

# Every Story Matters

## Children and Young People

August 2025



Some of the stories and themes included in this record include references to death, near-death experiences, abuse, sexual exploitation and assault, coercion, neglect and significant physical and psychological harm. These may be distressing to read. If so, readers are encouraged to seek help from colleagues, friends, family, support groups or healthcare professionals where necessary. A list of supportive services is provided on the UK Covid-19 Inquiry website.

<b>Foreword</b>	<b>3</b>
<b>Acknowledgements</b>	<b>5</b>
<b>Overview</b>	<b>7</b>
<b>Full record</b>	<b>34</b>
01 <b>Introduction</b>	<b>34</b>
02 <b>Impact on family relationships</b>	<b>40</b>
03 <b>Impact on social interactions</b>	<b>57</b>
04 <b>Impact on education and learning</b>	<b>78</b>
05 <b>Accessing help from services</b>	<b>110</b>
06 <b>Impact on emotional wellbeing and development</b>	<b>125</b>
07 <b>Impact on physical wellbeing</b>	<b>150</b>
08 <b>Post-viral conditions linked to Covid</b>	<b>167</b>
09 <b>Lessons learnt</b>	<b>179</b>
10 <b>Appendix</b>	<b>185</b>

# Foreword

This is the fifth Every Story Matters record for the UK Covid-19 Inquiry. It brings together the many thousands of stories shared with the Inquiry relating to its investigation into the experiences of children and young people.

The pandemic touched the lives of so many children and young people. Across the UK, the experience was different for every child and young person, affecting their educational experience, their family relationships and friendships. For many their world was turned upside down overnight.

It is clear from what we have heard that the experiences of children and young people in the pandemic varied hugely significantly based on their individual circumstances - for some the pandemic brought positives and for others it intensified existing inequalities. While some families were able to adapt and find time for connection and improved family time during lockdown, many faced significant challenges such as difficulties engaging with remote learning, access to timely mental health support, support and assessments for children with Special Educational Needs and Disabilities, children spending more time online and exacerbated risk of online harm.

Parents described layers of frustration as they struggled to access health care, mental health support and services or a diagnosis for children with Special Educational Needs and Disability (SEND).

Teachers, health professionals and community and voluntary professionals, who have a unique and objective perspective on children's lives, all gave sobering accounts of the emotional toll of the pandemic on children and young people, from issues such as anxiety and aggression to difficulties in re-engaging with education and routine. We also heard disturbing accounts of children experiencing harm online and in some cases, disclosures of abuse in homes.

Young people spoke about their own pressures too, whether studying in isolation, facing financial insecurity, or being subjected to racism. However, their stories also reveal moments of resilience: for example, some used this time to exercise or focus on their studies.

Young people and parents shared moving testimonies of how post-viral conditions such as Kawasaki disease, Paediatric Inflammatory Multisystem Syndrome (PIMS) and Long Covid have significantly affected the physical and emotional wellbeing of many children and young people.

These accounts, shared by those closest to children and young people, shine a light on the lasting impact of the pandemic and the many different ways it shaped young lives. Through the voices and stories of these adults and young people, the impact of the pandemic will be more fully understood and the Inquiry will have a more rounded set of evidence on which to base its recommendations.

We sincerely thank everyone who has contributed their experiences, whether through the webform, at events or as part of targeted research. Your reflections have been invaluable in shaping this record and we are truly grateful for your support.

# Acknowledgements

The team at Every Story Matters would also like to express its sincere appreciation to all the organisations below for helping us capture and understand the voice and care experiences of members of their communities. Your help was invaluable to us reaching as many communities as possible. Thank you for arranging opportunities for the Every Story Matters team to hear the experiences of those you work with either in person in your communities, at your conferences, or online.

To the Bereaved, Children and Young Peoples' Equalities, Wales, Scotland and Northern Ireland forums, and Long Covid Advisory groups, we truly value your insights, support and challenge on our work. Your input was instrumental in helping us shape this record.

Action for Children NI

Alliance for Youth Justice

Asian Single Parents Network

Association of Directors of Children's Services

British Association of Counsellors and Psychotherapists

British Association of Social Workers

Carer Support Carlisle & Eden

Child Poverty Action Group (CPAG)

Children in Scotland

Clinically Vulnerable Families

Contact

Craighalbert Centre

East Park school

Harmeny

Home-Start UK

Institute of Health Visiting

Long Covid Kids  
Mencap  
Mumsnet  
NASUWT: The Teachers' Union  
NAHT: The School Leaders' Union  
National Education Union (NEU)  
National Network of Parent Carer Forums  
Norfolk Community Foundation, Youth Mental Health Mission  
Oxford Brookes University CYP Network  
PIMS-Hub  
Play Scotland  
Queen Mary Students' Union  
Queen's University Belfast  
Royal College of Nursing  
Royal College of Paediatrics and Child Health  
SignHealth  
South Asian Health Action  
The Graduate School, Queen's University Belfast  
The King's Trust  
The Sutton Trust  
Trades Union Congress (TUC)  
UHI Inverness, part of the University of the Highlands and Islands  
UK Youth  
Ulster University Students' Union  
University and College Union (UCU)  
University of Bedfordshire  
University of Nottingham  
Young in Covid Project, Khidmat Centres  
Youth Employment UK

# Overview

This section presents an overview of the stories shared with the Inquiry about the experiences of children and young people during the pandemic. Stories were told by adults who were living or working with children and young people at the time. They bring an important perspective on the impact of the pandemic on children and young people. Stories were also submitted by 18-25 year olds about their experiences during the pandemic. Some of these young people were under 18 at the time. This overview includes a summary of the methods of collecting stories as well as an outline of the stories.

## Voices of this record

Every story shared with the Inquiry is analysed and will contribute to one or more themed documents like this one. These records are used by the Inquiry as evidence. This means the Inquiry's findings and recommendations will be informed by the experiences of those impacted by the pandemic.

Stories that described the impact of the pandemic on children and young people are mainly told here through the lens of the adults in their lives. They also include stories from young people aged between 18 and 25 about their experiences during the pandemic, when they were under 18 and either in education, or were in care. Children and young people under 18 did not contribute to this record.

These stories have been brought together and analysed to highlight key themes. A number of approaches were taken to explore stories relevant to this module, including:

- Analysing 54,055 stories submitted online to the Inquiry, using a mix of natural language processing and researchers reviewing and cataloguing what people have shared.
- Researchers drawing together themes from 439 research interviews with adults, who either cared for or worked with children and young people during the pandemic, as well as young people aged 18 to 25 at the time of the pandemic. This included:
  - Parents, carers and guardians
  - Teachers and professionals in schools
  - Healthcare professionals including talking therapists, health visitors and community paediatric services
  - Other professionals who work with children and young people, such as social workers, children’s home staff, community sector workers and those professionals in voluntary and community groups
  - Young people who were aged 18-25 during the pandemic period and were in education
- Researchers drawing together themes from Every Story Matters Listening Events with the public and community groups in towns and cities across England, Scotland, Wales and Northern Ireland. More information about the organisations the Inquiry worked with to organise these listening events is included in the acknowledgement section of this record.

A separate piece of research commissioned by the Inquiry, ‘Children and Young People’s Voices’, directly captures the experiences and views of children and young people. Stories told by adults add different perspectives and insight.

**Please note that this Every Story Matters record is not clinical research – whilst we are mirroring language used by participants, including words such as ‘anxiety’, ‘depression’, ‘eating disorders’, this is not necessarily reflective of a clinical diagnosis.**

Further detail as to how the accounts provided by contributors about children and young people were brought together and analysed, are set out in this introduction and in the [Appendix](#). The Appendix includes a list of terms and phrases used throughout the record to refer to key groups, particular policies and practices relevant to children and young people.

This document reflects different experiences without trying to reconcile them, as we recognise that everyone's experience is unique.

We heard a varying range of difficult experiences for this record. Throughout the record, we have tried to clarify whether experiences were a result of the pandemic or pre-existing challenges that were exacerbated during this period. This was a complex task.

Where we have shared quotes, we have outlined the group who shared the perspective (e.g. parent or social worker). For parents and school staff, we have also outlined **the age ranges of their children or children with whom they were working at the start of the pandemic**. We have also included the nation in the UK the contributor is from (where it is known). This is not intended to provide a representative view of what happened in each country, but to show the diverse experiences across the UK of the Covid-19 pandemic.

## Outline of the stories - impact of the pandemic on children and young people

### Impact on family relationships

---

We heard that many children missed out on quality time with family and their support during the pandemic. Some parents working remotely recalled they were often unable to engage with their children as much as they would have wanted due to work pressures. This left some children feeling lonely and reliant on screens for company. Children whose parents were separated faced prolonged periods apart from a parent and sometimes siblings.

Parents told us how contact with grandparents was also severely limited, affecting children's sense of connection to their extended family.

“ My family suffered enormously from not being together. My children in particular, from not being able to hug their grandparents for so long.”

– Parent, England

“ I know that there are many moving parts to Covid but by not clarifying how separated parents interact with their children has had a terrible effect on me and my family and this will no doubt carry on for years and years ... It would have been a simple fix - mandate that when an arrangement was in place for shared access to children it would be carried on ... no grey areas, no areas that could be challenged - this simple fix would have resolved this. I am now left with my eldest with mental health issues who has no interaction with 50% of her family.”

– Parent, England

Lockdowns and spending more time at home meant that some children and young people took on new responsibilities like cooking and caring for younger siblings to help their parents. Changes in parental employment, growing financial strain, and personal health issues led some children to take on caregiving responsibilities within their families. Parents and professionals told us this impacted their wellbeing and family relationships. Professionals described how young carers experienced a loss of essential support services and the vital respite from their caregiving duties that attending school normally provided. This left them feeling isolated while trying to cope with additional caring responsibilities.

“ Because I was out working, I think everything was left to the older boy to look after things. I think he felt like he was getting pushed to do things that he shouldn't be doing, like setting down rules and telling his siblings not to go out. He felt the responsibility was on him to keep them in check.”

– Parent of children aged 11, 13 and 18, Scotland

“ Young carers were spending all their time at home and not getting any respite from whoever it was that they were looking after. We heard some really sad stories where young people were just overwhelmed because they didn't have that space, that time for themselves, so I think they were profoundly impacted. And then obviously if the reason why they're looking after a parent is to do with the parent's mental health, then that could be quite scary as well.”

– Community sector worker, England

Parents and professionals told us that confinement at home intensified family conflicts and tensions.

“ Family relationships within the home became strained as we were all spending lots of time together and not able to go to work or school.”

– Parent, England

This period also saw increased instances of domestic abuse in some households.

For families already experiencing abuse, lockdowns worsened their experience and removed any prospect of escape or respite for children, which was profoundly distressing. Professionals provided disturbing accounts where some children experienced sexual abuse when they were trapped at home with their abusers.

“ The impact of lockdowns meant children and victims of domestic abuse were locked away and isolated with their abusers.”

– Social worker, England

Children in care had face-to-face contact with birth families abruptly replaced by video calls and younger children especially struggled to connect emotionally through screens. Children experienced more placement breakdowns, meaning further disruption to their lives.

“ Beforehand they could have face to face visits with their family. A lot of kids rely on getting through day to day because they know that come Friday they were then going to see their Mum or their Dad or siblings or friends. I would say that was quite tough emotionally because that was a driver for them. So, we were then using FaceTime so they still got to get some contact, but that's not a cuddle from your mum.”

– Children’s home staff, Scotland

However, other professionals told us that a minority benefitted from the pause in contact as it brought stability and allowed children and young people to settle and better manage their feelings.

“ It felt like the children who were resident here really thrived in lockdown. Their worlds became smaller, their routines were more rigid, it felt quite secure.”

– Staff at residential care school, Glasgow Listening Event

Throughout these difficult experiences, some families found that spending time together during the pandemic strengthened their relationships. Parents recalled how they grew closer to their children, enjoying more quality time together such as taking walks and playing games.

“ My children and I are now much closer as a result of the opportunity to spend so much time together, away from screens, outside enjoying the beautiful weather. The bond built over those 6 months of sunny furlough will never be lost.”

– Parent, England

“ I think the overall sense of connection within families was positive because there was no outside stimulus. Sometimes less is more. It allowed people to develop those relationships and, actually, you had no option but just to be with each other and that really strengthened the relationships.”

– Social worker, Wales

## Impact on social interactions

Contributors highlighted that the pandemic substantially impacted children and young people's social connections with friends and peers. Lockdowns and restrictions drastically reduced their in-person interaction by preventing them from seeing friends at school or through social activities, commonly forcing them to shift their socialisation entirely online. Parents and young people recalled how the pandemic left many feeling lonely and isolated.

“ The whole family have suffered with depression ... my children because they were isolated from their peers and from the wider family.”

– Parent, England

“ The social isolation that came with it just exacerbates everything, doesn't it? You can't as easily speak to your friends about what's going on and what their takes are on it ... Sometimes it's nice to know that you're all on the same sinking ship!”

– Young person, Scotland

Parents of children still attending school in-person, such as those of key workers or vulnerable children, noted some in-person social contact but with fewer children and within mixed age groups. Even when schools reopened more fully, restrictions like social distancing and bubbles<sup>1</sup> prevented children from playing together as before, causing them confusion and added loneliness.

“ She was excited and looking forward to going back to school and seeing her friends. But because all these measures were put in place when they went back to school, you had to sit on your own desk in the classroom, two metres away from your friends, and you had to line up in metre distances on the playground and things like that. It messed with her emotionally.”

– Foster parent, England

<sup>1</sup> Bubbles were smaller groups of students who were meant to socialise and learn together consistently, to limit exposure to Covid-19.

Parents and professionals explained that the extent of children's isolation depended on their home circumstances. Contributors observed how those with siblings, extended family or neighbours of a similar age with whom to interact had more opportunities to socialise than those living only with adults. Children who were shielding or those with clinically vulnerable family members, experienced a deeper sense of isolation.

“ All the other kids who've got brothers and sisters. They're still communicating with someone else, had fun in their house, and played games and kidding on and dummy fighting. The things that siblings do. She was in the house with two parents that were stressed about everything.”

– Parent of 14-year-old child, Scotland

“ There were a few of my families who had parents with chronic disease or cancer or going through cancer treatment. There were a few of those children who were completely isolated because their parents had to shield. Even when restrictions were adapted they were the most isolated because they couldn't even progress with the adaptations.”

– Health visitor, Scotland

Parents and professionals consistently reported that most children and young people became more reliant on online platforms to maintain friendships during lockdowns. This helped many feel less isolated, but experiences varied by age. Contributors told us that younger children were not familiar with using devices for online communication and may not have had the necessary skills required to have virtual interactions, meaning this was more challenging for them compared to teenagers. For some, online platforms enabled children and young people to form new connections, beyond their immediate communities and globally.

“ From morning until night, or to early hours of the morning, people would be connected to each other virtually and that was a huge positive for young people because it meant that a lot of them didn't feel isolated, could be spending their time gaming with their friends, or chatting to their friends.”

– Therapist, England

“ As a disabled person the world became my oyster, everyone was online, I played Minecraft Sky: Children of the Light, Portal, Roblox and Stardew valley with my hobby group, we would start a discord call in the afternoon and would stay on call until we were too tired.”

– Young person, Northern Ireland

However, more time spent online also increased risks of bullying and harm, particularly for vulnerable children. Some children and young people experienced a respite from in-person bullying during lockdowns, but others faced intensified cyberbullying. Professionals repeatedly expressed the view that more unmonitored time online increased children's risk of exploitation, grooming, exposure to explicit content and dangerous misinformation.

“ Children and young people were spending way too much time [online]. Online is a great space, but there are a lot of vulnerabilities online for children and young people. We have seen cyberbullying and children being groomed online ... Children being able to access things that are not necessarily appropriate for their age or just stage of development.”

– Social worker, England

Parents and professionals shared how some children were happy to return to school and social activities as restrictions eased. By contrast, many children and young people struggled to adapt to in-person interaction, having lost confidence in their social skills. Professionals in particular suggested that disruption of social development for younger children (under 5) had more lasting impacts on their ability to share, work together and build friendships. Parents and teachers further emphasised that teenagers who transitioned to new schools or universities during the pandemic also found it harder to integrate and connect with new peers afterwards.

“ Nursery children are lacking in social skills as these were born during the lockdowns. Reception aged children also lacking in social skills and many suffer anxiety in a large group. Year 1 children didn't attend nursery due to lockdown so many of the skills they would have learnt were not available to them at the time of need. Year 2 children are immature in their social skills and many interventions are being put in place to help them get the skills they need for future education.”

– Teacher, England

“ My children were isolated and lonely. My son started to struggle beforehand and went [to] a new school at 9 years old - he barely had time to get to know his new friends when Covid hit. His school didn't provide work or contact online at all ... socialising was impossible. Those vital years he could have been learning social skills, have gone.”

– Parent, England

## Impact on education and learning

Parents told us how schools took time to transition to remote learning at the beginning of the pandemic. Some schools provided paper resources for children who were too young to engage with online tools as well as those who did not have access to the necessary technology. Many struggled to engage with online learning due to lack of technology or internet access at home. Contributors reported that some schools tried to help by lending devices or providing internet access, but some families still found this challenging, especially larger households where devices had to be shared.

“ At first, I could only do it over my phone, so I had to try and [oversee] two school children's schoolwork on a phone.”

– Parent of children aged 9 and 12, Wales

“ Not everybody has broadband, and I think that became apparent, that it wasn't always as accessible. It was just taken for granted that kids could just jump online and do something. But there's quite a high level of poverty in some of the areas here. So not everybody can get the same access as everybody else.”

– Parent of children aged 2, 5 and 14, Scotland

Engagement with remote learning varied considerably. Parental support was not always possible due to competing responsibilities. Parents shared how their lack of confidence in the material children were learning was also a factor in how much they could support remote learning. Parents and teachers told us that younger children often found connecting through screens confusing and disengaging compared to in-person interaction. Older students sometimes avoided participating by keeping cameras and microphones off.

“ Our children were devastated. Each morning they would be sent [electronic] worksheets by their teachers. My children (especially the youngest) had never used a screen unsupervised - now, with both parents working fulltime, we were asking them to follow a sheet, fill in the answer and teach themselves. There were no live lessons. The work was boring and pointless. If they couldn't do it, they had to wait for a parent to be free to help.”

– Parent, England

“ My daughter used to turn her camera off and just have it open and she'd be doing something completely different. She wasn't taking a blind bit of notice of it [schoolwork], which is understandable, because it was not very engaging. They tried their best, but really it was pointless.”

– Parent to children aged 5 and 8, England

Children with Special Educational Needs and Disabilities (SEND)<sup>2</sup> faced additional challenges with remote learning as some needed specialist support to engage in learning such as help from a teaching assistant. In contrast, contributors highlighted that some children with SEND enjoyed being at home, away from the social pressure to engage with others.

“ Online learning was really hard for the children classified as special educational needs, with educational healthcare plans, because they didn't have in-person access to their support worker, who normally might be taking notes, breaking it down and working alongside them, but online was very hard for them to do that.”

– Further education teacher, England

“ I also work with children who really struggle with school and school is not a safe place for them. Actually, school is somewhere that they really don't like to be, for various reasons. They enjoyed being at home with their family. Some of them were able to do work better at home because it was a different environment for them than school.”

– Social worker, Scotland

Teachers, parents and young people noted how the pandemic limited opportunities for key educational activities like hands-on learning, group work and receiving direct feedback from educators. Children and young people missed developing important practical and academic skills. For students with English as an additional language, the opportunity to immerse themselves in learning English was limited.

“ Everything centred on a screen, and everything centred on a device, whereas our learning is very much about ... Like, for example, we would do a print-making session where you'd be in a print-making space, and it would be working and being able to be messy in an art studio and having that creative freedom.”

– Further education teacher, England

2 Special Educational Needs and Disabilities (SEND) is the term used in England, in Northern Ireland the term used is Special Educational Needs (SEN), in Scotland it is Additional Support Needs (ASN), and in Wales it is Additional Learning Needs (ALN).

“It's definitely more beneficial to have face-to-face seminars because you have an in-person expert who can set you on the straight and narrow, whilst if you're just watching through a recording, you're on your own really. If you can't immediately pick it up, you're just going to waste lots of time and effort and get frustrated with the fact that you can't get all the answers you need.”

– Young person, University student, England

“Most of our young people were studying English as a second language (ESL). In normal circumstances, being in an environment where they're hearing English around them – in the canteens, in the libraries – they're going to pick up the language a lot quicker. Without that kind of exposure to English they were doing probably another two to three years of ESL learning, compared with only two years or maybe even a year, pre-pandemic.”

– Homelessness case worker, England

We heard from parents and professionals that children of key workers and those deemed vulnerable by schools were able to attend school during lockdowns. Parents and professionals found this beneficial for the children. However, teachers and parents noted that many children and young people experienced a less structured school environment, which did not follow the standard curriculum. This made the transition back to formal learning challenging in some cases.

“We just felt we were providing day-care for the kids. Of course, we wanted to support that for the parents, to let them go to work. Nothing was running normally, so it was just a very different programme. It was more of a tried our best to meet the educational needs of the pupils, but there were just too many challenges. It was a very reduced timetable, very reduced service that we were able to offer.”

– Early years practitioner, Special school, Northern Ireland

Professionals and parents explained that access to in-person schooling for vulnerable children was inconsistent, with some local authorities not including children in foster care in their definition. This was particularly difficult for children who struggled to engage with online learning. In contrast, some children preferred to stay at home with their foster family.

“We had local authorities that opened the hubs in schools and key workers' children could go in. Some local authorities said the looked-after children can come in. Some said no. I had some carers whose children stayed home. But, for example, I had a carer with two teenage boys in high school. One of them managed to sit through online lessons, the other one, if the carer physically didn't sit with him, he wouldn't cope.”

– Social worker, Wales

Teachers told us that as schools reopened, strict Covid-19 measures like ‘bubbles’, masks, and distancing were hard to implement, especially for younger children and those with SEND. Rules about self-isolation caused ongoing disruption and feelings of anxiety.

“ Trying to put a mask on a four-year-old wasn’t the easiest ... social distancing was pretty tricky in a school. When they see their friends, it’s difficult trying to explain to four-year-olds and try and keep them apart, because they don’t understand.”

– Primary school teacher, Wales

“ My son’s autistic so he worried about everything that the school said ‘You have to stay so far away from people. You have to wear a mask,’ and his anxiety went through the roof, but the school’s attitude was, ‘that’s just the way it is.’ You know, you get that all children are different, but at the same time there’s something that there’s help needed with.”

– Parent of 8-year-old child, Northern Ireland

Parents and professionals told us that educational transitions were challenging for some children and young people. Many children starting in early years or primary during this period had difficulty separating from caregivers after extended periods at home. Students moving to secondary school or university had less transfer preparation, struggled to adapt socially and academically and felt anxious about the transition.

“ They didn’t have any transition period. So, you know, we would tend to do lots of visits to school, etc. Teachers, meet their classmates, etc, whereas none of that happened. So, it was very, kind of, start-stop. They finished nursery and then they started school without any sort of phasing in or that nice, sort of, feeling.”

– Early years practitioner, Scotland

“ We noticed there was a massive impact on children who were transitioning to secondary school, so they didn’t have any transition support, like they would have pre-pandemic. There was no school visits. That particular cohort of children have probably struggled now going through secondary school because they didn’t have a transition.”

– Community sector worker, Wales

Many contributors described widespread delays in learning and development. In early years, this included problems with motor skills, toilet training, speech and language. Primary school children faced setbacks in core subjects like maths and English.

“ They would actually almost regress back to sensory issues, like painting their hands, painting their fingers, all sensory things that they'd missed out on, almost baby like. It's as if they regressed back to being toddlers and babies. They'd missed huge chunks of educational learning.”

– Child development officer, Scotland

“ Whereas my elder two had already grasped the basics of reading, writing, cursive and all of that, by the time we were in lockdown, my youngest who was just starting out seemed to have missed the most important months of his education, because the school was closed just as he'd begun.”

– Parent of children aged 4, 8 and 11, England

There were problems with school attendance and engagement with education and this has been a key long-term impact of the pandemic disruption. This included children and young people not wanting to go to school and problems completing homework. Parents and professionals believed that these issues were linked to pandemic-related anxiety, academic struggles due to learning gaps, and a shift in attitudes about the importance of education among both students and families.

“ Her school attendance has dipped more and more since the pandemic, and we are now at crisis point.”

– Parent, Scotland

“ The change of routine, to those children who already have got behavioural issues, not going to school impacted them big time. Some of them, they are even struggling now. I think I've got about 4, in my caseload, it's now 4 years, they haven't been to school because of that break which they had from the pandemic. So, they are really struggling to go out and go to school. Nothing was offered to them during that time, there was nothing which was offered to them to say, 'Okay, because these children have got behavioural difficulties, what is it that they need more support with.'”

– Social worker, England

We were told that the pandemic also impacted academic attainment. Some parents reported grade inflation from teacher assessments. In contrast, some parents and professionals highlighted that their children received grades below their expectations and pointed towards the loss of learning time meaning children and young people did not reach their potential in exams.

“ The pandemic probably saved him from having really dire exam results because obviously the grades children received were based on teacher assessments, so it worked in his favour.”

– Parent of children aged 16, 18 and 21, England

“ They did the exams in a different way. So, in the end she didn't actually take the exams, but unfortunately the grades that the school put forward for her were a lot lower than they may have been, had she been attending school or logging in and doing what she should have, or was expected to be doing by the school. So, she came away with quite low level grades for her GCSEs. Had Covid not happened and she'd been attending school 5 days a week and going to classes, she would have been putting that coursework in, and doing the work that was needed.”

– Foster parent, England

“ I know young people who have not done as well on their exams as they thought, and they do place blame onto Covid and how much learning they actually missed, and having that detrimental impact on grades. Especially young people that thought they were going to do particularly well and then maybe never got the result that they wanted. I think that was a challenge for our, kind of, older groups of young people that we were working with.”

– Social worker, Scotland

Some parents told us that schools and students had now caught up in terms of their education, particularly for children in primary school. In contrast, some teachers and parents described ongoing impacts like persistent absences, behavioural issues and knowledge gaps. There were concerns that the full picture of the impact of learning may only emerge in coming years as children progress through education.

“ I think the gap has sort of closed up now. I think for primary children especially it was easier to close the gap. The speed of education through primary school isn't as fast as it is through secondary school, so the time missed at primary school, I feel like they've managed to catch up quite well. It's different at secondary school having to try and catch up in six, seven, eight different subjects, where each teacher might not be the teacher you had before, so their teaching methods might vary. I think for primary kids the catch up was easier, for the older ones a bit more difficult trying to catch up. My niece, she really struggled with catch up in high school. I think that was a more widespread problem for the older kids, but for the younger ones, in primary school, I feel they've managed to cope and catch up quite well.”

– Parent of children aged 6 and 10, Scotland

We heard that the loss of career advice, work experience and extracurricular activities left many young people feeling uncertain, without a sense of direction or support as they considered their future education and employment choices. Some took breaks from education and had to make up for lost time later.

“ It was really bad, because my 18-year-old did okay in his GCSEs, was on his final year of his Level 3 Engineering, and to this day, he hasn't really recovered his focus in regards to doing a job in that field. So, because he missed out on getting an apprenticeship or getting any employment at the end of college, it was detrimental to him, definitely.”

– Parent of children aged 16 and 18, England

“ One of my best friends dropped out of university. We're both programmers - he's arguably better than I am, way better, but he doesn't want to look for a job yet. I think Covid-19 impacted him the most out of all of our friends. It's hit him hard like a truck. He's really smart, but he's like, 'I can't really do any of this and I don't want to' ... He's scared to go into the bigger world.”

– Young person, University student, Wales

“ The feedback that I've received is that the pandemic created a feeling of not knowing what direction they're going in. A lot of people would often say they just felt quite lost and disconnected, they didn't know what they wanted to do. From being withdrawn during Covid, it was really difficult for people to reintegrate.”

– Social worker, England

## Accessing help from services

Parents and professionals told us that during lockdown, healthcare access for children and young people was disrupted substantially, leading to prolonged waiting times and missed routine check-ups. Many services moved to remote consultations, with parents reporting that their children did not always receive quality care. Vulnerable children and young people, including those experiencing health issues and with disabilities, faced additional challenges. Many children and young people experienced late intervention for various conditions because of missed developmental checks and diagnostic delays.

“ If the health visitor had have come out to our appointment, she would have realised that he had this issue with his feet and would’ve possibly been able to have splints to correct it at an earlier stage. That did not happen because the health visitor was not out to see him, it was just a telephone interview.”

– Parent of 1-year-old-child, Northern Ireland

“ My daughter was having repeated issues with her breathing during lockdown and so I phoned my GP to get an appointment and an inhaler. I ended up getting a remote appointment eventually, but because she was diagnosed with asthma over the phone, they could not give an inhaler without a proper assessment. I was like, 'Well, you're telling me she's got asthma. I need an inhaler. She's struggling with breathing now', and then that night she ended up going into a full-blown asthma attack, and we were sitting seven hours in A&E before she got seen.”

– Parent of 2-year-old child, Scotland

“ Children were missing out on their vision screening, and we couldn’t complete that, as we'd go into a school and screen them to see if they need to go to the opticians or optometrist at the hospital. If they've got a squint or anything different, the impact of not having that is there could be some eye conditions and weak eyes that weren't identified ... they weren't able to do the hearing tests so all this early identification and help prevention work wasn't able to be done.”

– School Nurse, England

Parents and professionals claimed that access to vital mental health support was impacted by surging demand and the limitations of remote care. We heard how children and young people had to be assessed as at high risk of self-harm to receive help, with many being left without services they needed. Professionals told us

that building therapeutic relationships online was challenging for some and home environments often made confidentiality difficult due to others being able to overhear conversations. The transition from child to adult mental health services became even more disjointed.

“ If a child had been seeing CAMHS<sup>3</sup>, or a teacher in school, to speak to about their issues, they now have to do that from home. Where maybe some of that abuse and triggers are happening in the household ... if they want an appointment or to speak to anyone it's over the phone or over a Zoom call ... that isn't ideal or doesn't work for everybody ... I find there's a lot of young people who have been totally overlooked for the support they should have had and then now we're seeing the repercussions of that.”

– Voluntary and community groups professional, Wales

Social care professionals recalled how restrictions on in-person visits limited their ability to see children in their homes or have private conversations. Some families repeatedly claimed to have Covid-19, which was regarded as an excuse to prevent social care professionals from making home visits. Social care professionals believed this reduced children's opportunities to disclose abuse and made neglect more difficult to identify, potentially contributing to long-term harmful effects on children's health and development.

“ It was very rare for a social worker to come out to the home. They didn't build those same relationships with social workers that they'd previously have. They'd have Zoom calls, Teams calls with social workers, where they don't have the same level of privacy. Some of our children have to be monitored on the internet ... so a staff member would always have to be sitting with them ... they didn't have that one-to-one time with the social worker that they needed.”

– Children's home staff, England

“ Families would say 'I have Covid. I'll stay in for two weeks.' We can't go near that house ... People would have absolutely used [Covid as a reason to avoid contact], and we would have pushed for positive tests, and never got them ... 'I have Covid, so you can't come near my house for two weeks.' There was nothing we could do.”

– Social worker, Northern Ireland

Most at-risk families were prioritised for receiving support from social care services, but this meant many did not receive early intervention support. Professionals

3 CAMHS are Child and Adolescent Mental Health Services.

considered that children struggled to engage with services online as it was difficult to openly discuss sensitive issues in an impersonal format with less privacy at home. Some professionals reported that they tried to maintain trusting relationships through regular texts or calls.

“Children were more vulnerable because the visits that you would have done previously [didn't happen] ... When you do a home visit you can do an assessment, see how the parents are bonding with the child ... those are the kids who we'd have missed. Those children we would have identified as vulnerable we missed them because of those visits.”

– Health visitor, England

Identifying special educational needs and disabilities (SEND) became more difficult as health visitors and teachers could not notice the early signs of SEND in young children remotely. This prevented timely referrals to professionals for assessments. We heard that those awaiting assessments faced even longer delays, sometimes aging children out of services, such as specialist SEND units. Healthcare professionals and parents emphasised that remote support was particularly challenging for children with SEND who need personal interaction to engage comfortably.

“We weren't getting referrals in, in the same way for autism assessments. We get most of our referrals from schools, so the ones that we were already in the middle of, we carried on doing. But we got less and less referrals from schools as they were shut down.”

– Therapist, England

“They really struggled to engage [online] so their case would just be closed because they wouldn't speak, and [professionals] would say, 'They're not engaging, we need to close the case.' I told them they need an in-person appointment, but they weren't doing those yet. So, the case would be closed, and we'd have to wait to re-refer when they would see someone in person. But I'll wait 6 months for that appointment again. It was just frustrating, the delay for some services to come back to that in-person working, that's impacted the progress of some children's necessary support.”

– Head of pastoral care, Scotland

Disruption in the provision of professional support across both health and social care services left many feeling abandoned. Contributors explained that children and young people developed a distrust in the professionals and systems intended to protect them. Professionals expressed concerns about the long-term impact

these experiences will have on children and young people's future engagement with services. While remote technologies allowed some support to continue in adapted forms, contributors consistently said that the pandemic highlighted the vital importance of in-person, trusting relationships between vulnerable children and the professionals supporting them.

“ They're more reluctant to ask for help and to seek out services, or not even aware of some of the services that may be available to them. I think there's frustration, because any services that were available now have longer waiting lists, so there's frustration there that people are not being seen as quickly or not getting the treatment they require.”

– Secondary teacher, Wales

## Emotional wellbeing and development

The pandemic had a profound impact on children and young people's emotional wellbeing and mental health. Contributors across different professions expressed deep concern that these issues have increased since the start of the pandemic and still persist.

“ We're seeing a lot of younger children, three to nine years old, with very serious emotional and behavioural conditions that maybe you wouldn't have seen before [pre-pandemic]. There is a concern that very troubled behaviour, very traumatised behaviour is evident in younger children, and that's been talked about quite a lot now.”

– Social worker, Northern Ireland

Professionals and parents reported that many children and young people experienced higher levels of anxiety compared to before the pandemic, even at very young ages. Children and young people's anxiety presented in various ways, including school refusal and hair pulling. Parents and teachers highlighted how the disruption of routines was especially challenging for neurodivergent children's emotional wellbeing. Specific groups of children like asylum seekers, those in care, and young offenders faced compounded mental health related difficulties. Professionals described how children with pre-existing trauma found the added stress of the pandemic difficult to navigate.

“ The children were just in turmoil. They just simply didn't understand. I'm relating this to children with severe learning difficulties. It was just that emotional impact of not being able to see the people they want to, not being able to go to the places they wanted to do, not being able to follow their normal routine. I'm sure they just felt inside that their whole world had just collapsed.”

– Early years practitioner Northern Ireland

Health-related anxiety was prevalent, with some children extremely worried about Covid-19, future pandemics, and death. Professionals and parents shared how some took precautions like handwashing frequently and frantically. They described how the fear of spreading the virus weighed heavily on children and young people, particularly on young carers, those with clinically vulnerable members in the household and those in multigenerational or ethnic minority households disproportionately impacted by Covid-19. Many struggled to adapt when restrictions eased, remaining fearful of Covid-19 and other germs.

“ She was hugely anxious. They were sending texts like ‘Someone in your child's class has tested positive for Covid!’ In the end, I couldn't get her into school for days at a time. She was constantly washing her hands, insisting that her whole uniform had to be washed as soon as she got home. She was convinced that either her dad or she were going to bring Covid home and I was going to pass it onto my mum. And her dad's asthmatic, so it was always playing in the back of her mind.”

– Parent of children aged 2, 15 and 20, Northern Ireland

“ In terms of our management, they saw that we needed to have face-to-face contact with the families. But equally, some of the [ethnic minority] families didn't want us to come into their homes or do home visits. We noted that a lot of young people from a particular group, black people, were dying a lot more. So, there were a lot of worries about that as well.”

– Community sector worker, England

Children experienced low mood stemming from loneliness, lost experiences, and a bleak outlook on their uncertain future. Professionals and parents stated that it exacerbated already existing mental health struggles for some children. For example, some health professionals observed a worrying increase in children displaying symptoms of eating disorders and believed this reflected children and young people's need to gain some control amidst the pandemic's chaos. They also suggested that mental health issues, boredom, and criminal exploitation led to an increased reliance on drugs and alcohol. Distressingly, parents and professionals told us that in some cases children and young people reported having suicidal thoughts, upon which some acted.

“ A lot of young people turned to drugs and alcohol ... And now, the children and young people who are coming into the system, obviously to be cared for, have got all these problems because of what's happened in the pandemic.”

– Children's home care worker, England

“ My eldest son was expected to get scouted at 16 by a football club, but lockdown started shortly after his 16th birthday. After many months without intense training, his fitness and skills dropped and he feels that he was robbed of his chance to ‘make it’. This caused him to become depressed. Along with having missed his school leaving, GCSEs being ruined, not seeing his girlfriend, and all his social life being put to an end, his depression levels started to rise. One evening in July 2020 I got a call from his friend’s mum saying he was threatening to attempt suicide and had gone out at 2am to a wood. Thankfully he had told his friend who went out to find him and we quickly sought mental health support privately.”

– Parent, England

Parents and young people told us how pandemic bereavement was incredibly difficult, as visiting restrictions and funeral limitations disrupted experiences of grieving and their usual death and funeral practices. Social care professionals shared sad stories about vulnerable children in care who lost biological parents during the pandemic, with some finding it difficult to come to terms with the death of parents they had not seen in a long time. Support services were said to be inconsistent or inaccessible, leaving many without needed help.

“ Being 17 years old and standing in a room with your mother who is about to lose her husband of 13 years was harrowing. We weren’t given the opportunity to be left alone with him to say our final goodbyes ... we felt like zoo animals in that room having to say our goodbyes with multiple strangers eyes watching us at all times.”

– Young person, Scotland

## Physical wellbeing

Parents and professionals told us that the pandemic had substantial impacts on children and young people's physical wellbeing. Those with access to private outdoor space, in rural areas or with gardens, were able to be more active. However, many struggled to remain active indoors, especially in smaller homes or temporary accommodation. Contributors shared that asylum-seeking children faced particular challenges, often confined to hotel rooms without space to play.

“ I stayed at home for three months in a top floor flat with no garden, no natural light, it really impacted my mental health. A lot of people around here are similar and live in terraced houses, no gardens.”

– Young person, Bradford Listening Circle

“ During lockdown, most people were allowed to walk or go to the park for short periods of time, but asylum seekers were stuck in these hotels, they weren't allowed to go outside or walk in the way most people could. And they were supposed to get all their needs and supplies inside the hotel but they weren't.”

– Voluntary and community groups professional, Northern Ireland

Parents talked about how activity levels changed during the pandemic. For some children and young people, their activity levels declined as schools closed, playgrounds shut, and sports clubs ceased operating. Children and young people spent more time sedentary in front of screens, with many not regaining pre-pandemic fitness levels. Teenagers were especially affected by the loss of regular PE. In contrast, some children and young people were able to remain physically active by accessing activity-based clubs online or taking walks with families. We heard how some young people prioritised exercising during the pandemic.

“ At first our son, who plays regular football and cricket in teams, was really struggling with his fitness. He had muscle pain from undertaking sports when we went back into school. It was the first time in months that he has been able to run around the school field and see some of his friends. During lockdowns, he was gaming online for hours each day instead.”

– Parent, England

“ We were quite lucky, I think we dodged a bullet. Certainly during the first wave of lockdown, we just embraced it. We had beautiful weather, lovely garden, did all the things that you never have time to do. Tried to take as many positives out of it as possible including, you know, just jumping on board with the crazes like the Joe Wicks initiatives and stuff like that.”

– Parent of children aged 2 and 8, England

We were told that some children enjoyed high-quality meals during the pandemic as their parents were home to cook. However, other children and young people experienced exacerbated levels of food poverty during the pandemic due to their limited, or lost access, to breakfast and lunch provided in school. This sometimes led to their parents relying on food banks or making sacrifices such as skipping meals. Some ethnic minority families struggled to access familiar foods, while asylum-seeking children in hotels were often malnourished.

“It was really difficult for deprived children during lockdown, with the reality of food poverty that they were facing and the loss of support systems. And food insecurity increased because, more faced financial insecurity. A lot more people were accessing food banks and things like that, not being able to access normal support in the same way, so all those things had a bigger impact on their health.”

– Therapist, Northern Ireland

“The food parcels given to asylum-seeking families were a real problem because you've got families who only eat halal, or they don't eat at certain times. Obviously with the food parcels, the majority of the food wasn't fresh, it was long-life, and you can't guarantee if a tin was halal or not. That made making sure they were eating healthily difficult.”

– Health visitor, Scotland

Professionals and parents reported that some children gained weight that negatively affected their physical health and, in rare cases, led to chronic conditions like diabetes.

“Kids are, on average, probably heavier than they have been before the pandemic. I think that's a national obesity problem as well, but if they're being locked in their homes and they can't go out for exercise and all that stuff. Then they've got quicker access to food that's not really [healthy] Weight has obviously been an issue, and obviously then it impacts their mobility in PE, which obviously has a knock-on effect for everything.”

– Secondary teacher, Scotland

We heard how children and young people's sleep patterns were disrupted as routines shifted and screen time increased, with problems persisting post-pandemic.

“They're on those devices, they're on their phones. What I saw was a real development of poor sleep hygiene where young people were on those devices throughout the night and then sleeping all day. A real deviation in sleep hygiene.”

– Children's home staff, Northern Ireland

“It has caused sleep problems for my youngest which are still continuing four years later.”

– Parent, England

During the pandemic, children and young people had limited access to dental care, which reduced the opportunity for issues, such as decay, to be addressed, causing lost teeth in some cases.

“ I'm seeing kids going into nursery and they still haven't seen a dentist, that can lead to dental issues, teeth extraction and things like that.”

– Health visitor, Northern Ireland

Parents suggested that children and young people's reduced exposure to common illnesses during isolation contributed to lower immunity and frequent infections upon return to school. Health professionals also reported that vaccination rates decreased as information and appointments were disrupted, with a resurgence of preventable diseases in some areas.

“ When we made the decision to send our [foster] son back to nursery, so he can socialise with other children, he did suffer. Like, every two weeks he had chest infection. He did suffer in health aspect[s] of his life because he wasn't immune to any germs. So whatever they had at nursery, he just got straight away.”

– Foster parent, England

## Post-viral conditions linked to Covid

We heard how the pandemic saw a rise in post-viral conditions affecting children and young people, including Kawasaki disease<sup>4</sup>, Paediatric Inflammatory Multisystem Syndrome (PIMS)<sup>5</sup>, and Long Covid<sup>6</sup>. These conditions have had substantial and often life-changing impacts on their physical and emotional wellbeing.

Kawasaki disease, which predominantly affects children under 5, causes severe inflammation and can lead to serious complications like coronary aneurysms. The medication used to treat it suppresses the immune system, leaving children vulnerable to further infections.

“ He was poorly, because of the treatment that he was on, he was on really high-dose steroids, so it meant that his immune system was down ... we were really, really anxious about taking him anywhere.”

– Parent of child with Kawasaki

4 [Kawasaki disease - NHS](#)

5 [PIMS | NHS inform](#)

6 [Long-term effects of Covid-19 \(long Covid\) - NHS](#)

PIMS, a complication of Covid-19, similarly causes damaging inflammation throughout the body. Parents have described how children with PIMS have experienced heart problems, muscle weakness, cognitive difficulties, and potential brain injuries. The effects are often long-lasting and debilitating.

“ He was talking like he had a speech impediment, and his hands were shaking, and he was all swollen because he was given steroids, and his shoes didn’t fit. His muscles wasted away; he couldn’t even hold anything. He couldn’t even hold food to eat it ... he was left with an aneurysm in his coronary artery.”

– Parent of children aged 4, 8 and 11, England

Long Covid has left children and young people experiencing it with a wide range of persistent symptoms. Some have experienced severe nausea leading to weight loss, while others have faced memory loss and cognitive impairments that make everyday functioning a struggle.

We heard from family members how Long Covid disrupted children and young people’s sense of identity, with this disease becoming an unwelcome part of their identity and leaving them unsure about their future aspirations.

“ My granddaughter [who contracted Long Covid] doesn’t have any memories; she doesn’t recognise herself in old photos.”

– Grandparent, England, Listening Event Targeted groups

Parents reported that misdiagnosis and lack of understanding by healthcare professionals have compounded these challenges. Some healthcare professionals initially dismissed the possibility of children experiencing post-viral conditions, leading to delays in diagnosis and treatment. Alongside this, symptoms were sometimes misattributed to mental health issues or behavioural problems, rather than being recognised as part of a physical illness.

“ It was a Sunday so on Monday morning I called the GP, I expressed my concerns again about PIMS, it was a telephone call, and the GP suggested changing the antibiotics to a nicer tasting one.”

– Parent, England

The impact on engagement with education has been severe, with many children unable to attend school regularly due to their symptoms. Some young people described facing bullying and isolation from peers, while schools have often struggled to accommodate their needs, leading to further disengagement.

“ He became so ill that he didn't get to sit any of his exams. He was completely bed-bound by that point, so he didn't sit any exams ... he's trying to catch up with education that he's missed but all his energy goes into that, if he does a half day of college, he comes home and goes straight to bed and sleeps all that evening and all the next day.”

– Parent of children aged 8 and 14, Scotland

The emotional toll of living with a post-viral condition has been described as immense. Children and young people have experienced heightened anxiety, especially around falling ill again. Parents reported that their children developed depression and even suicidal thoughts due to the isolation and lack of support.

“ They presented with serious mental health issues because they went from being happy, outgoing, loving boys who were just incredibly confident, incredibly intelligent, to being shells, to being nothing, to being unable to walk down the street ... That's the illness, that's PIMS and what it's done to them.”

– Parent of children aged 6 and 7, England

## Lessons learnt

Parents and professionals reflected on the sometimes life-changing impacts they had seen among children and young people across different areas of their lives. Many contributors thought it was important that more should be done to prioritise the needs of children and young people in the event of future pandemics. They thought this would help reduce damaging and often long-lasting impacts on their health, wellbeing, social skills and development.

“ You can't use children to protect other people. Children are the most vulnerable people in society. They need protecting. We cannot use a cordon of children to protect other people, no matter if those other people are old. You also can't have blanket rules and guidelines. Society is so nuanced. Risks are so nuanced.”

– Social worker, England

We heard that it was important to keep schools and other services open as much as possible. They also discussed how education settings could be better prepared for future pandemics, building on the lessons from the Covid-19 pandemic. This included being ready for the transition to remote learning by having the right technology, training for staff and support for pupils.

“ I don't think any child should have been taken out of school. I wouldn't say their education was prioritised, because all of our physical safety was prioritised, and I see education as offering longer term benefits, beyond just academic progress.”

– Social worker, Wales

Services closing or moving online negatively impacted children and young people's health and development. Many professionals emphasised the importance of continuing to offer access to services and support in-person, including for healthcare at key developmental stages.

Parents and professionals also want better support to be in place for vulnerable children in future pandemics, again emphasising the importance of in-person contact. This included offering coordinated financial and practical help for families that do not rely solely on community organisations and school staff.

We were told that more attention should be paid to children with SEND, children in care and in the criminal justice system in future pandemics. Many professionals felt that contact with social services in person should continue to happen in person in future pandemics.

“ I just think for some vulnerable young people, they had social work involvement, and intensive support, and then all of a sudden lockdown hit and that cord was cut, and it was a phone call. We had vulnerable young people in that environment, and it was just unfortunate that they didn't get that access to support they needed. Because a phone call didn't give them that privacy, and I think personally it was worth taking the risk, if this ever did happen again, social workers should see these kids at home.”

– Safeguarding lead, Scotland

The following pages provide a more detailed account of these experiences through the full record.

# Full record

## 1 Introduction

This record presents the stories shared with the Inquiry about the experiences of children and young people during the pandemic. Stories were shared by adults who were caring for or working with children and young people at the time. They bring an important perspective on the impact of the pandemic on children and young people. Additionally, stories were submitted by 18-25 year olds about their experiences during the pandemic. Some of these young people were under 18 at the time.

## Background and aims

Every Story Matters was an opportunity for people across the UK to share their experience of the pandemic with the UK Covid-19 Inquiry. Every story shared has been analysed and contributes to themed documents for relevant modules. These records are submitted to the Inquiry as evidence. In doing so, the Inquiry's findings and recommendations will be informed by the experiences of those impacted by the pandemic.

This record reflects the views of parents and professionals on the impact of the pandemic on children and young people. Stories were also submitted by 18-25 year olds about their experiences during the pandemic. Some of these young people were under 18 at the time.

A separate piece of research commissioned by the Inquiry, Children and Young People's Voices, directly captures the experiences and views of children and young people. Stories told by adults in this document bring important perspectives and insight. However, it is important to note that findings from children and young people themselves may differ in places from the findings of this record.

The UK Covid-19 Inquiry is considering different aspects of the pandemic and how it impacted people. This means that some topics will be covered in other module records. Therefore, not all experiences shared with Every Story Matters are included in this document.

For example, experiences of parents and professionals working with children are incorporated in other modules such as Module 10 and will be included in other Every Story Matters records. You can learn more about Every Story Matters and read previous records at the website: <https://Covid19.public-inquiry.uk/every-story-matters>

## How people shared children and young people's experiences

There are several different ways we have collected children and young people's stories for Module 8. This includes:

- Members of the public aged 18 and above were invited to complete an online form via the Inquiry's website (paper forms were also offered to contributors and included in the analysis). **Stories were submitted by young people aged between 18 and 25 about their experiences during the pandemic. Some of these young people were under 18 at the time of the pandemic.** The form invited participants to respond to three broad, open-ended questions about their experiences during the pandemic. It also gathered background information, such as age, gender and ethnicity to provide context. This approach enabled us to hear from a large number of people and included many stories about children and young people's experiences during the pandemic. The responses to the online form were submitted anonymously. For Module 8, we analysed 54,055 stories. This included 44,844 stories from England, 4,353 from Scotland, 4,284 from Wales and 2,114 from Northern Ireland (contributors were able to select more than one UK nation in the online form, so the total is higher than the number of responses received). The responses were analysed through 'natural language processing' (NLP), which helps organise the data in a meaningful way. Through algorithmic analysis, the information gathered is organised into 'topics' based on terms or phrases.

These topics were then reviewed by researchers to explore the stories further. More information on NLP can be found in the [Appendix](#).

At the time of writing this record, the Every Story Matters team has been to 38 towns and cities across England, Wales, Scotland and Northern Ireland to give people the opportunity to share their pandemic experience in person in their local communities.

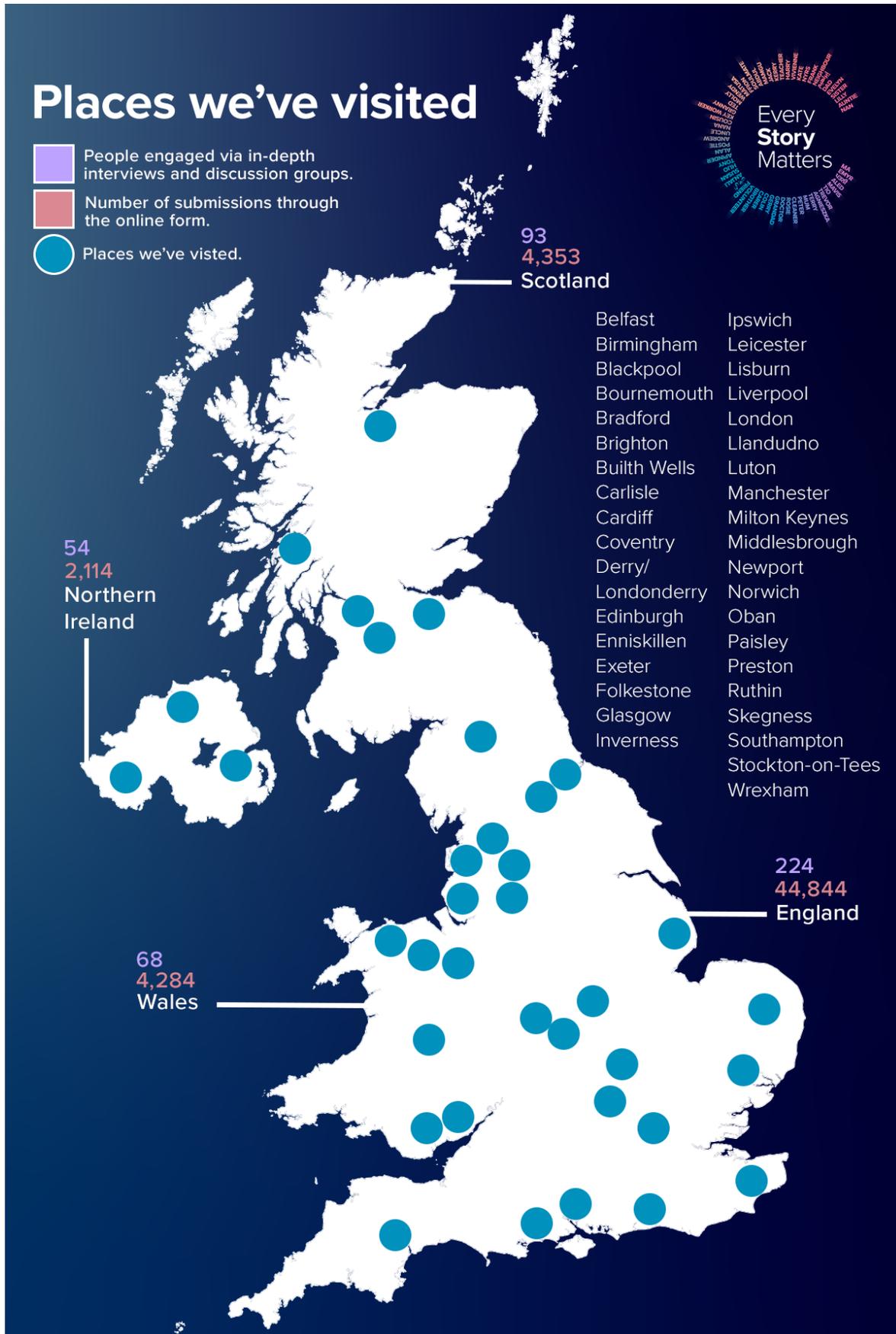
Some groups also shared their experience on virtual calls if that approach was more accessible to them. The team worked with many charities and grassroots community groups to speak to those impacted by the pandemic in specific ways. Short summary reports for each event were written, shared with event participants and used to inform this document.

- A consortium of social research and community experts were commissioned by Every Story Matters to conduct in-depth interviews and discussion groups to understand the experiences of different children and young people, based on what the Inquiry wanted to understand for Module 8. Interviews were carried out with adults who either cared for or worked with children and young people during the pandemic and young people aged 18 to 25 during the pandemic and were in education. In more detail, this included:
  - Parents, carers and guardians
  - Teachers and professionals in schools
  - Healthcare professionals including talking therapists, health visitors and community paediatric services
  - Other professionals who work with children and young people such as social workers, children's home staff, community sector workers and those professionals in voluntary and community groups
  - Young people who were aged 18-25 during the pandemic period and were attending university

These interviews focused on the Key Lines of Enquiry (KLOEs) for Module 8, which can be found [here](#). In total, 439 people across England, Scotland, Wales and Northern Ireland contributed to targeted interviews between September and December 2024. All in-depth interviews were recorded, transcribed, coded and analysed to identify key themes relevant to the Module 8 KLOEs. Those who took part reflected on the experiences of children and young people during the pandemic.

The number of people who shared their stories in each UK nation through the online form, listening events and research interviews and discussion groups is shown below.

Figure 1: Every Story Matters engagement across the UK



## The presentation and interpretation of stories

It is important to note that the stories collected through Every Story Matters are not representative of all experiences of children and young people during the pandemic. The pandemic affected everyone in the UK in different ways and while general themes and viewpoints emerge from the stories, we recognise the importance of everyone's unique experience of what happened. This record aims to reflect the different experiences shared with us, without attempting to reconcile the differing accounts.

**The experiences shared in this record were not provided by children or young people under 18.** Instead, they were shared by parents or carers and professionals working with children and young people, as well as young people aged between 18 and 25 about their experiences during the pandemic. Some of these young people were under 18 at the time. Adults, who were parents or carers or who worked with children and young people, offer valuable insights but these may be different to what those who were children and young people during the pandemic would share about their experiences.

We have tried to reflect the range of stories we heard, which may mean some stories presented here differ from what others, or even many other children and young people in the UK experienced. Where possible we have used quotes to help ground the record in what parents and professionals shared in their own words.

We heard a varying range of difficult experiences for this record. Throughout the record, we have tried to clarify whether experiences were a result of the pandemic or pre-existing challenges that were exacerbated during this period.

Some stories are explored in more depth through case illustrations within the main chapters. These have been selected to give a deeper insight into the different types of experiences we heard about and the impact these had on children and young people. Contributions have been anonymised.

Throughout the record, we refer to people who shared children and young people's stories with Every Story Matters as 'contributors'. Where appropriate, we have also described more about them (for example, their profession) to help explain the context and relevance of their experience.

Where we have shared quotes, we have outlined the group who shared the perspective (e.g. parent or social worker). For parents and school staff, we have also outlined the age ranges of their children or children with whom they were working at the start of the pandemic. We have also included the nation in the UK the contributor is from (where it is known). This is not intended to provide a representative view of

what happened in each country, but to show the diverse experiences across the UK of the Covid-19 pandemic.

More details about how children and young people's stories were brought together and analysed in this record are included in the [Appendix](#).

## Structure of the record

This document is structured to allow readers to understand how children and young people were affected by the pandemic. The record is arranged thematically with the experience of different groups of children and young people captured across all chapters:

- Chapter 2: Impact on family relationships
- Chapter 3: Impact on social interactions
- Chapter 4: Impact on education and learning
- Chapter 5: Accessing help from services
- Chapter 6: Impact on emotional wellbeing and development
- Chapter 7: Impact on physical wellbeing
- Chapter 8: Post-viral conditions linked to Covid
- Chapter 9: Lessons learnt

## Terminology used in the record

The [Appendix](#) includes a list of terms and phrases used throughout the record to refer to key groups, particular policies and practices relevant to children and young people.

**Please note that this is not clinical research – whilst we are mirroring language used by participants, including words such as ‘anxiety’, ‘depression’, ‘eating disorders’, this is not necessarily reflective of a clinical diagnosis.**

## 2 Impact on family relationships

This chapter looks at how lockdown impacted on relationships and daily life at home for children and young people. It describes how not being able to spend time with grandparents or other extended family impacted children and young people. The chapter also explores the challenges faced by some children, such as those not living with their birth families, those living in homes where there was abuse and young carers who had to take on full time caring responsibilities.

### Shift in family dynamics

Children spent more time with their families at home during the pandemic. However, parents and professionals recalled how some children did not get to benefit from extra quality time with their parents. Some parents were physically present but because of work pressures were unable to spend much time with their children.

“ They were all in the house together and the parents were still working remotely and the children were really left to their own devices with the TV on, on a screen, rather than getting any meaningful interactions.”

– Health visitor, Scotland

Some parents who were furloughed shared how their children did not benefit from additional time with family either, as stress, uncertainty and emotional strain often made it difficult for parents to find energy to focus on their children. Some families lost structure and routines, and children and young people were sometimes left to manage on their own.

“ During the pandemic I was furloughed from work, leaving me at home with my two sons. My husband was a key worker which meant I was left all alone to occupy two young children which was difficult.”

– Parent, England

“ I was working at one job and we all lost our jobs and then we got furloughed and then there wasn't enough money so I had to get another job ... It was a really difficult time. I have autistic children so as soon as they're thrown any sort of curveball into their routine it throws them out completely and where they weren't sure what was going on every single day with [my work and their education] it played havoc on any routine.”

– Parent of children aged 12, 16, 17 and 18, England

Many families found the loss of practical and emotional support from extended family hugely challenging. Parents and professionals reported that children's contact with grandparents was often reduced to window visits, socially distanced outdoor meetings and phone or video calls. This meant that some children were unable to form strong bonds with their grandparents. Younger children, in particular, struggled to understand why they could only see their grandparents through windows and could not hug or physically touch them. This emotional disconnect affected children's wellbeing and their sense of connection to their extended family.

“ They didn't really have the same bonds with maybe grannies, grandads, because they wouldn't have been around so much and that's important for extended families to have bonds with grandchildren and new babies and older grandchildren. I think children just couldn't understand why people were waving in windows and they couldn't go out and get hugs and things like that. So, emotionally, I think it did affect children, yes.”

– Health visitor, Northern Ireland

“ My daughter grew up from a baby to a toddler without her grandparents and it took a long time to establish a bond.”

– Parent, England

Contributors shared stories of children whose parents were separated. These children and young people faced unique challenges due to the Covid-19 restrictions. Pandemic restrictions meant that they often experienced prolonged periods without seeing one of their parents face-to-face. In some cases, they did not have in-person contact with siblings who lived in different households. This made it difficult for these children to maintain relationships with their families.

“ It was difficult because my parents are divorced, so for us, you had to stay within your bubble. Right? It was later clarified that children of divorced families could go between parents. For quite a while actually I didn’t see my dad as a result.”

– Young person, Scotland

“ When lockdown happened one of the siblings was with the dad, one was with the mum, so they were apart for the whole time which was hard on them all as they couldn’t socialise together.”

– Further education teacher, England

## Increased responsibilities for children and young people

Parents and professionals reported that some children and young people took on new caring responsibilities during the pandemic. With some parents having different working patterns, dealing with increased financial pressures, or falling ill themselves, some children had to step in to provide care. From cooking family dinners to looking after younger siblings, these extra duties took a toll on their wellbeing and relationships with their family.

“ You had some kids who had to become helpers because they had younger brothers and sisters and they had to almost grow up a bit quicker to look after them.”

– Early years practitioner, England

“ Although my relationship with my children has grown, my daughter still openly admits she does not trust me because I left her all alone to look after her younger brother during lockdown [whilst going to work as a teacher] and I have no response to that because though it was through no fault of my own, she is right.”

– Parent, England

Professionals expressed how children and young people who were already caring for loved ones faced even greater challenges during the pandemic. These young people were already carrying heavy responsibilities and added pressure of lockdown made things even harder. Contributors shared heartfelt examples of young carers who found themselves stretched to their limits, especially when they needed to care for a sibling as well as their usual responsibilities.

“ If you have a 14-year-old who is looking after a parent or a carer or somebody in their family and then suddenly their sibling is not in school either, they’re also then having to make lunches and look after them, as well as their parent.”

– Further education teacher, England

Young carers missed the support and connection that the in-person support groups<sup>7</sup> offered when they moved online. In some cases, there were online alternatives but these were described as not as engaging and did not offer the same support.

“ For our young carer services, they normally go to a fortnightly group and they have a fortnightly respite session with other young carers. So they're able to engage with children who are going through exactly the same thing. That automatically transferred to Zoom sessions, which was just completely artificial. They were just sat there. Nobody would want to speak. The workers would be trying to engage in conversation, but it was just so difficult. For lots of children, it didn't suit them at all, and we did notice some children just naturally disengaged from the support then.”

– Voluntary and community groups professional, Wales

Professionals believed young carers also lost the respite they normally get when attending school. This left them even more isolated, juggling schoolwork, household tasks and the emotional needs of their family. In addition to this, some young carers were having to carry out tasks usually associated with health and social care paid staff, like changing dressings. Some young carers’ education and mental health were negatively impacted because of their pandemic caring responsibilities.

<sup>7</sup> A Young Carers Meetup Group is a supportive, informal gathering for young people under 18 who care for a family member or friend with a disability, illness, or other condition. These groups provide a space for young carers to connect with others, share experiences, and access information, support, and breaks from their caring responsibilities.

“ Suddenly the young carers’ responsibilities just went through the roof. Before the pandemic, a young person had to be in school, so the caring would be done around the school hours. Whereas now, suddenly, the carers were at home. If the person that would come to change their parent’s dressings or something didn’t turn up, because they had Covid, then the young person would have to do it and that’s taking them out of their education time. I definitely felt like there were young people who were losing more of their own space, particularly the ones that were carers.”

– Further education teacher, England

“ Young carers’ mental health continues to suffer massively from expectations that [a]rose of them during that time, there was an absolutely huge level of expectation.”

– Every Story Matters contributor, Carlisle Listening Event

“ For young carers it was very hard ... no socialising, no school, no regular school meals and no respite.”

– Voluntary and community groups professional, England

## Family conflict

Many children experienced an increase in mild family disagreements and sibling squabbles during lockdowns. Parents and professionals explained that in some cases, extended periods of confinement together at home worsened tensions that may have been more manageable under normal circumstances. The lack of privacy and personal space sometimes led to frayed nerves and shorter tempers.

“ I think the pressure of being in the household together for that length of time would have negatively impacted them. Where young people were saying, ‘Look, it’s driving me mad here’. That increased family pressure either from siblings or from parents, that was a big issue.”

– Voluntary and community groups professional, England

“ Not having a distraction or break from each other also strained our family relationships and disagreements became more severe as there was no ability to leave and get some distance.”

– Parent, England

“ I think when you spend a lot of time with people, you tend to argue a bit more. And just the slightest things can annoy you, that might not normally, but because you're cramped up at home, it affected us in that way. My sister and I are polar opposites, and at times there has been a lot of tension there. During Covid it just built up over time. To be honest, as a result of that, my sister did actually move out in the end.”

– Young person, England

LGBTQ+ young people who were living in unsupportive homes found increased family tensions really challenging, particularly as they were also cut off from their support networks.

“ People were stuck with their parents as well. I knew so many people who were at home but would sneak out to trans support groups – you can't do that virtually with parents in the house. People being stuck in really unsupportive judgemental environments, who normally have the freedom to nip in and out of these safe spaces in person.”

– LGBTQ+ young person, Belfast Listening Event

Parents and professionals recounted that for some children, the strains of the pandemic, like financial hardship or prolonged confinement at home contributed to their parents' relationships breaking down. Navigating custody arrangements between parents and visitation schedules during the pandemic was incredibly disorienting and stressful for all involved.

“ I think what's been hard is that lots of parents have separated over the pandemic and that's taken its toll on the children. As is human nature, parents will use their child as a carrot on a stick, so to speak and the child is in the middle. And then the child is torn so they don't know what is happening.”

– Assistant head teacher, secondary school, England

## Experiences of abuse and neglect

Professionals highlighted that for families where domestic or sexual abuse was already happening, the lockdowns often intensified the risks. Being confined at home, with limited access to outside support and increased isolation, made it harder for individuals to seek help or find relief from abusive situations. This created more pressure and danger within households where tensions were already high.

“ If there’s physical abuse, domestic violence at home, they’re still happening, but they were happening more because everybody was coming together, stressed out, with no support from extended family. Parents can get by on a daily basis because they get respite, they get babysitting, they get their grandparents. They didn’t have any of that – it all shut down. So if there were issues before in homes, over the pandemic, there were a lot more, because it was like a pressure cooker, there was a boiling point.”

– Social worker, Northern Ireland

Professionals noted that domestic violence was occurring in families that were not necessarily known to social services to be at risk pre-pandemic. This meant that some children were suddenly exposed to increased conflict and tension between their parents, which they may not have experienced before.

“ The other things that happened quite a lot that some are still even coming up is domestic violence. Children being exposed to, you know, constant arguments ... during Covid we were getting both male and female being the perpetrator, because it was just, it was difficult because I think even families that [I] have always had on my case load, that have never had really concerns with. There were concerns of constant arguments and the children, there is nowhere for the children to go, and they are being exposed to that conflict, that intense friction between parents.”

– Health visitor, England

Some professionals shared examples of domestic violence, neglect and sexual abuse during the pandemic. Being confined at home with an abusive family member with no escape or respite was profoundly traumatic for children and young people. Professionals recalled concerns about the risks of abuse by carers or family members that children were exposed to because they were confined to their homes with their abusers and not at school.

“ For those children suffering through any kind of abuse, whether that be emotional or physical or neglect, those dynamics obviously changed. Because these children had no safe space to go, school was their safe space. They couldn’t get out, which was very difficult.”

– School nurse, Scotland

“ When children are in school they are away from that abuse, they’re protected, they’re safe. But during the lockdowns, they weren’t coming to school, so there’s no doubt that every school would have had children that would have been exposed to those types of behaviours far more than if schools were open.”

– Secondary teacher, England

“ There were cases where siblings sexually abused other siblings. This happened because there was no one to go to and most of the time, they remained in one environment where they continue to see each other.”

– Social worker, England

## Disruptions to family contact for children in care

Social care professionals told us that face-to-face contact between children in care and their biological families was mostly replaced by video calls during lockdowns. While this provided some connection, it was considered a poor substitute for supervised meetings in person. Social care professionals described how the lack of hugs, cuddles and face-to-face conversations left a deep void for these children. Professionals working in children’s homes linked this lack of contact to young people engaging with harmful behaviours during that time.

“ So, all of a sudden, they felt excluded from their families. Yes, they could talk to them over Skype, but that’s not the same. That’s not the same as your mum giving you a hug and telling you it’s going to be okay, you know? All of a sudden, our children didn’t feel that they were part of their family anymore.”

– Children’s home staff, England

“ I think, for our guys it was mostly the not seeing their parents. They live with us full-time and, you know, not being able to go out, even on a drive. One of our guys, his dad works away, but when he comes home, he'll go home, stay overnight and for the weekend. It was a real change for him, because he's so close to his dad that it created more self-injurious behaviour in him, because he didn't know what was going on.”

– Children's home staff, Northern Ireland

Younger children often found it hard to connect with family members over video calls. Parents and professionals explained that this was because many younger children did not yet have the attention span, understanding, or social awareness needed to engage meaningfully through a screen. This was particularly difficult if language was an additional barrier.

“ It did carry on online, but it was really difficult for her in that sense. The dad couldn't speak a word of English. We had to dial into an interpreter line and the interpreter would translate to dad. And trying to get a three year-old to sit there was so difficult.”

– Foster parent, England

Contributors also recounted that siblings often found themselves competing for time during the limited time available for a video call, adding to stress and frustration.

“ Eventually they did online chats, which was good because we encouraged them to. I asked mum to play games with them online. So, they were playing games, but because they're both need[ing their mum's attention], it was hard. They were both fighting for mum's attention. They would argue a lot, saying one spoke to mum more than the other. That became hard.”

– Foster parent, Wales

Professionals felt that for some children and young people in residential care, the hope of seeing their parents at the weekend was a key motivator to get through the challenges of the week. However, the pandemic disrupted this contact leading to heightened stress and uncertainty for these children.

“ It was really, really stressful for some of them, because that was what they would look forward to at the end of the week. That's what their incentive is, that is what their motivator is ... to be good all week. Not that contact will stop if you're not good, but it was that excitement. And then, you'd remind them, 'Don't forget you've got Saturday, you can show mum this'. And then, when you take away that luxury, it's not even a luxury, it's a right.”

– Therapist, England

“ There was a lengthy period in which all our young people’s home visits stopped on the guidance of social work departments, leaving them uncertain of when they may see their families again.”

– Children’s home staff, Scotland

## Mia and Sophie’s story

Eleanor, a parent from Northern Ireland, has two nieces, Mia and Sophie, who were in care at the outset of the pandemic. Prior to the pandemic, they’d had regular supervised contact with their birth family. However, these visits were stopped and the children went three years without having any contact with their birth family, including online contact.

“ During Covid, it completely stopped and social services couldn’t even manage to organise a Zoom call with us. So, we went three years without my nieces seeing their granny, their aunties, their cousins, their birth family at all. They had zero access to us. Not even phone calls, because social services were so short-staffed.”

Mia has a global developmental delay<sup>8</sup>, and Eleanor shared how she struggled to understand why her family had suddenly stopped coming to see her. When they reunited after three years, Mia was angry and upset, believing that they had chosen not to visit her.

“ She huffed the whole visit and she said, ‘Why did you not see me? Why did you not come here?’ She was very angry at us, because she’d gone so long without seeing us and we couldn’t explain to her the situation. She didn’t have the understanding to know.”

Contributors shared how for some children in care, the pause in family visits during the pandemic provided a period of respite from distressing experiences or interactions with their birth parents.

8 Global Developmental Delay (GDD) is a term used to describe children who are significantly delayed in two or more areas of development, like motor skills, speech and language, or social and emotional skills, compared to their age peers.

“ It was quite a strained relationship with mum and dad, anyway. It’s better now, but it was almost a relief for him that he hadn’t been pushed into going to see them. For him, it was a couple of minutes of chatting on the phone and it was like, ‘Yes, that’s fine. I don’t want to talk to them’, because he doesn’t like talking on the phone. He doesn’t like video calls and we’d been asked to put no pressure on it and do it as and when. It was enough for him. He was happy with that.”

– Foster parent, England

“ We had a couple of children who lived with us and actually not seeing their families really stabilised their behaviours. These children in particular absolutely thrived and they went from quite unsettled, quite challenging, aggressive children, to very stable, calm, happy, smiling children that were just adorable. It was so lovely to see.”

– Children’s home staff, England

As the pandemic went on and some contact with birth families began to resume, social care professionals recounted how social distancing and mask-wearing changed the experience of any in-person visits that did happen.

“ The cohort of young people I was working with would normally have contact with their parents because they were looked after children. So they would see them in a contact centre. And that would often be weekly, every other week, or monthly. There was a lot of disruption to that because they need to make sure they’re tested and have the social distancing in place, wearing masks. That was really difficult and I think it took quite a long time for that to go back to normal in terms of the way contact or family time happened.”

– Social worker, England

“ We had residential children who had to wave through windows to see their parents. It was so sad. One of the mums posted a video on YouTube being reunited with her son. It had me in bits, you can only imagine how horrendous that would be.”

– Staff member at residential care school, Scotland

Contributors explained that the pandemic disrupted regular visitation schedules between children in care and their birth families. Prior to the pandemic, these visits were usually clearly structured and timetabled, providing a sense of stability and predictability for the children. However, due to the lockdown children and their families struggled to maintain their connections.

“ I think the big impact for children who were either in residential care or foster care, was that their time with their families was massively impacted. So, if they were having regular time with mum or dad or both, it was usually quite clearly set-up. Clearly timetabled, when that happens, where that happens. That all went out the window. I remember it being really difficult to get back to that regularity of family time with their birth families. I think that was probably the biggest impact for them.”

– Social worker, England

“ Children in care already have it tough but the lock down made it worse. Family time contact was stopped as everyone was scared of coronavirus and nobody wanted to facilitate the contact for us.”

– Young person, England

The pandemic not only disrupted regular visitation schedules for children in care but also led to an increase in placement breakdowns and unplanned moves between their home or residential settings. Contributors shared how this led to emotional strain on both children and carers. Combined with the challenges posed by lockdown measures, this resulted in some foster and residential placements becoming unsustainable.

“ I had a breakdown during the second lockdown ... My children were separated and moved to several different homes as well as several different social workers and managers. They are shells of the children taken as they endured emotional and physical abuse from some fosterers. My children will never be the same again.”

– Parent, England

### **Phoebe's story**

Thea, a community worker from Scotland, explained how the pandemic disrupted the lives of many foster children. She shared the story of Phoebe, an 11-year-old girl [at the start of the pandemic], who had been in a stable placement only to have it suddenly ended within days of the lockdown starting.

“ My young person was staying with foster carers and had been there since she was four. So, she has been with these foster carers for a long period of time. She was on a permanence order, which means that they’re out of the children’s hearing system, that’s their place of residence and where they’re anticipated to stay until they’re 16 or 18, or whenever they leave care.”

When the pandemic struck, her foster carers, Bob and Sally, who were older and with one having a respiratory issue, became extremely fearful of contracting the virus.

“ Obviously, they got very scared by the media and the warnings around catching things from other people. She was asked to leave her foster care placement within two days of the lockdown starting because she was a young person and they were worried that she was either speaking to other young people, or would keep going to school or ... They were just worried. They were just really, really scared that she was going to bring Covid home. And so they ended her foster placement.

And she’d been there for, I think, seven years. It had been such a long placement. It was a very stable foster care placement that just totally disintegrated within a couple of hours. So, her whole life changed from one day to the next because of these reactions by the adults around her. And it was heartbreaking.”

Phoebe was placed with a new foster family, but this was short lived and she was placed in a residential home after this.

“ This new foster family lasted, I would say for a few months, but because it’s lockdown and they don’t know each other, it was really, really stressful for everybody. For the foster carers, for the young person. And so, she ended up going to go and live in a residential home, one of these ones that is way out in the middle of the countryside.”

Thea described the long-term consequences of these decisions on Phoebe’s relationships and support network.

“ It’s so, so, sad because she’s now two hours away from [her home city]. So, she’s removed completely from her high school friends, from her family, her family, her birth family, her old foster family and now, she’s somewhere completely different a few years down the line. And I think that those sort of knee-jerk reactions from the adults around her were completely unacceptable, but they were considered right at the time.”

Social care professionals shared that some young people ended up facing extended periods of time with their birth families due these placement breakdowns. When foster or residential placements broke down due to the strains of the pandemic, some children went back to the care of their birth families for longer than expected. In some cases, the lack of available placements meant that children who were planned for removal from their parents remained in their biological parents' care for extended periods. The inconsistency in care arrangements and the changes between living with birth families and being in social care was emotionally distressing and disruptive for these children and young people.

“ But then once Covid stopped and they had to come back to us to live, it was actually creating problems too. They'd just lived at home for a couple of months and then they were coming back to their more routine setting. So, that then created problems on the other side.”

– Children's home staff, Northern Ireland

Stories shared by parents, professionals and young people highlight how children and young people experienced a range of situations during the pandemic. Throughout these difficult experiences, we also heard about families creating stronger bonds.

## Stronger family bonds

As children and young people commonly stayed at home during lockdowns, many contributors expressed how families got to spend more time together. Many families enjoyed shared activities like baking, gardening, playing board games and taking family walks.

“ For some young people it was great, they were at home and their parents were home with them and they'd do gardening, they'd do TikToks, they'd cook, they'd read, they'd go on family walks. When the weather was lovely in the summer, they'd all be out in the garden.”

– Youth worker, Wales

“ I think because the weather was so nice at that time, we used to set it as five o'clock every day, we're going out for a walk across the fields. And it was nice, we used to just talk together, share stuff, so it was a time where we did spend more time together.”

– Parent of children aged 10 and 13, England

Parents and young people recounted how this extra bonding time often helped strengthen relationships between children and their parents and siblings.

“ We can see that the example we set during lockdown brought a positive effect on the whole family and my teenagers actually like to spend time with us and most importantly, with their toddler brother.”

– Parent, England

“ It was me and my mum and my stepdad, so we were just hanging out. I actually probably bonded with them quite a lot over that period. Before that, you just get up to your own thing and you’re so busy all the time, but I feel like when you’re forced to spend time with them - I know that sounds bad - but I guess we were, it was good fun.”

– Young person, Scotland

“ Before the pandemic, he was your standard 16-year-old that didn’t want anything to do with his parents, wouldn’t go out with you, didn’t want to do things with you, but then he did everything with us ... I am much closer to him than I think I ever would have been if it hadn’t happened. For two years, he lived with me and I was his social interaction. I was the person he would talk to and I’m now really close to him and he offloads to me when he’s got a problem and rings me when he’s got issues, which I don’t think many late teenage boys do with their mum. I think we have a better relationship because of it.”

– Parent of 16-year-old-child, England

During the pandemic, we heard about children and young people feeling reassured by being around immediate family. Families being able to navigate pandemic challenges together gave an important sense of security to many children and young people.

“ I think there was a degree of security for some young people, in a time of crisis [during the pandemic], to have close family around them.”

– Health visitor, England

For many younger children aged under five, the pandemic meant having their parents, particularly their fathers, more present and involved in their daily lives. These children benefited from the extra quality time and engagement their parents were able to provide. In some cases, this positive change has continued.

“ I suppose whenever my husband was off [work], it was good. It was time that you never would have got otherwise. He got to see things and watch her progress that he would never have got to.”

– Parent of 2-year-old-child, Northern Ireland

“ I would say there was a positive influence, that actually a lot of the dads would say to me when we were going in, ‘I really enjoyed it because I’ve been able to bond with my new baby. I’ve been able to have skin-to-skin time’. So, there’s an element of quality there. I think maybe more for the newborn babies than the young babies, it was a positive because they had both parents around.”

– Health visitor, Wales

“ Although it was stressful in lots of ways, some of the working from home did mean that often children were seeing both parents and actually that has carried on and is a silver lining to the pandemic. Far more partners do some work from home now, are around a bit more during the day. They may take the little one out and have lunch with them, or do both nursery runs on the days they’re working from home.”

– Health visitor, England

### Kathryn’s story

Kathryn is a mother of two teenage boys in Wales who told us her family’s experience of the pandemic. Both Kathryn and her husband were furloughed at the beginning of the pandemic. This gave them an opportunity to reconnect with each other as a family.

“ Because in 2019 I had a cancer diagnosis, so thankfully by the time Covid hit everything was finished. But it had been a bit of a strange 10 months where I hadn’t actually been able to spend as much time with the kids as I would have wanted, because of treatments and hospital stays and all that sort of stuff. And just not maybe being quite well enough to do things. So, it sounds really weird to say this and I know that people have awful experiences of the pandemic, but it almost was, like, a blessing for us because we were furloughed at the time. So, we were both at home, the kids were at home and it was just, like, this time to kind of decompress, reconnect.”

During the initial lockdown they planned fun activities together as a family.

“ They were lucky that they had each other and they’re very close, and obviously they had both of us at home, so there was no pressure to have to work, to do anything really. So, I think initially actually they loved it, you know, we just had fun, there was no work sent from school, so we just made our own school. We would, like, do video calls with friends, and they would set each other little kind of fun challenges and then make videos about or projects about it.”

“ The first lockdown, we just like everybody walked loads, cooked loads, played loads of games, watched loads of movies, just did all the fun stuff really.”



## 3 Impact on social interactions

This chapter explores how children and young people interacted with friends and peers during the pandemic. Many turned to online platforms to maintain relationships, but this sometimes created new risks of bullying and harm. The loss of in-person interaction meant some felt isolated or struggled to develop social skills.

### Changes in social interactions during the pandemic

Contributors recalled how children and young people's social lives were turned upside down when lockdown restrictions were put in place. Children's experiences varied. Disruptions to school and other social experiences left many children and young people feeling lonely and isolated as their in-person interactions with friends and peers became limited or changed completely. Many turned to online relationships and created new friendships (which is detailed later in this chapter).

“ My children cried everyday sometimes out of loneliness and frustration at not being allowed to see their friends.”

– Parent, England

“ I don't really think they fully understood what exactly Covid meant, but as it kept going, I know some children did suffer with not being able to go and visit granny and grandad or go and visit their friends, because they're used to seeing their friends every day in school and to see their teachers. So, a lot of children did struggle, and some became quite frightened of going outside or do any sort of thing like that ... when we came back to school they almost struggled even to socialise and play games because they hadn't been doing it for such a long time.”

– Primary teacher, Northern Ireland

“ For older children the isolation from their friends was almost too much to bear and they withdrew into their social media accounts and online worlds.”

– Teacher, England

Parents and professionals shared how children and young people who were not at school in person felt cut off from friends, especially where friends were still attending school in person. Key workers' children and vulnerable children who still attended school had some social interactions, but with fewer children and mixed age groups.

“ Some of the children who were at home, emotionally, found that really difficult to see their friends at school having a good time and laughing and I think felt very isolated and very alone. To the point that a few of them got in touch and said, ‘They don’t want to join in with it because they’re just finding it really difficult as to why their friends can be at school and they have to still be at home on their own.’ I think that kicked in after a while. They missed interacting with other people.”

– Primary teacher, England

When lockdowns eased and children returned to school, they faced restrictions such as social distancing and ‘bubble’ systems. Parents and teachers shared how younger children found it confusing when they returned to school and could not play with their friends like before.

“ Where in school normally they’re allowed to just go up to their friends and they’re allowed to play, hug each other. You know, how are you going to tell a [young child], ‘You know you can’t do that. You can’t hug your friend or you can’t run and hold hands.’ It was really, really difficult for her to grasp the fact that that wasn’t allowed.”

– Parent of 3-year-old-child, England

Many children were not in the same bubbles<sup>9</sup> as their friends. Parents and teachers explained that this left children feeling lonely without their usual friends to play with.

“ They were missing their friends who they’re usually in the groups with and so they were interacting with children from other groups ... there can be up to 26 in a class, they’re all in separate little groups. So, there could be a child with no one else who they usually play with. They’re not there.”

– Early years practitioner, England

9 Bubbles were smaller groups of students who were meant to socialise and learn together consistently, to limit exposure to Covid-19.

Young people attending university shared how they missed out on important social milestones and experiences during lockdowns. They described feeling frustrated that they would never get the chance to have the experiences they should have.

“ Obviously, my summer was practically ruined because of Covid. You know, I was limited to having house parties with the people I lived with at uni and I see them every day so it’s not really a party because you’re not meeting anyone new, you’re not doing anything new, it’s people you live with. It’s like having a party every weekend with your family, it wouldn’t really make sense ... I just felt really robbed ... Socially, I just felt robbed.”

– Young person, University student, England

Some young people told us they over compensated when restrictions eased, sometimes leading to unsafe behaviour and, in rare cases, experiences of, and surviving assault.

“ I was 22, being in my early twenties, my sex drive was high and there was no release at that time. I got the feeling I missed out. I felt like I had to make up for lost time when I went home ... Subsequently, I got into really unsafe situations, I had no screen for identifying good people, I ended up being raped.”

– Every Story Matters contributor, LGBTQ+ Male, Belfast Listening Event<sup>10</sup>

Social contacts in lockdown depended on children and young people’s circumstances. Parents and young people recounted how those with siblings, extended family members, neighbours, or young people living with other students in halls of residence often had more opportunities to socialise in person. In contrast, many children and young people who only had relationships with adults in their family felt more isolated.

“ If it’s a family of three, you know, one child, two adults, I don’t think they should isolate that family because that child has nobody else ... she needed somebody else. She needed somebody to talk to. Somebody to be there. We were always there. We always listened. We did board games. We did everything that we could, but it wasn’t enough.”

–Parent of 13-year-old-child, Northern Ireland

<sup>10</sup> This young person was offered support onsite at the event, but he provided assurance that he had accessed support when it happened and it was his wish to share his disturbing experience to highlight that men can also be sexually assaulted.

“My children were absolutely fine, because they still had their friends who they’re playing outside with in the garden. And I don’t think there was much social distancing with the children ... because they’re just next-door! You hop in their garden and they will hop in our garden and that was it, because you couldn’t go anywhere else! It was just parks, gardens and just outside space.”

—Parent of children aged 6, 11 and 14, England

“And then at university there were still loads of social interactions in my first year because I was in halls. And on the campus there were still 10,000 students all within a half a mile radius, so as much as they tried to restrict the mingling it didn’t really always work.”

— Young person, University student, England

Young people in residential care homes lived with other young people, but the way they interacted with others varied. Children’s home staff recalled how for some, the isolation of lockdowns opened doors to new friendships with young people in their residential homes. Others sought out trusted adults for support and guidance.

“They weren’t necessarily seeing their friends. But I suppose they came together as a group, in other ways, which was nice, because they don’t always do that and we don’t always have young people who we would nearly take out as a group. But during that time, they did come together, it changed in that they knew they were isolated together.”

— Children’s home staff, Northern Ireland

“There were some friendships developing and we could see certain children spending more time together. I wouldn’t say that all the children became friends and they were just playing all day, no, because I think that the children that we support, they were seeking staff guidance and they would just go to staff more than children.”

— Children’s home staff, England

Professionals told us how children and young people moving to new foster families found restrictions particularly isolating as it made it more difficult for them to create new connections and friendships. Likewise, asylum seeking children would have normally been able to connect with other children with similar experiences, but the pandemic made this harder.

“ These children were taken quite far [from their homes]. One was from Swansea, one was Newport, and one was from the very far end of Cardiff. So, they had no friends around there anyway. Anyone they had started to make a bit of a relationship with, all that had to stop.”

– Children’s home staff, Wales

“ A group of kids who would have arrived from Afghanistan and you could link them up to other children who were from Afghanistan or from Syria, or wherever they’d come from. Immediately, they’d be able to feel a bit more at home and make some of those connections, but they weren’t able to do that during that period.”

– Social worker, England

“ Their experience of being in a different country is already frightening and lonely and you’d work hard to connect them with a community or other people that understand their language and things like that. During the pandemic, you’re not able to do those things, you’re not able to connect children and young people to a community or other family that might be out there, that was really reduced.”

– Therapist, Northern Ireland

Contributors also shared how some young people felt frustrated by not being able to see friends and started ignoring rules so they could have social contact.

“ I know a couple of young people got to the point where it was, basically, ‘What will be, will be, I couldn’t care less. I’m just going to go and visit friends and, if I get arrested, I get arrested.’”

– Social worker, Northern Ireland

Contributors expressed how children and young people who were shielding or had vulnerable family members often had more difficult experiences, particularly as the pandemic went on. They were not able to return to socialising in person as lockdown restrictions eased because of the need to continue to manage the risk of Covid-19 infection. This also affected their friendships, making these children and young people lonelier and even leading to loss of friendships.

“When schools reopened to all, young people were able to meet in groups. These young people who were shielding couldn't and a lot of them just felt disconnected from their peers. Again, their mental health wasn't great. There was a lot of anger, like, 'Why do I need to shield? Why do I have this condition? Why is it me? It's so unfair,' quite understandably.”

School nurse, Scotland

“I was in quite a large friendship group at the beginning of the pandemic. As time went on, a few of them didn't understand why I wasn't going out when they were even though I'd explained that I was shielding. I think because they were in situations where they didn't have anyone at home vulnerable they were less cautious of the rules. So it did cost some friends along the way.”

– Young person, University student, Wales

## Building and maintaining relationships online

Contributors highlighted how children and young people used online platforms like social media and online games to stay connected with friends and family during lockdowns. This paired with the boredom they experienced during lockdowns meant that they were spending much more time online than ever before.

“Everything revolved around phones and laptops. It was school work on the laptops, it was communicating with your friends and family through your phones, rather than visiting.”

– Parent of children aged 2 and 5, Wales

“It [online relationships] was their only way to keep in touch with their friends and with people.”

– Foster parent, Northern Ireland

“Children / young people moved their social lives online and became heavy consumers of social media.”

– School governor, England

“In terms of just spending more time on social media and stuff, it's definitely increased, especially because we didn't really have anything else to do.”

– Young person, University student, Scotland

“They’re saying American phrases, like ‘diaper’ rather than ‘nappy’ and that’s just because they’re fixated and they’re absorbed by all these channels that these parents are just putting on YouTube for them.”

– Primary teacher, Wales

Contributors explained that children and young people used online platforms to keep in touch with friends or make new friendships during the pandemic, helping them feel less lonely during lockdowns.

“They had a phone, they had their laptops and stuff. Physically they couldn’t interact but they were talking and chatting [to their friends], so in a way they were very lucky to have a phone and technology. If that wasn’t the case, I think they would have gone up the wall, to be honest.”

– Parent of children aged 2, 9 and 13, England

“From morning until night, or to early hours of the morning, people would be connected to each other virtually and that was a huge positive for young people because it meant that they didn’t feel, a lot of them didn’t feel isolated, could be spending their time gaming with their friends, or chatting to their friends in a way that older people weren’t able to. So, I think that in some ways, it was easier for young people because they could connect.”

– Therapist, England

Parents told us how children and young people of different ages seemed to make use of online platforms in different ways. Younger children struggled to maintain relationships with friends and family online. Some were too young to be able to engage in conversations. Many did not have access to devices and relied on their parents to help them set up calls. For some children, the pandemic meant that their parents bought them devices earlier than they had planned.

“She didn’t have access to a phone. They were too small to talk on tablets or phones, and stuff like that. So, yes, they did miss socialisation with her friends and talking and playing with them.”

– Parent of 5 year old, Scotland

“Because of Covid, we ended up getting them - even though they were only six and two - we ended up getting iPads so they could go on the iPad and ... more the older one, so she could play games or watch YouTube or ring friends. Just to keep her occupied.”

– Parent of newborn and children aged 2 and 6, Northern Ireland

Parents and professionals explained that teenagers seemed to find it easier to adapt to online friendships because they often had devices and were used to interacting with friends and peers online.

“ You might have the 16 year-old who’s got their phone and can keep in contact with them [friends] via Snapchat, or social media. But when you’re talking about the 11 year-old and the younger ones, who don’t necessarily have that kind of phone or those kinds of devices, then that was a bit hard.”

– Children’s home staff, Scotland

Contributors shared how they thought boys and girls experienced the move to online socialising slightly differently. Boys often played online games together, while girls chatted online or on the phone more.

“ Just like me, both boys are avid gamers, so there was a lot of online gaming and the social interaction through that was a blessing. You know, they could still interact and play with their friends, even if not in person.”

– Parent of children aged 6 and 10, Scotland

“ I feel like during Covid, he built up more of a friendship within the gaming society. So, in a way he managed to build up friends.”

– Foster parent, England

“ Boys would be more likely to just have chats and stuff with their pals when they're playing a game, where the girls would be more likely to actually phone each other or meet up in person.”

– Therapist, Scotland

Some parents worried that relying only on gaming made their sons feel more isolated.

“ My son just ended up playing games, being antisocial, just sitting in his room until it’s time for food or until he came out to help his sister to study.”

– Parent of children aged 5, 10 and 14, Scotland

The shift to interacting online meant that children and young people were able to become friends with new peers nearby, but also with people across the country and beyond.

“ I think he got more friends online from different countries during the pandemic, it was online. When I went near his screen to look at how many people he was interacting with there were hundreds of people online. When you ask him, ‘Do you know these people?’ ‘No.’ But they keep chatting. It’s all over the world, some were in Australia, New Zealand, or America, everywhere ... I think he found more friends even after the pandemic. He connected with some people nearby that he didn’t know.”

– Parent of children aged 6 and 9, Scotland

“ During the pandemic, every male was on the PlayStation, playing different, various games. That’s all we did, basically, that’s our way of socialising, I made a lot of friends during that ... We’d all play a game together from a social aspect actually, it wasn’t too bad. I was still able to go online and play games with my friends, meet new people and have a good laugh for the majority of the day because we weren’t doing anything.”

– Young person, Scotland

Through listening events, we heard how some young neurodiverse people really benefited from online communication, allowing them to connect with others they could not keep in touch with in-person.

“ I exclusively spoke to other gay people online, I was the only gay person in my village. Still now, I mostly talk to other gay people online. I’ve only recently started to go to gay bars last week, it’s difficult with my neurodivergence.”

– LGBTQ+ Male, Belfast Listening Event

After social distancing measures were lifted, many parents and professionals working with children noticed that children and young people seemed to prefer talking online to in-person relationships and many found it difficult to readjust to interacting in person. Contributors noted that this change may have happened regardless of the pandemic.

“ It was all online. It was all chatting online with his friends, phoning his friends and playing Roblox, whatever you call it. God, we can’t stand that game. But even now, they log on a WhatsApp or Facetime call and they’ll all be playing Roblox together rather than meeting up and talking to each other.”

– Parent of 8-year-old child, Northern Ireland

“ None of them did any of it, even to the point that when they were allowed, they didn’t really go out. They stayed in and gamed online. I think socially it’s [the pandemic] changed them all and even now when they’re all at uni, they don’t do what kids did at uni years ago. They stay in.”

– Parent of 16-year-old child, England

## Being blamed for spreading Covid

Children and young people were sometimes blamed for spreading the Covid-19 virus. Young people in university felt particularly affected by this. Some young people who chose not to get vaccinated felt targeted too.

“ It was difficult living in a new place and then often being demonised for being Covid spreaders. Students were an easy community to blame.”

– Young person, University student, England

“ As for the young people I worked with, they became victims of public campaigns aiming to blame young people for becoming ‘granny killers’ if they decided to try and live a normal life by not wearing a mask and taking charge of their health by choosing not to get vaccinated.”

– Voluntary and community groups professional, England

At a listening event in Bradford, we heard how young people from ethnic minority backgrounds were sometimes blamed for Covid-19. They experienced racism during the pandemic, sometimes when they were walking in the streets.

“ Asian young people would hear muttering in the street like ‘go back home, this is why this happened, the pandemic is your fault’.”

– Young person, Bradford Listening Event

“ Amongst and towards Black, Chinese and Asian people, there was so much racism, people saying ‘don’t you think you need to go home, put a mask on’. Hong Kong students were here during the pandemic, they got so much racism saying all because of you. Lots of blaming, lots of naming and shaming.”

– Young person, Bradford Listening Event

## Experiences of bullying

Contributors reported that the pandemic brought about substantial changes in children and young people's experiences of and exposure to bullying. For some children and young people, not going to school meant a break from face-to-face bullying.

“ It actually gave a lot of the children who lived here a break from bullying.”  
– Foster parent, Scotland

“ And some of them were like, ‘Oh, well, I don’t want to speak to you ... I’m not at school. So, therefore, my problems of being bullied or hating school where that kind of thing is not a problem because I’m not at school anymore.’”  
– Therapist, Scotland

## Emma’s story

Paul works as a child and adolescent psychotherapist. He shared the story of Emma, a young person who was able to explore her gender identity during the lockdowns. Prior to the pandemic, Emma identified as a boy and experienced constant bullying from peers at school, leading her to feel lonely and unhappy.

However, the lockdowns gave Emma a respite from the bullying. This provided her with the space needed to realise she was transgender.

“ There was a young boy that felt very bullied at school, was seen to be probably on the spectrum, wasn’t settled in school, was an unhappy, lonely child. Then the pandemic came along and her recounting of it is that, ‘It was when I could leave school and just be on my own and gather my own identity together, I could then actually recognise that I felt I was in the wrong body and, you know, I was trans. And if I’d been in the bullying environment at school, I would never have been able to allow that part of myself to come into the forefront.’”

For some children and young people, the pandemic worsened their experiences of bullying. While bullying may have been an ongoing issue prior to Covid-19, the pandemic added extra pressures, such as lack of respite from online bullying and little support from schools who were not always aware of the issues or were not able to respond to them.

## Hannah’s story

Judith shared her daughter’s experience of bullying with us through Every Story Matters. Hannah was in her final year of primary school when the pandemic began.

Before the pandemic, Hannah had already been experiencing bullying from her

classmates. However, the situation worsened during lockdowns. As a diligent student, Hannah continued to work hard, which led to increased abuse from her peers. The bullying was relentless, with Hannah facing harassment online and in public spaces.

“ She was hit with more bullying because her peers weren’t studying, whereas I was insisting she study. She experienced more bullying via Facebook, people would see her in the street as she exercised, would target her as she was in Asda with me and continued to call her names.”

Upon returning to school in-person, Judith requested that Hannah be moved to a different class at school, hoping this would help tackle the bullying. Unfortunately, the change only intensified the problem, with Hannah being bullied extensively due to her distinctive appearance, including her clothing and hairstyle.

Feeling that the school failed to provide appropriate support, Judith made the difficult decision to withdraw Hannah permanently to protect her from further abuse.

“ I took her out of high school permanently in Feb 2022 as she was repeatedly being assaulted both physically and verbally, in and out of school and school were doing nothing to support her.”

As children and young people spent a lot of their time online, studying, playing or connecting via social media, they could not escape bullying even when they were at home. Professionals noted that lockdowns also meant that children had less contact with teachers who they would usually seek support from.

“ The phone is always there, so it can always message. A notification can always come up. So, in some ways, there’s no escape. For the young people that might be struggling with that, for example, bullying on social media or posts about self-harm or about body image type stuff, it’s always there. It’s not something that you dip in and out of. It’s completely immersive.”

– Therapist, England

“ There was so much more cyber bullying going on during Covid, they didn’t have a teacher there to talk about it.”

– Young person, Bradford Listening Event

We heard deeply moving accounts of how cyberbullying had a profoundly negative impact on some young people during the pandemic. Many young people felt

isolated and vulnerable and the bullying they experienced in digital spaces often felt inescapable. Professionals shared heartbreaking examples of just how severe the consequences could be with some young people feeling struggling to the point where they considered or attempted to take their own lives.

“ There were some young people who mentioned that they were suicidal throughout the pandemic as well. Because of online abuse.”

– Voluntary and community groups professional, Wales

“ There have been one or two incidents with cyberbullying. One student in particular that I’m thinking of she actually ended her own life because of online issues that were happening.”

– Further education teacher, England

## Experiences of other online harms

Some professionals discussed how online harms were an issue before the pandemic. However, many believed that children and young people spending more time online during the pandemic increased the risks of them experiencing online harms such as interacting with harmful people or accessing harmful content. Many professionals thought that vulnerable children were at most risk of online harms.

Parents were often working from home or not at home if they were key workers, making it difficult to supervise their children’s increased online activities. Parents shared how they monitored their children’s online activity, but not all felt they had the right tools or enough knowledge to set up parental controls.

“ Some adults, they don’t have the knowledge of monitoring the children when they are online, they don’t really use the parental controls which are really offered by the internet providers.”

– Social worker, England

“ It’s so much harder for parents to police their children’s usage and, like, now, the kids all know that you can have two Snapchat accounts on one phone, but not every parent knows that.”

– Parent of children aged 2, 15 and 20, Northern Ireland

## Camilla's story

Mary is a foster carer with 18 years of experience. During the pandemic, she cared for three siblings: a 10-year-old boy and two girls aged 12 and 15. Despite Mary enforcing strict rules about phone usage, the girls' social media use increased during the pandemic. The 12-year-old, Camilla, accessed platforms like Snapchat and dating apps despite being underage<sup>11</sup>. Mary was very concerned about the potential exposure to inappropriate content and the dangers of online interactions.

“ The 12-year-old shouldn't have been on Snapchat. She shouldn't have been on a lot of things, but we were asked to allow her on them because that was the medium her friends were using. She was on Tinder at one stage and stuff like that, as a 12-year-old and so we needed to control that.”

To try and protect Camilla online, Mary resorted to installing monitoring software on the 12-year-old's phone. This decision was met with strong resistance from Camilla, straining their relationship.

“ I had to buy an app that allowed me to see what she was doing; we were that worried about what she was doing. Then I could control and take her off things if things ... because I could see all her, all the content of her phone ... She did kick back about it.”

Professionals shared their deep concern about the rise in harmful online interactions affecting young people. They described how, with so much life moving onto digital platforms, some children and young people became more vulnerable to risks including sexual exploitation, grooming and criminal coercion<sup>12</sup>. Some contributors, such as those working in children's homes and for voluntary and community groups spoke about a substantial increase in referrals for grooming and sexual exploitation both during and after the pandemic. In some cases, online interactions led to in-person meetings with strangers resulting in tragic experiences of sexual assault.

“ I think child sexual exploitation really increased with the pandemic because so many more children were online, they were much more open to predators and I think that they have really honed in on that.”

– Children's home staff, England

<sup>11</sup> Most social media platforms require users to be at least 13 years old to register, whilst dating apps are restricted to those over 18.

<sup>12</sup> Exploitation involves someone taking advantage of a child or young person, often for personal gain, while grooming is when an individual builds a relationship with a child to abuse or exploit them. Criminal coercion generally refers to using threats or force to compel someone to act against their will, often to achieve a specific outcome.

“ And there was also a lot of sexual exploitation. A lot of children obviously - even meeting people online. And then once they meet them online they then would meet them at a park or something. So, we had a case where a young girl was actually sexually assaulted in the park. She was raped in the park.”

– Social worker, England

Social care professionals also shared stories about the challenges some children and young people faced when sharing private or indecent images online. During the pandemic these behaviours became more common, sometimes leading to situations where young people felt pressured or even blackmailed.

For many, the fear that these images might resurface has caused added anxiety and distress.

“ We had issues of a lot of girls sending naked pictures. Boys as well. We actually had a boy who sent a naked picture and he was then being blackmailed for it.”

– Social worker, England

“ Children were spending a lot more time on their own, the proliferation of indecent images of children, children being coerced into sending an image of themselves, and then it gets sent around really quickly.”

– Social worker, England

“ There was another young girl I worked with, in terms of sexual exploitation, she had sent a picture to someone. This picture had been sent all around school into different group chats to other schools and to this day she still has issues at school. She is not confident in herself, she worries about people seeing her online.”

– Social worker, England

In rare cases, we heard stories of children searching for connections online during the pandemic interacting with people who coerced them into criminal activity. Criminal coercion is a very complex issue and there is no evidence that some of these experiences would not have happened in any case. However, some social workers believed that social isolation made young people more vulnerable to criminal coercion.

## Tim's story

Allan is a social worker who shared the story of Tim, a young boy who was coerced into criminal activity during the pandemic. Prior to the pandemic, Tim had been excelling at school. However, when the pandemic started, Allan shared how the lack of in-person social interaction led Tim to seek connections on digital platforms. There, he met older peers affiliated with a local gang, who he quickly became friends with.

Allan described the rapid process of 'radicalisation and grooming' that Tim underwent, leading to his exploitation by the older gang members. Tim was coerced into participating in criminal activities and became involved in creating online content intended to provoke a rival group. It drew the attention of adversaries who tracked him down and committed a violent act that ultimately led to Tim's death.

“ He had been doing fine at school and then obviously wasn't in school and very, very quickly this lad was embroiled in the online world, [creating online content intended to provoke a rival group]. He was really quickly, I call it like a process of radicalisation and grooming and brought in, exploited by these older guys into criminal exploitation. By the summer, he'd got involved in something [online], people from this other part of the borough knew who he was, and he got shot and he got killed.”

Allan reflected how under normal circumstances beyond the pandemic, Tim's experience of connecting with this gang would not have escalated so quickly.

“ That happened really quickly, and I think probably it was sped up, because he wasn't in school, he was spending a lot of time online. Yes, this kid just got really badly exploited really quickly.”

Parents and professionals noted how the changes in online access and behaviour during the pandemic meant that more children and young people were looking at harmful content like pornography, self-harm videos and misinformation.

Younger children sometimes accessed pornographic content accidentally on social media, for example because of misleading group or account names. Other times, children and young people actively looked for this material.

“ They might not necessarily put it as exactly like, ‘Oh, this is the sex group.’ But they’ll have a tag name or something and then after the children would go into it and they’d all know about it and be watching and sharing these videos. Quite explicit pornography and stuff like that.”

– Social worker, England

“ Boys were exposing themselves maybe too far. More pornography and things like that, because it wasn’t being monitored. So that’s where we’ve seen there’s lots of inappropriate exposure at times.”

– Head of safeguarding, secondary school, Scotland

Parents and professionals recounted stories about young people who, during the pandemic, found themselves accessing online groups and forums where information about self-harm was being discussed. Some professionals noted that this kind of content seemed to be shared more widely online during this time. They expressed concern about seeing more children and young people exposed to these harmful messages, especially when they were already isolated and vulnerable.

“ Some of those children were still in family homes that maybe weren’t safe family environments and were looking for an outlet. And people were exploiting them online with these self-harm forums where they would pose as being a forum to help people with suicidal thoughts but actually then became almost tutorials on how to self-harm.”

– Voluntary and community groups professional, Scotland

Being exposed to self-harm content online was especially difficult for young people already struggling with their mental ill health (This is explored more in Chapter 6). Parents and professionals also spoke about how some vulnerable children and young people turned to social media in search of support for their mental health. Sadly, this sometimes led them to encounter self-harm content that they were not always prepared to handle.

“ There became a higher reliance on trying to find their own information [about mental health]. I feel as if there was a bit of working to unpick people from not necessarily the best support that they’d coddled together themselves. Especially things like TikTok and Facebook and things like that, there was a big spike in things like self-harm and suicidal ideation and promoting material and things like that which was quite concerning.”

– Voluntary and community groups professional, Scotland

“ She was obviously self-harming, still talking about suicide. And not having that regular face-to-face meeting [with support services], we weren't experts to help her through some of those issues. And where she'd been on a ward with other young people they were connecting up online. So, that was another danger of the encouragement and peer pressure and things and she'd get ideas from them.”

– Foster parent, England

Children and young people struggled to deal with misinformation spreading quickly on social media. Contributors recounted how children and young people were exposed to fake news, conspiracy theories, and stories that often created fear and worry. Many children and young people's existing beliefs were strengthened by what they saw online, making it difficult to identify what was true. This is an issue that is still ongoing for many now.

“ Whatever would come up, I'd just consume it ... at the time it was a lot of fake news about the pandemic and how much they over-react, like the world's going to die and all that. It does make you believe it. So, like, especially with news outlets, like I read online and then I'm like, 'Oh, it must be true if it's getting posted online.'”

– Young person, Wales

“ Fake news – but I'm always worried about that ... There are some wild things he comes out with and I'm like, 'Mate, that's absolute rubbish. Where do you get this information from?' 'Oh, it's from this TikTok channel' ... I was more worried about the access to the nonsense online, yes, conspiracy theories and all that sort of nonsense where I'd rather them just not be exposed to it.”

– Parent of children aged 11 and 17, Wales

“ There was a big thing about fake news ... and people taking everything not with a pinch of salt and believing everything that some people say online, whether that's on a podcast, or on TikTok, or YouTube, things like that I think are quite damaging, especially on a younger audience.”

– Young person, Scotland

## Impact on social skills

Returning to school and life post pandemic was challenging for many. Parents and professionals recalled how some children and young people struggled to reconnect and adapt to social settings such as schools. Many children and young people lost their confidence in socialising with their peers in person. They felt uneasy and

anxious when returning to a school environment that was overwhelming after having fewer social interactions during the pandemic (as described in Chapter 6).

“ Due to being mainly with her family and a bubble of only about eight people for several months, her social skills and confidence suffered enormously, and she no longer feels confident to join her mainstream form group, or any lessons, even when the curriculum would allow that.”

– Parent, Wales

“ She went back to school and by this point her anxiety was affecting her every day. Because she had not been around people for so long ... I would leave for my work at 8:30 in the morning and I would get a text message at 9:15 to say she hadn't turned up and she had been hiding in a cul-de-sac somewhere instead of walking through the students in the school, because she just became so anxious.”

– Parent of children aged 2, 5 and 14, Scotland

“ I have 3 children and my eldest is still affected, she was year 8/9 when it started which is an important time for building social skills and she lost that completely and struggles forming friendships as she doesn't have the confidence.”

– Every Story Matters contributor, Carlisle Listening Event

Contributors thought many children and young people had become noticeably shyer than before when restrictions eased. They gave examples of this across different age groups.

“ He did not interact with other children or even see other children less than two metres away until he was able to start nursery at 14 months - which meant that when he did, he was extremely shy and sensitive to noise.”

– Parent, England

“ I feel like my youngest, he was quite shy, and I think that's because he wasn't socialising, he wasn't with other children. When you're in school, you obviously have to socialise, don't you? He was just seeing me, his dad, my eldest and then my mum, so it was like I think that has knocked his confidence.”

– Parent of children aged 3 and 13, Wales

“ Then when she went back to school she really struggled socially. She didn’t want to go to any clubs or dancing, she became a bit more shy. She had a lot of anxiety and I think other kids were still quite good at socialising.”

– Parent of 14-year-old child, Scotland

We heard about the impact on children in early years (aged under five) due to missing important elements of their social development during the pandemic. Some younger children are not able to share things with peers in ways that would be expected for their age. Parents and professionals told us how children and young people now find it hard to socialise and build relationships. Similarly, some primary aged children and young people find teamwork and listening to their peers more difficult than prior to the pandemic.

“ The younger children, the likes of the children in nursery or P1, they really struggled to make friends and struggled playing with each other, sharing, because they hadn’t done it. They hadn’t experienced it enough beforehand to then be able to slip back into those habits. There was a lot of work done by the teachers to get them back on track.”

– Primary teacher, Northern Ireland

“ My now six-year-old daughter with autism has limited social skills with her peers and although this may have been true without the pandemic I cannot help but think nearly two years without baby / toddler groups and activities contributed.”

– Parent, England

“ They couldn’t explain how they were feeling so that caused them to hit out, yes that had a bit of a knock-on effect and they just didn’t know how to interact around other children, so they weren’t sharing, they were, sort of, just hitting out or snatching.”

– Health visitor, Wales

Parents shared heartfelt stories about teenagers and young people who were transitioning to new schools or educational stages during the pandemic. Many found it incredibly difficult to build or maintain friendships, missing out on the opportunities to meet new classmates and settle new environments. Without the usual opportunities to connect, many young people often felt isolated and struggled to form friendships that would have come naturally before the pandemic.

“ He has struggled making new friends as he was restricted for so long in his new school and did not have an opportunity to mix with other classes until the middle of year 8.”

– Parent, Wales

“ I think it really affected him, and it really changed his ability to make friends. He struggled to make friends [when he started uni]. His friends and the group he still goes out with now are the people he went to school with ... He says his friends are all at uni and they still all group together and they’ve not made friends either.”

– Parent of 16-year-old child, England



## 4 Impact on education and learning

This chapter explores education and learning for children and young people during the pandemic. It examines access to and engagement with remote learning, the experiences of those who attended school, and how the pandemic disruption affected attendance, results, educational transitions and overall learning and development.

### Access to resources and remote learning

At the start of the pandemic many schools took time to transition to remote learning as they had not worked in this way before. Parents and teachers described how at the beginning of the pandemic, some educational settings distributed paper packs of learning materials to support education at home. Some schools who were able to make the immediate switch to online learning also offered paper packs for children who did not have access to devices or were too young to learn online.

“ One week it could have been snakes and ladders. So, we gave them the pack with everything they needed. The following week it could be a scavenger hunt; can you find this in your house kind of thing. A lot of the [parents] said they were worth their weight in gold because it wasn't just the wee ones in the nursery they could play with. They could play it as a family.”

– Child development officer, Scotland

“ Mostly they sent workbooks home. Because a lot of people didn't have maybe Wi-Fi or even laptops or iPads at home. So, they didn't want to discriminate for people who couldn't afford it or didn't have it. They just sent workbooks home for most people to fill in, and the [parents] would post back or drop off at the school.”

– Parent of 3-year-old child, England

Some parents pointed out problems with the use of paper copies, such as work not being marked and tasks not being tailored to students' needs.

“ It was just, ‘Do the work, do the work, do the work,’ but it wasn’t marked, it wasn’t assessed, so you didn’t know if you were teaching things right and you didn’t know if what your child was doing was the correct work ... There was no interaction. You would hear of other schools that had Zoom calls and they had the whole class in.”

– Parent of 8-year-old child, Northern Ireland

As more schools moved to online learning, contributors told us that many children and young people struggled to use online platforms because they did not have the right technology and in some cases, had weak or no internet access at home. This was particularly difficult for children from low-income households.

“ We’d have some of them [young people] saying, ‘My Mum’s just had to drive us to a car park so we can get free Wi-Fi so I can join the session and I’m doing this from the car.’”

– Further education teacher, England

Some schools, community services, and government organisations tried to help by lending devices<sup>13</sup>, offering them at reduced prices, or by providing internet access through dongles<sup>14</sup>. However, families often found it hard to access this support. Some experienced delays in receiving devices, while others struggled with the limited number of devices being provided by schools, meaning that not all who needed them were able to access them.

Even when they did receive assistance, some households with several children did not have enough devices for all their children to take part in remote learning at the same time. Parents and teachers described how some schools set up temporary loan systems for devices, which also created uncertainty for children and young people using the loaned equipment.

“ Sometimes the school would need the laptops back for other families, and so it was like a part time loan ... It was a struggle because we always had the uncertainty of not having that laptop at home.”

– Parent of children aged 8, 14, 17 and 20, England

13 The UK government provided over one million laptops to schools, colleges, academy trusts, and local authorities during the Covid-19 pandemic [[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/951739/Laptops\\_and\\_Tables\\_Data\\_as\\_of\\_12\\_January.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951739/Laptops_and_Tables_Data_as_of_12_January.pdf)]

14 A dongle is a small electronic device that provides additional capabilities (such as connecting to the internet) when connected to another device, such as a computer.

“ Many of these children did not have enough or any digital devices in their families and the laptops supposedly being provided by the government did not ever arrive in many cases.”

– Teacher, England

A professional working with children and families shared an example of a community where children and young people did not previously access and use digital devices and the internet. This was the case of the Orthodox Jewish community they worked with. Over time, this community also gained access to the internet through devices so they could engage with education and other services remotely.

“ A big portion of my client group is from the ultra-Orthodox Jewish community ... families, historically and culturally, would have had no access to the internet ... Most families I work with from that community don't have internet phones. But I think, maybe it was after 4 or 5 months, some of those families from the community were able to start accessing the Zoom calls and Microsoft Teams meetings and things ... the access and engagement for them was not the same. But they were able to work around it to a point.”

– Community paediatric professional, England

Schools that had already integrated similar technology into their lessons before the pandemic found the transition to online learning more manageable. This was more often the case in affluent areas or independent schools. Secondary schools were often more prepared for the switch to online learning compared to primary schools.

“ The children were at a stage where they were already using individual iPads in school as part of their learning, so the school arranged for us to come in to pick up their individual iPads.”

– Parent of children aged 5, 10 and 14, Scotland

“ I think primary schools were probably more affected with online learning because they used technology less ... Once my daughter moved into secondary school, they had already had an online system up and running ... When the second lockdown happened, they were much more geared up, so things did continue quite smoothly in the secondary environment.”

– Parent of children aged 10 and 12, England

## Engaging with remote learning

Contributors described how experiences of remote learning differed. These experiences were shaped by how easy children and young people found it to engage in online learning, how much support they received from parents, and the transition to a home learning environment. As previously discussed, access to devices also played a key role.

Many parents and teachers said that younger children in early years and primary school found learning through a screen confusing and disengaging, as it was so different to the in-person interactions they were used to with teachers and classmates. Contributors consistently noted that children better engage with learning activities, during the lesson but also through homework, when there is a teacher in the room with them.

“ It was detrimental because the children could see us, and they were frustrated. They just didn’t have the cognitive ability to understand what was going on and I think it just blew some of their wee minds.”

– Early years practitioner, Northern Ireland

“ Trying to force them to stay in one place and watch their video and pay attention, it was a losing battle at times.”

– Parent of children aged 6 and 10, Scotland

“ I know the children did, at the beginning, I think they thought it was going to be fun to be off school, but then when reality hit I think quite a lot of them did struggle with it, and quite a lot of them just switched off. They didn’t really do the homework or do the work as much as they would have done with a focused teacher in [the] classroom.”

– Primary teacher, Northern Ireland

For older children, the option to keep cameras and microphones off during online lessons meant that some disengaged, as they could avoid taking part without immediate consequences. Contributors reflected that many older children and young people were not able to remain motivated and engaged with their learning without the accountability of a structured school environment.

“ School closed and our teenager lost all interest in A levels, all their previous hard work, together with future prospects was lost!”  
– Parent, England

“ It was a mixed bag. Some genuinely really tried and were very keen to keep up with their lessons and participated as fully as was possible, responding to questions and using the chat effectively and so on. Some were totally disengaged. I know that there were a lot of students who would log on at the beginning when we were taking their registers and so on and then just stayed logged on during the duration of a lesson, but never responded, never participated, just disappeared and there was nothing that you could really do about it.”  
– Further education teacher, England

“ My motivation dropped – not just for schoolwork, but for everything.”  
– Young person, Northern Ireland

Parental support played an important role in shaping remote learning experiences. Parents and teachers consistently reported that parents who were balancing work and other responsibilities during the pandemic were often less available to support their children’s education.

“ I just thought, ‘I cannot manage this. This is too much.’ A lot of it [remote learning] was involving screens and things like that, so I would work until lunchtime and he [my son] would pretty much have to fend for himself in that time.”  
– Parent of children aged 4 and 14, Wales

“ You had working parents at home, so if they didn’t engage with them [the children], they just weren’t doing it [engaging in remote learning]. If the children are physically in a school setting, then they’re part of the school day and getting the teaching and learning.”  
– Primary teacher, Scotland

Parents also shared how they were not always comfortable or confident with the material being taught, noting that they are not trained educators and cannot substitute these professionals. In contrast, some parents wanted their children to do more than what was given through remote education as they believed this was not sufficient.

Specifically, parents of children unfamiliar with the UK education system or for whom English is not their first language thought they were at a disadvantage in supporting their children's learning.

“ There was a lot of, ‘Mum, you're not explaining this very well,’ and I would say, ‘But it's been a long time since I was at school, and I'm not a teacher, I'm doing the best I can’ ... he was learning basics. I don't know how to teach basics.”  
– Parent of children aged 4,8 and 11, England

“ We were supporting our children with learning during the lockdown but the work provided by school wasn't enough. Me and my husband tried to find more work for our children but neither of us went through the UK education system and it was hard for us to understand about the different exam boards, we were definitely at a disadvantage.”  
– Parent, Nottingham Listening Event

“ I had to play the teacher role. I had to get myself prepared every night for the following day to see what we can do, what she's done. We've never even had information about what they've done at school. So I tried to teach her. English is not my first language, so that made it harder.”  
– Foster parent, England

Some parents felt that being furloughed enabled them to spend more time providing support, creating a consistent learning routine.

“ From an academic point of view, being furloughed was a blessing in disguise because I was able to keep on top of everything. But we structured it very much like a school day. Get up, get dressed, we start at nine, we finish at three, breaks, lunch, whatever ... She went back and was exactly where she was before the school shut.”  
– Parent of children aged 2 and 8, England

“ Being furloughed meant that we could home school our children and ease the burden/difficulties of our children's other parents who were not furloughed [we have a son each from our first marriages].”  
– Parent, England

Children and young people were affected by the shift from a school environment to a home setting in different ways. Some children enjoyed learning at home, as it reduced social pressures and the stress of a busy school environment.

“ For one of my twins, studying for GCSEs at home was an advantage. She discovered that self-led study and online learning suited her learning style, and she therefore achieved a very high standard in her GCSE exams.”

– Parent, England

“ During the first lockdown my anxious teen thrived, he completed all his online lessons and even received several awards from school.”

– Parent, England

“ What we’d seen was a real decrease in the stress levels over young people [with difficult life experiences] when they were at home. I think, just the pressure being taken off them not to have that expectation within a formal education setting, which doesn’t particularly work for the young people.”

– Social worker, England

Parents and professionals said that this was also the case for some children with SEND.

“ I think being able to sit with him and teach him strategies to manage his dyslexia was a real positive. He learnt how to work well from home, which was useful later when it came to revision. I think we were able to, sort of, cover things that might have got a little bit missed in a class of thirty.”

– Parent of children aged 10 and 12, Wales

“ I also work with children who really struggle with school and school is not a safe place for them. Actually, school is somewhere that they really don’t like to be, for various reasons. They enjoyed being at home with their family. Some of them were able to do work better at home because it was a different environment for them than school.”

– Social worker, Scotland

“ Being autistic, I actually benefitted from the isolation and was able to successfully complete schoolwork by myself.”

– Young person, England

In contrast, contributors told us about children and young people for whom being at home did not support learning and made it hard to engage. Children in crowded households, who did not have enough space to study and had to deal with noise

and other distractions found this difficult. This was particularly challenging for some children with SEND.

“ ‘Oh, miss, I’ve just got to go to the bathroom because otherwise you’ll just hear all my brothers and sisters chatting away.’ Then you would hear the chaos of home, so just on a level of them just being able to be engaged and focused was challenging.”

– Further education teacher, England

“ At home with him [child with autism], with younger siblings, it’s not conducive to that quiet, calm learning environment that he needed. Then that would create a lot of anxiety in him, a lot of dysregulation and what we saw was a lot of aggressive behaviours and things coming back within the home, which was really difficult for him, for his siblings and the family to absorb amongst them.”

– Social worker, Scotland

## British Sign Language Listening Event

Deaf young people at a listening event shared how they experienced substantial difficulties when communicating through online platforms. They frequently had to remind teachers to enable subtitles or arrange for interpreters to assist them with their learning.

“ Communication was a challenge because I was in year two of college. As a result of the communication barriers, I fell behind. This led to feeling demotivated. I quit the course I was on and started a new course, but the same issue with communication happened again.”

“ It was a challenge to learn how to use Zoom and it was problematic to access. I had to remind teachers to turn the subtitles on.”

“ Finding interpreters was a challenge on calls. There were so many on the call it was a struggle to find the interpreters. Many times, I could not find them.”

Contributors shared how children with SEND often faced substantial challenges when learning at home, with many struggling to focus and engage with school staff via camera and microphone. They also missed out on aspects of their education that were tailored to their needs, such as sensory activities, which could not be effectively

replicated through a screen. Some children required specialist support such as one-to-one teaching with visual aids to help understand concepts, help with changes in routines and the development of communication skills. Although families worked hard, both professionals and parents said it was difficult for them to replace the support that schools normally provide.

“ For the children, with Cortical Visual Impairment (CVI)<sup>15</sup> and sensory needs, to try and replicate what you would do in the classroom is difficult. We tried to make it as fun as possible but you’ve not got that one-to-one contact. Parents also found this really difficult especially if their children weren’t responding.”

– Every Story Matters contributor, Norfolk Listening Event

“ Getting him to sit at a computer to do the home schooling when he's ADHD [Attention Deficit Hyperactivity Disorder], he couldn't cope. My priority was my son's mental health and just being together as a family and letting him do what he wanted to do and turning that into a learning structure that way.”

– Parent of children aged 3 and 9, Wales

“ It was really bad. They were giving her work to do at home, online ... She had been submitting blank documents to the school, which made me see that she was doing the work, but she wasn’t uploading anything. So, she wasn’t off school for that long because as she has autism, she ended up getting back in the school quicker than most of the children. When she got back, she was well behind and they were able to offer her one-to-one, to try and pull her back up. I really just told them I couldn’t do it with her. They ended up bringing her back into school for me.”

– Parent of child aged 13, Northern Ireland

## Krishna’s story

Krishna, aged nine, lives with her 13-year-old sister and her mum. Krishna’s mum was diagnosed with complex post-traumatic stress disorder and had to shield during the pandemic because she was vulnerable.

<sup>15</sup> Cortical Visual Impairment (CVI) is a brain-based visual impairment, meaning the problem lies in the brain’s ability to process visual information, not in the eyes themselves.

“ I can’t read and write, and I was a vulnerable person because I’ve got damaged lungs and being a single mum, it was even harder, trying to look after them.”

Krishna has dyslexia and found remote learning particularly challenging. She struggled to access and engage with the content. Since her mother also has dyslexia and cannot read, Krishna’s older sister spent a substantial amount of time helping Krishna with her studies.

“ [My youngest] didn’t cope very well at all because she didn’t understand how to get online. She just didn’t understand it, she has dyslexia - not as bad as me, she can read and write but she just was struggling, and I couldn’t help her. I was relying on my oldest daughter. There was a lot of pressure on her.”

Krishna continued to be behind in her education and found it difficult to concentrate on her work after the pandemic.

“ She’s struggling with her reading, writing, maths, everything. Concentration is zero, you know. She is really intelligent, she’s got a lot of common sense and stuff and she’s very practical. Because of the demand, a lot of other kids just find it easier learning.”

Throughout these difficult experiences, some SEND specialists found ways to address the limitations of online learning. Notably, teachers observed that some successful activities have now been incorporated into new home educational programmes.

“ We learned as we went on. We got into the habit of delivering resources, we delivered resource boxes, these contained anything from a selection of paints, food to make things, these would be multisensory activities, put a story in the box too. We now have a home learning programme, ideas of different ideas that will reinforce learning, links to online.”

– Staff at school for disabled children, Glasgow Listening Event, Scotland

## Limitations of remote learning

Contributors highlighted how some learning experiences and opportunities could not be adapted to an online format and were therefore lost during the pandemic.

## Loss of in-person activities

---

For young people in secondary school, further education and university, the lack of hands-on learning (such as experiments in science laboratories, practical metal or woodwork in technical workshops and other settings) made it harder for young people to build these skills and develop their knowledge of the subject. Children and young people often struggled to perform well on practical assessments, because they did not have enough in-person experience and learning. As a result of this, teachers shared how some students achieved lower grades than they may have otherwise, which had limited their future opportunities.

“When they came back, there were no practical skills. They hadn't been in a workshop for so long. They'd forgotten everything. We basically had to quickly train them and show them how to use these things again. In terms of the knowledge for exams, they missed out on so much, it had affected their skill set.”

– Further education teacher, England

“Forty per cent of them were able to create really solid, good outcomes and practical projects. The rest really struggled. They couldn't make the link between the tools that I was asking them to use. There was no confidence because they hadn't done anything practical for so long. It did impact on their NEA (Non-Exam Assessments) and it did impact on their GCSE results. It also impacted on whether they took the subject further into A level as well.”

– Further education teacher, England

### Kieren's story

Kieren is a secondary school PE teacher in Scotland. He told us about the difficulties of delivering PE lessons online during the pandemic.

“They weren't there in front of me, so I wasn't able to teach them practically. So, if I'm doing a wide range of activities ... if the kids aren't getting to do their badminton, they're not playing handball, they're not playing football, they're not doing netball. Their skill level will regress, and it will go backwards.”

The shift to remote learning meant that Kieren's students were doing more activities that could be done at home with limited equipment and space.

“ Practical ... subjects when you're making things, is really difficult because I can't hand kids badminton rackets through the computer screen ... And I can't get them together if we're doing team games ... we were doing the best job we could with our hands tied behind our back. Instead of doing ... a block of netball, we were teaching different concepts. We made them much more fitness based ... individual based and ... project based.”

Kieren found students' engagement in online PE lessons was much lower in comparison to in-person lessons. Students did not consider online PE as a proper lesson.

“ If usually I've got a class of 28 pupils in school, I would say you were usually looking at about half of that really got involved, probably, with the online project. I think a lot of kids' mindsets were, 'It's only PE online. Like, we can't really do a proper PE lesson.’”

Kieren observed the lack of regular practice and PE skills development still impacts his students' abilities even now. He noticed how his students do not have the same physical abilities as before the pandemic and sometimes are not able to manage their emotions during team games.

“ And I'm still seeing that knock-on effect with kids just now, because it was a couple of years of not playing as regular as they should have at an age where their brain's still developing, and it's really easily shaped. And for me, these are vital years to develop your skill level. And the kids weren't able to do that, unfortunately. And I think that's still having a knock-on effect in their practical performance, in their ability to, kind of, interact socially during team games.”

Young people who were in education during the pandemic reflected on how opportunities to work together in groups were limited in online settings. They said this meant it was harder to share ideas with others and consolidate their learning through discussion.

“ I think it still could have been ten times better if I was on campus and bounced ideas off people ... I feel like that's where the bulk of really good ideas come from. It's when you have those soundboards that you can bounce ideas off of and get continuous feedback, rather than just like, okay, here's my best shot.”

– Young person, University student, Scotland

University students shared feelings of disappointment and frustration with the loss of in-person teaching, especially given the substantial fees they had to pay. Many spoke about how difficult it was having limited access to lecturers, which made it challenging to ask questions and receive feedback. The loss of face-to-face contact with staff and having to rely on email for communication left some students feeling uncertain about how to improve their work.

“ I think it definitely did impact in terms of preparation for exams ... because you could ask your lecturer, but the chances of you getting a timely response or a response that fully answered your question, I think, was reduced, for sure.”

– Young person, University student, Scotland

“ My son says the quality of the ‘tuition’ content provided by the university throughout lockdown was so poor, he may as well have used videos on YouTube, yet he’s been charged £9,250 for this.”

– Parent, England

The shift to a remote learning environment was particularly hard for young people with English as an additional language. They missed opportunities to practice speaking and hearing conversations in group and social settings. This hindered their English language skills and made it hard to become immersed in UK culture.

“ When they’re at college they’ve got opportunities to mix with everybody – from different faiths, different groups, different values ... it’s a great opportunity for them to learn more about life in the UK for their own education, socially and otherwise. It was missed out during the pandemic.”

– Homelessness case worker, Scotland

## Loss of end of school activities and celebrations

---

Parents recalled how activities and events such as taster days (where children and young people could meet new teachers or classmates or try new subjects) did not take place as usual. The pandemic meant schools hosted events with social distancing or ran them online.

“ Normally in that summer between year six and year seven, you do a lot at the new school but all of that had to be modified. So, there was a visit to the school, but it was with social distancing. There were none of the usual bonding experiences that you might expect so my son really wasn’t able to form friendships with people in the usual way.”

– Parent of 12-year-old child, England

“ The other thing they missed out on is the transition process. They never got to visit their new school, meet their new classmates and see their new surroundings before their first school day there.”

– Parent, England

Parents shared how deeply saddened children and young people were also by the loss of end-of-school celebratory events such as residential trips, proms or leavers' assemblies. For many, these events would usually have been the final joyful opportunity to come together, celebrate their achievements and say goodbye to classmates and teachers.

“ They didn't have a leavers' assembly, they didn't have leavers' pizza party. All those things that are the rites of passages of year six children, they didn't have. The end of primary school just fizzled out. It was like, “That's your last day, goodbye.”

– Parent of children aged 10 and 12, England

“ We'd actually been out and bought a prom dress, you know, and then [the school] decided not to have prom. So, she was absolutely gutted she never got her final prom. She never even got a last day at school.”

– Foster parent, England

Similarly, young people spoke about the sadness they felt at missing out on important milestones at the end of university. Many described feeling disappointed that they were not able to celebrate their achievements in the way they had always imagined, like handing in their dissertation or attending a graduation ceremony surrounded by friends and family.

“ I didn't get a graduation! I was in my fourth year and that's what you were working towards, that was your motivation, your goal. Also, I lost touch with a lot of people I'd built good friendships with because there was never a big goodbye or a celebration.”

– Young person, University student, Scotland

## Attending school during lockdowns

Some parents described how valuable continuing to go to school during lockdown was for children in more vulnerable circumstances and key workers' children. For example, parents and carers shared how children and young people often received more attention from staff due to smaller class sizes. This helped them to feel that they were still part of a community, despite the disruption of lockdowns.

### Liam's story

Dana is a foster parent in Northern Ireland. She feels that her 15-year-old foster son, Liam, benefitted from continued access to his school during lockdown. Without this, she thinks his behaviour would have worsened potentially leading to relationship breakdown.

“ I would say, if he hadn't had that access to education, it probably would have been a fostering breakdown. He was a little boy with a lot of challenging behaviour. He was very traumatised by what he's had in his early childhood experiences. It took a lot of work between us and school before Covid-19 happened to get him into a good enough state to attend school, So, if that had all stopped, it would have been pretty much impossible for me to have him at home for however long it went on for.”

Dana explained that attending school in-person benefitted him and improved his attitude to learning.

“ He went to school, and he had a lovely time, he didn't have to wear uniform, he had loads of staff and they generally had a good time. His behaviour, his attitude to learning, his sense of pride and sense of self in a community massively grew in that time.”

Local authorities used different definitions for vulnerable children. Parents and social workers explained that certain schools did not classify children in foster care as vulnerable.

### James' story

Lucy is a foster carer who felt that her foster son, James, should have been able to attend school during lockdown. However, the head teacher at James' school did not consider him a 'priority case'. Only after months of pressure and social worker intervention did the head teacher eventually allow James to attend school during lockdown.

“ The primary school head, he was just ruthless. No one could go to school. Nobody, not even the priority children. Once he was educated on what was expected of him, he did allow the priority children in, and he put things in place, but it took a while. He took a good 3 months, 4 months. He just dragged his heels, but he dragged his heels with my child, with the foster care sector, because in his eyes, he said that, 'They were being looked after at home,' and he had different views to what the Government rules were, even though he was struggling at home, pushing all boundaries, we were really struggling with him.”

Whilst James was still learning at home, he struggled to learn even with Lucy's attempts to keep him on track. Lucy explains that this created unnecessary stress and limited James' educational progress during the pandemic.

“ He wasn't learning anything. He was already really low on his work anyway. We were really worried about his education, reading, writing, basic things, but he wouldn't engage at home with me.”

Children and young people who attended school during lockdown were often in groups with children that were not necessarily their friends or who were from other classes. In some cases, children that were able to attend school during lockdowns preferred to stay home.

“ He's a shy boy, he wasn't with his friends, only with the priority kids. He said he'd rather go online with his class, with his teacher and learn like that and he was able to do that. So, I supported him at home, but the school checked in.”

– Foster parent, England

Teachers recalled how children and young people in school often experienced a school environment without the usual structured learning. Due to the disruption caused by the pandemic, there was a greater focus on keeping students occupied rather than strictly following the curriculum. This was often a fun experience for students. In some cases, this made it more difficult for students to adjust back to 'regular' school after the pandemic.

“ We had hammocks, we were rolling tyres down hills for races, making our own lava. I remember doing loads and loads. Staff-wise, we were just taking fun things in for them to do and get them talking and wanting to be there just as much as anything else. And to take their mind off everything else happening, that school was a fun place ... the downside to that, I've got a child in year six now who's still struggling to do the slightest amount of work because he's like, 'No, make me. Try. Go on.' Because we didn't through the pandemic.”

– Teaching assistant, primary school, Wales

## Returning to school after lockdowns

Teachers and parents recalled how going back to school in-person required children and young people to adapt to a different routine. Children starting at early years settings or at primary school faced difficulties adapting to these routines. Many children who had been at home more during the pandemic did not want to be separated from their caregivers, particularly those who were starting or restarting nursery. Both parents and professionals shared how young children would become upset, with handovers at the start of the day being a particularly difficult and emotional time for the child. Difficulties separating from caregivers were exacerbated by social distancing measures, particularly as parents could not enter settings and help their child settle.

“ Once he went back to the classroom, it did take a little bit of adjusting to that structure, because he didn’t know it before. For him, it was the biggest change once they were back: the structure of the day even just getting up early in the morning and having to get ready to be there at nine o’clock.”

– Parent of children aged 5 and 6, Scotland

“ She had a difficult time adjusting because that’s the main time, from 18 months to three years, when they develop all their social skills. Socially, she was very shy when I took her into nursery. She just clung to me because she’d spent a year with me in the house during those pivotal developmental years. It took her ages.”

– Parent of a newborn child, Scotland

“ I think again that was massive. Children were coming in crying because their parent or carer wasn’t allowed to come into the building. They need that wee connection where their parent comes in and hangs their jacket up and does all the handover. It was just so difficult for some children. We had to take them at the door and say mums not allowed in, or dads not allowed in. That was difficult for them emotionally.”

– Early years practitioner, Scotland

Teachers described how many children and young people struggled to readjust to a regular school day and focus for long periods. This continues to be a challenge for some children and young people.

“ They struggled coming back, because you're back in the classroom, obviously everything was taped out, desks were all split up, and whatever else, but it was, 'Here's the work', and they had got completely out of the way of doing formal work. It took months and months and months of finding different ways to get them to re-engage.”

– Special school teacher, Scotland

“ They struggled to reintegrate into a routine and structure and being held to account.”

– Secondary teacher, England

“ We've noticed as teachers kids having more difficulty in concentrating for long periods of time since Covid ... behaviour has probably deteriorated ... concentration levels have deteriorated”

– Secondary teacher, Wales

Parents, teachers and educators told us about delays they observed in children's speech and language development and also increased speech and language therapy referrals. Some attributed this to young children's limited access to early years settings and primary schools during lockdowns and pandemic restrictions such as mask wearing.

“ We have children that come to us with very low level of language and parents need support to converse and stimulate their children. We try to provide them with a range of activities and learning experiences to develop all areas of their learning, but especially their communication”

– Early years practitioner, England

“ My child's speech was slower to reach milestones than average - nursery staff have speculated about the effect of mask wearing and smaller social interactions on this.”

– Parent, England

“ I did some SEN consultancy work after I retired, there were already indications in 2023 of a huge wave of children who will need help with speech and language, social skills and some emotional care.”

– Head teacher, primary school, England

During the phased return to school, steps were taken to reduce Covid-19 risks, including student bubbles<sup>16</sup>, social distancing and other Covid-19 measures which was seen as challenging. Teachers and parents told us how hard it was to implement Covid-19 measures in schools. In particular, children and young people struggled with mask wearing, social distancing and the need for students to isolate should anyone in class contract Covid-19. This was particularly difficult for younger children who did not always understand the new rules.

“ They went back and they still weren't able to do the things like the shows, the performances because they weren't able to all be together, so they were back but they were in these little bubbles and all going in different entrances. And so it didn't feel like that community that school normally feels like.”

– Parent of children aged 10 and 12, Wales

Covid-19 measures differed for children from clinically vulnerable families, sometimes conflicting with measures taken in schools.

“ When schools reverted to fully in-person learning in September 2020, we were left stranded, with no guidance or provision for children in Clinically Vulnerable (CV) families. While shielding and masking had become optional for all during the school summer holidays, the advice for those of us in CV households remained to avoid crowded places and wear masks, which clearly created a conflict of advice for children in CV families.”

– Parent, England

Parents and teachers noted that neurodivergent children and young people also faced specific challenges because of the pandemic restrictions. For example, some children with autism experienced sensory overload or distress from mask-wearing and using hand-sanitiser. Some children and young people also had feelings of anxiety in response to mask-wearing. Parents and teachers shared that some neurodivergent children and young people's communication needs could not be met because of the measures schools put in place, such as the limitations caused by mask-wearing.

“ They literally couldn't cope with the measures that were in place when they were supposed to go back. Like, the alcohol smell. Like, my son would actually nearly vomit as soon as the hand sanitiser hit his hand, because it was such a repulsive feeling to him, so he stopped going to shops. And when they came home from whatever they physically had to do, they were melting down more often. They were spinning out, they were having to decompress a lot more. Like, it was emotionally fraught for them both.”

– Parent of children aged 2, 15 and 20, Northern Ireland

<sup>16</sup> Bubbles were smaller groups of students who were meant to socialise and learn together consistently, to limit exposure to Covid-19.

“Masks were a big thing for disabled children. Some children were very distressed with wearing masks and then changing the masks. We had the clear masks so that they could see our lips. You can't overemphasise what impact that wearing the masks had on communication, for children who are non-verbal their comprehension is reduced, and you take away a whole part of a familiar face, it was really unsettling for them. Those who could, tried to pull them off us.”

– Special school staff, Glasgow Listening Event, Scotland

We also heard from educators in special schools that some adaptations made to support learning during the pandemic were positive. For example, keeping children in a classroom instead of asking them to move around the school.

“When we came back from Covid, we had the kids stay in the class[room], in a group, and the teachers moved round ... it lessened the dysregulated behaviours we were seeing before Covid, where ... they would be shoving each other, going into classes; getting angry, because they were moving. Actually, there were bits we learned from Covid that made our life easier, in terms of managing the pupils, that we still use now. We keep them in class, the staff move around. It means they're less dysregulated.”

– Special school teacher, Scotland

Rules on isolation and sending children home who had been exposed to a positive case of Covid-19 added to the challenges of returning to school for students, families and teachers. Children and young people were anxious about being exposed to the virus, because it could result in being forced to isolate. Some parents described the uncertainty as causing stress and panic for their children, making it easier to simply keep them at home.

“So, say someone had Covid on Monday, they were all sent home that day and they weren't allowed to go back in until the following Monday until they'd all tested negative twice throughout the rest of the week. They had a very strict policy on that. And the primary school when [my other child] went back, I think it was the same thing. If one kid had Covid during the class they were all sent home ... Just to eliminate the stress for [my child] because he was getting panicked, we just kept him home and they just sent us work ... everything was just, kind of, up in the air. That's when we decided just to keep him home because it was just easier for him.”

– Parent of children aged 9 and 12, Wales

## Educational transitions

Being away from school and their friends during the pandemic meant young people were less prepared for the transition to the next stages of education. Parents and professionals shared that some children entered primary school lacking some of the skills normally learnt in early years settings like nurseries and pre-schools. They gave examples of problems with gross motor skills, including walking, crawling and coordination, as well as fine motor skills, such as holding a pen or using cutlery. Teachers also told us that a higher proportion of children and young people entered school wearing nappies, both during and since the pandemic.

“ We have many more children now who are coming to school still wearing nappies, still not able to brush their teeth, still not able to use cutlery – those kinds of soft skills, there’s a huge delay in those. I don’t know if that’s just from the lack of being around other children and building that personal awareness. There’s so much incidental learning that takes place for all of us when we’re just out and about. The opportunities for that kind of learning weren’t there for those children.”

– Speech and language therapist, England

“ [She] just caught the real brunt of it because she was in nursery school and that's when you learn all of your basic knowledge like how to hold a pencil. And I'm not a teacher by any stretch of the imagination. So, for me, I feel terribly guilty about how she just seemed to, sort of, slip through the net.”

– Parent of a newborn and children aged 5, 8 and 12, Northern Ireland

We heard some heartfelt stories about the challenges faced by children starting secondary school during the pandemic. Parents and teachers described how many young people felt worried or anxious as they began this new education chapter. The usual support for transitioning between schools was limited and opportunities for making new friends were reduced because social mixing was restricted.

“ I think for him, it really did feel it for him a lot, because, you know, he struggled to settle into the first year of high school because they didn't get that nice finishing at the end of their primary school year. Yes, he found it really difficult, whereas for my middle son he would go back to primary school, with the same friends and things, so it wasn't too difficult for him.”

– Parent of children aged 4, 11 and 12, Scotland

“ The most traumatic thing that’s happened has to do with our 13-year-old daughter. Due to the isolation she experienced during Covid and lack of properly structured education and the social aspect, she has suffered terribly with anxiety and struggled when schools returned. The transition to high school was especially traumatic for her: she cannot cope with the crowds, the routine of school she found hard to deal with. Our daughter was a happy child until Covid, and we feel the isolation that ensued from that had a devastating impact on her.”

– Parent, Scotland

“ I think children are maybe less resilient at times. Sometimes it’s their work capacity, or they are a bit slower in writing, or they get overwhelmed with a little bit more workload. But it’s a big jump going from primary school to the first year of secondary. Instead of being in the same classroom all day, you’ve got to move around a larger school with more students from different backgrounds, with many different classes, subjects, homework, timetables.”

– Secondary teacher, Northern Ireland

Older students could not visit sixth form colleges or universities and were therefore less able to make informed choices about which courses or institutions to apply for.

“ There weren’t college visits as all of that had to stop, so our children weren’t as prepared as they usually are for college and starting college wasn’t as successful as it had been previously, purely because there wasn’t that build-up that we can usually offer.”

– Children’s home staff, England

## Educational attendance and engagement

For school-aged children, parents and professionals reported ongoing challenges around school attendance as a key, long-term impact of pandemic disruption. This included some children refusing to attend school, examples of intermittent or inconsistent attendance, as well as problems with engaging with homework.

“ The level of engagement with homework has plummeted. So, things that you used to consolidate through homework are not being consolidated.”

– Primary teacher, Scotland

- “ We've got more pupils coming to school but not attending class; they're in school, but they're just choosing not to go to certain classes. This is a lot higher than pre-Covid ... to the extent that people are employed to go around the school and chase them up.”  
– Secondary teacher, Scotland

Teachers said that larger numbers of children were regularly or persistently absent across schools of different types. This was also seen as more of a problem for younger children than before the pandemic. Some linked these problems to absences not being addressed or formally investigated.

- “ There's been an increase in [children refusing to go to school] since the pandemic. Children are telling their parents they're not coming to school from an earlier age as well, now.”  
– Secondary teacher, England

- “ We have students now that maybe have 70% attendance, they just don't come to school because they got into the habit of not going to school in Covid and they've never returned.”  
– Secondary teacher, Northern Ireland

Contributors commonly reflected that the pandemic contributed to the disruption of norms and routine around education. They viewed the pandemic as a key factor contributing to issues with student attendance and engagement seeing this as being behind problems with attendance and engagement. They often shared how time out of school led some to prioritise education less. This was the case not only for children and young people, but also for some parents and families. Contributors gave examples of parents not reinforcing the importance of school. Some also noted that this problem had continued to grow because young people had seen their peers coming to school less since the pandemic.

- “ They think having a couple of days off here and there doesn't have an impact because they've had all that time off during Covid, so a day or two isn't much of a big deal.”  
– Secondary teacher, England

- “ His attendance is still poor because of the pandemic. It did make attendance look optional, in a way ... he realised that quite clearly the world does not end if you don't go to school.”  
– Parent of children aged 10, 12 and 14, England

“ It developed a feeling that, ‘Actually we can do just fine without school and therefore I do not really need to come’. Attendance is at the worst ever nationally, currently, as a result.”

– Headteacher, England

“ Attendance is definitely down. Punctuality as well, it's just, like ‘I'll go in when I feel like going in.’ More and more parents were ringing up to get children out of school [and] children texting their parents ‘Ring up and get me out’. We would have an element of it before but it's definitely on the increase. For some, the value of education has definitely diminished and people's priorities have changed.”

– Pastoral care staff, Secondary [Post primary] school, Northern Ireland

As described in Chapter 6 the pandemic had a considerable impact on young people's mental health and emotional wellbeing. These were seen as having a knock-on impact on attendance.

“ There were lots of children and young people who didn't re-engage with education to the level they were before. There's anxiety about going into school, or they've lost that motivation or interest in education. For a lot of them, that's because of poor mental health which came through the pandemic.”

– Youth worker, Scotland

“ Her school attendance was massively affected, and she became paranoid about every small symptom, which still continues today.”

– Parent, England

Teachers gave examples of children refusing to engage with particular subjects or activities because they were unfamiliar or because gaps in their knowledge caused children concern.

“ A lot of them struggle in certain subjects because they've had chunks of knowledge missing during the pandemic. That doesn't help with attendance, because when they feel nervous about a lesson they're struggling in generally what they go with, is, ‘Well, I'm not going to go in that day’. So, there are certain students that you notice skip on certain days to avoid particular lessons.”

– Secondary teacher, Wales

## Assessments and grades

Teachers and educators discussed the challenges during the pandemic around assessments. They described how receiving teacher-assessed grades instead of sitting exams affected children and young people, and their experiences of returning to normal exams and assessment as the pandemic restrictions eased.

Some teachers reflected that those receiving teacher-assessed grades were often awarded higher grades than they may have done under normal circumstances. They explained that they did not want to unfairly disadvantage their students and wanted to give them ‘the benefit of the doubt’.

“ You have to err on the positive side. So, we were giving kids who were maybe a B but just touching an A an A, because you always have to mark positive rather than negative. So, I would say a lot of kids probably got better grades than they would have if they actually sat the exam.”

– Further education teacher, Scotland

Some parents and teachers thought the higher grades helped make up for the harm caused by disrupted learning during the pandemic. They saw higher grades as a fair way to balance out the struggles and setbacks students went through. In contrast, others said that higher grades might lead to children struggling in a class or course that was too difficult for them, in turn having a negative impact on their long-term progression and wellbeing.

“ Inflated grades put kids at a higher level than they should have been. And that’s impacting them the following year. So, I’d maybe get a kid who got an A at National 5 and then, post-Covid, they come into my Higher class and I’m looking at this pupil thinking, ‘they’re an A candidate. They got an A last year’. But then they find the work really, really difficult because they’re not quite at that level ... I suppose there are some flaws there in how the system worked.”

– Further education teacher, Scotland

Some children and young people were disappointed in their teacher-assessed grades. This was either because they expected to achieve higher grades than those calculated by the algorithms in use at the time<sup>17</sup>, or because they were feeling disheartened about not having the opportunity to sit exams they had worked hard for.

17 In both the 2020/2021 and 2021/2022 academic years Governments in each of England, Wales, Scotland and Northern Ireland put in place alternative arrangements for the awarding of grades to secondary school students. These alternative arrangements involved the provision by teachers (or ‘centres’) of estimated grades for each pupil, and in 2020 these were then subject to a centralised process of moderation by means of an algorithm. For some students this produced grades that were higher or lower than those which had been predicted.

“ Some of the higher achievers were very disappointed with their predicted grades because they felt they could have done better. It had an impact then on their access to college and university, what they wanted to do.”

– Voluntary and community groups professional, Wales

“ I got teacher-predicted grades which I disagreed with, but the process to appeal them was too unclear and therefore I did not appeal them which I ultimately regret – and I did not want to resit the year to go to university.”

– Young person, Wales

“ I remember him and a lot of his friends saying, ‘We can't apply for who we thought we were going to apply for, because we've all got these low grades predicted.’ I think at that point they were doing the predicted grades based on the algorithms they'd had in the past, where if you got this at GCSE and then you did this, this is your predicted grade. It's like, but what's been happening for the last year doesn't fit those algorithms and doesn't fit that system, because it's all different.”

– Parent of 16-year-old child, England

As the pandemic went on, some children and young people sat exams. We heard how the loss of learning time and disruption to education brought substantial challenges, with some contributors concerned that they did not achieve their potential as a result.

“ I know young people who [during the pandemic] have not done as well on their exams as they thought they would, and they do blame Covid and how much learning they missed for having that detrimental impact on grades.”

– Social worker, Scotland

“ My sons were going through exams and struggled with lockdown. My youngest son is dyslexic and homeschooling for his GCSEs consisted of PowerPoint presentations and pretty much teaching himself. He consequently did badly.”

– Parent, England

In contrast, some young people noted that they did better in exams, either because of adaptations (for example, open book exams where they could refer to notes), or because they spent more time studying due to being at home.

“ I actually probably performed better because I didn't have any other distractions ... we couldn't go out, we couldn't really do much, so I was just focussed on uni. So, it did have a positive impact on grades, for me anyway.”

– Young person, University student, Scotland

“ I noticed my academic performance peaked during lockdown. I spent almost all of my time studying. I found this passion for what I was learning; it was a light in those hard times. Education can be really good for mental health.”

– LGBTQ+ young person, Belfast Listening Event

## Academic attainment

Parents and professionals shared how disruptions in education during the pandemic led to delays in primary school-aged children's development in core areas like maths and English. They thought this made it harder for children to progress in other subjects. Teachers gave examples of programmes set up to help children and young people address these gaps.

“ He can engage, but then he will pull away and I think it's because there's gaps in his education as the curriculum has carried on, but he's not been able to keep up.”

– Foster parent, England

“ For those children who didn't engage in the work that we set, both the mathematical ability and writing definitely took a big hit. Because most of them didn't engage in any writing while they were off. I think reading did happen a little bit, but they struggled with the maths.”

– Primary teacher, England

“ There was a large group of children in the middle year groups now, like, say, P3, 4, and 5, for the past couple years who have struggled academically and have had to receive quite a lot of in-school support from different support teachers who were brought in. When we came back to school there was a programme called the Engage Programme that the government funded, which allowed sub-teachers to take groups of children out to go over the things, literacy and numeracy and stuff, that they had missed.”

– Primary teacher, Northern Ireland

Parents shared how disruption in education was particularly problematic for children with learning needs. They thought learning missed during the pandemic led to their reading, writing and other skills to not progress as much as they could have without the pandemic.

“ Because of his additional needs, I just really struggled to get him to do anything. [He] was sort of happy enough to do the stuff that was sent home, but it was still a bit of a struggle because my focus was trying to ... get him to do anything. Really, they lagged behind, there was a definite lag by the time they went back in.”

– Parent of children aged 7 and 9, Northern Ireland

“ [The disruption to education] put him a lot behind, because he was behind already. So, I think it pushed him back even more. And yes, with him, it was his reading, writing.”

– Parent of children aged 10, 11, 15 and 18, England

Parents had different views about children and young people’s ability to catch up on lost learning. Some believed that, with time, their children caught up and were up to date in their schooling. Parents explained that primary school children found it easier to catch up on lost learning compared to secondary students. This is because older children have more subjects to cover.

“ She fell behind, but I feel that at school now everything's back to normal. I don't really feel that there's any impact now ... it's just what they missed out on at the time.”

– Parent of children aged 9 and 13, Scotland

“ I think the gap has sort of closed up now. I think for primary children especially it was easier to close the gap. The speed of education through primary school isn't as fast as it is through secondary school, so I feel like they've managed to catch up quite well. [It's different at secondary school] having to try and catch up in six, seven, eight different subjects, [where each] teacher might not be the teacher you had before.”

– Parent of children aged 6 and 10, Scotland

In contrast, other parents said it had not been possible to make up for the learning that had been missed. This means that some children and young people are left with gaps in knowledge.

“ My son, he’s always struggled academically and learning from home just did not work for us, as much as we tried even now, he’s probably still playing catch-up with his education. I don’t think they ever had the chance to fully go back over everything they missed.”

– Parent of 7-year-old child, England

Many teachers noted there were still gaps in knowledge and skills among children across age groups.

“ Children used to be able to write their name when they got into year one, whereas now they don't even know what the sound 'A' is. We're really having to go back and teach nursery skills.”

– Primary teacher, Wales

“ At 11 years of age lots of students' reading age is that of a seven, eight or nine-year-old ... we're finding a lot more of those and if their literacy is not there, then it's really hard to catch up.”

– Assistant head teacher, secondary school, England

“ My A Level students who finished last year didn't know the basics ... when you're trying to teach A Level content, ready for university, you don't expect to have to go back to GCSE-level work.”

– Further education teacher, Wales

Some teachers and parents were also concerned that gaps in learning from the pandemic may not become obvious until years later.

“ Children potentially managed to mask gaps in core literacy skills, earlier in primary school because they can recognise letters and shapes of words and memorise certain things, but actually the fundamental skills haven't been there. The foundations are starting to crack by the time they get to primary five and six because they're now tasked with taking on more challenging texts as the expectations are higher, the work pace is quicker and it's so abundantly clear that they've not had the proper skills taught to them in the first place.”

– Primary teacher, Scotland

“ I think there are years of impact in the children that has yet to be seen - kids that have not sat exams or missed so much content plus their social development.”

– Parent, England

## Future study or employment choices

Young people in secondary school, college or university often had less access to work experience or careers advice during the pandemic. This put them at a disadvantage when making decisions about their future study and career options. Lack of work experience opportunities meant young people had less experience to include in job, apprenticeships or university applications. Young people felt discouraged about their job prospects as a result.

“ You would have had the careers advisors in, and they would be like, ‘Well, what about this college course, or what about this?’ And looking ahead towards exams: ‘We don’t think you’re going to achieve this or achieve that. What about we look at an apprenticeship here, or at a college course here, or something like that?’ There wasn’t even that for them, they were completely left.”

– Foster parent, Scotland

“ There was no work experience, there wasn’t really that option for him, it’s impacted him because he hasn’t done any real-life work, he hasn’t really had that experience to then maybe think about, ‘Could I get into work?’ he’s expressed to me that he hasn’t got any prospects. That’s how he feels.”

– Parent of children aged 14 and 16, England

“ The class of 2020 will forever be remembered as the cohort that stepped into the world with a degree and nowhere to go.”

– Young person, University student, England

Some apprenticeships were cancelled during the pandemic, reducing the options available to young people.

“ Originally, I had planned, in Wales we’ve got a programme which is an apprenticeship mixed with a university degree. It extends a university degree to five years. What it allows is for you to work on the side and gain experience, and you get paid. That was my original plan. I had an email, it was in the July, that all of the placements had been cancelled for the start in September. Everything had been cancelled, so I couldn’t proceed with that route, so I ended up going to university and just doing a normal university course.”

– Young person, University student, Wales

Some teachers recounted that young people not having the usual support around their career options meant that some applied for courses or apprenticeships that were not well suited to their interest or skills.

“ They’ve missed out on those careers interventions that would have happened in year 11 to then make the proper choices for their A levels. So, we saw a lot of students maybe [choose] to do certain A levels and then want to change, very quickly.”

– Further education teacher, England

Parents said that missing out on mentoring or advice from educators and work experience opportunities contributed to a lack of direction or sense of purpose, leaving some young people feeling lost.

“ I think, generally, when you go to school, you’re building it up through your years: you have your GCSE year, you have an idea about what things you want to do at college, going to university there are stages that you go through, you build up your social friendships, your independence ... I suppose people didn’t do that during the pandemic. A lot of people would often say they just felt quite lost and disconnected, they didn’t know what they wanted to do.”

– Social worker, England

### Samuel’s story

Aisha feels that her 17-year-old son, Samuel, missed out on an important stage in his education during the pandemic. She believes this led to him no longer being in any form of education, employment or training.

“ If he didn’t miss out on that crucial time just before their GCSEs ... If he had that two years of education properly done, he wouldn’t have left school with nothing. If he had something in his hat maybe, he’d go and find a job.”

Aisha blames the insufficient guidance and support from Samuel’s school, and the lack of information about potential educational, vocational or career pathways, for his lack of direction. She feels this is subsequently causing her son to make poor life choices.

“ Usually, you have the work experience and are thinking about what you’re going to do in the future, you have all of that guidance in school, and he didn’t and now he just hangs around in places where he shouldn’t, he’s in trouble.”

In some instances, young people took a break from education but did come back to it. For some this involved having to extend, repeat, or return to their studies after a delay to catch up for lost opportunities.

“ I’m still actually in university because I wasn’t really supported enough during the pandemic and ultimately, I failed university the first time around, because of the Covid pandemic and the way my university handled things.”

– Young person, University student, Wales

“ A couple of them just didn’t come in after the pandemic and now are 18 or 19 and they will phone us now and they come for support, or help with applications they’re looking to rebuild or move on now and we’re now helping them step into education, because before they didn’t feel they were ready and they had frittered away the end of school.”

– Special school teacher, Scotland

Young people also described how the disruption to their university education impacted their decisions to apply for work and internship opportunities outside of their studies, which they thought may have had an impact on their future employment prospects.

### Danika's story

Danika was doing a law conversion degree in England when the pandemic started. She found studying during the pandemic to be incredibly stressful as she felt she lacked control over her studies, and she was unable to develop good relationships with her professors and tutors.

“ I'm quite a high-achiever, I like to have everything planned. I like to have things organised. I like to form relationships with my lecturers, with my tutors. It was a really big kick to my confidence because all of a sudden, I felt quite disorganised. I feel like I don't know what I'm doing ... with the pandemic it added that extra, more of a bitter taste. I felt like it was a lot harder to maintain my organisation and stress over the period of the pandemic.”

Due to feeling overwhelmed and stressed in the early stages of the pandemic, Danika declined an internship opportunity that she had planned to take for the summer of 2020.

“ Over that summer period, I actually had an internship lined up. I decided to postpone that internship ... Then I would just focus on studying 100 per cent, just to pass these exams.”

She felt that the stress caused by the pandemic meant that she lost out on an important opportunity which could have substantially benefitted her at the start of her career.

“ I did apply the following year, but I didn't get through, probably because I've declined. Overall, I thought that ... because it was quite a big firm ... it would have really opened my perspective in the long run in terms of qualifying and applying for jobs. Having the interaction, I think, would have been a really useful experience to have on my CV.”

## 5 Accessing help from services

This chapter describes how children and young people accessed support from professionals during the pandemic. It looks at access to healthcare and social care support services and pays particular attention to children at risk of harm and children with SEND. It also considers how the pandemic led to some children and young people losing trust in professionals.

As part of our discussions, we heard from a range of professionals working within social care, healthcare services, and the community and voluntary sector. Specific roles include health visitors, social workers, speech and language therapists, and homelessness case workers. Children may encounter these professionals for various reasons, including child protection concerns, mental health support, developmental delays, educational support, and involvement with the youth justice system. Each role has been explained in more detail in the [Appendix](#).

### Accessing healthcare services

Professionals and parents shared how during lockdown, access to healthcare settings, appointments and check-ups changed dramatically. Hospitals prioritised care for Covid-19 patients, discouraged people from going to Accident and Emergency (A&E) departments without sufficient cause and moved non-emergency medical care online. Children and young people faced prolonged waiting times for services (a long-standing issue that was exacerbated by the pandemic), missed routine health check-ups, and faced substantial barriers in accessing care during the pandemic.

“ When the pandemic hit, healthcare settings didn't close, but they [did] shut down. Particularly primary and acute care. So, primary care would be your GPs, the pharmacist, and acute would be A&E, out of hours, paediatrics. They tightened the fence around themselves. Messages were sent out over the TV a lot of the time ... ‘Unless you are dying, do not go to A&E’. That created a barrier for a lot of families. Even your local pharmacist who normally deals with lots of small questions from families. So that was quite frightening.”

– Health visitor, Scotland

Children’s interactions with professionals changed substantially due to lockdowns, with many services transitioning to online platforms. Parents felt that this shift to online services meant that their children were not getting quality care.

“ How can they diagnose someone with a chest infection over the phone just by describing the symptoms? It's very scary, especially when we have a young child that is sick, a high fever, and the doctors are not seeing them face-to-face. The doctors are giving you advice just over the phone.”

– Parent of children aged 5, 10 and 14, Scotland

“ My son suffers with asthma and appointments would always be over the phone. They were just going on his past history, not actually listening to his chest and they would just give him what he had before. It could've been something else. I don't think that was quite right. I think if you need to be seen, you should have been seen.”

– Parent of children aged 11 and 18, Wales

Contributors thought that existing inequalities in accessing healthcare deepened during the pandemic and have not yet recovered. For instance, certain groups of children and young people found it particularly difficult to access appropriate healthcare. This was the case for asylum-seeking children and trans young people.

### **Nour’s story**

Nour is a housing support officer in Northern Ireland working with refugees and asylum-seeking children and young people. During the pandemic, she worked with an unaccompanied asylum-seeking boy who arrived in the UK and presented with an untreated clubfoot, a condition where one or both feet turn inwards and downwards. He did not receive treatment due to a lack of available consultants, which Nour thought was an increasing issue during lockdown. This was particularly a problem due to the child’s immigration status and, as an unaccompanied child, he was more isolated than most children during lockdown. This made receiving appropriate care more difficult. This resulted in substantial physical pain and emotional distress.

“ He was really struggling to understand, because he was in daily pain ... why was this taking so long ... waiting for a consultant to meet with him was a really challenging concept for him. We were trying to explain to him that there was basically one consultant that was able to see him and there was a long wait.”

Nour thinks the delay in treatment, lack of adequate care and the isolating effects of the pandemic had a profound impact on the child’s mental health.

“ He ended up waiting a very, very long time, on the back of the pandemic, for his appointment and that became extremely distressing for him ... He had suicidal ideation ... he did attempt, thankfully never achieved it, but he attempted suicide, and he was very dysregulated for a long time.”

### Alex’s story

Alex is a transgender young person in Northern Ireland who faced heightened barriers to accessing healthcare services during the pandemic. He shared his story with us via a listening event. Alex saw the already limited healthcare available to him worsen over the pandemic, with the waiting list extending even further into the future, causing him substantial distress.

“ The combination of going through Covid and being trans at the same time, there is already no trans healthcare. I was getting told I was being put on a three-year waitlist. Realistically to be seen, I was not going to make it that long.”

With no support from local medical professionals, Alex turned to an online consultation service as a last resort for accessing hormone therapy. Whilst Alex was able to speak with a professional about the emotional and psychological aspects of their transition, he lacked proper medical supervision for the physical effects of starting hormone therapy. This left Alex exposed to potential health risks.

“ I was lucky enough to go and get a private therapist, but I did not have a medical professional looking at my physical health even though I had recently started taking hormones. The risk of what that was going to do was unknown.”

Some parents and healthcare professionals felt that deaf children did not receive adequate support during lockdown. For example, some deaf children did not receive a hearing aid, or were using faulty aids during lockdown, which impacted their ability to learn at home and engage with others. Parents also recalled the struggle to secure

timely medical appointments for their child's hearing issues during lockdown. This resulted in delayed surgical treatment and ongoing infections for some children.

“ There were families that just weren't accessing us, they weren't coming to school, even though they were eligible to go to school. There were children who should have had hearing aids who certainly weren't wearing hearing aids, or those aids weren't working. And we're talking months and months.”

– Health visitor, Northern Ireland

“ The effect on my son is hearing loss, delayed speech and as he gets older now, he's socially aware he talks differently to others.”

– Parent, Wales

### Grace's story

Grace is a mother in Wales whose newborn son struggled to access timely and appropriate healthcare support for multiple ear infections during the pandemic.

“ Yes, it did impact my son actually, so throughout the whole of the pandemic, we were fighting to get an appointment for him because I think he had five ear infections in the space of eight months. We were constantly asking for something to be done and could it be looked into further?”

Despite repeated attempts, he was only able to meet a hearing specialist years after the pandemic, at which point Grace was informed that he was now partially deaf. Grace feels that, if not for the pandemic, her son would have been diagnosed and treated much earlier.

“ He's now four-and-a-half and it was only a year ago that we managed to get him a hearing appointment, and they said, 'Oh yes, actually he's slightly deaf in his right ear right now'. That could've been picked up a lot earlier if it was easier to get seen.”

Some parents reported that the lack of access to in-person healthcare appointments and routine check-ups led to missed diagnoses and delayed treatment. They gave examples of children developing physical impairments, such as flat feet or problems with their vision, which were treated much later than normal because of disruption due to the pandemic.

“ My child currently has glasses that are a year out of date but she cannot get an appointment to see the doctor as she has to be seen in the children’s hospital due to her conditions. Once again, the waiting list is [still] extremely long due to the pandemic.”

– Parent, England

We also heard moving stories about children who experienced distressing delays in being diagnosed with serious health conditions such as asthma, diabetes and cancer. These delays had enormous impact, not just on the children, but on their families as well. Healthcare professionals expressed concern about the potential lifelong effects these delays could have on young people’s health and wellbeing.

“ My teenager’s bone cancer was diagnosed too late due to not being offered a face-to-face GP appointment and waiting times for ultrasounds and MRI ... She had to wait six weeks for an MRI while the tumour doubled in size and metastasised ... My daughter will probably die in the next couple of years. Early diagnosis would have saved her life.”

– Parent, England

“ For a young person, 2 years of the pandemic was a significant amount of years in their life, from a physical health point of view, there was some young people who weren't able to see their GPs as often to identify long-term conditions like asthma or diabetes, and that created a huge impact on their health down the line.”

– Paediatrician, England

“ My other toddler is disabled and I was unable to access any support for him across lockdown, meaning his diagnosis and treatment were delayed.”

– Parent, England

Contributors described how the pandemic disruption and services shifting online was also hard for children and young people needing support from mental health services. Some of this support is given by Children and Adolescent Mental Health Services (CAMHS) – NHS services that assess, provide diagnoses when needed and deliver support for young people with moderate to severe mental health problems.

Professionals shared Grace’s concerns about how increased demand and changes to services during the pandemic made it even harder for children and young people to get the mental health support they needed. In many cases, young people had to be assessed as being at a high risk of self-harm before they could receive prompt help. This left many children and young people struggling on their own, unable to access the support they needed. As a result, some saw their mental health deteriorate further, sometimes reaching a point where more urgent and even hospital-based support was required.

“ I had three friends who took their own life and my auntie. As a young person you need counselling and the pandemic made it so much harder. There were no services but lots of stigma and shame around speaking about suicide and mental health.”

– Young person, Bradford Listening Event

“ I was 15 years old [during the pandemic] when I was first admitted to children’s hospital where it was decided I needed to go to a CAMHS unit. This may have not been needed if CAMHS crisis team had continued to offer their normal amount of support.”

– Young person, England

“ The threshold for getting anything, mental health support or any emotional wellbeing support, it’s so high in Edinburgh [since the pandemic]. Children and young people literally have to be on the verge of suicide, feeling suicidal before they get any kind of intervention.”

– Voluntary and community groups professional, Scotland

Parents and professionals noted that for children and young people receiving mental health support, building trust with therapists through a screen was often difficult. There was often a lack of personal connection and it was more difficult for professionals to assess support needs and deliver care.

“ Having to have phone call and video call appointments where professionals are trying to diagnose and treat a teenager’s problems without seeing them was ridiculous to put it mildly.”

– Parent, England

“ It is a lot harder online, just that kind of compassion and the physical need of them needing a hospital setting or me going and visiting them at home. We couldn't do that and even masks as well, if you've got any kind of communication need and you're behind a mask or you're meeting someone for the first time behind a mask, it's very daunting. It's not the same personal approach.”

– Therapist (community paediatric service), England

Therapists recalled how children and young people had to engage in therapy from home. This setting sometimes made it difficult to talk to therapists as their parents or siblings could hear the conversation. In some cases, the parents would take over the conversation with the therapist as the child disengaged.

“ Things were moved online quite quickly, I found that it became more difficult. I mean, confidentiality was a massive thing because they’re in the house with family, so they can’t really talk about what they want to talk about. Finding ways around that was really difficult, and the engagement dwindled as time went on.”

– Therapist, Wales

“ Occasionally, I’d talk to the kids, the students, but mostly, I’d end up talking to the parents. They’d often talk about what was going on at home, what the challenges were, how the students were doing and sometimes, the students would come onto the phone and maybe talk to me for about two minutes. But there was no deep, meaningful therapy going on.”

– Therapist, England

Parents and professionals observed that young people’s transition to adult mental health services presented substantial challenges during the pandemic. The pandemic exacerbated pre-existing issues of increasing demand and stretched services. Some young people were left on waiting lists and became adults without receiving the support they needed, worsening a problem that had already begun to emerge before the pandemic. Many faced an end to their CAMHS support without notice or further help in place. This left families struggling to access adult services, further complicated by long waiting lists.

“ When they were with CAMHS and they came to 18, their case was closed. So, they hadn’t seen their worker for ages, and then it’s hard to get into adult services. So, the transition was hard anyway going from children to adult mental health services. It’s been successful for a handful. But then, young people come from the service thinking they don’t need it because they haven’t been for a while so why did they send us back.”

– Homelessness case worker, Wales

“ The CAMHS team wanted to discharge her because she’s not under a school. I was not happy with that, I don’t feel that adult services is right for her, because she is a child. All she would be doing is transferring from the top of CAMHS’ waiting list to the bottom of adult service’s list. And it’s not her fault that she’s had to wait three years for an appointment.”

– Parent of children aged 2, 5 and 14, Scotland

### Jamal’s story

Aaliyah, a mother of two from England, shared how her son Jamal, a 16-year-old boy with autism, was diagnosed with autism spectrum disorder prior to the pandemic, but struggled to access support from services during lockdowns. During this chaotic

period, many of his appointments got cancelled, leaving Jamal and his mental health suffering.

“ [CAMHS] never did home visits in the first place ... Every time he started to open up, they'd disappear, or they didn't see him ... it was unfair for him, to go through that several times, he couldn't do it anymore. They would say they were coming or turning up, and they would cancel or don't turn up ... his mental health has deteriorated through the lack of support.”

When Jamal was able to access support, it was through walks in the park with a therapist that did not suit him. His mother reported that his next therapist made some racist comments that further destabilised Jamal. This was reported to the service, but Jamal did not receive any further support for it.

“ CAMHS did not do anything. They got a manager to walk around the park with him after lockdown, but that wasn't effective. Then we had a therapist who was verbally racist ... the CAMHS complaints department didn't want to look at it, they didn't want to do anything ... we had no support after that ... That was the biggest let-down ... they should have put in some form of workshops and therapy to help him understand and put in some strategies to help him to manage his communication behaviour, and nobody listened.”

As a result, Jamal lost trust in support services, felt unheard and told Aaliyah did not want to engage in therapy. His behaviour has since deteriorated.

“ He was smashing up the house, he was physically fighting, where I had to call police in a couple of times ... He's denying he needs help because of how he's been treated, and it has had a big impact on him ... Jamal said, 'I don't want help, I don't need help' ... They've literally failed him. And I was so disappointed, because he needs that support ... he's had so many people within CAMHS who didn't listen and just left him.”

## Protecting children at risk of harm

All professionals working with children and young people play a vital role in the safety and well-being of the children in their care. During the pandemic, professionals like teachers and health visitors told us they could not carry out this role in the usual

way. Services closing or moving online meant that many children and young people had little or no in person contact with professionals in their homes or in educational settings.

“ There's quite a need to be able to see the person properly and pick up on other things, particularly with children, because things can get missed. I know that parents would often do the appointment ... the child might be in the background, but often parents will take the lead on that, so it's not really the same as seeing them.”

– Therapist, England

“ During the pandemic, because people weren't seeing their GP face-to-face, people weren't going to school, people were more isolated, which, somebody who's suffering with psychosis, that could be a change in someone's behaviour that you pick up and you think ‘This isn't usual for them’ ... A lot of things got missed in terms of psychotic symptoms, which ordinarily would have been picked up.”

– Social worker, England

Professionals recounted how vulnerable children and young people as well as children of key workers had access to schools during lockdowns, but did not necessarily attend school. Even when access restarted for all children, many children stayed at home, and this made it much harder for teachers to identify potential safeguarding issues.

“ The children's welfare, wellbeing ... seeing a teacher every day or seeing staff where you can monitor and see if a child's upset or bruised or any of those things. So, that was mostly gone, because really what can you identify over a screen with 30 other kids in the class?”

– Social worker, Wales

Restrictions on in person visits and appointments often prevented professionals from seeing children and young people in their homes or talking to children in private. This meant children did not have the usual opportunities to disclose experiences of abuse, and it was harder for professionals to identify cases where families were struggling and might need additional support.

“ The [children's] home was often quite cluttered, for instance, and bedding and things maybe weren't as good as they should have been. So, seeing those children in the garden was not sufficient for what I needed to be able to assess during my contact. I could see that the children were safe and well. However, I couldn't assess the risk level.”

– Health visitor, Scotland

“ There was no alone time. The visits, if we got in, were in the hallway, normally we would sit down in the lounge or go to the child’s bedroom and observe their sleeping area and there was none of that. It was very much, ‘Okay. You’ve seen them now you need to go’. The risk was definitely increased during Covid. Children weren’t able to have that time if they wanted to disclose anything. They weren’t having that one-to-one time.”

– Social worker, England

Social care professionals also told us about the damaging impact of neglect during the pandemic on children’s long-term health and development. Children who experienced neglect were sometimes also victims of violence within the home.

### **Imani’s story**

Imani is a social worker from England who works primarily with children and young people up to age 18 who are victims of domestic abuse. She found it incredibly challenging to assess families during the pandemic.

“ We started off doing doorstep visits, where we’re by the door, not entering the house and we’re able to see the children. But that wasn’t enough. When we’re doing an assessment of the family, you really need to see the interaction between the parents and the children, how they play with them. Also, how the children respond to parents.”

Not being able to go into homes made it difficult for social workers to gauge crucial aspects of children’s wellbeing. This included whether children were being fed properly, or their living conditions were clean and safe.

Imani described how this left many children, especially younger children and those with learning difficulties, at a substantial risk of harm. As the pandemic progressed, she and her colleagues felt they had to rely on virtual visits and video calls to communicate with families.

“ With the families, it became very, very tricky. For example, if you say, ‘Can I see the home environment?’ you know that someone will point the phone or the camera to where they want you to see as opposed to the angles that they really don’t want you to see. That interaction with the children, it’s not natural.”

“ We couldn’t really manage to intervene in time. We couldn’t really see those children. Some of them were starved, some of them were kept in their bedrooms which were not cleaned.”

Social care professionals and health visitors shared how they believe some families tried to avoid in person contact with professionals by saying they had Covid-19 so that they would not be visited at home. This meant that professionals could not identify concerns and escalate cases for intervention where needed.

“ Those children who might have been suffering substantial neglect probably wouldn’t be able to recognise that, given social distancing, you weren’t really allowed to go into people’s homes. I suppose a lot of suffering was hidden and legitimately hidden because parents could easily say, ‘Oh, we’ve got Covid, you can’t come in’, and we were told not to take that risk.”

– Social worker, Wales

“ Throughout the pandemic a lot of my parents were saying, ‘We’ve got Covid, you can’t visit’, but there was no way of proving that. Then they would say that the other adult in the house has got Covid. Before you knew it you hadn’t been in for such a long time ... What happened with [one] little girl is the mother was so manipulative, and she ended up in a real risky situation. The mother had been back on substances again, and nobody knew because they were using this as an excuse for services not to enter.”

– Health visitor, Scotland

The most vulnerable families were prioritised and continued to receive some support. This meant that many other families did not receive support during the pandemic, including early intervention to address issues before they worsened.

“ Early intervention was just not considered during that time. The kids that we were seeing regularly, building up their resilience, we stopped seeing them, and we ended up just working for the CAMHS crisis team, because the crisis team needed us. Then what happened is that the children that we weren’t seeing, who were used to our regular appointments, have lost everything else. So, they’ve got no school, they’re not seeing their friends. They lost that. Then we would end up seeing them again in crisis anyway.”

– Social worker, Scotland

“ With our high-risk child protection families, they at least had someone. But it was our lower-level risk families who maybe didn’t have a statutory worker. The family workers weren’t going in now, the children’s centres were closed. And the children weren’t in school. And they are the families that you worry about because they are the families that they escalate.”

– Health visitor, England

“ They had social services involvement while we were in school, and during the pandemic, they obviously felt they weren’t a high priority. We had some families that were being signed off by the social worker because they didn’t feel that they were vulnerable enough.”

– Primary school staff, England

A range of professionals described how some families engaging with support struggled to adapt when services moved online. While this shift allowed support to continue, some children and young people found it difficult to engage with professionals through this format. Online meetings felt impersonal, making it challenging for them to discuss sensitive issues openly. Although necessary, the online format created barriers for effective communication and trust-building between professionals and the children and young people they aimed to support.

“ You couldn’t be real about what you said, because you’re looking at a screen. The same feeling is not there and you’re not going to say anything ... A lot of people were just saying yes to everything and actually there were a lot of issues. Because it was video call, it was very unreal, and people didn’t like it. A lot of kids came back and said that they didn’t like the online appointments. What we were picking up face-to-face was completely different from what they’d completed online.”

– School nurse, Scotland

“ For some of them, it was, ‘Well, my mum or dad or somebody else in my house might overhear me talking to you. So, I don’t want to continue counselling while we’re not at school’. They were actually the most vulnerable, a suicide risk, self-harm and things like that. But they were scared or didn’t want to engage when they couldn’t meet in school.”

– Therapist, Scotland

Contributors highlighted how important it was for children and young people and their families to build trusting relationships with the professionals there to support them. Given the challenges with online support, many professionals also used calls or text messages to keep in touch. This was particularly important for vulnerable children and helped some of them maintain relationships established before the pandemic.

“ Some of the young people found that better and just wanted to text. We normally wouldn’t have a text conversation but they were open to that. Some of the older ones, the teenage years, they were more open to text, calls, or the phone calls ... The engagement was quite good and well received by children and young people to be honest.”

– School Nurse, Scotland

“ Normally the legal time frame is every six to eight weeks we would see our young people. But we tailored it to ensure that those that were more vulnerable were seen more frequently. If I couldn't see her face-to-face, we would have video calls, WhatsApp videos, and just still have that communication maybe once a week. Just so she didn't feel so isolated and there was that common person that she had already built a relationship with. That helped the situation for her.”

– Social worker, England

Despite these problems, parents and professionals shared how some children and young people liked some aspects of the shift to engaging with professionals remotely. For example, some were more comfortable discussing sensitive issues via text messages, rather than having to talk about them face-to-face.

“ We've built up that rapport with texting. I had a young person who shared some things that were happening to her at home and that was via text, and I don't believe she would have said it to me face-to-face.”

– Voluntary and community groups professional, England

For some children and young people involved with the criminal justice system, online meetings or hearings offered a less stressful alternative to in-person court proceedings. Professionals noted how this allowed some to feel empowered to engage more meaningfully so they had their questions answered or received better support.

“ They might get back here at ten o'clock at night and sometimes that has literally been to say, 'We've decided to adjourn it until next week'. Sometimes you get the young people say, 'I'm not going to get up, I'm just not going, I can't be bothered to get up, go all the way there. Because I think they're going to say this anyway'. When that adjournment is covered by a video link, they can just walk down the corridor from their bedroom, sit in a room with a video link, find that out in ten minutes and just carry on their normal life again.”

– Voluntary and community groups professional, England

## Bella's story

Bella works at a children's home supporting vulnerable young care leavers<sup>18</sup>. Some of the young people are involved with the criminal justice system. She shared the challenges young offenders faced when Youth Offending Team (YOT) appointments became less frequent and often moved online. While these appointments usually

<sup>18</sup> A care leaver is a young person, typically aged 16-25, who has been in care at some point since they were 14-years old.

offered crucial support, they were less effective when conducted online, as young people were less engaged in virtual appointments.

“ YOT appointments were next to nothing, absolutely next to nothing. They’d get a Zoom call or a telephone call, and these young people will take every avenue to avoid these calls. Their connection would be bad, and they’d leave it, and they’d say, ‘I can’t get connected’.”

Similarly, Bella thought the move to online court proceedings did not convey the seriousness typically associated with in-person appearances. Young people were often distracted and less engaged.

“ Court cases were virtual, so I sat in a few virtual court cases, which is a very, very different experience. I don’t think the kids took it seriously. I think sitting somebody in court in front of a judge, you know, nine times out of ten you’re sitting next to them you can see them shaking and [you think] ‘Okay, hopefully this might have a little bit of an impact’. But virtually, they’re just, like, ‘Whatever’. They’re sitting playing on their game.”

During the pandemic most social workers opted to do virtual or phone calls with young people. Bella said this made children feel like they were not being properly cared for.

“ Local authorities made the decision that their social workers didn’t have to come out, they could telephone call or video call. I didn’t see one social worker during that whole period. I think that massively affected the young people because they think ‘You don’t really care about me because you haven’t come out. You’ll call or you’ll Zoom but you haven’t really come and seen me’.”

Similarly, social care professionals described how some children and young people in contact with children’s social care services who had to attend multi-agency meetings, such as Child Protection Conferences or Family Group Conferences, benefited from virtual meetings. Some were more comfortable taking part from the familiarity of home, without having to face a room full of professionals.

“ Young people preferred them online, they were more likely to attend because they would come in and then go away at their own leisure because they’re in their homes ... I always found face-to-face meetings would be really difficult for young people, in social work buildings, when they went online it was much better for young people and less stressful.”

– Social worker, Scotland

## Loss of trust in professionals

Parents and professionals described how experiences during the pandemic have had a lasting impact on children and young people's relationship with professionals who supported them. Many of these young people felt that they were not adequately supported by professionals during this time, leading to a loss of faith in professionals and public services, and therefore a lack of engagement with these services.

“ Our previous experience is that a lot of our children have good relationships with their social workers. Some still do but a lot of them have become quite distrusting of their social workers, and that's because I think they felt let-down during that period because I think they felt, 'You've put me here, you've put me into care, you've taken me away from my family and now you can't even come see me'. And we saw quite a lot of that, and that distrust is still there for some children.”

– Children home staff, England

“ [Young people] lost faith in the services to a degree, and it took quite a lot of time for them to rebuild that faith back up ... it took a lot more work on our part to try and help them navigate through that, to build and develop the trust both ways, because, you know, the other services were in the same boat as us.”

– Homelessness case worker, Scotland

“ It was detrimental to the relationships they had built up with workers, and that trust, because they had to go long periods of time without that regular contact that they were having. It was detrimental to them in terms of how they were able to share and how they would open up and how they were able to tell us what was going on for them.”

– Social worker, Scotland



## 6 Impact on emotional wellbeing and development

This chapter examines the emotive stories shared by contributors that detail the pandemic’s profound impact on children and young people’s emotional wellbeing. It highlights the specific impacts on their mental health, as well as their emotional development<sup>19</sup>.

Contributors shared concerns about the emotional wellbeing of children and young people during the pandemic, noting that many experienced increased emotional and mental health issues, which for some continue today. This view was expressed by parents and a range of professionals, including health visitors, paediatricians, social workers, teachers and therapists. Some described children feeling worried or generally anxious, while others discussed more intense challenges, such as self-harm, substance abuse, suicidal ideation and life-threatening eating disorders.

### General feelings of worry and anxiety

Some parents told us how their children developed feelings of anxiety during the pandemic. This anxiety happened for a wide variety of reasons and affected children in several different ways.

“ She [13 year old daughter] loved not having to go to school [during lockdown], The impact [of the pandemic] is still there. It's the confidence, the loss of time when she should have been at school amongst the young people. She lost that time to learn how to build those relationships with her peers. I think now the anxiety is still there. She's a very able, capable student, but she had a lot of time off sick because of the anxiety struggle. She has counselling. She has all sorts of things to help her manage the anxiety. I do think it's Covid. She'll do anything just to be at home because that's what she learnt and enjoyed [during the pandemic].”

– Parent of children aged 13, 15 and 18 years, England

<sup>19</sup> Please note that this is not clinical research – whilst we are mirroring language used by participants, including words such as ‘anxiety’, ‘depression’, ‘eating disorders’, this is not necessarily reflective of a clinical diagnosis.

“ She was hugely anxious and worried [because of the pandemic]. She fell so far behind, struggling with remote learning, and then missing days due to her anxiety around people having Covid. That anxiety kept her out of school for a very long time. She didn't interact with people. She came downstairs to use the bathroom and went straight back upstairs again. She really withdrew into herself. In the end, she didn't make it back to school and left with no qualifications. It was just too high a mountain to climb for her.”

– Parent of children aged 2, 15 and 20 years, Northern Ireland

“ Our daughter who was a very confident outgoing toddler when Covid hit became more anxious by the end of it. Her first experience of visiting a GP when she fell ill [with a fever] when Covid started was seeing them dressed in a full hazmat suit and mask.”

– Parent, England

“ My daughter's anxiety sky-rocketed due to the pandemic. She went from someone who loved school to someone who hates school. She has developed such bad separation anxiety that since lockdown we've had to share a bedroom, because she's terrified of being alone. She is also terrified of becoming ill and if someone even coughs near her she's terrified she will get ill.”

– Parent, England

Many professionals said that the number of children experiencing feelings of anxiety during the pandemic was unprecedented. This had led to a substantial rise in referrals - unlike anything they had seen before. Professionals often discussed how external factors, such as family issues and economic crises, have long been a factor in feelings of anxiety among children and young people. However, many noted that the unique circumstances and challenges of the pandemic such as school closures, social distancing and the threat of Covid greatly worsened these issues.

“ I would definitely say that anxiety is the greatest one that I'm seeing even now, because of the pandemic. It goes back to the beginning of the uncertainty of what was going on. And the vulnerable ones, if they're living in a chaotic household and they don't know what's going on, they don't know if they're going to eat today or if they're going to have to be cold all day, that heightens anxiety.”

– Voluntary and community groups professional, England

“ I’ve got colleagues and friends who are counsellors, play therapists and they were seeing more children with declining mental health and definitely anxiety. Like, anxiety from early primary school, six years old, right up now until the early 20s, is massive. And most of those I would say are hugely affected by Covid. You know the washing your hands, everybody saying, ‘Wash your hands, you don't know what's going to happen’. Constantly hearing of people dying, hundreds of thousands of people dying”

– Therapist, Wales

Coupled with this, a key theme was the belief among contributors that these feelings of anxiety have continued since the pandemic and are still very much evident today.

“ There’s definitely more anxiety [since the pandemic]. When children have a wobble, they can come to my room. They check out from their mainstream classroom and then they come and talk it out with me. There wasn’t a need for that four, five years ago. Before, they would've spoken to the teacher or the teaching assistant, and they now don't have that time to give to those individual children because the classes are all so much harder since Covid. The things that children say they’re worrying about, they’re adult issues ... Money, or dad having a new girlfriend and mum not coping and crying herself to sleep. I think ‘How do you even know that this is a problem in your house?’ They’re not sheltered from everything and that’s really showing at the moment. There wasn’t a need for that [private space] at all, pre-pandemic.”

– Teaching assistant, Wales

Parents and professionals noted that children of all ages have experienced greater feelings of anxiety since the pandemic. Many are seeing these issues in children much younger than before.

“ We had one boy who started to have daily nose bleeds and was scratching his skin, just from anxiety. Last year [2023], we had girls with eating disorders. Only two, but we’ve not had that before in primary school and we had two self-harmers. And that’s quite concerning, considering that you don’t expect it at this age. And whether that’s Covid to blame or not, I don’t know, but it feels like something you’ve never seen before.”

– Head of pastoral care, primary school, England

“ In 25 years, I have never heard of the amount of children being anxious, even really young children. I had a four-year-old and he was actually self-harming and saying he wanted to die.”

– Health visitor, Northern Ireland

Despite challenges across all age groups, many contributors suggested that teenagers and those transitioning from primary to secondary school during the pandemic were more likely to feel anxious and experience decreased wellbeing.

“ For the children who have hit puberty, it’s obviously a time when mental health can decline and anxieties do increase. I think we’re seeing a hell of a lot more of that than we ever used to see. Previously you’d probably only have one child per classroom. You’ve probably now got 50% of the children in each classroom that are now suffering with anxiety. I think that is because they missed nearly two years in education. They missed that time to understand who they were, to understand the world and everything around it. To feel secure and safe.”

– Physical and mental health support nurse, England

“ I think a lot of young people have got increased anxiety and that’s probably through lack of access to their friends and teachers. They were so socially isolated, and they’ve missed out on a lot. Those that were making transitions at that time, so moving from primary to high school, or finishing off their last years of school, missing out on things like leaving parties and things like that. That’s had a big impact on young people.”

– Therapist, England

“ My younger child was in Year 6 and Covid had a huge impact. They were just starting to do the transition to secondary school. My daughter had chosen to go to an all-girls school. It’s not the local secondary school that everybody was going to, so she ended up starting secondary not knowing anybody. The first time she had really been in the school building was on the first day of school. That made everything very difficult, and she’s now diagnosed with an anxiety disorder, which we believe started at that time.”

– Parent of a 10 and 12 year-old, England

Feelings of anxiety were expressed in different ways. This included school refusal and other behaviours like hair pulling. Some described how schools addressed children and young people’s mental health challenges during the pandemic – with some providing supportive environments such as reduced timetables.

“ I’ve never had kids that didn’t want to come to school because they were anxious and there’s been quite a number that have been on reduced timetables, or parents just can’t get them into school. We had a Primary 7 pupil that suffered really bad anxiety. She was coming in and having this emotional burst and they couldn’t get her into class. They were bringing her to school in her pyjamas because she was refusing to put clothes on. I’ve never seen that level of anxiety in kids in the 13 years I’ve been teaching.”

– Primary teacher, Scotland

“ I had quite a confident learner and she started pulling her hair out in lessons, sitting there, twisting her hair. We allowed her to wear a hat. She went to CAMHS, but it was to do with something that happened with her family life during Covid that I can't disclose. It affected her as she was withdrawing in, pulling her hair out. She came back from lockdown and she was just a different person. This outgoing, quite bubbly person lost a lot of weight, as well as her hair and she didn't really interact with her friends. When I spoke to them they said ... they didn't understand what had happened to her.”

– Further education teacher, England

At a listening event in Bradford, it was noted that talking about mental health discussions can be a taboo subject in their families. For many, this made it even harder to share their feelings or reach out for help, leaving them more anxious and alone during the pandemic.

“ In black and brown communities, mental health is a taboo. Asian families don't talk about mental health. My friend said the pandemic was the most lonely time and now he is more anxious and socially introverted. He can't tell his parents because they would not have it. Asian parents are more serious, they think 'what mental health issues?' We come from working-class backgrounds, we're hardworking. You have it all ... why are you moaning'.”

– Young person, Bradford Listening Event

Certain groups of children, such as asylum seekers and those in care, faced particular challenges during the pandemic. Professionals described how children with pre-existing trauma found it especially hard to cope with the extra stress brought on by the pandemic.

“ Asylum seekers are already traumatised. They're already living in a very different situation, stigmatised and there's poverty. And then you overlay that with not being able to communicate [via interpreters] during the pandemic. That really impacted on them.”

– Family nurse, Scotland

“ A lot of foster placements with younger children are breaking down ... There's a lot of disturbed behaviour. A lot are highly traumatised, and people are seeing that post-pandemic. I don't know the exact reasons for that, but it's something that has been anecdotally shared by a lot of social workers. It's a worry.”

– Social worker, Northern Ireland

“ We definitely noticed mental health declined massively. The girls became very emotional, the boys became very frustrated, quite aggressive.”

– Children's home staff, England

The pandemic also posed substantial challenges for neurodiverse children. Contributors shared that many of these young people experienced heightened feelings of anxiety and at times, demonstrated additional behavioural issues. The sudden disruption of daily routine was especially tough, as predictable structure is often so important for children with autism and Attention-deficit/hyperactivity Disorder (ADHD).

“ Our autistic daughter [undiagnosed at that stage] found the change and lack of routine to be devastating.”

– Parent, England

“ My son has got ADHD, and he's dyslexic as well. He's showing traits of autism as well. My daughter, she's autistic, so it was really hard because they like routine. They know we're going to school at this time. At this time mummy is coming to pick us up. This time we're going to the park. This time we're having dinner. Every day it was a routine and because they didn't know what was happening, it was a struggle.”

– Parent of children aged 4, 9 and 13, England

Social care professionals recounted how children involved in the criminal justice system also experienced feelings of anxiety due to delays in court hearings linked to pandemic disruption. In particular, children who had committed offences when they were aged 15 or 16 faced the prospect of their delayed cases being transferred to adult courts once they turned 18. This increased feelings of anxiety and uncertainty.

“ It took a bit of time for CCTV, DNA evidence to come through ... A couple of the young people were aged 17-18 years, when these offences were reaching court, which was scarier for them. They were committing the crimes when they were, like, 15, 16 years old and by the time that it was actually going to court, it was a long time later.”

– Social worker, Scotland

Community organisers shared the experiences of foreign students in university experiencing heightened anxiety due to lack of support and struggling with accessing funds from home. Their anxiety surrounding financial matters led some young people to suicidal thoughts.

“ Overseas students suffered a lot and were completely overlooked by authorities and universities. We rallied round to help during lockdown when they couldn't access their funds from home through Western Union because all the shops were closed.”

– Every story matters contributor, South Asian Community Listening Event, England

“Some of the students from India were close to suicide because they couldn't pay their rent and were sick with anxiety.”

– Every story matters contributor, South Asian Community Listening Event, England

## Feelings of anxiety related to health

Many more children and young people were worried about their health during the pandemic. Parents and professionals shared how they often developed a fear of catching and spreading Covid-19, future pandemics and death.

“My son developed huge health anxiety. He still has it, but to a lesser degree. It wasn't just about him, it was about his grandma, his auntie. He'd come up at four am and say, 'Mum, I've got a mark on my nail. Bob Marley died of nail cancer'. And I'd be like, 'Jesus wept. What have you been researching in the middle of the night?' And then I'd have to calm him down. It was a really difficult time.”

– Parent of children aged 16 and 18, England

Some contributors felt that parental concerns and heightened feelings of anxiety related to the pandemic had been directly absorbed by children.

“Not just the children, some of our parents as well. Highly anxious. Coming in and asking, 'Is everything clean? Oh, I'm really worried, because I heard somebody cough in the hallway.' Lots of our parents needed reassurance. I think that filtered down to the children. The children could feel that anxiousness from their parents. They're like little sponges”.

– Early years practitioner, England

### Helen's story

Helen is a talking therapist from Wales. She told us about the children she treated, including one young girl who was fearful about Covid-19 and had feelings of anxiety related to her health.

“One girl I was counselling had become so afraid of the world she was agoraphobic at six. I must have worked with her for about eight months, and it all stemmed from Covid. 'What if I touch something while I'm out?' And then the word [Covid]. Imagine having to work with a child who could actually say, 'the world is unsafe'.”

On reflection, Helen felt that younger children were more likely to struggle when trying to process the scale and seriousness of the pandemic.

“ When you’ve got the world telling you, ‘You have to wash your hands’. I mean OCD is now massive in children at that age. And at six you’re still not functioning and cognitively processing things in the same way that you would at aged nine or eleven.”

Helen also noted how the messages around Covid were very direct and often intense, causing children to worry about their own safety and the safety of others around them.

“ When you’ve got the world telling you that you could die. That was the message - there wasn’t any sugar-coating of it. It wasn’t, ‘We need to be careful that no germs are on our hands’. It was, ‘You could die, there are people dying. Hundreds and thousands of people are dead’. I mean that’s scary stuff – she’s six.”

Parents and professionals shared how worries and concerns varied across age groups. Some primary school-aged children were washing their hands frantically because they worried they would bring Covid home and kill their parents. Older children would take a keen interest in watching the news and follow daily briefings, for example becoming fixated on trends in Covid-19 infection.

“ There was a lot around death. I had one little boy who washed his hands so much that they bled. He was terrified that he was going to take germs home and his mummy and daddy were going to die. I kept saying to him, ‘sweetheart, they’re not going to die, they’re really young, they’re really fit ... you’re going to make yourself poorly’. ‘But I have to [wash them]’. His hands were bleeding, bless him.”

– Pastoral care and safeguarding lead, primary school, England

“ During the pandemic, he was constantly watching the news, and it was quite scary. He was getting himself worked up about what things meant. He was over-analysing what they were saying on the internet and all the scare stories. He was a little bit obsessed with reading and listening to the news.”

– Parent of children aged 14 and 16, England

Contributors described the fear and guilt that some children felt about the risks of spreading Covid-19. Many children and young people had been told via the media or adults that they were responsible for spreading Covid-19. This made them fearful that their family or friends would contract the virus and die. This weighed particularly

heavily on children from clinically vulnerable families, including young carers who were worried about family members.

“That was a big thing actually, a lot of young people blaming themselves for Covid deaths in the family. There was a lot of talk and a lot of things on the news about children spreading it and not protecting our elderly. You’d get kids with all this guilt and shame because grandma died and [they’re] blaming themselves. And that was really common.”

– Therapist, England

“With carers, especially young ones, it was drummed into them that if you were going to meet with someone, you’re going to kill them [the person they care for]. We were lucky because we got a change of scenery by coming to work, but for young carers that were ping-pong-ing in and out of lockdowns they were saying things like ‘If I go to school, I could kill my brother.’”

– Every Story Matters contributor, Carlisle Listening Event

“It links to that anxiety thing. It was a struggle to get a few young people back in the building. Some were queuing up, desperate for contact. But others, especially when they had relatives who were shielding, were terrified of coming in, catching Covid, and bringing it home. And trying to balance that emotional journey, as well as saying ‘We need you to try and get some qualifications.’”

– Further education teacher, England

“We stuck to it all straightaway. As soon as it [lockdown] was announced, I was in. I didn’t see my friends for close to three months. We were having to walk almost an hour each way to our local town just to get shopping in at that point. We were really scared. You don’t want to catch it yourself, never mind the fact that we had someone vulnerable living with us.”

– Young person, Wales

Professionals observed that children and young people living in multigenerational households were also affected by the worry of spreading Covid-19 to an elderly member of their family. This was evident in urban areas and amongst families from some ethnic minority backgrounds, where living with extended family and older relatives was part of their culture.

“We were finding that the families in multi-generational households, they all seemed to have an elderly member of the household who had been either in hospital and really unwell but was now discharged and in recovery or who had died. The amount of families I would speak to and you couldn’t believe, people in their house had died. So, I think it really, really impacted on children’s wellbeing.”

– Health visitor, England

Children and young people from ethnic minority backgrounds were also concerned about the risk from Covid-19, because of the disproportionate impact on some ethnic groups.

“ There was slightly more concern. They became aware because obviously the young people do have access. They have a TV in their bedroom - they can see the news. When it became apparent that the black and minority ethnic demographic were perhaps slightly more at risk, we had conversations and did some assemblies on it. We had lessons and worked it into our curriculum. Teaching the young people how to look at [the] evidence and not rely on TikTok [for Covid information].”

– Secure children’s home staff, England

The fear many children and young people felt during the pandemic meant that many found it difficult to adapt when pandemic restrictions were relaxed. They had become used to regular handwashing, masks and social distancing. Some parents and professionals believe fears around Covid-19 infection had a long-lasting impact on children’s behaviour and mental health. Some children are now overly worried about the potential future impact of Covid-19 and other viruses on themselves and others.

“ Anything that came into the house, we were wiping it. ‘Don’t touch that. Wash your hands. Use the gel’. That’s had a massive, long-lasting effect. The older one [aged 12 during the pandemic] now has OCD [Obsessive-Compulsive Disorder] quite badly. When lockdown lifted, she probably missed quite a bit of school because if anyone in the class had Covid then she didn’t want to go in. If anyone brushed past her, touched her, she’d panic. There had to be gel everywhere.”

– Parent of a newborn and children aged 8 and 12, England

“ I’ve still got children now who say that they’re worried. In fact, I had one a couple of weeks ago who’s worried about their family dying. They are now anxious about other illnesses. ‘Oh, what if the flu kills us?’ They’ve heard about monkeypox, what if that comes? A lot of the anxieties are still ongoing and it still impacts them - especially the ones that lost someone during that pandemic.”

– School nurse, Scotland

## Supporting children with SEND

Contributors described how the pandemic led to substantial challenges supporting children with SEND. For example, health visitors play an important role in identifying early signs of developmental delays in young children. During the pandemic, there were fewer visits to family homes by health visitors, and assessments were

sometimes done over the phone with a parent answering questions about their baby. The lack of face-to-face appointments meant that health visitors could not always identify early concerns and provide access to support and diagnostic pathways.

“ We weren’t generally doing the 27-30 months old assessments. Or we were doing them over the phone and a parent might say, ‘Oh yes, they’re doing this, they’re doing that.’ After the pandemic, there was a floodgate of parents saying, ‘I’m really worried about this with my child’, and we’d almost missed that opportunity for the early intervention. Then you have to backtrack to try and put things in place to support children.”

– Health visitor, Scotland

“ My youngest daughter was born just before lockdown and many of her developmental tests were missed meaning her autism and special needs were not noticed early.”

– Parent, England

Similarly, parents and professionals recounted that primary school-aged children were not being identified as needing further support or an assessment because teachers could not always recognise issues during online lessons.

“ There’s probably quite a few special educational needs that either went missed, undiagnosed, or were simply exacerbated by the pandemic ... I do feel that there’s a massive contingent of children, not just my son, but plenty of others as well, who, because of everything that was going online, they just weren’t picked up and fell through the cracks.”

– Parent of children aged 10 and 13, England

For children and young people who were already waiting to be assessed, we heard how services closing during the pandemic made waiting lists even longer leading to children and young people facing delays in being assessed and receiving support. Parents and professionals expressed how this was particularly problematic for schools because some could not provide further support without an official diagnosis. Some children and young people were left for months or years without access to support they needed.

“ There’s a specific team that diagnose any children who are neurodiverse. Their waiting list has always been long, even pre-pandemic. I think during the pandemic, it went up to about three years. It’s down to about two years now. Those children are waiting all that time to be diagnosed. You know, schools are fantastic and put things in place but sometimes they need that diagnosis to access specialist education provision. They [the children] wouldn’t be able to access an autism spectrum disorder unit without a diagnosis.”

– Voluntary and community groups professional, Wales

Parents also shared examples of secondary school-aged children who were badly affected by delays in assessments. Some became too old to access support provided by children's services and had to transition to waiting to be assessed in adult services.

“ They stopped doing autism assessments when she turned 15 because of Covid. They didn't start again until she turned 17 and, by which time, the waiting list was then five years long. So, when she got to the age of 18, she was too old for child services and then had to go to the bottom of the list for adult services. By that stage it was a seven year wait for an assessment.”

– Parent of children aged 2, 15 and 20, Northern Ireland

“ He didn't get his diagnosis through until he was almost doing his GCSEs. He's got a diagnosis now of ADHD, dyslexia, dyspraxia, dysgraphia, and if he'd have had all that way before, he'd have been so much further forward with his education ... instead of waiting two years, he was waiting four [years] because we had to do the two-year journey all over again.”

– Foster parent, England

For children and young people who had received a SEND diagnosis before the pandemic, accessing support and treatment online was challenging. Many professionals shared how children with SEND experienced particular challenges with the lack of direct contact.

“ You couldn't really work that well with children doing online sessions rather than face-to-face. I mainly worked with children who came in for ADHD clinic, face-to-face ... If you were trying to do therapeutic work with a young person, you wouldn't really get the same kind of rapport online that you would do face-to-face ... I do strongly feel that they abandoned a lot of the children. The children that I work with, who have learning disabilities, who needed extra support were left floundering. All the SEN children were really deserted during the pandemic.”

– Neurodevelopmental nurse, England

“ Neurodivergent young people with autism and ADHD really struggled to do some of the remote working. Obviously not all of them, but some of them, you'd be doing a session and they'd be moving around the room or wanting to show me things. It was quite overstimulating and a lot of distraction to get them into the session and contain it because there's a lot of external things you can't control on the other end. So, I think that impacted as well to a degree.”

– Therapist, England

After restrictions eased, some preventative measures were still in place to reduce Covid-19 risks. Some children and young people with SEND struggled to engage with professionals who were wearing face masks. This was particularly problematic when professionals were trying to assess communication skills.

“ There was a period of time where we were wearing face masks. There was a big problem with PPE and the impact that has on communication. When you're assessing autism, you're assessing communication skills, and we were covering our faces ... There's a lot of concern around whether it was valid in terms of the assessment because you're covering part of your face and not doing the same standardisation as well, making sure that everyone was administering the adapted assessments in a certain way.”

– Speech and language therapist, Northern Ireland

“ It was quite difficult doing a home visit for an assessment to fully assess the children because of face masks. Children look at your lips and copy and they would sometimes be frightened by the masks or put off by them.”

– Health visitor, Wales

Like others, some children and young people with SEND found it easier to engage with professionals online. They found it more comfortable to be assessed remotely, in their own space. In these cases, this reduced the stress of clinic visits and improved how they engaged with professionals, particularly speech and language therapists.

“ We've found that autistic children preferred being on the computer screens than they did face-to-face. The feedback we got from parents and children was positive ... If the child was really interested in a particular character or something, we could bring that into the session because we were able to do it remotely ... They could show us things from home that, normally, when they come into the clinic, they can't show us.”

– Speech and language therapist (working in an autism assessment clinic), Northern Ireland

“ They didn't want people to know they were coming to speech therapy as a teenager. And you've always got the potential of bumping into people and them asking you, 'Where are you going?' ... Or I come up the corridor in my uniform and shout their name out. It's just not as confidential. A lot of them preferred being in their own environment and being able to do it from the comfort of their own home. It was positive for them.”

– Speech and language therapist (working in a school), Northern Ireland

## Low mood and feeling depressed

Some parents and professionals spoke of children and young people experiencing low mood during the pandemic. This was typically related to loneliness and isolation, fears of having missed out and a lack of hope for the future.

“ I definitely saw a lot of young people who said they were feeling low in mood. With all the young people that we work with, we have to do a screening and the vast majority of them would describe themselves as having anxiety, being low in mood, or feeling isolated as well. I think the social isolation in terms of them not being able to interact with others outside of their home made that worse for them.”

– Voluntary and community groups professional, England

“ My youngest son, who was at primary school, was extremely down and kept saying he had nothing to look forward to.”

– Parent, England

“ My teenage daughter, aged 15 at the start of lockdown, suffered enormously from depression as she really struggled to navigate puberty and school without her friends.”

– Parent, England

Some young people also shared their experiences of low mood when reflecting on what happened during the pandemic.

“ I was dating someone who lived in Germany at the time and so just not knowing when you’d ever be able to see someone again who’s quite a big part of your life, that probably had quite an emotional toll. And just the general fearmongering that it produced. It probably just led to more feelings of anxiety and depression. And yes, they lingered definitely, after Covid ended as well.”

– Young person, England

## Emotional development and maturity

Parents and professionals suggested that the pandemic had a negative impact on the emotional development of children and young people in various ways. Some spoke of delays in emotional maturity and lack of independence, while others described difficulties in coping with situations and handling issues effectively. Contributors also mentioned a general lack of confidence and independence among young people.

Children across age groups experienced substantial impacts on their emotional maturity. Teachers believed this was related to the social isolation and a lack of contact with others during the pandemic. Nursery-aged children often returned to group settings appearing more dependent and less mature, a consequence of limited peer interaction during lockdowns.

“ There’s more of a neediness or a lack of independence amongst a lot of the children. I feel like I’m having to spoon-feed children a little bit more. They struggle more with independent thinking and just general tasks like organising themselves that they’d usually focus on in primary one.”

– Primary teacher, Scotland

“ They’re not confident; they’re not able to do as much. Parents would have done an awful lot for them, so they’re still adjusting to a wee bit of independence going out in the world.”

– Special education teaching assistant, Further education, Northern Ireland

Similarly, school children were observed as experiencing delays in their emotional development. Teachers said that many were not as emotionally mature as usually expected for their age.

“ I think in terms of maturity, kids are probably a little bit more immature, not having had the social interactions. Socially, I think kids are less advanced. Yes, you still see the effects.”

– Secondary teacher, Wales

“ I think a lot of them as well are extremely immature. When I think about some of our Year 10s and 11s. Some of the things that they do, you just think, ‘Crikey.’ I’ve told you to stop, and they almost can’t. They almost have to do this silly game where they’re grabbing each other and pulling each other’s ties, or pulling each other’s collars. Really silly behaviour where you think, ‘Ok, you’re old enough to be told once.’”

– Secondary teacher, England

The pandemic was also reported to have affected the development of coping skills among children and young people, such as dealing with misfortune and various life challenges. Teachers observed that school-aged children missed out on learning these skills, which contributors said are developed by interacting with others and through structured activities. Some gave examples of young people facing challenges developing the skills they needed. These professionals thought extended isolation made it hard for children and young people to develop effective coping

strategies as they took on more responsibilities, leaving many feeling overwhelmed by everyday challenges.

“ If things don’t go their way straight away, it’s crying. For example, they play with the toy and it breaks. Instead of saying ‘Oh dear, it’s broken’, it’s very much ‘It’s broke. It’s gone forever’. It’s like the absolute end of the world. It’s very low-level kinds of things. They don’t like being on their own. They constantly want adult attention all the time. I feel they’ve lost some of the resilience compared to previous children that we’ve had because I think it’s them being at home and being in their own family bubbles.”

– Early years practitioner, Wales

“ Children just had no sort of bounce-back-ability, all of those skills where you just get on with things. You pick yourself up, you celebrate your mistakes, you move on. Maybe they’re afraid to get things wrong, afraid to challenge themselves and have a go. All of those wee things that are present in a very healthy classroom, maybe just were missing.”

– Primary teacher, Northern Ireland

## Josh’s story

Sandra, a parent of a 16-year-old, told us the story of her son Josh, who struggled with isolation during the pandemic, which later affected his ability to live independently.

Living in a small rural village with limited social opportunities, he felt even more isolated as the pandemic went on. While many of his friends moved on to a regional college he stayed in sixth form and, due to pandemic restrictions, did not get to say a proper goodbye to his friends. Confined to his home, he used online gaming as his main source of social interaction. Sandra explained how his experiences were very different to hers when she was a teenager and had more freedom.

“ Socially, I think they missed out on a really important bit. I remember when I was 16 to 18, I had my first holidays with my friends and my first times in pubs. None of them did any of that, even to the point that when they were allowed out, they still didn’t really go out.”

“ 16-year-old boys, as much as parents don’t want them doing it, they’re out, they’re dipping their toes in life, illegally getting into pubs and doing all the things they’re not supposed to be doing. That’s what 16-year-olds do. They’re finding life and they didn’t do any of it.”

Even after the pandemic restrictions were lifted and Josh went to university, Sandra thought the effects of his isolation lingered. He struggled to adapt to living independently, lacking the maturity and social skills that typically develop during adolescence.

“ When I dropped him off at university he absolutely couldn’t cope. I can remember him going, ‘I can’t stay here on my own.’ I ended up booking a cottage down the road from university and I stayed there for a week. Just that first week I went out for a coffee with him every day and I spoke to a lot of other people that said similar things. A lot of them dropped out, because they said they just didn’t have that maturity to go and live on their own, because they hadn’t done the pubbing and clubbing and going out and all the things that you do as a 16 to 18-year-old.”

## Problematic eating and eating disorders

Some professionals discussed children and young people experiencing problematic eating and eating disorders during the pandemic. They saw this as an attempt to gain a sense of control over their life in a time filled with fear and uncertainty. These professionals believed that some young people, particularly girls, focused on their eating habits as a way of trying to cope.

“ You would get the picky eaters, or the selective eating. ‘I can’t control the fact that I don’t get to see my friends anymore. So I can control what I eat and what I don’t eat.’ Then you could expand that and it would move onto anorexia or eating disorders or eating too much. Again, for that sense of control.”

– Therapist, Scotland

As well as professionals, we also heard from parents who had navigated the pandemic while caring for a child whose eating habits became problematic. In both the examples below, their daughters’ conditions appeared to worsen when they transitioned to new educational settings and struggled with feelings of isolation and feeling excluded. One had the support of CAMHS in the community, another required specialist in-patient care.

### Ailsa’s story

Fiona from Scotland told us about her daughter’s struggle with eating during the pandemic. Ailsa, who was ten years old when it began, found the initial lockdown

incredibly difficult, particularly because she could not socialise with friends. This made it even harder for her to feel at ease in social settings once restrictions were lifted. She avoided clubs and activities, growing more withdrawn as she struggled to find a friendship group.

“ She had a lot of anxiety and I think other kids were still quite good at socialising. Maybe because they had siblings? I don’t know if there was more going on in her mind, but she basically stopped eating through anxiety.”

Moving to secondary school, Ailsa became even more reluctant to eat. While her peers formed new friendships, she grappled with feeling excluded. Fiona is convinced that social anxiety from the pandemic contributed to her daughter’s issues, even if this cannot be clinically proven.

“ She was four stone in the first year at secondary school. She was coming home, she didn’t want to eat anything ... she was really upset. She physically couldn’t eat her dinner; she was having panic attacks. We took her to the doctor and she ended up getting lots of tests because we were worried it was going to affect her body maturing and she was just fading away. You could see her ribs and everything.”

As time went on, Ailsa’s condition worsened and it got to the point where she refused to eat, or even drink water. As this was classed as an emergency, her parents were able to access CAMHS, who stepped in to offer help and support.

“ We were really grateful that the NHS stepped up and she got to see CAMHS quite quickly. We would go every week for counselling. We got there in the end, she’s totally fine now.”

## Ruby’s story

Jane, the mother of 16 year old Ruby, recounted the traumatic impact that the pandemic had on her daughter’s battle with anorexia. Diagnosed in 2019, Ruby was an in-patient in a Tier 4<sup>20</sup> adolescent eating disorder unit when lockdown started. The unit had to take immediate measures to ensure safe staffing and quickly discharged eight of the twelve patients. Ruby had to endure a 24 hour wait, not knowing if she

20 A Tier 4 adolescent eating disorder unit in the UK is a highly specialised inpatient service designed for young people with severe eating disorders who require intensive treatment and care. These units are part of the NHS mental health services and provide multidisciplinary support from a team of healthcare professionals.

would be sent home and, if so, how she would cope. Although she was permitted to stay, her family were unable to visit her for many weeks due to pandemic restrictions, causing distress and upsetting Ruby.

“ I was [eventually] allowed to visit for a walk at weekends, but her two younger siblings and her Dad did not see her for many months. Family therapy is a big part of eating disorder treatment so this definitely hampered her recovery.”

Ruby returned home in the summer of 2020 to try and restart her life and attend sixth-form. However, the autumn restrictions on educational settings meant that she felt isolated, could not make friends and quickly relapsed. At the end of November she stopped eating entirely and was admitted to a general paediatric ward. When there were still no Tier 4 beds available after three months, Ruby’s mother made the difficult decision to take her home and tube feed Ruby herself. The following months were hugely traumatic for Ruby.

“ I cannot describe to you adequately how difficult this was [for her]. Anorexia is mostly about fear - so imagine trying to push your child out of an aeroplane without a parachute. Despite not being a medical professional, I had to insert a nasogastric tube five times a day, with all the inherent risk of serious lung problems if [it were] misplaced.”

In February 2022 Ruby’s health deteriorated once again. Although her family were able to secure a bed in a Tier 4 unit, the only one available was located 250 miles away. Combined with the Covid restrictions on visiting, Ruby had long periods away from her family. Although she is now recovering, Jane described how the pandemic made this devastating experience for Ruby, “ten times worse.” It continues to impact her to this day.

## Substance abuse

We heard about some young people turning to substance abuse during the pandemic from a range of adults. They saw this as being closely connected to the young people’s struggles with mental health, feelings of loneliness, the loss of daily structure and a need to escape the monotony and isolation of lockdown life.

“ Young people were feeling hopeless during Covid and turning to drugs. We have people in the rooms of community centres using drugs. Nitrous oxide became a big problem during the pandemic.”

– Youth worker, Bradford Listening Event

“ My son lost his way and unfortunately turned to smoking weed and then cocaine and balloons<sup>21</sup> and those canister things<sup>22</sup>... He deferred university for a year and had chosen to go travelling for two months. That got cancelled, so seeing his decline mentally was difficult. He was still going out every night and meeting friends and just trying to cope with the change in the world.”

– Parent of an 18-year-old young person, Wales

“ I think it’s caused a lot of children to become severely unregulated. A lot of anxiety. A lot of them turned to drugs and alcohol. Because there was nothing else to do. And now, the children and young people who are coming into the system, obviously to be cared for, have got all these problems because of what’s happened in the pandemic.”

– Children’s home care worker, England

Some contributors discussed how organised crime gangs had recruited some children and young people to sell drugs during the pandemic. Many of those who were recruited also became users.

“ There was a lot of gang affiliation things happening, or a lot of people trying to indoctrinate children into selling drugs or taking them.”

– Social worker, England

## Danny’s story

Danny works for a community group in Northern Ireland. He told us about the influence that paramilitary groups had on children and young people during the pandemic, particularly in relation to drug use and dealing.

“ Paramilitaries actually exploited the pandemic, insofar as the drug empire that they run, they’re criminal gangs in effect. The drug use went up exponentially and [I believe] there was a 50% increase in drug use during that time. Many of the young people were sampling a bit of weed or alcohol, but alcohol was probably harder to get because [some] shops were closed. They were then turning to drugs. Prescription medication became an issue, cocaine was massively exploited and these drug gangs basically recruited young people into the ranks, who were running up this debt. They’d seen an opportunity for the business model. They knew that people who were cooped up in a house 24 hours a day were going up the walls and so they took the opportunity to infiltrate the community with drugs and get people hooked. That soon spread and it was a real negative for us as a community.”

<sup>21</sup> Users fill balloons with nitrous oxide from a canister and then inhale the gas from the balloon.

<sup>22</sup> These are small metal cylinders containing nitrous oxide. They are used to fill balloons with the gas.

Danny also told us about the challenges of trying to bring the children and young people back to his group after the pandemic.

“ I had young people at 15 taking cocaine for the first time because they wanted a fix and the cannabis wasn't really doing it and then they were getting engaged in these [drug] parties and it just snowballed. It was a major challenge trying to get those young people back after the pandemic, off drugs and back with me. It was truly difficult, because once they're in the paramilitary ranks it's very difficult to get out.”

Despite this, Danny and his colleagues worked tirelessly to engage with the children and young people, telling us about the various ways they spent time with them and tried to understand how they were feeling.

“ We had a group of 18-24 year olds and I think there were 12 [people] in it. It went from all 12 turning up once a week to maybe half of that and that's when we knew we had to get eyes on the young people. We got them to help with the volunteering so we could have those conversations with them. We knocked at their doors and basically said, 'Right, come on, we're going to paint a fence or we're going to do some gardening work on the estate.' That was when we started to really see where they were at in terms of their drug misuse and their mental health. That was one of our coping strategies for them - to get them out into green space. We bought mountain bikes and got them out on rides [when permitted under the rules]. Physical activity was good for them. Getting them up a mountain and just walking. Talking was also their therapy and were able to get most of them back on track.”

## Suicidal thoughts and attempts

Contributors spoke with deep concern about children and young people who struggled with suicidal thoughts during the pandemic. They described how the unique challenges of this period, feelings of isolation, experiences of online abuse, and for some, difficult or abusive family environments made everything feel more difficult to bear. For many, these pressures were intensified by the loss of regular routines and support systems. The restrictions also meant that reaching out for help became much more difficult.

“ My autistic son tried to take his life twice during the multiple lockdowns due to the disruption to his routine and being unable to have his support network around him. It’s heartbreaking to think that I could have lost my son ... My son has only just recovered mentally this year.”

– Parent, England

“ When I first worked in CAMHS, I had maybe a couple of young people on my caseload who were displaying risk, whether self-harming or suicidal. When I left [in 2024], it was probably more than half of my caseload who were either self-harming or suicidal.”

– Therapist, England

## Experiences of bereavement

Adults we spoke to shared moving stories about how incredibly hard it was for children and young people to come to terms with the death of loved ones during the pandemic. The disruption to normal practices around death and funerals meant that many children were left without the chance to say goodbye or to make sense of their loss in the way they needed. This often led to increased feelings of anxiety and emotional distress, with some children experiencing unresolved grief that lingered long after. For younger children and for those with special educational needs and disabilities, the absence of a loved one was especially confusing and difficult to understand.

“ We had a wee girl who lost her gran and it was horrific because she wasn’t able to go to the funeral. I don’t know if she’ll ever get over the fact that she never went. But we tried to make the best of what we could. She was able to join the service online and she let off balloons out in the garden. Regardless of everything else that was going on in the world, just watching that wee girl being unable to go and say goodbye to her gran was horrific.”

– Children’s home staff, Scotland

“ Our youngest has Down syndrome and it has been very difficult for her to understand why daddy is not here anymore.”

– Parent, England

“ You have very traditional things that happen at a Catholic burial and it did not happen. So, for those children, they don't understand. They're trying to question, 'Did God know there was a pandemic and did my granny and granda get to heaven?' I'd reply 'Yes, they did get to heaven because God sees everything'. But I don't know if that's of any comfort to those children because actually all they can see in their head is, 'Well, actually I didn't get to go and stand at the graveside'. Or, 'I didn't get to go into a chapel or a church and I didn't get to do the Hail Mary's.'”

– Youth Worker, Northern Ireland

Social care professionals shared stories about children in care, or living with other relatives, who experienced the death of a biological parent or relative during the pandemic. Some had not seen their parent for some time [due to the pandemic restrictions] or were unable to have face-to-face contact with them before they died. This meant that the death was even more difficult to come to terms with and accept. Dealing with grief in the context of living in care often led to substantial emotional issues, such as attachment insecurity, feelings of abandonment, depression, anxiety and behavioural issues.

“ There was a young girl I worked with, she was about three or four at the time, and her mum died of an overdose. She lived with her gran but still had contact with her mum a couple of times a week. We'd go to the park and there was a bond there. She had a close relationship with her mum. Although she didn't fully understand it, it was a massive loss to her when she died. Now she'll be about eight, so she's probably starting to understand and question it more. I think the impact of that will be long-term.”

– Social worker, Scotland

“ I had a young person who was in foster care. His mum passed away, so [due to the pandemic restrictions] he couldn't get to see mum before she died. It was awfully tragic and difficult. He was about ten at the time so he was old enough to understand what was going on. It was very challenging time for him.”

– Social worker, England

“ One of our children's great aunts died during the pandemic, which was quite a significant loss for him because she had cared for him prior to him becoming looked after. His ability to see her, to have that emotional time, and be able to say goodbye to her was not the same. I think he tried to brush it off but he would bring up little memories that he had of her and we would do the same [to help him]. I think he was more affected than he wanted to share at the time.”

– Children's home staff, England

Other children had to be placed with foster families due to the death of a parent.

“ We had a family where the children were eight and twelve and their mum was in her late 30s and felt ill. She had lots of conversations where the doctors would say ‘Oh, peri-menopausal, it's just your age,’ all this kind of stuff. Then we went into Covid [lockdown], and she couldn't get a face-to-face appointment. ‘Oh, send us a picture, send us an email.’ And long story short, she passed away at the end of 2022 due to cancer. When they eventually did refer her to specialist services, she couldn't get an appointment for four or five months. Her children ended up having to go to local authority foster carers. Her daughter still says ‘My mum died because everything was shut down.’ And I've had to say to the foster carer, ‘I don't think you can disagree with her.’”

– Social worker, England.

Parents and professionals reflected how access to bereavement support during the pandemic was inconsistent due to pandemic restrictions and a lack of availability. Some children and young people accessed help from services such as CAMHS, charities and schools. However, many others could not get support. This often left children and those caring for them struggling to navigate grief without the usual help.

“ It all happened so suddenly [the death of the school's pastoral lead from Covid] and it broke people's hearts. It was such a shock. It took a year for the school to be able to come together to celebrate his life, because of all the restrictions. Normally if someone in a school dies, then they bring in grief counsellors and there's support systems in place. The kids had none of that.”

– Parent of children aged 10 and 12, England

“ We had one child who lost their mother [as a result of an overdose] and they were about three at that time. They had older siblings as well. They were placed in foster care for a short time while their dad was assessed and, thankfully, they did get placed with their dad in the end. It was difficult because she couldn't get access to CAMHS, because she was in a foster placement. So, the rule is they have to be in their permanent setting before they can access that kind of support.”

– Health visitor, England

During the pandemic, bereavement support was typically offered online or via telephone appointments. While this support was welcomed, some children and young people struggled with online access. Younger children found it more difficult to engage with the sessions via a screen and telephone calls. These were not seen as a substitute for support being offered in person.

“ We had quite a few families who were bereaved during the pandemic and it was very difficult to find services to support them because they were all telephone or video call based. To expect them to sit there for online [sessions] was very challenging.”

– Voluntary and community groups professional, Wales

## Tracy's story

Tracy is a mental health support nurse who told us about her work with bereaved children during the pandemic. She spoke movingly of the challenges children faced and their struggle to come to terms with their loss.

“ We had lots of children who were in care because their own parents couldn't look after them for [various] reasons. [In some cases] their parents were dying and they weren't able to see them to say their goodbyes. Then they weren't getting the bereavement support and it was just massive.”

Tracy explained that charities that would usually offer support were unable to because they did not have capacity. This led her team conducting research online to develop their own support methods to try and help the children. This included helping the children to make memory boxes and print photos.

“ They were supported a bit by their own school, pastoral support would check in, but it would tend to be a telephone call. Although they know the teacher, children don't do telephone calls, do they? They never have to pick up a phone and ring anybody. They weren't getting any support from the charities that we would've referred them into. It was like, 'We're not taking any more referrals', or 'It could be two years'.”

One difficult outcome for some children was not knowing where their family members' ashes were scattered.

“ They [the deceased] were having state [funded] funerals, they weren't necessarily having a private funeral or a cremation. The impact of this, a year or so after the pandemic, was that a lot of the children didn't know where their ashes had been scattered. You can go via the council website and they will give you a grid of a cemetery. The council will know where they've scattered them. 'they would have been scattered in this grid, or that grid'. But you or the social worker had to find out that information for the child. It's just so sad.”

## 7 Impact on physical wellbeing

This chapter explores how the pandemic impacted the physical wellbeing of children and young people. It covers how the pandemic shaped their health, mobility, diet and access to healthcare.

### Access to indoor and outdoor space

Access to indoor and outdoor space made a big difference to children and young people's level of physical activity, health, and experience of the pandemic. Contributors noted that lockdowns reduced most children's physical activity levels, widening existing health inequalities based on a range of factors from children's background, housing, locality and access to outdoor spaces.

Parents and young people recalled how children living in rural areas and near green spaces enjoyed spending more time outside during lockdowns. This positively affected their health and exercise routines.

“ We are lucky, our house is behind a football field, it's communal, but nobody used it at the time. So they just went out of the house and started banging balls on the fence all the time. That's how he learnt football and he did that on a daily basis, without stopping, and even right now. If you ask him one positive thing that came out of Covid, it was that.”

– Parent of children aged 6 and 9, Scotland

“ He came out for the daily walk with me every day, and we used to do it at night in the dark, so ten o'clock at night when everybody else was in. There's a little trip you can do around our two villages which takes about an hour. He didn't do that before, so I would say physically he was a lot healthier.”

– Parent of 16-year-old child, England

“ If I am being honest, I was lucky in a sense as I live with my family, two siblings and have a decent sized garden; because of these reasons I had plenty to do and filled my time well.”

– Young person, England

Contributors described how children and young people without access to a private

garden or nearby park found it much harder to be physically active.

“Some children don't even have a garden. There was no access to parks, no access to a garden, which then limits the gross motor activity they can do. I know you could go for walks eventually, but there were lots of children that didn't get those experiences that they would naturally have.”

– Early years practitioner, England

Children and young people living in smaller homes struggled to remain active indoors. They were limited in what exercise they could do, which was particularly problematic at key development stages like learning to walk. This was especially the case for vulnerable families, such as asylum-seeking families, who were living in hotels during the pandemic.

“The mothers that we support are usually confined in a hotel or hostel room. Being able to go out or go to parks or come to our project, all of these things help with their health. But being in a confined space where some of the young people don't even have a space to crawl or move about. I think this affected their walking, because if they get on the floor that's when they can walk. So, delayed walking or crawling because they're sat in a chair, or in a cot for long periods of time.”

– Voluntary and community groups professional, England

Professionals involved in the lives of asylum-seeking children explained how difficult these children found being in temporary accommodation in hotel rooms, often with many family members. They were not allowed to use common areas to play or run around.

“In the hotels, kids weren't even allowed to run in the lobbies or play with each other. A family will get a room and that's it. Some families will be three generations in one room, like a mum, the kids and the grand mum all in the same room.”

– Voluntary and community groups professional, Northern Ireland

Professionals working with children in low-income households also described how cramped and inadequate housing impacted children's health. For example, some children spent lockdown in rooms with mould, which has had a serious and lasting impact on their respiratory health.

“They didn't have access to gardens. Most of the families, unfortunately, had mould growing in their homes and so the air quality in the home was just incredibly bad. The children who already had health problems and were living in these really bad situations.”

– Therapist, England

## Access to sports and activities

Contributors reported that children and young people's activity levels, stamina, muscle development and exercise routines decreased during lockdowns. They discussed the reasons for this, including schools closing, playgrounds being closed and sports and activity-based groups like dance classes not running.

“ I think movement, strength, twisting, turning, all the ABCs of basic movement, I think a lot of that was lost. Because for weeks the children had no choice ... there was very little opportunity for actual physical movement and muscle development.”

– Primary teacher, Northern Ireland

Parents and professionals described how most children became less active because of disruption to daily routines. Many were physically inactive for large parts of the day, spending substantial time in front of a screen.

“ My first son had just turned 3 and there was no nursery for him, no playgrounds to let him burn off energy, no walks longer than 30 mins, no libraries, no play dates, no shopping, no trampoline park.”

– Parent, England

Many contributors thought school-age children's fitness did not return to pre-pandemic levels after lockdown ended. They told us that the poor lockdown habits continue to affect exercise and physical activity, with children and young people dropping activities they had before the pandemic, often preferring to spend time indoors and online. This was especially damaging for teenagers who moved to sixth form or college during or immediately after the pandemic, and therefore no longer had compulsory PE classes.

“ My younger sibling, who pre-Covid attended a plethora of extracurricular activities and thrived in social situations, was reduced to a near silent young person who no longer practiced any of his pre-Covid activities such as music, sport and scouting.”

– Young person, Scotland

“ He doesn't go to the gym, he doesn't do sport. In the sixth form you don't have to and they never picked it up again. I think they're very different people to the ones they would have been if they had had that mixed life of physical activities. Hanging out in the playground, going and playing football and a little bit of gaming, to being concentrated on gaming, because that is the way they live now.”

– Parent of 16-year-old child, England

## Bobby's story

Katy is a former talking therapist who worked with many young people who played semi-professional sports in secondary schools. During and after the pandemic, she worked with a teenager Bobby who was set to compete in swimming at an Olympic level. However, over the pandemic, he lost access to the swimming pool where he trained, which meant he could not practice or qualify for competitions.

“ He was a swimmer at the junior pre-Olympic sort of stage, that you had to basically get gold or certain times in order to qualify for Team GB. He used to train every morning before school, but over the pandemic he missed all those opportunities to practise and by the time he got back to training he'd missed out.”

Missing important opportunities impacted Bobby's mental health, leading him to start counselling with Katy. Swimming competitively was his passion and his dream, so when he was no longer able to do it, this led him to question his purpose and identity.

“ He only started coming to counselling because of Covid, because he was depressed. Swimming was his life, as in that's what he wanted to do with his future and it also helped him stay balanced and focused and had a positive impact on his mental health. And without that it was kind of like an identity crisis. His coping mechanism and everything he'd known was gone.”

By contrast, some parents recalled how their children continued to access their sports or activity-based clubs online during lockdown. Some families tried to exercise together. This included going for walks outside as a family, walking their dog and exercising at home through online classes.

“ I think activity levels were low, unless children were doing Joe Wicks classes with their family or running around their houses.”

– Therapist, Wales

“ My daughter's dance classes were kept on during the whole pandemic via Zoom in my living room. So, I was really lucky that my children didn't become couch potatoes, watching telly and their games, constantly.”

– Parent of children aged 11 and 12, Scotland

Some young people were able to prioritise exercise during the pandemic, for example by going for regular runs or walks. Many were in university accommodation or returned to their family home during the lockdown. Some found exercise was their

only opportunity to get outside during pandemic restrictions and they developed exercise routines and habits that continue to this day.

“ I probably got healthier during lockdown if I’m honest. I just had more time on my hands to exercise and run ... So, I exercised more and I ate healthier. I was just in a better routine, than at university when I was busy doing the things you do at university, like drinking too much!”

– Young person, University student, England

“ Being at home gave me more time to spend with my family at home, I got into a nice routine and actually started losing a bit of weight thanks to being encouraged to go out and get daily exercise!”

– Young person, England

## Diet and nutrition

Children’s access to healthy meals during lockdown differed greatly based on the family’s financial and other circumstances. Some children ate healthier diets during the pandemic because their parents had more time to cook nutritious meals. Due to the lockdown restrictions, some children benefited from parents having developed better routines for food shopping, preparing meals and eating as a family.

“ I think we probably ate better because you could only go shopping once a week and it was like a big event, so we’d come home and we’d wipe everything down, then you ended up making proper meals, because we were probably better at just eating what was there.”

– Parent of children aged 9 and 11, Wales

“ We probably ate better. We had no junk. Hardly any takeaways. I was cooking proper Indian food. With lots of veg and loads of dahls that take a bit too long to cook when normally you come home from work.”

– Parent of children aged 16 and 18, England

Some young people were also able to develop healthier eating habits over lockdown because their lives had slowed down, with fewer university and work responsibilities.

“ The pandemic probably had more of a positive impact on my physical well-being because I had moved back home, so I was getting my meals cooked for me by my parents ... at uni I ate like rubbish and drank ... So, it probably had a better impact on my physical health.”

– Young person, University student, England

Professionals described how children and young people in children's homes were provided with meals from 'Covid menus' during lockdown. This meant they ate normal healthy meals, even when they were unable to leave their rooms.

However, other children faced food poverty during the pandemic. Parents and professionals expressed how many families already faced difficulties in accessing enough food before the pandemic, relying heavily on foodbanks. With lockdown measures in place, children lost access to breakfast and lunch provided in schools. This was particularly problematic for children eligible for free school meals as their parents struggled to afford the additional cost of extra food.

“ I feel I have had to financially take a hit to get through lockdown, it has cost me a lot in lost work earnings due to reduced working hours, the loss of free school meals costed me more, and the burden of responsibility for my child's education.”

– Parent, England

“ Children were coming to our group sessions smaller than before because they were not eating as much because they were not getting school dinners anymore. Most of the children I work with are in food poverty. Before lockdown, they would be getting free school meals for lunch every day and then, suddenly, it fell onto the parents to provide that. That's why we started doing food deliveries.”

– Voluntary and community groups professional, Scotland

“ There's not been much recognition about how underlying inequalities affected people's Covid experience ... if you're a white middle-class person, of course your children suffered, but it's nothing like what happened to the children from other communities ... Not everybody was baking bread with their children and spending time in the garden. That's not what was happening. The harms are just absolutely multiplied for those who don't have existing resources.”

– Voluntary and community groups professional, England

Some families faced difficulties accessing affordable food stores or food banks during lockdowns. During this challenging time some children lost weight, despite parents making sacrifices such as skipping meals or avoiding public transport to save money for food.

“ The vulnerable families that I was working with, not having access to money, not having access to shops, people didn't drive, so they were walking to the Co-op, or the Scotmid that cost a fortune, they were relying on foodbanks, and parcel deliveries. Kids' physical health was impacted by not having good nutrition, and their family not having a lot of money to provide food ... And families were having to walk with young kids [rather than take the bus] to be able to work their budget, budget their money to be able to feed their family.”  
– Social Worker, Scotland

“ We provided food bank vouchers which skyrocketed during lockdown. The food banks closed for various reasons, like they weren't getting the donations or it wasn't safe. So, a lot of the time what we would see parents forego meals to feed the children. Or when we'd see children, they would sometimes be saying they were hungry, or we would get requests for destitution payments to be made.”  
– Social worker (working with survivors of domestic abuse), Scotland

“ The lockdown, that impacted on him. His weight actually drastically dropped, you know. You're talking about a young fellow who was, what, just over 6 foot and weighed something like 9.5, 10 stone. So, it had an impact on his physical health.”  
– Social worker, Northern Ireland

At the start of the pandemic, families eligible for free school meals faced significant challenges in feeding their children. Although systems across the UK were introduced to support families on free school meals, there were delays and glitches in implementation. However, we heard from a number of community groups and schools who responded immediately to support their families most in need by distributing food parcels and vouchers. Some spent hours everyday delivering parcels to family homes to ensure they had food to eat.

“ In particular, it was amazing how school staff stepped in to try to support wellbeing, with weekend and evening working and by distributing food parcels and vouchers to families who would normally get free school meals.”  
– Teacher, England

“ I was part of the pastoral team that ensured that every free school meal student was provided with a free school meal on a daily basis. So, we were the ones that went out in the minibus and delivered those. It could take up to three or four hours a day, sometimes, delivering the free school meals. But we had an obligation to provide that free school meal.”  
– Pastoral care staff, England

Other professionals thought the support offered was inconsistent and poorly managed, leaving children without enough food. The online free school meal voucher system in England was unable to handle the volume of website traffic and was difficult to navigate. This meant that some children and young people struggled to get food during the pandemic.

“ The impact on the kids that weren't getting their free school meals was massive. There were different community initiatives in certain areas so that people could still access food but they weren't consistent throughout the whole country. It really was dependent on what community links and resources you had to access warm, nutritious food. The loss of access had a huge impact on children's physical health and wellbeing.”

– Social worker, Scotland

“ I had to organise free school meal vouchers for the pupils not in-school using the absolutely awful online voucher system which was in no way equipped to deal with the volumes. I used to have to get up at 3am to place orders on the online voucher system as it was the only time I could get access without being kept in a perpetual loop.”

– School worker, England

### Sruti's story

Sruti was an Assistant Head Teacher and SENCO at a large primary school with a high level of deprivation. The start of the pandemic was a chaotic time for her team as they attempted to create new systems for supporting and safeguarding pupils over lockdown. This included making sure that children eligible for free school meals received other support.

“ It's safe to say that I've never worked harder and for someone who works in education that is quite the feat, considering we give our souls to our communities. We were a leadership team of six who had to adapt constantly to changing demands from the government, new rules and a highly anxious community. We had very little time to put into place new systems. This included surveying every single family, so we knew what jobs our parents did, who was going to be at home with children, who needed support and safeguarding.”

During the start of the first lockdown, Sruti worked tirelessly to make sure eligible families could access vouchers that replaced free school meals. She saw parents who would have been unable to properly feed their children without this support.

“ I had a camping chair that I kept in the boot of my car. I drove from house to house, sitting in people's gardens and helping them to fill out forms so they could claim the free school meals vouchers. Thankfully as a team we knew which parents were illiterate so I could call them up and offer help without them having to lose face or admit that they didn't have enough money to feed their children because they couldn't understand the forms.”

During lockdown, many ethnic minority families faced sudden barriers to accessing specific ingredients essential for their traditional cooking. This meant parents often had to buy less familiar foods and prepare meals that were not part of their usual diet, making it difficult to maintain nutritionally balanced meals for their children. Relying on unfamiliar foods sometimes led to a reduction in overall diet quality, impacting on children's nutritional health.

“ We did notice ... for the multicultural families, they were coming back and the children were a lot thinner, because they weren't able to go and get all of the food that they ordinarily would eat ... We had a lot of feedback from parents saying that they struggled during the pandemic because of this.”

– Early years practitioner, England

Some asylum-seeking children were housed in hotel rooms with no access to a kitchen during lockdown. Contributors recalled that they had to rely on the food provided by the hotel and what they could occasionally buy from nearby shops. As a direct result of this, these children had a very poor diet and many were malnourished.

“ As part of my job, after lockdown, I surveyed around 21 hotels housing asylum seeking families, most of the kids were malnourished and the kids weren't getting the appropriate food and they were having anaemia.”

– Voluntary and community groups professional, Northern Ireland

Some professionals saw an increase in children seeming weaker and undernourished because their bodies did not receive sufficient essential nutrients including vitamins and minerals necessary for proper growth.

“ I think children struggled to even get the right vitamins because what they were having to eat was long-life shelf products, which left them with not a lot of vitamin intake. I remember seeing a lot of children quite pale with black under eyes and things like that in these children that were suffering throughout the food insecurity.”

– Health visitor, Scotland

Contributors also mentioned that some children and young people lacked vitamin D, which commonly happens when someone does not get enough time outside in the sunlight.

“ We have a big issue with vitamin D deficiency ... that came post-Covid ... so what we do now is issue vitamin D drops to every single child in our caseload who is not drinking baby formula.”

– Health visitor, Scotland

“ My doctors also believe that lockdown could have caused my vitamin D deficiency which also effects being able to gain weight and gain muscle.”

– Young person, England

Some parents and professionals said they have seen a lasting impact of the pandemic on some children’s relationship to food and their diet. They described children being more selective about food and choosing to eat less healthy meals that do not provide a balanced diet.

“ But we’ve got so many picky eaters now, it’s absolutely ridiculous, like the amount of children who will go for school dinner and it’ll literally just be a cheese panini and they don’t want anything else touching on their plate ... I think they were allowed to eat whatever they wanted at home. And then they come back in, ‘But I don’t want that, I don’t like.’ And we have never had it that hard.”

– Primary teacher, England

“ My youngest’s eating habits are terrible now. Whereas before Covid she would have eaten anything ... but a lot of things that she ate before she doesn’t eat now.”

– Parent of children aged 9 and 13, Scotland

## Patterns of weight gain

Some parents shared examples of children putting on weight and becoming less healthy during the pandemic. They linked this to children being less active during lockdown and eating more food that was often lower quality, cheaper and more processed. Some parents also discussed the role of boredom, with their children ‘comfort eating’ more to pass the time indoors.

“ My son’s eating habits became really bad during lockdown, instead of eating breakfast, going to school, eating school lunch, he would be snacking more during the day, and drinking fizzy drinks late at night. We noticed that the children would be snacking more, eating because they’re bored, not because they’re hungry, choosing to have more oily and carby food. Their whole routine and diet changed.”

– Parent of children aged 5, 10, and 14, Scotland

“ The boredom factor, as well and what I also found was they were both comfort eating. They were eating! They put on so much weight, because it was something [to do]. They didn’t have anything else to do, other than just going through cupboards and going through the store.”

– Foster parent, England

We heard from some parents how their feelings of worry and anxiety during lockdown were linked to their children gaining weight and becoming less healthy. Eating more was often seen as a way to manage their emotions during the stress and uncertainty of the pandemic. In some cases, contributors gave examples of the weight gained during the pandemic not being lost and children developing chronic illnesses like diabetes linked to their poor diets.

“ He’s now got type 2 diabetes, recently diagnosed. He was a very fit and sporty young man and as soon as Covid hit, that all stopped. He stopped doing sports, he gained a lot of weight. It’s had a huge amount of ramifications.”

– Foster parent, England

### Jason’s story

Mia is a mother in Wales whose son was near the end of primary school during the pandemic. Before the pandemic, her son Jason was very active and athletic and enjoyed spending time outdoors exploring. However, during lockdowns, Jason was stuck at home and ended up gaining a substantial amount of weight:

“ My eldest was very lean, he was very agile, he was always able to climb trees, he was on the go all the time. He was very strong and very energetic. Then during the pandemic he piled on a lot of weight.”

After the pandemic, Jason was unable to lose the extra weight. Mia feels that this is continuing to impact his health, weight and motivation to exercise to this day.

“ That still knocks him until this day because he hasn’t been able to shift it. He’s 13, going through the changes, he’s got that puppy fat, but he’s never been able to lose what he gained during the pandemic. He was a lot more active before the pandemic.”

## Infant feeding

Contributors reported that some mothers faced problems feeding their newborn babies during lockdown. Some struggled to buy baby formula because of shortages in local shops and online. The financial pressures some faced during the pandemic

also made it difficult to afford baby formula.

We also heard that some mothers benefited from the additional time at home to breastfeed during lockdown, while many still found breastfeeding difficult without the usual post-natal support from health visitors, midwives and other professionals. This led to negative health impacts, such as babies who are tongue-tied<sup>23</sup> being underfed and losing weight.

“ There is that element that mothers were at home so there’s less distractions, and there’s no visitors coming round so that had a positive impact on their time to breastfeed, but generally I think it was quite negative because with breastfeeding you need that face-to-face rapport if the positioning is not right and then you need that ongoing peer support with it, which they didn’t have.”  
– Health visitor, England

“ There were no baby groups, no clinic visits, no connections with other mums and quite quickly the requirement to look after a newborn and home school a 4-year-old simultaneously.”  
– Parent, England

### Gina’s story

Gina is a health visitor in England who works closely with new mothers and their babies. She described how lockdown caused mothers to miss out on essential breastfeeding support from midwives and health visitors, due to resourcing pressures and restrictions on face-to-face visits.

“ The level of support we give around being on latch was totally impacted in lockdown. Remember the mums that didn’t have anyone with them to provide support. The midwives on the post-natal wards would normally do everything for the mums, but then over lockdown the breastfeeding support probably wasn’t there. These mothers didn’t have their partners or any family members with them ... so if the midwives weren’t able to do that, then it’d be over to the health visiting service but the health visitors weren’t there and the infant feeding team couldn’t do it.”

<sup>23</sup> Tongue-tie is a condition where the lingual frenulum (the tissue connecting the tongue to the floor of the mouth) is unusually short, thick, or tight, restricting tongue movement and potentially causing difficulties with breastfeeding, speech, or oral hygiene.

Some mothers were not able to breastfeed properly, with some giving up entirely. After lockdown, Gina saw cases where the baby was not feeding properly because they had an untreated tongue-tie. This caused them to lose weight at a key stage in their development that has lasting impacts on their health as they grow older.

“ We had mums giving up breastfeeding because the latch was not good and very painful and then babies had tongue-tie. It really did impact and was quite a big thing because normally we'd book mothers into our clinic, we'd observe the tongue-ties ... I remember quite a few cases where there were very distraught mums, with babies that weren't gaining weight properly, faltering to grow because the latch wasn't right.”

## Sleep patterns

Over the course of the pandemic, children and young people's sleep patterns changed. Parents and teachers explained how children and young people's bedtime and wake up time were disrupted by the change of routine associated with lockdowns and having to stay home. Keeping a regular sleep pattern was particularly difficult at the very beginning of the first lockdown when schools were not yet set to teach online. For some children the initial disruption to sleep patterns continued irrespective of school morning classes.

Parents explained how children and young people would stay up later on their phones, watching TV or gaming despite warnings and sometimes against their parents' knowledge.

“ The societal norms of getting up at eight am to go to school, then come back, then have dinner, then go out to go to a youth club, those structures just totally disintegrated. And that meant that there's no norm in terms of going to bed at a proper time. Young people were doing all-nighters, going to five in the morning gaming with somebody in America and then parents trying to get them up to go to breakfast were unaware that their child had been up for most of the night gaming.”

– Voluntary and community groups professional, Northern Ireland

“ Their sleeping habits were out of the window because they knew they were not accountable to anybody, in terms of going to school. A lot of their friends stayed online, like midnight and all that. I remember, sometimes, you're sleeping, it's past midnight and you're hearing little voices in their rooms. You go in, they're always on a gadget. You're like, 'Goodness me.' He's on a device.”

– Parent of children aged 6 and 9, Scotland

“ I remember having conversations with particular boys in my class who would often be playing on their PlayStation late at night, because they weren't allowed outside to meet up or socialise with their friends. That they could have a chat with them whilst playing on their PlayStation for three or four hours at night, and then it runs past midnight. That probably still happens now but that had more of an impact during lockdown because of the lack of being able to do anything else.”

– Secondary teacher, England

Late nights meant that some children struggled to engage with remote learning the next day. Teachers gave multiple examples of children sleeping during online classes.

“ Sleeping patterns changed during the pandemic. During the pandemic, there were lots of time when students were actually sleeping during online classes. They'd wake up, log themselves on, and go back to sleep during a remote lesson.”

– Further education teacher, England

Parents explained how problems with sleep that started during the pandemic, continue to impact their children's sleep still.

“ My daughter still goes to bed later and I think that that did start during the pandemic. When she started to go back to school, it was pretty hard to convince her that she needed to go back to bed at eight o'clock. It's like, alright, five more minutes, and suddenly it's half-nine, quarter-to-ten and she's still up. That definitely didn't happen before Covid. She'd have been in bed on time.”

– Parent of children aged 8 and 5, England

## Dental treatment

Children and young people were unable to receive essential dental care during lockdown. Contributors linked this to problems like tooth decay, especially in young children, where teeth are more vulnerable to damage or decay.

“ My youngest child has had to have a tooth removed due to not having any dental checkups for such a long time over Covid.”

– Parent, England

“ One little boy, really, they’d booked in to have a couple of teeth extracted and had to wait and was in so much pain, he ended up being admitted to hospital. That caused a lot of anxiety. It wasn’t anybody’s fault but had he been able to go to the dentist, then that wouldn’t have escalated and that wouldn’t have happened. He ended up being sedated to have a couple of teeth out, whereas that wouldn’t have happened pre-Covid.”

– Early years practitioner, Wales

The lack of routine dental appointments for children meant parents were not told how to prevent tooth problems worsening. Parents told us about how this led to children having poor dental hygiene, tooth decay and losing teeth early.

“ I feel like medically, I was let down by the NHS, having been waiting several years for dental treatment, and then not being seen at all and shipped around waiting lists meant that the 5 fillings I was supposed to have turned into 13 fillings and 3 teeth removed.”

– Young person, Wales

## Immunity to disease

Parents and teachers shared how children and young people experienced high levels of illness when returning to school and other social settings where they mixed with others. They related this to reduced exposure to peers during lockdown, which limited their interaction with common diseases and meant their immune systems did not develop properly.

“ The year he went back to secondary, the first term he was ill continuously picking up infection after infection in school and then spreading it at home.”

– Parent, England

### Noah’s story

Saoirse is the mother of a young boy called Noah in Northern Ireland whose nursery closed at various points during the pandemic. On his return to nursery after lockdown, Noah repeatedly became ill, along with the rest of his class.

“ When he actually went to nursery, nearly his whole class was off because they were suddenly encountering all these germs that they hadn’t encountered before. They had no immunity to [them] because they hadn’t been gradually introduced to them over time, mixing with other kids in social settings. So, it was like the plague. They were just constantly sick, all of them.”

This eventually led to Noah developing severe tonsillitis, and subsequently having his tonsils removed at a very young age. Saoirse felt that this a direct result of lockdown on her son's underdeveloped immunity to such illnesses. She also thought that there was a lack of planning around the return to school after lockdown, and children with more vulnerable immune systems were not considered.

“ He got tonsillitis eight times in six months and he ended up, at only three, going in and having his tonsils removed. Emergency surgery to remove his tonsils, because they were literally fusing together, because the swelling was just getting worse. I don't think that he would've been as susceptible to all those bugs if he had built up some kind of immune system before being thrown into the nursery environment.”

Healthcare professionals were concerned they had seen a decrease in vaccination rates for babies and young children during the pandemic. They suggested that this was due to services being moved online and not being able to speak to parents about immunisation in the usual way. Some parents are now more hesitant to have their child vaccinated because of increased concerns during the pandemic around the safety of vaccinations. As a result, some children have missed key points for immunisation, which is leading to more outbreaks of certain diseases.

“ I think that there was a lot of misinformation around the Covid vaccine and how the vaccine was developed and I think that played into ... more general scepticism. Slightly scarily – it was probably about six or eight weeks ago we had a notification of measles cases in the areas where I work again. So, yes, I think that has been a real knock-on effect of the pandemic.”

– Health visitor, England

### Clara's story

Clara is a health visitor in a large city in England. She works with children aged 0-5, supporting with early years health assessments, development checks and immunisations. Over the pandemic, appointments where she could discuss the importance of immunisations became remote, were delayed or missed completely. Clara thinks parents missed out on essential information around the importance and safety of immunisation, which is leading to lower vaccination rates and increased outbreaks of diseases amongst young children:

“ We have pockets of TB, we have pockets of measles, whooping cough where I work. Those immunisation appointments that children are usually taken to, now parents just decline to take them ... that might be because they just weren't given the appropriate health information, particularly on vaccinations. There's a lot spoken around vaccinations and parents get scared about vaccinations”

Clara thought this had led to lower take up of vaccinations in some communities and for some children.

“ Particularly parents who have emigrated to this country and maybe aren't as well aware of the vaccination programme that has been well-established here. There is a lot of fear because it's not necessarily something that they're used to ... and their children just aren't getting vaccinated as much.”



## 8 Post-viral conditions linked to Covid

This chapter describes children and young people's experience of post-viral conditions that developed after contracting Covid-19 and the impact this has on their lives

### The impact of post-viral conditions linked to Covid

We heard about the huge and often life-changing impact on children and young people of severe or longer-term conditions that developed following infection with Covid-19. As explained further below, some of these conditions, Kawasaki disease and Paediatric Inflammatory Multisystem Syndrome (PIMS), predominantly affect children and young people.

Kawasaki disease is a condition that mainly affects children under the age of five. There was a sharp increase in cases seen during the pandemic<sup>24</sup>. It causes swelling of the blood vessels throughout the body, including sometimes affecting the blood vessels supplying the heart muscle<sup>25</sup>.

The severe inflammation caused by Kawasaki disease has led to severe physical complications and symptoms for young children. One parent shared about their child developing aneurysms, which are swellings in the arterial walls that can cause blood clots.

The medication prescribed for Kawasaki suppresses their child's immune system, increasing susceptibility to infections and presenting further physical challenges.

---

24 [Emergence of Kawasaki disease related to SARS-CoV-2 infection in an epicentre of the French Covid-19 epidemic: a time-series analysis - The Lancet Child & Adolescent Health](#)

25 [Kawasaki disease - NHS](#)

“ It caused damage to his coronary arteries, and he got aneurysms ... they rescanned his heart and they said that the aneurysms had got that big that they could burst at any time. Obviously, if it did burst, that meant he could die ... because he’s on warfarin, he gets covered in bruises.”

– Parent of child with Kawasaki

Paediatric Inflammatory Multisystem Syndrome (PIMS) is a complication of Covid-19 that causes inflammation throughout the body. It occurs mainly in school-age children but can affect infants or young adults<sup>26</sup>.

Parents described how children with PIMS experience damaging physical impacts similar to those seen in children with Kawasaki.

“ Despite being caught early, her consultant caught it straight away and saved her life, despite all that treatment she has heart problems, aneurysms clotted over. The implications of disease have lasted for years.”

– Parent of child with PIMS, Listening Event Targeted Groups

Parents of children affected by PIMS shared the profound physical impacts their children have experienced. These include serious health conditions from heart problems to fatigue and potential brain injuries. We heard how the cognitive impact of PIMS means some children experienced severe impairments in cognitive functioning, particularly in their ability to recall recent events.

## Children with PIMS

During a listening event with parents of children living with PIMS, we heard about the devastating impact the condition has had on many children.

“ He still has damage to his heart but is slowly improving, there is a slight leak on a valve and still has some inflammation around joints that causes pain, which is made worse by changeable weather.”

– Every Story Matters contributor, PIMS Listening Event

“ A few weeks later he had a headache, tummy ache, sore everything, tiredness, fatigue and blurred vision. We took him to an eye specialist who saw inflammation behind his eyes and said he might have a brain injury.”

– Every Story Matters contributor, PIMS Listening Event

“ His memory was fantastic, and now he can't remember what day it is, the brain fog is so bad, he won't remember what had for tea the day before.”

– Every Story Matters contributor, Listening Event Targeted groups

Long Covid can be developed by both children and adults after infection with Covid-19. Long Covid usually presents with clusters of symptoms, often overlapping, which continue for more than 12 weeks, can fluctuate and change over time and may affect any system in the body<sup>27</sup>. For some people, Long Covid has worsened pre-existing conditions.

We heard about the persistent nausea experienced by one child with Long Covid. This makes it extremely difficult for them to take part in everyday activities, and meant the child became clinically underweight, worsening other health conditions.

“ He had severe nausea. He would just say, 'I can't watch you eat,' and he would take a little bit of food upstairs to his bedroom. He lost a whole load of weight, and he's never really put it back on yet, so he's still clinically underweight.”

– Parent of children aged 10 and 13, England

Parents shared how children and young people experienced memory loss and cognitive difficulties because of Long Covid, which they said had made it more difficult for them to reach their previous potential.

“ We got to the stage where his cognitive function was so bad, he couldn't even tell me what his surname was. It was like he couldn't do basic maths; he couldn't do the things that my daughter was doing at primary school, the things that he would normally have excelled at.”

– Parent of children aged 8 and 14, Scotland

For some young people, living with a post-Covid condition has affected their sense of identity. The severe disruption to their plans and aspirations has left them unsure about their futures.

“ I was meant to be beginning pro-ballet as a career. To go from that to being in bed all the time is massive. At a young age it's difficult as you are finding out who you are. I'm 18 and still don't know who I am, four years later. It's an identity I don't want.”

– Young person with Long Covid, Listening Event Targeted groups

<sup>27</sup> Clinical definition of Long Covid issued by the National Institute for Health and Care Excellence on 18 December 2020 [Long-term effects of Covid-19 \(long Covid\) - NHS](#)

## Misdiagnosis and lack of understanding

Parents described how some healthcare professionals initially rejected the idea that children could experience post-viral conditions like Long Covid. Some parents pointed to misconceptions about the impact of Covid-19 impact on younger people as leading to this scepticism among some health care professionals. This was a common problem when reporting symptoms and seeking diagnosis and treatment for their children. Many parents continue to feel frustrated and angry as a result of their experiences with healthcare professionals.

“ The response was, ‘Well, children don’t get Covid.’ I know they’ve got Covid because that’s where I’ve got it from. They’ve had the same symptoms as me, but they were more severely ill. We were in A&E with the boys because they were so ill. They got taken in by an ambulance, blue-lighted twice.”

– Parent of children aged 6 and 7, England

“ I’ve literally had a GP say to me, ‘Your son can’t possibly have Long Covid,’ because children didn’t get Covid ... if you speak to any parent of a child with Long Covid, it’s the exact same story.”

– Parent of children aged 8 and 14, Scotland

“ I was getting very cross when I was hearing that children were not affected by Covid, especially when my son nearly died because of it ... the lie being told that children were not affected. The doctors we saw did not even recognise PIMS as a possibility. I think that’s what angers me, the fact that maybe they should have known that this was a possibility and not brushed it off for as long as they had.”

– Parent of children aged 4, 8 and 11, England

A lack of understanding of post-Covid conditions in education settings has led to some children and young people not being properly understood and supported. As a result, children and young people struggled with unrecognised needs. In some cases, this led to their symptoms being seen as behavioural issues rather than health conditions, an issue that is still ongoing.

“ If there had been the right information from the start about kids getting Covid and if they would make schools follow rules. I still struggle with my college, I get told off for falling asleep in class, being told I’m rude and disruptive when there is nothing I can do. Schools should be educated on this; there’s not enough information on it.”

– Young person with Long Covid, Listening Event Targeted groups

Children and young people with post-Covid conditions were often misdiagnosed with other conditions. Delays to correct diagnosis meant it took longer to access the support they needed. For example, one child's Long Covid symptoms overlapped with those of Postural Tachycardia Syndrome (PoTS). Her symptoms included extreme fatigue and body aches that made it difficult to carry out everyday activities. The similarity between Long Covid and PoTS led to delays in obtaining the appropriate diagnoses and treatment for each of the conditions.

“ She has to sit as much as possible because the more time that she stands up, because she's got PoTS, the second she stands up her heart rate shoots up. She's been told to sit as much as possible to get her heart rate lowered.”

– Parent of children aged 9 and 12, England

### Alfie and Jacob's story

Lois, a 50-year-old mother of two boys Alfie and Jacob, aged 6 and 7 at the start of the pandemic, told us about her children contracting Covid-19 and then developing a range of debilitating symptoms. She thought her children had PIMS and raised this with doctors early on.

“ The hospital didn't know what that was. They literally said, 'What's that?' I told them what it was, but they were like, 'We've never heard of that before, and we've never heard of anything relating to Covid.'”

Lois believes this late diagnosis contributed to brain inflammation and the development of PANS/PANDAS<sup>28</sup>. Alfie and Jacob's quality of life has been substantially impacted by the persistent symptoms and inadequate treatment.

“ He [neurologist] said, 'Yes, they have missed PIMS,' which caused the brain inflammation, which is why they've got PANS/PANDAS now ... So, they were left with that, and we still suffer to this day.”

Lois' children developed further symptoms. She suspected MCAS<sup>29</sup> but testing was delayed for years.

“ I was saying each time, 'I think they've got MCAS,' because again all their symptoms are very classic of MCAS and a lot of people are getting it after Covid ... an immunologist said, 'Well, I don't think they've got MCAS, but we'll test anyway. But I don't believe they've got it from what you've said.' The results came back which were positive ... so he diagnosed them with MCAS. That's four years on. It's just ridiculous it took that long to be heard and get a diagnosis.”

28 Paediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal infections

29 Mast Cell Activation Syndrome

During this time, Lois took her sons to a Long Covid clinic, where they prioritised pacing strategies<sup>30</sup> and mental health assessments. The doctors said Alfie and Jacob's symptoms were because of lockdown-related anxiety rather than physical illness, which contributed to delays in getting the right medical treatment in place.

“ [The doctor] was asking loads of leading questions, clearly pushing them down a mental health route. It felt like he was asking questions that were suggesting it's because of lockdown.”

Other contributors shared how the lack of knowledge from healthcare professionals about post-Covid conditions often led to them being diagnosed as mental health conditions. This meant children and young people were offered mental health support, despite the presence of physical symptoms.

“ They [Long Covid hub] told me it was mental health condition. It made me question if I was faking it, when you keep getting told this, after a year of complete bed rest, requiring help eating, needing a wheelchair, seizures, blacking out, exhaustion and no help from the NHS.”

– Young person with Long Covid, Listening Event Targeted Groups

## Lack of healthcare support

Parents of children with post-Covid conditions shared the many ongoing difficulties they have had getting the right treatment and support, particularly when conditions have not been properly recognised.

“ I did recently find out that we should have had a social worker because we reached the end of the list for the Long Covid clinic and one of the first questions they asked us was 'who is your social worker?'. We've never had a social worker. We don't meet the criteria because the council doesn't recognise Long Covid as a disability. She doesn't get picked up by the Children with Disabilities team which would give you a social worker who could help make these points in all these meetings I've had to go to on my own. A lot of it is people not being asked to recognise it as anything.”

– Parent of children aged 5 and 10, England

<sup>30</sup> Pacing strategies refer to a structured approach to activity and rest, commonly used in managing chronic health conditions where overexertion can lead to symptom flares.

## Oliver's story

Stephanie shared how her 14-year-old son Oliver caught Covid-19 right at the start of the pandemic and since has faced persistent difficulty in getting the right medical help, despite ongoing efforts. The effects of Covid-19 continue to have a huge impact on him today.

“ The reality is they [the GPs] didn't really know what test to be running for him. They started to talk about it being Long Covid, and we thought 'this is new, we understand that there's no support there,' but we are now four-and-a-half years into my son's illness, and he's still not seen a single specialist on the NHS. Our GP referred my son to Neurology to Cardiology to Rheumatology and to Respiratory, and every single referral has been rejected, nobody would see him.”

Stephanie's pursuit of care for Oliver included raising his case with local and national politicians. Despite taking these steps, Oliver remained unseen by any NHS specialists.

“ We've had a lot of support from our local politicians, but it's not made a difference. I've had conversations with the health ministers, with the cabinet secretary ... I've escalated it to the ombudsman, and they wrote to [the] NHS health board ... they had 20 days to respond. And on the 20th day, they just came back and said, 'We need more time, we'll come back to you in four weeks and advise you.' Four weeks later and I've still not heard anything. I can't begin to emphasize how difficult it has been to access healthcare.”

Oliver's age was a substantial barrier in securing appointments with specialists through private healthcare, as most would only see young people who are aged over 18. This forced them to travel long distances, further complicating his health condition.

“ We ended up going to a BUPA hospital in [City], we went to an [City] Hospital. I've taken my son to London to see a specialist. Even that, taking him on a train journey to London to see somebody, he was in bed for three weeks after that because of the physical toll that took on his health. It shouldn't be that hard, we shouldn't have to be traipsing round the country ... but that's been the reality of trying to access private healthcare as well.”

Oliver's experience means he does not want to speak directly to healthcare professionals because he finds it too exhausting.

“ My son is 19 now, and he’s basically signed all these forms saying, ‘Just speak to my Mum,’ because he doesn’t want to engage any more ... It’s exhausting. He hasn’t got it in him, and he says, ‘If I spend an hour trying to get through to the doctors, I then don’t have the energy to actually go to the doctors if I get an appointment.’”

## Impact on education

Parents described how post-Covid conditions have severely disrupted education for many children. They often faced substantial challenges in attending school due to their health conditions, resulting in falling behind and being unable to complete milestones.

“ The fact that Long Covid hit meant that he’s gone from being, I think he was in the top five performing students in his year group at school, to having not attended school for two years ... in terms of educational impact there, absolutely catastrophic, because if we are having a really good day he might manage to get one, maybe two, GCSEs. Whereas before he would have probably been a grade eight, nine, student<sup>31</sup>.”

– Parent of children aged 10 and 13, England

“ He had 100 percent attendance, post-Covid he’s at 66 percent. That was his attendance last year because his immune system can’t cope and he keeps getting ill ... the schools are cracking down on attendance and it feels like all they’re bothered about is numbers, their attendance figures, and they’re not really bothered about what Covid has done in terms of illness to the children ... There should be more support in schools as well because again, that’s not there and it’s not really recognised. Even when you’ve got the diagnosis, the schools still push attendance over and above the physical illness.”

– Parent of children aged 6 and 7, England

“ Now that she’s been ill for the whole of year seven ... she is struggling now, she can’t absorb anything really at the moment. She is in school, but she can’t absorb anything.”

– Parent of children aged 9 and 12, England

31 The current UK GCSE grading system utilises a nine-point scale ranging from 9 (highest) to 1 (lowest) to evaluate student performance.

Some children with Long Covid experienced severe symptoms and faced difficulties socialising with their peers, which prevented them from continuing their education at that school.

“ Socialising with kids my own age was non-existent. I dropped out of school. I got bullied for faking it, everyone called me a part-timer and bullied me for wearing a mask. People were jealous that I was taking so much time off school.”  
 – Young person with Long Covid, Listening Event Targeted Groups

As with healthcare services, schools often struggled to provide adequate support for children and young people with post-Covid conditions. This led to further isolation and stress for some children.

### **Sarah’s story**

Anna is the mother of Sarah, who at the start of the pandemic was 10 years old and has Hypermobility Spectrum Disorder. This means that she can sometimes walk without support but often needs a wheelchair to help her move around. Sarah contracted Covid-19 during the transition from primary to secondary school and developed Long Covid, which exacerbated her condition. She now uses a wheelchair full-time.

Despite her worsened health condition, Anna described how Sarah's school refused to accommodate her wheelchair needs. The lack of understanding by the staff led to Sarah’s isolation and her not being managed safely in the school.

“ When she got Covid and then obviously that turned into Long Covid, they still wouldn’t allow her to have her wheelchair. When she started in the September, they made her walk around for a whole day ... they would leave her in corridors on her own and it was a really big school. They would just leave her in a corridor with no safeguarding.”

Anna said that the lack of acknowledgement of and support for Sarah’s health conditions has contributed to her disengaging from education.

“ It doesn’t matter what she says, she’d got to a point where she’d stopped speaking up. We’d gone and spoken to the headteacher, and we’d been promised things. We were doing our part to encourage her to do her best. She’s just gone, ‘well, no one is listening to me so I’m just going to shut down.’”

## Impact on emotional wellbeing

We heard about the severe and damaging impact on the emotional wellbeing of children and young people living with post-Covid conditions. Inadequate medical support and isolation triggered feelings of anxiety, especially around catching other illnesses or Covid again.

“ He is an anxious child since this. Any illness he gets, he goes to the worst-case scenario. He has nightmares and pure fear that he will be back in that situation. Despite our reassuring him he goes straight back to that place. He suffers with anxiety as a result.”

– Every Story Matters contributor, PIMS Listening Event

“ He did subsequently catch Covid a second time ... There was anxiety for him because he said, ‘the first time I had Covid, I then got PIMS. If I get Covid again, does that mean I’m going to get PIMS again?’ He was terrified.”

– Parent of children aged 4, 8 and 11, England

Some children and young people also experienced low mood and depression because of their post-Covid condition.

“ He then suffered clinical depression because he was locked away and isolated in his room, pretty much left to rot. I don’t say that lightly, if it wasn’t for us constantly fighting and trying to get him healthcare, he’d just be left there.”

– Parent of children aged 8 and 14, Scotland

### Finn's story

Emily, a 48-year-old mother, detailed the struggles her 13-year old son Finn faced with Long Covid, and how these led to him experiencing suicidal thoughts.

“ He became suicidal very quickly. At that point, he had a complete physical crash. He was sleeping, probably for about 18 hours a day. Physically, he struggled to get out of bed before four o’clock in the afternoon ... He went from being an outgoing, sociable child, to being really withdrawn.”

She explained that Finn's challenges were made worse by a lack of support from healthcare services, especially within critical moments of crisis. She described services dismissing his needs.

“ I was on the phone to them, explaining where we were, and they wanted to speak to Finn and said, ‘But do you actually want to kill yourself?’ And he’s shouting back, ‘Yes, I want to kill myself. What more do you want to hear?’”

Despite Finn's clear distress, Emily reported a lack of proactive follow-up from professionals, contributing to him struggling even more with his condition and not wanting to engage with healthcare.

“ There was no follow up, despite the fact that he was obviously suicidal. After the response from the CAMHS crisis team, he refused and still refuses to this day, to speak to anybody at CAMHS, counsellors, anything like that. He will not have anything to do with it ... the response from healthcare services has been, ‘Well, keep doing what you’re doing.’”

She feels these repeated experiences of feeling unseen and unheard have led to Finn feeling abandoned.

“ I guess you just feel completely abandoned. Certainly, let down, certainly angry at times. Finn will frequently say to me, ‘the doctor has got about two minutes before I stop engaging with them, if I don’t think they’re actually listening to me.’”

Some parents told us that schools not properly supporting children living with post-Covid conditions was also harmful to their emotional wellbeing. A child with Long Covid developed post-traumatic stress disorder because of how their school treated her.

“ As a result of everything she’d been subjected to, she’d been diagnosed with post-traumatic stress disorder ... she would literally vomit at the mention of the school and the mistreatment and neglect she experienced.”

–Parent of children aged 5 and 10, England

## Archie’s story

Archie, a 16-week-old infant, presented with a persistent fever and appeared unwell during the pandemic. After his diagnosis of Kawasaki disease, he required annual check-ups.

“The tests that he has to do every year are uncomfortable for him. He has to lie still,

he has to have a scan, he has to have stickers on him, and he does get quite upset and he's quite an anxious little boy.”

After intense and frequent visits to the hospital, Archie now feels anxious in environments that may look or smell a bit like a medical setting.

“ He grabbed hold of me and said, ‘Am I in the hospital? I’m not going to see the doctor. I’m not going to see Doctor’, he mentioned the name of the cardiologist, ‘I’m not going to see him?’. He just saw lots of staff in masks, and he was three at that time, and I said, ‘No, we’re in an airport, we’re not at the hospital’. I think it looked very similar, the lights, the sterile sort of environment. We went to a party once, we walked in and there was quite a strong smell of disinfectant and instantly he said, ‘Oh, I’m not going to the doctor, I’m not going to see the hospital.’”



## 9 Lessons learnt

This chapter describes the lessons contributors thought should be learnt from the impacts of the pandemic on children and young people.

### Prioritising children in future pandemics

Many parents, professionals, and young people reflected on the huge impact the pandemic had on a generation of children. While recognising the need for restrictions, contributors wanted more to be done to prioritise the needs of children during future pandemics. They saw it as important to try to reduce the impact on children's lives.

“ I think it is important to remember that we need to treat them as children because we took a lockdown policy geared towards adults, and we implemented it for children as well ... why did we isolate them? I'd say some of the measures were quite draconian around children. Did we really need to do that?”

– Paediatrician, Northern Ireland

“ Opportunities have been missed and children are being failed, and then what happens to them? I believe the children who went through the pandemic are a lost generation. Every department failed them and they were meant to be protected by the system. Covid is just the icing on the cake, the problems were already there.”

– Parent of children aged 5 and 13, England

Contributors also suggested that children and young people should be consulted before decisions are made on their behalf.

“ Young people were never asked about anything. No youth voice or young people involved in decision making - where was it? People thought 'ah young people they are the resilient lot they will get over it.' Young people were telling me we weren't being considered and asked.”

– Youth worker, Bradford

## Keeping schools and other services open as much as possible

One important way to prioritise children in a future pandemic should be to keep schools open. Many felt strongly that closing schools to most children should be avoided unless there is no alternative. Contributors stressed the role of education in providing long-term social, emotional and physical benefits, beyond just academic learning.

“ I understand it's very tricky, but you can't take children out of education for 9 months, and not expect to have absolute chaos, and not to expect irrevocable issues in children ... these children were left at home with nobody really looking out for them. That can't ever happen again, no matter what. Everybody was looking out for the old people, and the sick people, which is right, but who was looking after the children?”

– Social worker, England

We also heard that the closure of other services and facilities like youth centres, sports clubs and family centres was damaging for children's social lives and mental health. These kinds of closures should be reconsidered in future pandemics.

“ The importance for young people to have that space just to spend time with other young people is really important for me ... I think that's impacting our young people's resilience and how they see themselves. Things haven't got better since the pandemic, they've only got worse.”

– Voluntary and community groups professional, England

“ I think that we underestimated the roles of things like schools, wider agencies and centres have over children and young people, especially our children and young people that are much more vulnerable or that are from families that may be struggling. So, looking forward, how do we protect those centres and places, and look to ensure those things are in place for those children and families to reduce the risks is probably the biggest thing.”

– Therapist, Northern Ireland

## Planning for changes to education

Given the value they placed on schools being open as much as possible, many contributors discussed how important it was for education settings to be prepared to operate effectively in future pandemics. They thought this should build on the lessons from the Covid-19 pandemic.

Teachers emphasised the importance of better preparedness for online and home learning. They wanted to ensure all pupils had access to technology and more digital training for staff.

“ Giving more funding for schools to then be able to facilitate online learning better, to get more digital training for teachers, so that if it ever came up again, we would be much better prepared for something like that to happen. Also making more technology available for schools, so that if there are parents and families struggling, that they know the school will have the equipment for them.”

– Primary teacher, Northern Ireland

Professionals thought that better communication and consultation between the government, local authorities, and schools would also help strengthen the support provided to children and increase confidence in education provision continuing safely.

“ If it happened again, there should be more consultation between education, social work, health, even possibly police. Those organisations that we sit down with to really look at the children that need our support, and whether you minimise the number of people going in, or you prioritise it.”

– Health visitor, Scotland

We heard from young people about what schools could do to reassure pupils about moving to home learning. They said this would allow students to adjust to new ways of learning in the case of another pandemic.

“ I think that in future, another lesson maybe, if for any reason schools have to close again ... prepare packs that teachers can have with extra information on home learning. We had so many questions, and the school just didn't even know where to start answering them. It would definitely be making sure that teachers are prepared by some process where teachers are given additional information that's maybe not put on the news, so that they can help students who are struggling with the idea of schools closing.”

– Young person, Wales

## Maintaining face-to-face contact with healthcare professionals

Healthcare professionals shared lessons they thought should be learnt to help minimise the impact of future pandemics on children's health and physical development. Many felt that healthcare services for children should still be offered in person. This was seen as particularly important for young children at key developmental stages. They described how seeing children and their families face-to-face is necessary to carry out physical checks and provide information to parents.

“ I think the importance of face-to-face contact with the health professional, whether that's the GP or the health visitor – particularly in those early years, those first 2 years particularly – how important it is. Not just in assessing the baby's health and safeguarding but in supporting parents. We take for granted that everyone knows how to be a parent and I tell you, the majority of us don't know. If you don't have somebody to guide you, it's incredibly difficult. So, I think face to face contact is really important.”

– Therapist, Wales

## Better assessing and supporting vulnerable children

Professionals and parents shared their frustrations with how children were assessed as vulnerable during the pandemic, noting how this was not done consistently and should be improved in preparation for future pandemics.

“ We were in a position where the vulnerable could go into schools, and who deemed who were vulnerable and who weren't vulnerable? When half the time you actually don't know what's going on with the young people.”

– Voluntary and community groups professional, England

“ In looking to the future I want us to think more about how do we assess risk and vulnerability in a better way, in terms of how do we become more creative in getting in and amongst children and young people should anything like that happen again to make sure that we're not missing things?”

– Social worker, Scotland

Contributors also wanted better support to be in place for vulnerable children in future pandemics. This included offering coordinated financial and practical help for families that does not rely solely on community organisations and school staff.

“ Communities facing economic disadvantage were impacted 10 times more by the pandemic than more privileged communities. So, there definitely needs to be something around a support programme for families that are on benefits and making sure all kids can access free school meals.”

– Voluntary and community groups professional, Northern Ireland

Social workers shared lessons they thought should be learnt around assessing and safeguarding vulnerable children. They wanted professionals to continue to see vulnerable children in-person to better understand whether they were safe. We also heard that more consideration should be given to how to carry out risk assessments under lockdown conditions.

“ I think that they shouldn't be taken out of their educational setting. I think that they need to remain in education so that a professional has got eyes on them for those 5 days that they are in school, and if they have any concerns, then they can raise it with social workers. I think that visits still need to continue where social workers can go to the home and check the home conditions at anytime.”

– Social worker, (Rural) England

“ The big question is when it comes to safeguarding, risk assessment, how we risk assess and what we consider when doing our initial visits as social workers. Working during the pandemic helped identify how crucial knowledge of the family's network is, because when you don't have a multi-agency professional network available to oversee and support you in terms of being your in-person eyes and ears, you have to only then rely on family and identify strengths within that family.”

– Social worker, (Urban) England

Contributors said that more attention should be paid to children with SEND, children in care and those in the criminal justice system in future pandemics. Many shared how the transition to remote services for vulnerable children created negative impacts. We heard from many professionals who felt that contact with social services should continue to happen in person in future pandemics.

“ More consideration should be given for people whose circumstances aren't the norm. So, special needs, people in care, people in youth justice. All these lockdown measures were put in place without thinking about the extra impact that that was going to have on children and families who weren't typical. Support systems were removed that people heavily relied on. So, the lesson is that they need to weight up the cost versus, the benefit and work out, 'Well, actually, is this actually worth the emotional and mental cost to these people over the benefit of maybe not getting Covid?’

– Parent of children aged 2, 15 and 20, Northern Ireland

“ I found myself speaking to the TV saying ‘And what about additional needs? that rule can't work for us, that won't work for us'. There needs to be someone in government that has thoughts about additional needs. Rules can't apply to everyone, they make life harder for certain groups of people especially those with additional needs.”

– Parent of child with additional needs, Scotland



# 10 Appendix

## Module 8 scope

Module 8 considers a range of issues relating to the impact of the Covid-19 pandemic on children and young people in England, Scotland, Wales and Northern Ireland.

The provisional scope of Module 8 was used to guide how we probed experiences and listened to people and analysed their stories. The scope for the module can also be found on the UK Covid-19 Inquiry website [here](#).

Module 8 is considering the impacts of the pandemic on children and young people across society in England, Scotland, Wales and Northern Ireland.

In particular, topics this module is examining include:

1. The impact of the pandemic on children and young people's home life. It explores the challenges children faced due to missed family support, increased responsibilities, tensions and domestic abuse, and experiences of children accommodated by local authorities or health and social care trusts (NI). It also provides contrasting perspectives on how some families experienced strengthened bonds during this period.
2. The impact on children and young people's social interactions and relationships. It covers social isolation, impact on social skills, building online relationships and experiences of bullying and online harm encountered during periods of isolation.
3. Educational experiences of children and young people during the pandemic. It includes access to and engagement with remote learning, experiences of those attending educational settings within lockdowns and the impact of disruptions to education on children and young people.
4. Changes in children and young people's access to support via professionals during the pandemic, particularly involving transitioning to online services are explored. It highlights the challenges experienced and covers changes in trust towards professionals.
5. The impact of the pandemic on children and young people's emotional wellbeing. It highlights a range of impacts on their emotional development and mental health.
6. The impact of the pandemic on children and young people's physical wellbeing. It covers experiences of physical deprivation and how children's health, mobility, diet and access to healthcare were impacted. It highlights impacts based on children's access to varying spaces during the lockdown.
7. Children and young people's experiences of post-viral conditions such as PIMs, Kawasaki and Long Covid.

# How people shared their story with us

There are three different ways we collected people’s stories for Module 8:

## Online form

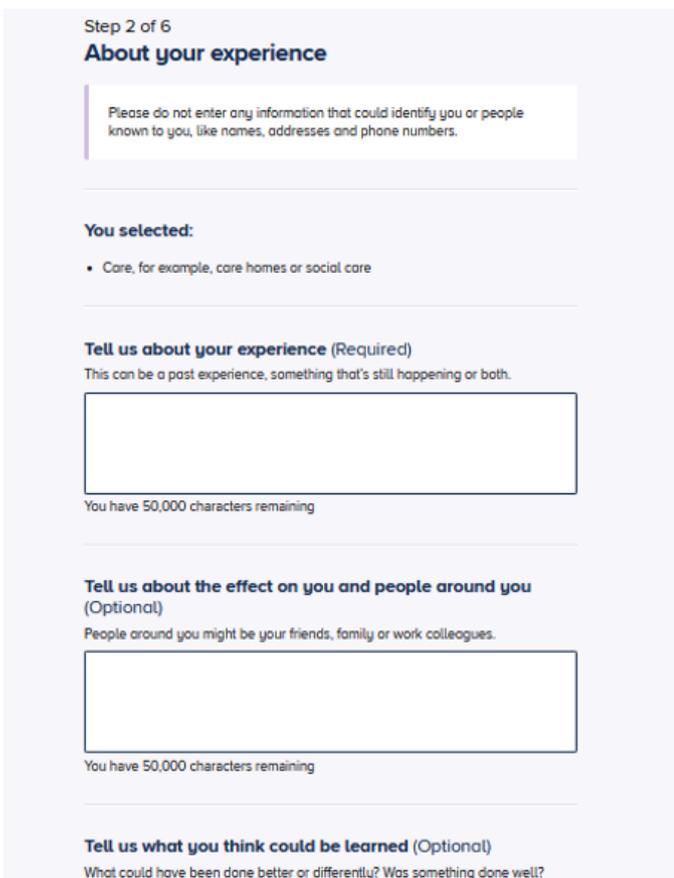
---

Members of the public were invited to complete an online form via the Inquiry’s website (paper forms and a telephone number to ring were also offered to contributors and added via the online form for analysis). This asked them to answer three broad, open-ended questions about their pandemic experience. These questions were:

- Q1: Tell us about your experience
- Q2: Tell us about the effect on you and people around you
- Q3: Tell us what you think could be learned

The form asked other demographic questions to collect background information about them (such as their age, gender and ethnicity). The responses to the online form were submitted anonymously. An image of the online form is included below.

Figure 1: Online form



By its nature, those who contributed to the online form were those who chose to do so and they shared only what they were comfortable with.

For Module 8, we analysed 54,055 stories of adults relaying the experiences of children and young people, or of young people aged 18-25 sharing their own stories. This includes 44,844 stories from England, 4,353 from Scotland, 4,284 from Wales and 2,114 from Northern Ireland (contributors were able to select more than one UK nation in the online form, so the total will be higher than the number of responses received).

## Listening Events

---

The Every Story Matters team travelled to 38 towns and cities across England, Scotland, Wales and Northern Ireland, to give people the opportunity to share their pandemic experience in person in their local communities. Listening events were held in the following locations, the ones which are highlighted in bold are those relevant to Module 8 and used as part of this record:

- Liverpool
- **Belfast**
- Birmingham
- **Carlisle**
- Wrexham
- Cardiff
- Ruthin
- **Exeter**
- Edinburgh
- **London**
- Paisley
- Enniskillen
- Derry/Londonderry
- **Bradford**
- Stockton-on-Tees
- Middlesbrough
- Skegness
- Milton Keynes
- Bournemouth
- Brighton
- Blackpool
- Lisburn
- Newport
- Llandudno
- Preston
- Folkestone
- Luton
- Builth Wells
- Ipswich
- Norwich
- **Leicester**
- **Glasgow**
- Inverness
- Oban
- Manchester
- Coventry
- Southampton
- **Nottingham**

Virtual listening sessions were also held where that approach was preferred. The UK Covid-19 Inquiry worked with many charities and grassroots community groups to speak to those impacted by the pandemic in specific ways. This includes paid and unpaid carers, care home staff, service users and families bereaved during the pandemic. Short summary reports for each event were written, shared with event participants and used to inform this document.

## Targeted listening

---

A consortium of social research and community experts were commissioned by Every Story Matters to conduct in-depth interviews. These interviews focused on the Key Lines of Enquiry (KLOEs) for Module 8.

In total, 439 people across England (224), Scotland (93), Wales (68) and Northern Ireland (54) contributed in this way between September and December 2024. This includes listening to 439 participants through in-depth interviews or in some cases focus groups. Participants included the following groups:

- Parents, carers and guardians
- Teachers and professionals in schools
- Healthcare professionals including talking therapists, health visitors and community paediatric services
- Other professionals who work with children and young people such as social workers, children's home staff, voluntary and community groups professionals and those professionals in voluntary and community groups
- Young people who were aged 18-25 during the pandemic period and were attending university

All in-depth interviews and discussion groups were conducted by trained researchers who followed a discussion guide. Where needed, researchers would probe contributors for further information about their experience. Each interview lasted up to 60 minutes. Interviews were recorded, transcribed, coded and analysed via human review to identify key themes relevant to the Module 8 KLOEs.

Further detail on the breakdown of sample numbers for the targeted listening is provided in tables 1,2,3,4 and 5 in the section 'sample numbers for targeted listening and case studies'.

## Approach to analysing people's stories

The analysis for the preparation of the record involved combining all three sources of data from the online form, the listening events and the targeted listening. Experiences and stories from all three sources have been presented together throughout the record to provide a single thematic account which does not give a greater weight to any of the sources. While findings from listening events are identified, the record does not distinguish quotes and experiences from the online form and the targeted listening. The themes which emerged across all three sources were consistent. Here we describe in more detail the specific methods used to analyse stories from each source.

### Online form

---

The responses from the online form were analysed through a process called **natural language processing (NLP)**, which **uses machine learning to help organise free-text data (in this case the responses provided on the online form) in a meaningful way**. A combination of **algorithmic analysis and human review** is then used to further **explore the stories**.

The NLP analysis identifies **repeated language patterns within free-text data**. It then **groups this data into 'topics' based on terms or phrases** commonly associated with that topic (for example, the language used in a sentence about anxiety might be very similar to that used when talking about depression, which is grouped into a topic on mental health). It is known as a **'bottom-up' approach to text analytics since it approaches the data with no preconceptions about the topics it will find, rather it allows topics to emerge** based on the contents of the text.

**Stories were selected for inclusion in the NLP** in two ways. First all responses to each question were taken from the online form and **blank data was removed**. Second, **responses were filtered based on their relevance to Module 8**.

Stories were considered relevant if those who shared them had selected either of the below responses at the question **'What would you like to tell us about?'**:

- Pregnancy or having a baby, including complications or loss
- Education, for example, school or university
- Health services, for example the NHS or HSCNI<sup>32</sup>, including GP surgeries
- Mental health, for example, feeling sad, angry, anxious or stressed
- Families, including parenting, children and older relatives

Following the identification of relevant stories, **NLP analysis was run for each of**

**the three open-ended questions** included in the online form. The output from this analysis was something called a **topic model**, which summarises the different topics identified in a sunburst chart. From this **we identified a total of 214 topics across all responses to Q1, 220 at Q2 and 215 at Q3**. Since contributors could select multiple responses to the question ‘What would you like to tell us about?’ it was possible that the stories selected for inclusion contained information not relevant to Module 8 (for example, topics related to parenting children). For this reason, **following the initial NLP analysis the research team at Ipsos reviewed all topics** for relevance and merged and removed topics not relevant to Module 8 from the final stage of analysis. This left a total of 58 topics at Q1, 84 at Q2 and 39 at Q3.

**Following the removal of topics** not relevant to Module 8 **a statistical factor analysis was conducted to map relationships between topics** and group them based on those commonly occurring together or within three sentences of each other. The factor analysis produced 21 overarching factors across the three questions.

Following this analysis a **single combined code frame was generated based on the topics relevant to Module 8 and drawing on the themes identified for each question**. This involved **human review of the most common words and phrases**, both in the full dataset and within each topic, **to identify keywords and patterns that could be used to group stories into appropriate topics and sub-topics**. In doing so, this provided the research team with a much more accurate quantification of the size and elements of topics, to inform the approach to analysis. The **final combined code frame, based on the individual themes from the factor analysis and researcher input, was made up of 21 factor groups and 352 topics**.

Researchers then reviewed the different topics relevant to Module 8 to explore the stories. These were brought together with stories shared with the Inquiry in other ways (described below) to include in this record.

The diagram below shows the themes included in the online form and the number of times each theme was mentioned by a contributor in their response. The size of each block represents the volume of responses related to the theme. Note that individual contributors may have mentioned multiple themes within their response and may therefore be counted a number of times.

**Figure 2: NLP topics: The diagram illustrates which topics contributors mentioned in the online form and how often these topics came up. Large blocks mean a topic was mentioned by more contributors.**



- Healthcare experience during Covid
- Loss and family impact
- Other diseases/complications during Covid
- Social care/support systems
- Mental Health
- Wish to return to normal
- Fear of Covid, prevention and shielding
- Covid symptoms/side effects
- Children and young people
- Essential/frontline worker experience
- Virtual communication
- Impact on education and school
- Pandemic challenge/restrictions
- Struggling with childcare
- Negative emotions
- Outdoor experience and play

## Listening events

Short summary reports for each event were written, shared with event participants and used to inform this document. Where appropriate, quotes were provided by the listening event team to include in the record.

## Targeted listening

Interviews were audio-recorded, transcribed, coded and analysed via human review to identify key themes relevant to the Module 8 KLOEs. Qualitative analysis software (NVivo) was used to manage and code the data into themes. There were 26 codes for topic related themes (e.g. ongoing impact of educational closures on children and young people). Each part of a transcript could be coded multiple times to reflect one or more topic themes, the type of care and the timing.

**Table 1: Parents, carers and guardians – targeted listening**

Primary quotas		Number of participants
<b>Audience</b>	Parents, carers, guardians (excluding new parents)	75
	Foster carers	20
	New parents	25
<b>Child age range during the pandemic</b>	EYFS	35
	Primary School	51
	Secondary School	61
	Further education for young people aged 16 to 18	22
<b>UK Nation</b>	England	61
	Wales	20
	Scotland	28
	Northern Ireland	15
<b>Overall</b>		<b>124</b>

**Table 2: Teachers and professionals in schools – targeted listening**

Quotas		Number of participants
<b>Profession</b>	Classroom teachers, teaching assistants, Early Year Foundation Workers (EYFS) workers	78
	Specific roles within education and early years settings (head of pastoral care, head of safeguarding, Sure Start staff, SENCOS, school nurse and early years practitioners)	45
<b>Age of children worked with during the pandemic</b>	Early Years settings (nurseries, pre-school, childminders)	39
	Primary School	40
	Secondary School	40
	Further education for young people aged 16 to 18	28
<b>UK Nation</b>	England	66
	Wales	19
	Scotland	24
	Northern Ireland	14
<b>Overall</b>		<b>123</b>

**Table 3: Healthcare professionals – targeted listening**

Quotas		Number of participants
<b>Profession</b>	Community paediatric services (excluding CAMHS and health visitors, including physiotherapists, speech therapists and paediatricians)	23
	Talking therapists such as, but not limited to CAMHS, psychotherapists and child counsellors	20
	Health visitors	25
<b>Area type</b>	Urban	46
	Rural	19
<b>UK Nation</b>	England	38
	Wales	9
	Scotland	12
	Northern Ireland	9
<b>Overall</b>		<b>68</b>

Table 4: Other professionals – targeted listening

Quotas		Number of participants
<b>Profession</b>	Social workers (excluding homelessness case workers)	38
	Children's home staff	16
	Community sector workers (as care workers, youth workers, youth offending team workers and staff in secure youth establishments)	24
	Voluntary and community groups professionals (domestic abuse charities, asylum/immigration, criminal justice system and housing)	14
	Homeless case workers / local authority housing officers	7
<b>Area type</b>	Urban	76
	Rural	32
<b>UK Nation</b>	England	47
	Wales	16
	Scotland	23
	Northern Ireland	13
<b>Overall</b>		<b>99</b>

Table 5: Young people aged 18-25 during the pandemic – targeted listening

Quotas		Number of participants
Age range during the pandemic	18 – 21	13
	22 – 25	12
Gender	Male	12
	Female	13
UK Nation	England	13
	Wales	4
	Scotland	6
	Northern Ireland	3
<b>Overall</b>		<b>25</b>

## Limitations

It should be noted there are limitations to the listening approach taken by Every Story Matters. For example, whilst the aim of this record is to outline the experience of children and young people, most of the stories have been shared by adults in their lives. We have therefore captured the experience indirectly. It is important to note that these interviews may reflect a different view from that of children and young people themselves.

A separate piece of research commissioned by the Inquiry, Children and Young People's Voices, directly captures the experiences and views of children and young people.

Contributors shared a range of experiences with us, and at times it was challenging to determine whether these were a result of the pandemic or related to pre-existing challenges that were magnified during this period. We have indicated throughout this record where contributors told us the pandemic exacerbated existing problems.

Through the online form and holding listening events, Every Story Matters has also been able to hear from a wide range of people and experiences relevant to children and young people. However, we have only heard from people who have chosen to share their views with the Inquiry and may have specific experiences which may be more negative or positive than other experiences. This means they should not be considered reflective of the experiences of the general public, particularly those from groups less likely to engage with online feedback tools. Those who died during the pandemic were not able to share their experiences, so they have been represented by the people who cared for them or their loved ones.

There are also limitations to the use of NLP as a way to organise and analyse the experiences shared through the online form. These limitations relate to the complexity of language and how people talk about their experiences in different contexts. Another challenge is that some experiences unique to a small number of people that do not conform to dominant patterns may remain underrepresented or entirely overlooked, as they lack the critical mass to form a distinct topic. To mitigate this limitation, separate topic models were run for each of the three questions instead of one general model, to allow smaller topics that may have been more related to a particular question a better chance to emerge. Multiple human review stages are integral to the analytical process and help to mitigate these limitations. Through manual review of topics and themes produced in the topic modelling stage these themes are refined to ensure that unique narratives are interpreted correctly and themes are contextually accurate.

How we have presented the experiences shared with Every Story Matters also has limitations. We have chosen to present quotes from in-depth interviews and the NLP analysis in the same way, as every story and experience is equal. But it should be noted that the in-depth interviews are from targeted samples, whereas the online form and listening events are self-selecting samples, which can be focused on a particular experience. This means that interpretation across the three different data sources is required to construct an overall narrative that is balanced and reflective of the different voices we have heard.

# Terminology used in the record

The following table includes a list of terms and phrases used throughout the record to refer to key groups, particular policies and practices relevant to children and young people.

Term	Definition
ADHD	Attention Deficit Hyperactivity Disorder, a neurodevelopmental condition characterised by persistent patterns of inattention, hyperactivity and impulsivity that interfere with functioning or development. It can affect both children and adults in various aspects of their lives, including academic, professional and social interactions.
ASD	Autism Spectrum Disorder, a neurodevelopmental condition characterised by challenges with social communication and interaction, as well as restricted or repetitive patterns of behaviour, interests, or activities. It affects individuals differently and to varying degrees.
Assistant headteacher	A senior member of staff in a school who supports the headteacher in managing and leading the school. They may have specific responsibilities such as overseeing a particular subject area, key stage, or aspect of school life, and often play a role in developing and implementing school policies and strategies.
CAMHS	Child and Adolescent Mental Health Services, a specialised NHS service providing assessment and treatment for children and young people with emotional, behavioural, or mental health difficulties.
Children with SEND	Children with Special Educational Needs and Disabilities, who require additional support or adapted approaches to learning due to a learning difficulty or disability. Please note that Special Educational Needs and Disabilities (SEND) is the term used in England, in Northern Ireland the term used is Special Educational Needs (SEN), in Scotland it is Additional Support Needs (ASN), and in Wales it is Additional Learning Needs (ALN). We have used SEND across the record for ease and consistency.

Term	Definition
Community paediatric services	Medical services provided to children in community settings, focusing on developmental, behavioural and social aspects of child health.
Community sector worker	A professional employed by a community-based organisation, often focusing on local issues and providing services to support community members' wellbeing and development.
Cortical Visual Impairment (CVI)	Cortical Visual Impairment (CVI) is a brain-based visual impairment, meaning the problem lies in the brain's ability to process visual information, not in the eyes themselves.
Covid-19 pandemic	The period between March 11 2020, when the World Health Organisation declared a global pandemic and June 28 2022.
Early years practitioner	A professional working with young children (typically under 5 years old) in nurseries, pre-schools, or other early childhood settings, supporting their learning and development.
English as an additional language (EAL)	A term used to describe students who speak a language other than English at home and are learning English as an additional language at school. EAL students may require additional support to develop their English language skills and access the curriculum fully.
English as a second language (ESL)	A term used to describe the teaching of English to students who speak a different native language. ESL programs aim to help students develop the English language skills they need to communicate effectively and succeed in an English-speaking environment.
EYFS	Early Years Foundation Stage, the statutory framework in England for the learning, development and care of children from birth to 5 years old. It sets standards for childminders, nurseries and other early years providers to ensure children are ready for school.
Family nurse	A registered nurse who works with families, particularly those with young children or expecting a baby, to provide healthcare, support, and guidance. They focus on promoting healthy life-styles, child development, and parenting skills, while also addressing any health concerns or social issues that may affect the family's wellbeing.
Foster parent	An individual or family who provides a temporary home and care for children who cannot live with their birth families, working in partnership with social services.

Term	Definition
Health visitor	A qualified nurse or midwife with additional training in community public health nursing, who works with families to promote healthy lifestyles and prevent illness, particularly for young children.
Homeless case workers	Professionals who work with homeless individuals or families, helping them access housing, healthcare, employment and other essential services.
Kawasaki disease	A rare condition that mainly affects children under the age of 5. It causes inflammation in the walls of blood vessels throughout the body, leading to various symptoms including fever, rash and swollen lymph nodes. It shares some similarities with PIMS-TS.
Learning mentor	A professional who works with students to help them overcome barriers to learning, such as social, emotional, or behavioural difficulties. They provide one-to-one support and guidance to help students develop the skills and confidence they need to succeed in their education and beyond.
Long Covid	A term used to describe the long-term effects of Covid-19, where symptoms persist for weeks or months beyond the initial illness. In children and young people, it can include a wide range of ongoing or new symptoms affecting various body systems.
Mental health support nurse	A registered nurse specialising in mental health care, providing support, treatment and education to individuals with mental health conditions.
Neurodevelopmental nurse	A specialised nurse who focuses on caring for children and young people with neurodevelopmental disorders such as autism, ADHD, or learning disabilities.
Non examined assessment (NEA)	A form of assessment used in some qualifications, particularly in practical or creative subjects, where students complete a task or project that is assessed by their teacher rather than through a formal examination. NEAs are designed to assess skills and knowledge that may not be easily tested in a written exam, such as research, analysis, or practical skills.
OCD	Obsessive-Compulsive Disorder, a mental health condition characterized by recurring, unwanted thoughts (obsessions) and repetitive behaviours or mental acts (compulsions) that a person feels driven to perform to alleviate anxiety or distress.

Term	Definition
Pandemic	By the pandemic we are referring to the Covid-19 pandemic between 11 March 2020, up until 28 June 2022 as per the World Health Organisation.
Pastoral care staff	Employees in educational or religious settings who provide emotional, social and spiritual support to individuals, often focusing on personal development and wellbeing. For the purpose of this record, all Pastoral care staff are within the school context.
Physiotherapist	A healthcare professional who specialises in helping people improve their movement and function, manage pain and prevent or recover from injuries or physical disabilities. They use various techniques including exercise, manual therapy and education to promote physical wellbeing across all age groups, including children and young people.
PIMS	PIMS-TS Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2, a rare but serious condition affecting some children and young people, typically occurring weeks after Covid-19 infection. It causes inflammation in multiple organs and can require intensive care treatment.
Primary 1 – Primary 7 (P1-P7)	The seven years of primary education in Scotland, typically for children aged 5-12 years old.
Safeguarding lead	A designated professional responsible for ensuring the safety and protection of vulnerable individuals, particularly children, within an organisation or institution. For the purpose of this record, all safeguarding leads are within the school context.
School nurse	A registered nurse working within the school system to provide health services, education and support to students, staff and families.
Secondary 1 – Secondary 6 (S1-S6)	The six years of secondary education in Scotland, typically for young people aged 12-18 years old.
SENCO	Special Educational Needs Coordinator, a trained teacher who is responsible for coordinating the provision for children with special educational needs and disabilities (SEND) in schools. They work with teachers, parents and external agencies to ensure that pupils with SEND receive appropriate support and have the best possible educational experience.

Term	Definition
Social worker	A professional who supports individuals and families to improve their lives through counselling, advocacy and connecting them with community resources. They work in various settings including schools, hospitals and social service agencies.
Special school teacher	A qualified teacher who works in a school specifically designed to cater for students with special educational needs or disabilities. They have expertise in adapting teaching methods and materials to meet the individual needs of their students, and work closely with other professionals such as therapists and educational psychologists to support their students' learning and development.
Speech and language therapist	A healthcare professional who assesses, diagnoses and treats communication disorders and swallowing difficulties in children and adults.
Talking therapists / Therapist	Mental health professionals who use various forms of talk therapy to help individuals address emotional, behavioural, or mental health problems. As part of this module, talking therapists include psychotherapists, child counsellors and CAMHS professionals.
Teaching assistant	An educational support staff member who works alongside teachers in the classroom to help students with their learning and development. They may work with individual students or small groups, providing additional explanations, support, or supervision, and often play a key role in supporting students with special educational needs.
Voluntary and community groups	A person working for a non-profit or voluntary organisation, often advocating for specific causes or representing the interests of particular groups in society.
Youth worker	A professional who works with young people to support their personal, social and educational development. They engage with youth in various settings such as community centres, schools, or youth clubs, providing guidance, organizing activities and helping young people navigate challenges and opportunities in their lives.
Young person	Young people aged 14-25 during the pandemic period.



© Crown copyright 2025

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/](https://nationalarchives.gov.uk/doc/open-government-licence/version/)

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at [Covid19.public-inquiry.uk](https://Covid19.public-inquiry.uk)

Contact information for Ipsos: [everystorymatters@ipsos.com](mailto:everystorymatters@ipsos.com)

Any enquiries regarding the design of this publication should be sent to: [contact@Covid19.public-inquiry.uk](mailto:contact@Covid19.public-inquiry.uk)

