any support for people with mental health & wellbeing issues.'**

**'Lockdown made it harder to keep in touch with my counsellor in School. Teams/ Zoom made it harder as I could hide how I really felt. I was suicidal, but I didn't share that. It was hard.'**

**'Young people are left to resort to their parents/carers for help, which doesn't always work out. Not everybody feels as comfortable with their family as they do with the other people.'**

We heard from some that members of ethnic minorities could be mistrustful of formal support, and cited language and culture as potential barriers. It was also reported that while mental health was no longer totally taboo for discussion, some people still felt that there was a stigma attached to it, and that deterred them from seeking help.

## The future

Unsurprisingly, all young people who expressed views about the future wanted a return to normality, allowing them to see family, study, travel and go on holiday without restrictions. Interestingly, some wanted on-line education to continue as an option, and looked forward to remote working as a way of breaking down the barriers of distance. No-one wanted to return to lockdown conditions, with one saying that would break them, and they just wouldn't see the point anymore.

## The adaptation and impact on services

### Education

As with the first wave of COVID, staff in education systems have been faced with a challenge like no other. Following relatively low case numbers over the summer, UK schools went back for the autumn term in September 2020 to face to face provision. Almost immediately the country and Somerset, started to see an increase in cases. This increase was stronger in the secondary school-age groups in school and towards the end of September in those of university ages. Somerset has no university, but many university students studying outside of the county were affected by large outbreaks which resulted in lockdowns elsewhere in the country. Many Somerset schools had to impose local closures due to outbreaks in their school with sporadic switches to remote learning.

At the end of October, a national lockdown for four weeks was announced starting on 5th November until 3<sup>rd</sup> December 2020 - although this time school attendance was allowed so this did not add to the levels of disruption already experienced.

From September to end of December 2021, many schools had to adapt to temporary remote working as they experienced outbreaks or the need for children to self-isolate. Many schools adapted their provision to help prevent the spread of the virus as well as support young people through a difficult time, often with a need to provide *both* face to face teaching and remote learning options. 'Bubbles' -groups whose members were only in contact with each other - became a standard currency of conversation with schools and in this wave health precautions were focused on keeping bubbles apart, and social distancing more generally. When positive cases were detected, other pupils in the bubble considered a close contact were also required to self-isolate. Anecdotally, teachers have found double running of face to face and remote learning the most difficult and stressful.

In December 2020, once the national lockdown ceased, cases in Somerset rose fairly swiftly. At it occurred out of term time, the early move of Somerset into Tier 3 restrictions on Boxing Day had no impact on schools. On 5<sup>th</sup> January, a day after some schools had returned for the spring term, the whole nation moved into a further lockdown, which this time included the suspension of on-site school attendance for all but vulnerable and key-worker children - another challenge that schools adapted to by delivering remote learning again. This phase lasted until 7<sup>th</sup> March 2021 when schools resumed on-site attendance for all, although disruption for university students lasted longer as the country emerged from the second wave of COVID. Attendance is shown in Figure 22 and Figure 23.

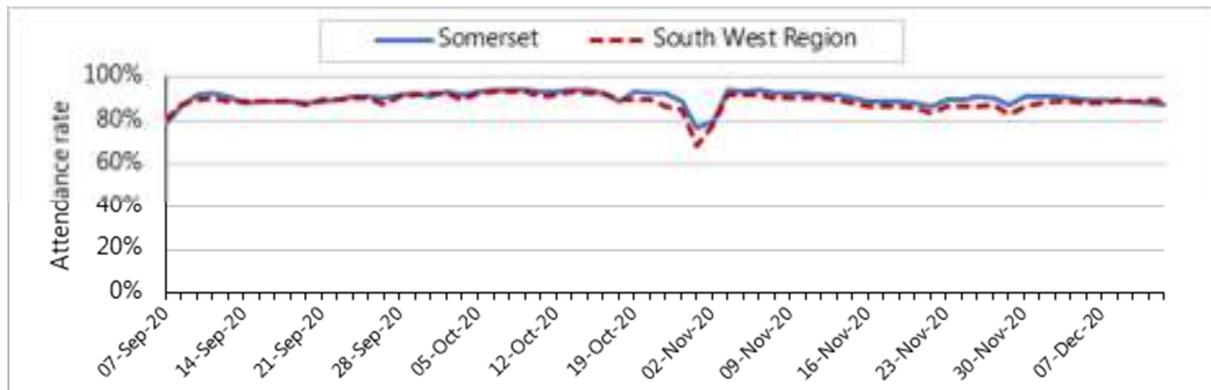


Figure 22: School attendance Autumn Term 2020/21

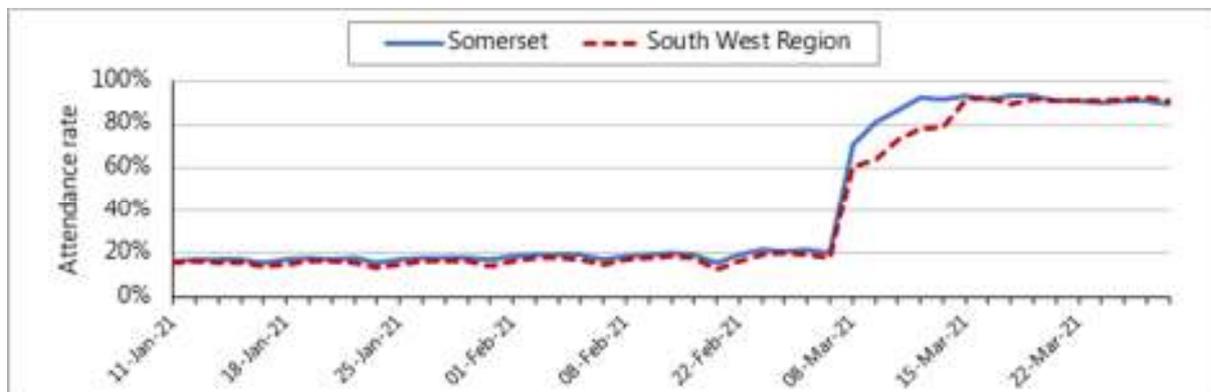


Figure 23: School attendance Spring Term 2020/21

Provision for key worker and vulnerable children who had retained face to face provision has been very mixed, with some following a modified usual curriculum and some experiencing care that did not enable much focus across the school curriculum. It is apparent at the national level that progress for children in the 2020/21 school year has been behind that seen for previous cohorts. Despite often being in school the whole time, the gap in average attainment between those eligible for Pupil Premium and their peers has widened during the pandemic. Although all of us hope not to have a further lockdown that prevents on-site

learning at school again, the opportunity to have vulnerable children continue in school and experience concentrated learning support is one we could use wisely.

A range of specific support on return to school was provided in the 'Wellbeing for Education Recovery' programme, within the Children and Young People's Wellbeing Framework, including mindfulness, physical activity, sleep and outdoor activity to support wellbeing, as well as advice on reducing infection.

## Public Health Nursing

The Public Health Nursing Service has continued to provide a universal service to all families in Somerset. At the start of the pandemic this was a virtual offer and then a hybrid offer as face-to-face contacts were reintroduced supported by national and local guidance.

Health Visiting Services are part of the County Council Public Health Team and have a key role to play in early assessment and identification of need for children and families from pre-birth to school age. During the pandemic the service was able to maintain all the universal mandated contacts with a focus on those children who may be at most risk of harm. Face to face contacts were prioritised for new birth contacts and those children considered to be at risk. Public Health nurses worked in partnership with other agencies to develop and deliver the Multi-Agency Linked Professionals (MALP) approach to support a co-ordinated response to working with the most vulnerable children in Somerset. Strong links within the local communities enabled them to support families with access to community services, such as food banks and voluntary sector organisations including Home Start. Virtual groups were developed across all localities – these included postnatal groups, sleep, potty training and other topics according to demand. These were a key benefit for working parents and fathers who were able to access sessions as there were more accessible. It is apparent from service user feedback that for some families the Health Visiting Service was the only one that they were able to engage with when the county was in lockdown. This demonstrates the key role they play in health promotion and health protection.

School Nursing Service is delivered alongside Health Visiting in the County Council Public Health Team. During the pandemic school nurses have adapted their service to support children, young people, and school communities. They have delivered primary school COVID talks, translating information for very young children about the virus, infection control measures and looking after emotional health and wellbeing. They provided regular sessions at the school gates, talking to children, parents, and teachers, answering questions about COVID and other health related issues. Alongside their core school nursing duties, they have developed innovative ways of engaging with families, such as online school readiness sessions, ensuring children get off to the very best possible start in their school life. Most recently some of the team volunteered to support the COVID school immunisation programme. They have demonstrated that they are a valued and trusted source of key health information in our local community.

Face to face support has clearly been important, but there is no doubt that on-line support has been a particularly valuable resource for young people feeling the isolation of lockdown. Services such as Mindline Somerset and Kooth have expanded their capacity and been vital sources of help. Figure 24 shows how contact with Kooth was high during the periods of lockdown.

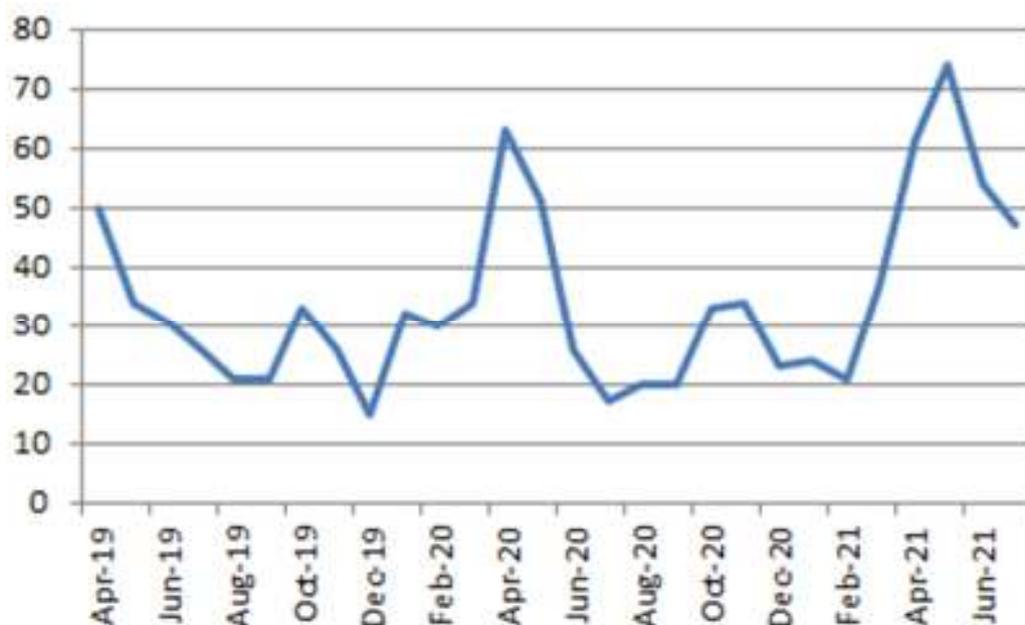


Figure 24: Contact with Kooth Somerset

## Vaccination

Impacts of the pandemic on NHS services have been significant, both in terms of the acute response but also in the stand-up of the biggest vaccination programme in history.

Table 2: Vaccination against COVID-19 in Somerset (September 2021)

| Vaccinated | One dose | Two doses |
|------------|----------|-----------|
| Somerset   | 86.5%    | 79.3%     |
| England    | 88.6%    | 79.6%     |

Table 2 shows that after an early and very effective vaccination programme, Somerset has a population that is very largely protected against the effects of COVID-19, and while not quite at the 85% fully-vaccinated level required to reach 'herd-immunity' for the delta variant, the link between infection, serious illness, hospital admission and death has been considerably weakened.

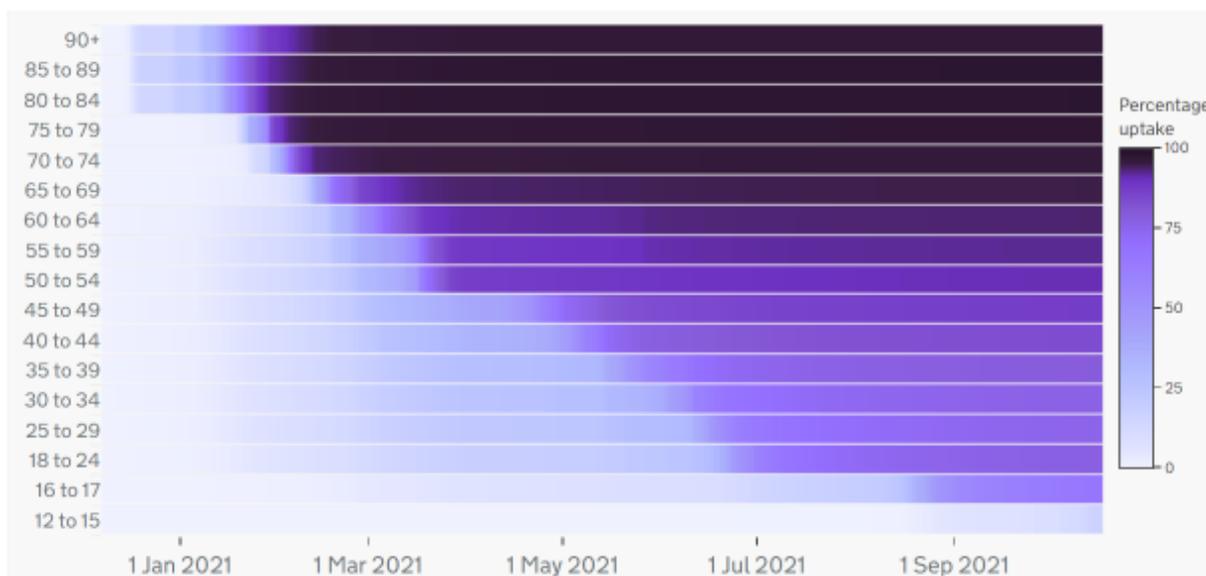


Figure 25: Vaccination by Age in Somerset (UK COVID Dashboard <sup>ii</sup>)

As shown in Figure 25, the priority in vaccination has been in descending order of age. This is because, as we have also seen, the consequences of the disease are far more serious for older people than the young. For young people, the benefits of vaccination need to be balanced against any associated risks. This risk benefit needs to consider all aspects of a young person’s life and life chances, not just the balance of medical risk. The evidence has accumulated over the pandemic, and it is now clear that vaccinating 12-18 year olds is beneficial for them – both in health and in limiting the impact on their education, notwithstanding the benefits to wider society in further reducing transmission.

## Recommendations

- We must remain vigilant - COVID is still with us -and thinking about the measures that can be taken to reduce the risk of spreading it – hand washing, remaining at home if unwell
- The focus is on “living with COVID” and continued vigilance with testing, both the twice weekly Lateral Flow Devices (LFD) to identify cases early if there are no symptoms and PCR tests for those who have COVID symptoms or are close contacts of cases
- Vaccination remains an important tool for living with COVID. Taking up the offer of a vaccination in line with vaccine programme remains important for both the COVID and Flu vaccine programmes
- As we enter the winter with the risk of other respiratory diseases at this time of the year making individual choices about how we manage the risk to ourselves, and others is central. Remaining socially distanced from others we do not know, wearing face coverings in crowded places provide safety for each of us and those around us; they are positive actions we can take to stop the spread of the virus
- The importance of education and training for children and young people, and the support for them through the Somerset Wellbeing Framework.
- Digital access has been highlighted as an important factor for children and young peoples’ education, within this report, and services such as Kooth have made an important contribution.
- The impact of the pandemic will be long term. For example, if a further lockdown occurs which means a reversion to only vulnerable and key worker children in school, we should use this to proactively work with children in vulnerable situations so they can catch up.
- This report, along with local studies such as our Joint Strategic Needs Assessment on COVID-19 in the communities with greatest health and social need, and numerous national reports, have shown how the impact of COVID has overlain pre-existing inequalities. Children and young people have had widely differing experiences, and, as so often, those with the fewest resources before the pandemic have been most adversely affected.
- Children and young people have not had a single, uniform experience of the pandemic, and we need to understand their individual and family circumstances to help overcome the burden that COVID-19 has placed upon them.

## Acknowledgements

Thanks to Young Somerset, Big Tent, Public Health Nurses, Youth Parliament.

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<sup>i</sup> <https://coronavirus.data.gov.uk/details/cases?areaType=utla&areaName=Somerset>

<sup>ii</sup> <https://coronavirus.data.gov.uk/details/vaccinations?areaType=utla&areaName=Somerset>