Impact of COVID-19 on children and young people in Scotland

Briefing paper
– young people aged
10 to 17 years

This is one of a series of briefings considering the possible consequences of the pandemic, and infection control measures, for children's and young people's development and wellbeing. This briefing aims to provide evidence to support planning and action to reduce or prevent negative outcomes and promote positive futures for this generation of young people.

This briefing focuses on young people aged 10 to 17 years, drawing on evidence and data broadly covering the period March–December 2020. This period covers the first lockdown in Scotland in the spring of 2020, and the return to school in autumn 2020.

This briefing is a summary of the **full report**. It draws out key points across a range of themes. It pulls together points for leaders in young people's health and education to consider when rebuilding services as we emerge from the pandemic and restrictions begin to ease. The sources of evidence underpinning the conclusions and points for consideration are included in the full report.

Each report draws on three types of evidence to identify and assess the possible impacts of lockdown on children and young people.

1

Review-level and other evidence that outlines what we already know about the likely impact of COVID-19 and infection control measures, particularly for young people who are (already) at risk of poorer outcomes due to deprivation.

2

Surveys and research undertaken during the pandemic to explore with parents/carers and young people their experiences and the impact on their lives.

3

Available health surveillance data, as well as information about the availability of services for young people and levels of use in Scotland during and after lockdown.

1

Adolescence as a life stage

Adolescence is a period when both the brain and the body go through major changes. This has cognitive, emotional/social and physical effects. Adolescence is a time characterised by risk-taking behaviour, the growing importance of peer relationships, an urge for greater independence, and significant changes in young people's understanding of their place in society.

As young people strive to become more independent of their parents/carers, they increasingly seek approval from their peers. Some family conflict is therefore understandable and this can be exacerbated by the restriction of social activity, and by home confinement during lockdown.

As this is also a period when more abstract thinking develops, and the young person begins to adopt deeper modes of thinking around morals and identity, education is also critical, as is the ability to engage in issues emerging from the wider world.

2

The impact of COVID-19 on young people's mental health, social development and relationships

- Loneliness has been an unintended consequence affecting young people during lockdown. It has particularly impacted upon the wellbeing of specific groups of vulnerable young people, such as:
 - those with communication difficulties
 - care leavers
 - young people who live alone
 - young carers
 - those in the justice system
 - those who have previously sought support because of mental health difficulties.
- The results from a Scottish survey undertaken in April 2020 suggest that nearly 40% of 11 to 12-year-olds were experiencing moderate to extreme concern about their mental health and that the impact on mental wellbeing appeared to increase with age (49% of 13 to 15-year-olds and 61% for 16 to 18-year-olds). A survey of young people once the schools had gone back indicated that less than half of 11 to 25-year-olds felt good about their mental health and wellbeing.
- A few studies indicated that some young people who had poor mental health and wellbeing prior to the pandemic had better mental health during lockdown, likely due to school closures and the removal of school-based pressures. However, young people with pre-existing mental health issues described many barriers to help-seeking, including:
 - not wanting to burden their families or the NHS
 - the need for privacy
 - feeling ashamed or undeserving of help
 - feeling they were not sufficiently unwell to need such support.
- Compared to the same time period in 2019, referrals to child and adolescent mental health services (CAMHS) were 53% lower between April and June 2020, but referrals between October and December 2020 were similar to the same period in the previous year. The reduction in referrals has meant that the number of patients waiting to be seen by CAMHS has steadily fallen. In June 2020, the number of young people who were waiting to be seen was at the lowest level.

- Twenty-seven per cent of people were waiting more than 18 weeks to be seen by CAMHS in December 2020, compared with 35.6% in the same month in 2019. Although this is still below the target of 90% being seen within 18 weeks.
- Several relevant survey findings indicate that despite differences related to age and ethnicity, many young people enjoyed spending time at home with their family during lockdown and communicated well with family members. However, some expressed high levels of anxiety and worried more than before about their parents/carers.
- Family celebrations, e.g. birthday gatherings and other family events, play an important role in family bonding. The restriction or cancellation of such events may impact on family relationships.
- Data from UK and Scottish surveys indicate that lockdown measures have been especially difficult for families who were just about coping or who were beginning to struggle prior to the pandemic.

3

The impact of COVID-19 on the digital connectedness of young people

- Several surveys have indicated that digital resources have been vital for young people to maintain social contact with friends and extended family, and for home schooling and accessing information. However, while social media has helped young people to stay connected, it has also put increased pressure on them to engage online.
- Inequalities in digital connection persist in relation to accessing computers, laptops and tablets, as well as access to broadband, data packages or mobile phone credit. There are also inequalities in access to privacy, particularly in relation to seeking help or advice. Young people in one-adult households may be particularly affected by lack of online access.
- Inequalities in relation to digital access reported by pupils in Scotland indicated the potential impact upon educational attainment. School staff have also suggested that pupils might not have adequate resources to successfully complete online learning.
- Young people surveyed during lockdown said they had become aware of, or had greater personal experience of, prejudice including racism, sexism and homophobia. Increased social media usage may also make young people more vulnerable to online predators and/or abuse, cyberbullying and exposure to potentially harmful social media content.
- From evidence relevant to the wider impacts of the pandemic, we know that excessive screen time may also be associated with health risks, such as poor sleep, snacking or obesity, because of adopting a more sedentary lifestyle.
- The increase in digital access resulted in an increase in access to news and other sources of information. Young people indicated that they struggled to know what sources to trust, especially around COVID-19.

4

The impact of COVID-19 on the risk of abuse, neglect and exploitation of young people

- During this developmental stage, young people can be at greater risk of abuse, neglect and exploitation. This is due, in part, to the stress of striving for greater independence and/or privacy. Being confined to the home by law because of the pandemic may have exacerbated these risks.
- Data from Police Scotland indicated an 18% increase in all online child sexual abuse crimes over the period June–September 2020, compared with the same period in 2019.
- ‘Lockdown’ has deprived some young people of being able to access a safe space away from their family home and the reduced ease of access to support services may be an additional burden facing young people. One survey found that 5–8% of young people felt unsafe at home, although it is not known whether this is higher than pre-pandemic.

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The impact of COVID-19 on young people's physical health

- Overall, the percentage of positive cases of COVID-19 among children and young people increases with age.
- The likelihood of severe illness requiring hospitalisation is very much lower in younger age groups compared to older people.
- In Scotland, from the start of the pandemic to mid-February 2021, there was one death of a child aged between 1 and 14 years where COVID-19 was mentioned on the death certificate.
- Rarely, children and young people have developed an inflammatory manifestation of COVID-19 known as paediatric multisystem inflammatory syndrome (PIMS) that can cause more severe illness or a range of longer-term symptoms after COVID-19 infection, referred to as 'long COVID'.
- A survey of young carers during lockdown indicated that just over one-third felt they were struggling to look after themselves in relation to eating healthily, sleeping and exercising well. One-quarter wanted support to help them stay healthy.
- A survey of young people indicated that their sleep quality had deteriorated during lockdown. This was especially true of girls and older boys.
- Overall, surveys of young people in Scotland, irrespective of gender, show that some have been very concerned about their physical wellbeing and have been making healthy choices during lockdown, while others have been less concerned.
- Some young people felt that they had been more engaged in physical activity during lockdown compared to not being in lockdown.

6

The impact of COVID-19 on access to and use of health and other services for young people

- All age groups have experienced a rapid transition from face-to-face to virtual consultations in response to some of their healthcare needs. Many young people's consultations are amenable to telemedicine, such as continuity of management, information provision and assessment before onward referral. However, disruptions to other services, such as mental health support or support for those with additional needs, have been reported. The disruption in services has been more acutely felt because of the reduced capacity of third-sector organisations to help young people navigate the system.
- In one study of the 20% of young people who had been receiving additional support pre-pandemic, for the majority (80%) this additional support had stopped or had been reduced.
- Young people involved in the youth justice system have experienced delays to hearings because of infection control measures. Such delays may have halted their progression from custody.
- In relation to preventive health services, the delivery of school-based immunisation programmes was inevitably interrupted by the closure of schools in March 2020, and will have been affected by further disruption during the 2020/21 academic year.
- Other services such as sexual health and orthodontist clinics have also been impacted by infection control measures.
- The use of emergency health care by children aged 5 to 14 years fell substantially at the end of March 2020, compared with the expected levels based on previous years.
- Planned admissions to hospital of children aged 5 to 14 years fell dramatically in March 2020, reaching their lowest point in April 2020, when they were over 60% lower than the average for the same weeks in previous years. Although numbers have gradually increased, they remain below what would be expected.

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The impact of COVID-19 on young people's education

- The first of two surveys in Scotland (published in April 2020, i.e. early in the pandemic) showed that less than half of pupils were concerned about the impact on their education. The second survey indicated higher levels of concern among young people about their education, particularly among older pupils. As three-quarters of 15 to 17-year-olds were moderately or extremely concerned about their education, this may be indicative of the additional stress of the exam years.
- Vulnerable young people with additional challenges – e.g. existing mental health issues, involvement with the youth justice system and young carers – expressed their particular concerns about school closures, school work and their futures.
- Across several surveys, young people indicated feeling some degree of pressure about their school work, while others expressed feeling overwhelmed by the amount of school work they were required to do.
- Parents/carers with degree-level education were more likely to have undertaken the required activities with their young people compared to those without formal qualifications.
- COVID-19-related school absence increased marginally from August to mid-November but increased to approximately 25% just before Christmas. Absence was similar for all age groups, except for S3 who had the highest absence rate from mid-November.
- Surveys conducted with young people after schools went back indicated that while they were concerned about social distancing, pupils were keen to see their school friends, return to the classroom

and learn in a setting where they could get support from their teachers. Some pupils on returning to the classroom were aware of having fallen behind and were struggling to catch up. Others wanted clarity about planned exams.

Points for consideration

The following sections set out a series of considerations based on the various sources of evidence drawn from. We will be engaging with key stakeholders over the next few months to ensure that the messages from this work inform future support for children and young people.

A whole-systems approach to supporting young people

Systems and services have had to adapt as a consequence of the pandemic and the necessary infection control measures implemented to suppress the virus. As a result, vital support for young people has been stopped, paused, reduced or adapted. Given the issues identified, the following actions should be taken:

- The 'NHS is open' campaign should be extended to include other services, with a specific focus on those for young people. As the disruption to services has been particularly hard on those who were already vulnerable, including young carers and those requiring additional support, these groups should be targeted specifically.
- Where possible, young people should be given the choice of face-to-face or digital consultations, and creative solutions need to be found to support this during the pandemic.
- It is vital that young people can access the right support, at the right time, no matter who they first reach out to. Day-to-day services for young people, including education, youth work, social work and health, need to work with specialist services to agree and adopt referral pathways.

Specialist services or systems need to **prioritise** the most **vulnerable** and those from more **deprived** backgrounds.

- Services and systems for young people, including schools, must adopt a trauma-informed approach, in line with government policy. This has increased in urgency owing to the impact of the pandemic. This will require staff to have access to training and resources that support this approach.
- Many young people will not need very specialist services but might need some limited extra support to regain a sense of normality. Given specialist services are unlikely to meet the needs of, or be appropriate for, all young people experiencing poor mental wellbeing, a plan for community responses needs to be more fully explored.
- Where specialist input is required for young people, services need to ensure they prioritise the most vulnerable and those from more deprived backgrounds. This will support the most vulnerable young people and their families.

Navigating the online world

The ways in which young people have had to maintain contact with friends, family, education and services during the pandemic have changed. Many young people have necessarily been spending more time online than ever before. Acknowledging that online contact is the primary source of contact for many young people, the following should be considered:

- The pandemic has highlighted the inequality of access to digital communication. Given the necessity for young people to be digitally connected, and the wide inequalities in this area, local and national government, along with private providers, need to consider the robust and equitable provision of technology (hardware and software) and connectivity. Current emergency provision needs to be maintained beyond schools reopening.
- Public Health Scotland will work with service providers and young people to signpost to sources of information about COVID-19 which are trusted, accessible and targeted at the needs of young people.
- Parents and other trusted adults should encourage a culture of open communication about the risks of cyberbullying and exploitation so that young people are enabled to speak about any negative experiences they may have online.
- Parents and carers may not always be aware of the various digital platforms available to their young people, or of the risks associated with them. This may be especially true where families were not digitally connected prior to the pandemic. Schools, police and other services, as well as digital platform providers, should provide accessible information on the different forms of social media, how they work, the associated risks and what steps can be taken to best protect their young people while digitally connected.

The pandemic has highlighted the **inequality** of access to **digital communication**.

Keeping our young people safe

As a consequence of the pandemic, and the necessary infection control measures implemented to suppress the virus, young people have been less in the public eye. That is, more than adults, they have been removed from opportunities to interact, socialise and be supported by peers, extended family and trusted adults. This has undoubtedly left many young people at increased risk of the many forms of abuse and/or neglect. We are working with a range of stakeholders, including local councils, police, child protection, education and health, to share intelligence to help inform individual and collective responses. The following should be considered:

- There is a need to continuously raise awareness that home may be an unsafe environment for some children, young people and their families.
- Information targeted at young people could be developed to support young people to seek help if they are experiencing abuse or neglect within the home.
- Sources of help and support need to be responsive to young people's need for a call-back service, so that they can save on phone credit and discuss their needs when they have found a place from where they can speak safely.
- Initiatives that support immediate and discreet access to support from police or other services, such as the 'Ask for ANI' scheme, should be considered for young people.
- Given some young people have disengaged from education and other services during the pandemic, active steps by these services should be taken to reach out to them in a timely manner. This could include young people who regularly attended but do not return to youth projects, sports classes, health clinics or other activities.
- Where family conflict is high, some young people may need a trusted adult outwith the home and this could possibly be provided by schools or the youth work service.

There is a need to **continuously raise** awareness that home may be an **unsafe environment** for some children, young people and their families.

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