

The impact of COVID-19 restrictions on children and young people

CRWIA – Stage 3

February 2022

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CRWIA title: Impact of COVID-19 restrictions on children and young people.	
Publication date: January 2022	
Summary of policy aims and desired outcomes	<p>Following First Ministers' statement of 14 December 2021 Coronavirus (COVID-19) update: First Minister's statement – 14 December 2021 - gov.scot (www.gov.scot) a package of measures have been reintroduced to strengthen the public health response to the new VoC Omicron. The First Minister also stated the commitment to keep Schools open and for Early Learning and Childcare Settings to be prioritised. The evidence for this is summarised here Coronavirus (COVID 19): Advisory Sub-Group on Education and Children's Issues minutes: 14 December 2021 - gov.scot (www.gov.scot).</p> <p>The priority is:</p> <ul style="list-style-type: none">• To suppress transmission• Protect those most vulnerable to infection• Create time and space for vaccine roll out <p>This new variant is significantly more transmissible than the previous dominant strain (Delta), putting pressure on the health service and public services through self-isolation requirements, even if this strain does not lead to more severe illness.</p> <p>The success of the vaccination programme means that a significant majority of the adult population is now fully or partially vaccinated. However, for younger age groups, the MHRA has approved vaccinations for 12+, and more recently for 5-11's. The JCVI has recommended two dosages for children 12+ and this is currently being rolled out. However, for 5-11 yr olds, it is only those who are clinically vulnerable or live in households where someone is immunosuppressed, who will be prioritised for vaccination in the coming weeks. This may change over time.</p> <p>As part of the package of measures, Vaccine Certification or Testing is now in place to enable accessibility to a 'wide range' of leisure pursuits that form part of societal life. As part of Vaccine Certification and Testing legislation and</p>

policy, a CRWIA was carried out and published on 29 Nov 21 [here](#)

The CRWIA for that scheme's overarching aims were as follows:

- Reduce the risk of transmission of Coronavirus
- Reduce the risk of serious illness and death thereby alleviating current and future pressure on the National Health Service
- Reduce the risk of settings specified in the scheme being required to operate under more restrictive protections, or to close; and
- Increase the protection enjoyed by those using settings covered by the scheme and their contacts.

Policy decisions were taken at that time to exempt children and young people, under 18, from that scheme. The impact assessment of not including children are fully set out in that CRWIA, and include some sub population groups who may be disproportionately affected by this position:

- Care experienced children
- Disabled children
- LGBT children
- ME children
- Young carers
- Children from low-income families

These decisions are now connected to the current state of the pandemic and the new Covid-19 variant (Omicron) which has significantly higher rates of transmissibility and more potential for immune-escape. This culminates in, using the most recent modelling, a significant risk of a higher proportion of the population who could get infected, leading to, without any other factors changing, a higher number of the population who could end up in hospital/severely unwell. We do not yet fully know the potential impact on severity of this version of the disease at a population level, including for children and young people.

It is likely that the population who are unvaccinated, either by choice or because they are unable to do so (as is currently

the case for the majority of children under 12), will be more likely to transmit the disease. However, we do not yet know whether this will be true for children and young people, in the same way as it might be for adults. The risks to health in the overall population (Harm 1) through this increased transmission and to the NHS quickly becoming overwhelmed are now exponentially higher. The overall health risk to children in becoming severely unwell from Covid-19 infection remains very low. However, the wider health and social harms (Harm 3) for children and young people that have already occurred, and continue to impact, are increasing.

The risk of higher transmission through the unvaccinated population, particularly for those who do not have a choice on whether to get vaccinated (under 12s), cannot immediately be fully mitigated through existing public health measures. This means that new measures are required, and a number of children's rights will be impacted to create a proportionate response to the current threat.

However, we also know that all children have been harmed by actions taken during the pandemic to manage transmission and infection, but some children have come to greater harm and the extent of that harm is still emerging. Preventing children from socialising with their peers, exercising through play, and from being visible to wider family and in the community has caused them harm.

Shifting service provision to largely remotely delivered for large parts of the last 20 months has also caused harm, some of it largely hidden and only becoming visible now. There is no evidence that services designed to provide safeguarding and health promotion, to new parents and young children, can be delivered safely remotely. But there is strong evidence that seeing children and families in their own environment is the best way to assess potential risk, build parenting capacity and support healthy child development. We must learn from the impacts of altering relational service delivery models, without a clear evidence base, and take all the steps we can to:

	<ul style="list-style-type: none"> • Ensure services that provide support to children and families remain fully accessible and can deliver preventive care in an evidence based way; • Ensure that babies, children and young people are protected from harm, and are supported to thrive in environments that fully meet their needs; • Ensure restrictive measures, designed to protect the adult population from health harm, are fully weighed against causing further harm to the youngest in our society, and act accordingly. <p>We have detailed where the provisions engage UNCRC Articles.</p> <p>Article 3: the best interests of the child</p> <p>Article 6: the right of every child to life and develop to their full potential.</p> <p>Article 23: the right of a child with a disability to live a full and decent life with dignity and, as far as possible.</p> <p>Article 24: the right to health and health services</p> <p>Article 31: the right of every child to relax, play and take part in a wide range of cultural and artistic events.</p>
<p>Executive summary</p>	<p>The rights and wellbeing of children and young people are at the centre of our response to COVID-19 which is why we prioritised keeping schools open and ensuring that children and young people are still able to gather with their friends with the least restrictions applied to under 12s.</p> <p>In these unprecedented times, difficult decisions have had to be made. This document builds upon the work undertaken in the past months to ensure that children’s rights and wellbeing are at the heart of our response to COVID-19 the full list of children’s rights and wellbeing impact assessments (CRWIAs) which have been published can be accessed: Child rights and wellbeing impact assessments: list - gov.scot (www.gov.scot).</p> <p>These set out our efforts to mitigate the wider harms on children, through decisions that are necessary at this stage to</p>

	<p>keep our country safe. This is a global pandemic, and these are highly uncertain times, which means our decision making process is continuous and multi-faceted. We will continue to make every effort to ensure that children’s rights and wellbeing are central to this approach and that CRWIAs are undertaken and published.</p> <p>We know how important is to be able to connect with loved ones and for children to meet their friends and the damage that can be done when meaningful contact is restricted. The protective measures, while necessary, have increased social isolation for many which can have a detrimental impact on well-being and physical mental health in the short and long term.</p> <p>We need to recognise that only babies, children and young people are going through periods of brain development, that is shaped by their relationships and the environments around them. Appreciating the differential impacts of decisions on the ability for children and young people to grow and develop optimally is crucial to balance the responses to an immediate health crisis with one that emerges over time.</p> <p>Significant periods of uncertainty compound the challenges that some families face. Those already disadvantaged are likely to suffer more from stringent policy making that is not holistic or reflective of their individual circumstances. As part of recovering from the pandemic, we need to ensure that those that need additional support are offered it in a way that meets their needs, and their views and experiences are used to shape the way that services and wider supports continue to be made available.</p>
Background	<p>This CRWIA sets out the consideration which has been given to children’s rights and wellbeing for the latest COVID-19 measures to enable children and young people to live their lives as normally as possible, to minimise the impact on their health and wider wellbeing.</p>
Scope of the CRWIA, identifying the children and young people affected by the	<p>The changes apply at a societal level and as such all children and young people under 18 are impacted. There is a disproportionate effect on children because the duration of this pandemic, and the associated restrictions, takes up a greater part of the lives so far, in comparison to adults. This</p>

	<p>It is important to note that most of the Scottish COVID-19 surveys are drawn from self-selecting or convenience/ opportunity samples. This means that the findings are likely to be biased in some way, and are not representative of, and cannot be generalised to, the wider population. Results of individual studies should therefore be interpreted with caution.</p> <p>Nevertheless, in combination the sources provide a relatively consistent picture of the views and experiences of children and young people in Scotland during the pandemic over the past 20 months. There is a need to learn from what had the biggest negative impact on the development of children at each age and stage to inform our future responses. This evidence is drawn from Scotland and UK sources. It is clear that an emerging impact of the longer term effects of the mitigations applied to address the immediate risks to health have had a negative impact on some of the youngest in our society, that as yet, cannot be fully determined as some of the impacts will be life-long.</p>
<p>Children and young people’s views and experiences</p>	<p>A summary of the findings under the topics of Mental health and Wellbeing, Relationships and Physical Health and Wellbeing on surveys reflecting both the reopening and lockdown 2 periods is below. Evidence for the first lockdown is available in the previous studies highlighted in the previous CRWIA published in November 2020. Evidence of the impact of the second lockdown is more limited.</p> <p>More recent evidence using national data sets to explore other less tangible impacts, particularly in relation to Hidden Harm and developmental findings for Early Years and Primary school age is important to capture the true picture of how children have been affected throughout the past 20 months. There are also important lessons to learn about choices we make for the future.</p> <p>Current and emerging evidence of the medium term impact on children’s health and development from measures taken to mitigate the population risks from the pandemic, shows us that there are early signs of a number of cohorts of children, particularly younger children, that have been adversely affected, with an ever deepening social inequalities gradient. These are likely due to the infection control mitigations and societal behaviour changes, over the last 20 months. These</p>

point to changes being largely associated with lack of opportunities to socialise, both formally and informally, from a very young age. These changes are inextricably linked to the experiences and response of the main care givers, particularly for younger children.

Hidden Harm

There is a significant amount of evidence emerging in relation to 'hidden harm'. The ability for universal services and community based supports to provide safeguarding and protective measures were compromised due to changes in delivery methods, including remote working, which led to an unknown number of children becoming 'invisible' to services. Harm, even unintended harm, has been caused to all children but children who were already experiencing difficult life circumstances will have been harmed the most. Child development windows are time critical in optimising brain development at each stage, particularly in the youngest children and exposure to negative environmental factors, including pre-birth, cause physiological and biological changes. This damage to a child's brain, through trauma, neglect or an accumulation of low level harms, will impact them throughout the life course as it impacts on how they develop and maintain relationships with those around them.

Child protection concerns and Inter agency referrals (IRDs) rose significantly after each lockdown. We could equate this to the re-opening of schools and ELC as one factor, however, we know that during the first lockdown the rates of unborn child referrals that were newly registered on the Child Protection Register rose by 4%, from 16% to 20% in the first six months from April 2020 to July 2020. There was no similar rise or pattern for other age groups during this period. Pregnant women continued to be seen by maternity services during this time, which suggests this was the main reason why this increase in registrations occurred and that the lack of rise in other age groups was due, at least in part, to a large cohort of children largely going *unseen*.²

We cannot yet quantify the full impact of previous public health measures on children, but we have strong evidence from

² [The impact of COVID19 on children and families in Scotland.pdf \(celcis.org\)](#)

services who work across all families, that harm that occurred during previous periods of lockdown is only becoming visible as these services return to their usual ways of working. We also have emerging evidence through the child development data and the P1 obesity study that impacts are occurring on a range of health domains and potentially setting children up for future ill-health in the long term.

Any further periods of strict measures which prevent services from accessing families in ways that the evidence tells us work, is highly likely to compound the harm already caused and bring many more children and families into harm now and for the future.

Impacts on Early Years and young Primary Ages

The early years, from pregnancy to age three, are the most critical period of human development.

Maternal stress during pregnancy has been shown to have a strong association with a number of child outcomes, including preterm delivery, behaviour, language and generalised developmental problems^{3,4,5,6}. There is a wide ranging evidence base showing that various aspects of early chronic stress can lead to a physiological stress response damaging developing brain architecture and physical health over the life course⁷. A study of 474 new and expectant parents in the UK during the height of the lockdown restrictions found that 69% parents felt their ability to cope with their pregnancy or baby had been impacted by COVID-19 and mental health was cited as a main concern for 61% of parents⁸.

A wide ranging neuroscience evidence base on brain development in young children⁹ shows that the portions of the brain which control vision, hearing and language development

³ O'Connor TG, Heron J, Golding J, et al. Maternal antenatal anxiety and children's behavioural/emotional problems at 4 years. Report from the avon longitudinal study of parents and children. *Br J Psychiatry* 2002;180:502-8

⁴ <https://elifesciences.org/articles/60729>

⁵ Goodman SH. Depression in mothers. *Annual Review of Clinical Psychology* 2007;3:107-135

⁶ Sandman, CA & Davis, EP. Neurobehavioral risk is associated with **gestational** exposure to **stress** hormones. *Expert Review of Endocrinology & Metabolism*, 2012, 7, 445-459.

⁷ [Stress in pregnancy may influence baby brain development | The University of Edinburgh](#)

⁸ [The Babies in Lockdown report | Best Beginnings](#)

⁹ ⁹ [InBrief: The Science of Early Childhood Development \(netdna-ssl.com\)](#)

[What is early intervention? | Early Intervention Foundation \(eif.org.uk\)](#)

start developing in utero and peak in early childhood. Very early experiences in life build brain architecture, the brain's capacity for change decreases with age. Although opportunities for language learning and other skills remain open, these brain circuits become increasingly difficult to alter over time. Early malleability means it is easier and more effective to influence the developing brain architecture in the earliest years than to rewire parts of its circuitry in the adult years.

There is increasing evidence that the pandemic and associated infection control measures have had an impact on very young children and on early childhood development. Recent data from PHS Scotland, based on Child Health Reviews from the Child Health Surveillance Programme indicates that there has been a rise in developmental concerns noted at Child Health Reviews at the 13-15 month and 27-30 month points¹⁰. This trend is echoed by data from other studies, a survey of parents of children aged 2-7¹¹ found that almost half (46%) of 2 – 3 year olds and over a third (36%) of 4-7 year olds had a slightly raised, high, or very high Strength and Difficulty Score, indicating the presence of behavioural or emotional difficulties. This is higher than in a nationally representative survey completed just before lockdown.

In one of the preliminary studies during the on-going pandemic, it was found younger children (3-6years old) were more likely to manifest symptoms of clinginess and the fear of family members being infected than older children (6-18 years old). Whereas, the older children were more likely to experience inattention and were persistently inquiring regarding COVID-19. Although, severe psychological conditions of increased irritability, inattention and clinging behaviour were revealed by all children irrespective of their age groups¹². Based on the questionnaires completed by the parents, findings reveal that children felt uncertain, fearful and isolated during current times. It was also shown that children experienced disturbed sleep,

¹⁰ [COVID-19 wider impacts \(shinyapps.io\)](https://shinyapps.io)

¹¹ COVID-19 Early years resilience and impact survey (CEYRIS)

<http://www.healthscotland.scot/publications/covid-19-early-years-resilience-and-impact-survey-ceyris>

¹² Viner R.M., Russell S.J., Croker H., Packer J., Ward J., Stansfield C., Mytton O., Bonell C., Booy R. School closure and management practices during coronavirus outbreaks including COVID-19: A rapid systematic review. *Lancet Child Adolesc. Health.* 2020;4(5):397–404. doi: 10.1016/S2352-4642(20)30095-X.

nightmares, poor appetite, agitation, inattention and separation related anxiety¹³.

In terms of **mental wellbeing and behaviours**, there are some signs of recovery following the reopening of schools/childcare in Scotland with indicative evidence of improvements in children's mental wellbeing, particularly for younger age groups. However, significant issues remain for some children, particularly for older children and young people.

The [CEYRIS 2](#) survey of parents of **2 – 7 year olds** carried out in November and December 2020 found that:

- **Mental wellbeing** – Almost half (39%) of 2-3 year olds and over a third (31%) of 4-7 year olds had a slightly raised, high, or very high Strength and Difficulty Score, indicating the presence of behavioural or emotional difficulties. This is slightly lower than during the initial lockdown but remains higher than in a nationally representative survey completed just before lockdown (however, given that this was not a representative survey such comparisons should be interpreted cautiously).
- **Behaviour** – Half (50%) of parents said that their child's behaviour was the same as during the initial lockdown, three in ten (29%) felt that it had improved, and two in ten (20%) felt that it had got worse.
- **Mood** – Just under half (46%) of parents said that their child's mood was the same as during the initial lockdown, just over a third (33%) felt that it had improved, while a fifth (21%) felt that it had got worse.
- **Concentration** – The majority of parents (61%) said that their child's ability to concentrate was about the same as during the initial lockdown, 27% said it was better, and 12% said it was worse.

In terms of children's behaviours OFSTED found, the first national lockdown disrupted routines, and some children were struggling to eat, play and learn to a fixed timetable. In addition to a disrupted routine, many children also needed to relearn social skills such as sharing and playing with each other nicely. However, some providers told us that some

¹³ Jiao W.Y., Wang L.N., Liu J., Fang S.F., Jiao F.Y., Pettoello-Mantovani M., Somekh E. Behavioral and emotional disorders in children during the COVID-19 epidemic. *J. Pediatr.*, S0022-3476(20)30336-X. 2020 doi: 10.1016/j.jpeds.2020.03.013. PubMed.

children with siblings at home to play with had actually improved their social skills. Providers reported that some children were angry, some had shorter attention spans and were more difficult to engage, and some were less inquisitive. However, behaviour improved during the autumn term and most children were able to adapt to a learning pattern and more easily engage with activities

There is also growing evidence that the pandemic and associated control measures has had an impact on young children's language skills. The Education Endowment Foundation (EEF) research suggests the measures taken to combat the pandemic have deprived the youngest children of social contact and experiences essential for increasing vocabulary. Less or no contact with grandparents, social distancing, no play dates, **and the wearing of face coverings in public have left children less exposed to conversations and everyday experiences.**

This is echoed in recent findings¹⁴ of children of primary school age, of 58 primary schools surveyed across England: 76% said pupils starting school in September 2020 needed more support with communication than in previous years, 96% they were concerned about pupils' speech-and-language development. And 56% of parents were concerned about their child starting at school following the lockdown in the spring and summer. The survey of 50,000 pupils and schools across England have shown an increased number of four- and five-year-olds needing help with language. Evidence shows poor speech development can have long-term effects on learning.

OFSTED in its annual report (December 2021) noted challenges of returning to early years education post-lockdown. While many providers commented on how resilient and adaptable most children were; however, children who had experienced particularly challenging family circumstances found it harder to readjust. Although some children had mastered new skills during the first national lockdown, they found many had fallen behind in key areas of learning. 44% of ELC providers found that children's personal, social and

¹⁴ [Impact of Covid19 on School Starters - Interim Briefing 1 - April 2021 - Final.pdf \(educationendowmentfoundation.org.uk\)](#)

emotional development had fallen behind. That said, some children actually returned happier, having spent more time with their parents.

The OFSTED report also outlines differences **in children's physical development**. While some children had positive experiences at home during the first lockdown and were able to access outdoor space, for example, others did not. Many children who had less access to outdoor space had lost their physical confidence. For example, some were more hesitant about jumping off play equipment.

A Scottish survey of parents of children aged 2 – 7 year olds carried out end June to early July 2020¹⁵, spanning the time when physical distancing restrictions were removed for under-12 year olds, found a mixed picture with regards to play, with some positive impacts of lockdown. The follow up The [CEYRIS 2](#) survey of parents of **2 – 7 year olds** carried out in November and December 2020 found slight improvements in play and home learning compared with CEYRIS 1, and slight reduction in screen based play:

- **Imaginative play** – Almost half of parents (48%) said that their child's imaginative play was better than during the initial lockdown period and a similar percentage (47%) said it was better. 6% said it was worse.
- **Home learning and play activities** – The majority of children had participated in home learning or play activities on most days in the last week. 82% had looked at books or read stories, 73% had undertaken letter, number, word or shape recognition activities, 69% had sung songs and 58% had done drawing or painting.
- **Indoor active play** – Almost half (47%) of children had played actively inside on at least most days in the last week, while 9% had not played actively inside at all in the last week.
- **Screen based play** – around half (53%) % of the children had played a screen-based game on most

¹⁵ COVID-19 Early years resilience and impact survey (CEYRIS)
<http://www.healthscotland.scot/publications/covid-19-early-years-resilience-and-impact-survey-ceyris>

days in the last week. This was higher among the older age group.

Obesity

In England during 2020/21 school year, obesity prevalence at reception year (age 4-5) increased from 9.9% in 2019/20 to 14.4% in 2020/21. These rates are largely stable, and have a strong inequalities gradient. Although the data sampling profile changed, there is enough evidence to state that this rise in obesity in very young children is accurately reflected. A similar rise in older children (aged 10-11) from 21.0% in 2019/20 to 25.0% in 2020/21 was also seen¹⁶. Childhood obesity is an indicator of adult obesity, and future ill health.

This is the first data on child weight that has come through national statistics that covers the first year of the pandemic. The data in Scotland is even more stark. In school year 2020/21, 69.8% of Primary 1 children measured had a healthy weight, 29.5% were at risk of overweight or obesity and 0.8% were at risk of underweight. There was a 6.8 percentage point increase in the overall proportion of Primary 1 children who are at risk of overweight or obesity between 2019/20 and 2020/21, having been stable for a number of years prior to this. The most substantial increase was in the proportion of children at risk of obesity¹⁷.

Scotland only measures childhood obesity at one time point, P1 school entry. This measure is used to assess how Scotland is doing to achieve its aim of halving childhood obesity by 2030.

There is consistently a gender bias in this data, where boys are more likely than girls to be overweight or obese at each time point. Children in deprived areas were more than twice as likely to be obese than those living in least deprived, for England. This is also true in historical Scottish data¹⁸.

Many factors drive obesity, from early nutrition and diet to the wider food environment and accessibility to green spaces and

¹⁶ [National Child Measurement Programme, England 2020/21 School Year - NHS Digital](#)

¹⁷ [Primary 1 Body Mass Index \(BMI\) statistics Scotland - School year 2020 to 2021 - Primary 1 Body Mass Index \(BMI\) statistics Scotland - Publications - Public Health Scotland](#)

¹⁸ [Body Mass Index of Primary 1 Children in Scotland \(publichealthscotland.scot\)](#)

areas to play. We know during lockdown that screen time for children, including young children increased.

Overall, a recent summary of the impact on early years¹⁹ found that there relatively little evidence specifically examined the consequences of the pandemic on children aged 0–5 years in the UK with much of it focused on older children. Many studies were also conducted outside of the UK, which will have had similar but not identical impacts, such as the incidents of stay-at-home orders and the closing of services. As a result, evidence is urgently needed to understand both the short- and long-term impact of the pandemic on early physical development in the UK, particularly for vulnerable groups.

Impacts on school aged children

A number of wellbeing surveys have been conducted with young people over the course of the pandemic. In terms of **mental wellbeing**, the surveys found a decline in mental wellbeing at the start of the pandemic, followed by a slight improvement following the return of schools, but remaining at lower levels than pre pandemic.

Within the of 8 - 14 year old age group, he [Children's Parliament survey](#) of **8 - 14 year olds** carried out in April, May, June and September found that over a quarter (26-28%) of young people often felt lonely in the April-June period. Across the three months, around a third of respondents indicated that there were lots of things to worry about, while more than half expressed a general worry about the future. Around a quarter reported being worried about five or more things. Other measures showed a fall in mental wellbeing between April and June. In June, 59% felt in a positive mood, compared with 65% in April.

The September sweep of the survey²⁰ [Children's Parliament survey](#) found improvements in children reporting that they often felt lonely (from 26% to 20%). This was particularly so

¹⁹ [growing-up-in-the-covid-19-pandemic-evidence-review-of-the-impact-of-pandemic-life-on-physical-development-in-the-early-years \(1\).pdf](#)

²⁰ [How are you doing Survey Final \(childrensparliament.org.uk\)](#)

for the group of children who had reported highest levels of loneliness during lockdown 1, i.e. girls aged 12 to 14 (from 34% to 20%). The percentage reporting good mood increased to initial levels (64%). However, rates of worry remained constant and in some cases increased.

‘Lockdown Lowdown’ surveys of young people aged 11-25 were carried out in April 2020, September-November 2020 and June 2021. In the April survey, 4 in 10 were concerned about their mental wellbeing. Half were concerned about the wellbeing of others. Mental wellbeing was the topic young people were most concerned about, alongside the school closures, exams and coursework. In the autumn 2020 and June 2021 surveys, only 4 in 10 respondents aged 11-25 said that they felt good about their mental health and wellbeing.

In qualitative survey answers to the [Lockdown Lowdown 2](#) survey of **11 – 25 year olds** carried out in September to November 2020 and in [associated focus groups](#) carried out in October and November 2020, many young people discussed the mental wellbeing benefits of being able to meet up with their friends again and not being confined to their homes.

In [qualitative research](#) on experiences of vulnerable children, young people, and parents during the Covid-19 pandemic most respondents reported improvements in their mental wellbeing once restrictions eased over the summer and autumn of 2020, although many continued to experience low mental wellbeing.

Across all surveys girls, particularly older girls, had consistently worse mental wellbeing outcomes. Mental wellbeing also generally declined with age across most surveys.

Relationships were highlighted by young people as a key driver of both positive and negative wellbeing. Qualitative survey answers to the [Lockdown Lowdown 2](#) survey of **11 – 25 year olds** carried out in September to November 2020, [associated focus groups](#) carried out in October and November 2020 and [qualitative research](#) on experiences of vulnerable children, young people, and parents during the Covid-19 pandemic found that:

- Not being able to see friends and wider family was one of the main drivers of low mental wellbeing for young people. Young people reported an improvement in their wellbeing once some contact was allowed again.
- While most focus group participants had been able to stay in touch with their friendship groups during lockdown and while physical distancing restrictions are in place, there was a feeling of social isolation for some, particularly for those with partners they were unable to see. Being unable to celebrate special events like birthdays and religious celebrations like Eid in groups was highlighted as a problem.
- Young people had found social media useful for staying in touch with their friends and found that it helped reduce or remove social isolation or loneliness. However, for some social media was not a sufficient substitute for face-to-face contact, and they felt that messaging had made their relationships less close. This was particularly the case for some young people with mental health issues or disabilities that make it difficult for them to read tone in messages.
- For some participants, spending more time with their family during lockdown was a positive experience, providing a chance to relax.
- However, according to many it was stressful to be in a small space with a number of people trying to work and/or learn, which led to arguments. Being able to return to education or employment once restrictions were lifted allowed relationships to recover.

The evidence on views on **COVID-19 health risks** shows high levels of worry and concern about the topic.

The [Teen Covid Life 2](#) survey of **12 – 18 year olds** carried between August and October 2020 found that 19% had felt nervous or stressed because of COVID-19, most or all of the time. Male respondents were substantially more likely to say that they never felt stressed due to COVID-19 (48%) than female respondents. Almost half of respondents (48%) were worried returning to school would increase their own risk of contracting COVID-19, while six in ten young people (59%) worried about the impact it would have on their family's risk of contracting COVID-19.

The [Lockdown Lowdown 2](#) survey of **11 – 25 year olds** carried out between September and November 2020 found that 45% were concerned about catching coronavirus, 71% were concerned about a second wave of coronavirus and 64% of respondents were concerned about transmitting coronavirus to others. By the Lockdown Lowdown 3 survey, this had dropped across all questions, but remained substantial 31% were concerned about catching coronavirus, 62% were concerned about a second wave of coronavirus and 52% of respondents were concerned about transmitting coronavirus to others.

In terms of **views on Covid-19 mitigation measures**, findings were mixed and young people gave nuanced views. Qualitative research showed that the majority of young people and parents were comfortable with COVID-19 mitigation measures, and recognised them as an appropriate balance of freedoms and restrictions. At the same times, young people recognised that there were negative impact, and particular groups, including disabled young people, highlighted particular impacts on them

The [Lockdown Lowdown focus groups](#) carried out in October and November 2020 found that:

- Participants agreed with social distancing, although some found it difficult to comply in schools and when socialising with friends in public. Some reported their friendship groups not adhering to physical distancing.
- Disabled participants that were hard of hearing or partially sighted found that the 2 metre requirement made it hard for them to hear/see others. Children and young people with a lack of spatial awareness also found this hard. However, a participant with autism found the increased personal space beneficial.
- The majority of participants agreed that face coverings should be worn in public, and participants did not feel that wearing face coverings had a negative impact on them. The only concern around face coverings raised was from a young carer, who felt that others were not wearing face coverings when required or not wearing them correctly, making them feel unsafe due to the impact that this might have on their family.

- Young people were appreciative of mitigation measures taken in educational establishments. Young people who had an exemption from face coverings found that this was managed well through lanyards, although one participant had witnessed an incident where an individual with an exemption lanyard was stigmatised by another passenger on public transport.
- Many young people felt that mitigation measures and physical distancing was not adequately enforced on public transport or in shops

A [Scottish Government report](#) summarising available evidence on Covid-19 mitigation measures for children and young people in Scotland found:

- Most secondary pupils in the representative **Young People in Scotland Survey 2021** carried out between January and March 2021 said they did not feel anxious when wearing a face covering and that other people didn't not make them feel uncomfortable for wearing a face covering.
- In this survey 4 out of 10 respondents agreed that it was difficult to understand teachers when they were wearing a face covering; 3 out of 10 agreed that it was more difficult to follow lessons when teachers were wearing a face covering; just under half agreed that the rules around meeting others were having a negative impact on their relationships with family and friends and on their mental health.
- **YouGov polling data** from between March and April 2021 showed that most parents of secondary school children were comfortable with face covering and 2 metre distance policies in schools.
- Most parents had authorised or were willing to authorise use of lateral flow tests for their children in schools.
- Just under a quarter of parents of children under 12 and a third of parents of children aged 12-17 said that their child met with other children in the past week in a way that was not within the guidance.
- Polling data from May 2021 showed that just over half of the parents were worried about the long term effects of the pandemic on their children and just under 4 out of 10 were worried about its impact on their child's mental health.

- **Qualitative research with children, young people and parents** conducted by nine third sector stakeholders between January and April 2021 showed that almost all participants understood the importance of Covid-19 mitigation measures, followed them, and found a good balance between freedom and restrictions.
- Some struggled with the long duration of restrictions, found it hard not seeing friends, and often found it difficult to adhere to rules when peers did not.
- Many children and young people found it difficult to wear face coverings throughout the whole school day. In general, it was challenging for children and young people to stick to physical distancing in schools.
- Some parents of children and young people that were exempt from face coverings were concerned about discrimination and stigmatisation.
- Parents of children with additional needs raised concerns such as the impact of face coverings on pupils with hearing impairments and others who relied on lip reading and facial expressions for communication.

In terms of views on **compliance and communications**, the mitigation summary report showed that the majority of young people understood the rules on face coverings. In the Young People in Scotland Survey 2021 almost all secondary pupils understood when, where and why they were expected to wear face coverings.. Almost everyone in the online non-representative TeenCovidLife 2 survey, conducted between August and October 2020, responded that they were wearing a face covering most or all of the time in public transport and in shops.

However, participants in the qualitative research with vulnerable groups described the ongoing changes in measures as confusing, with many finding it hard to stay up to date. There was a general agreement, by both young people and parents, that different rules depending on children and young peoples' ages made understanding and adherence difficult. Qualitative research found that most children and young people followed the ruled, but often found it difficult to

adhere to physical distancing and limits around meeting others when peers did not.

A Place in Childhood's virtual [participatory action research project](#) with 25 young consultants, **aged 11 to 17**, was completed from March to May 2021. Recommendations from young people included:

- Would like a 'thorough and full' inquiry of what has happened during the pandemic and to ensure that everyone has opportunities to recover from the experience.
- Request that decision-makers communicate clearly, concisely, effectively, and directly with them. They request that information is provided only if it is accurate and certain. If a decision is uncertain, they would like to know why and more about the process behind it. They also suggest considering setting up a method for fact-checking potential misinformation from various sources.
- Would like 'high risk activities' to remain closed, for the vaccination programme to happen rapidly, and for outdoor activities that improve wellbeing to be a priority.

Differential impact on particular groups

Within the overall findings on impacts of the pandemic, there is evidence of substantial variation between groups of young people, with some groups being much more negatively affected. Key patterns include:

- **Gender.** A consistent finding across all surveys and most questions was that girls and young women had worse wellbeing outcomes than boys and young men overall. Gender differences were patterned by age and were generally more pronounced among the older age groups.
- **Age.** Overall, wellbeing outcomes worsened with age. For example, in the [Lockdown Lowdown 2](#) survey of **11 – 25 year olds** carried out between September and November 2020, older young people had worse outcomes than other groups across most questions.

Economic disadvantage. Evidence from organisations working with families living in poverty suggests that financial difficulties strongly compound the negative effects of the COVID-19 restrictions more generally. The [CEYRIS 1](#) survey of parents of **children aged 2 to 7** carried out in June and July 2020 found that children in affluent households were more likely to be doing well psychologically and behaviourally during lockdown, to sleep through the night and to take part in home learning and outdoor physical activity frequently than children in less well-off households. Some deterioration was identified across all income groups in all areas asked about in terms of children's behaviour and life. The extent of the decline was worse for children in low-income households in all areas except physical activity.

Disability. There are a large number of studies from the early pandemic showing very substantial negative impact on families affected by disability as support services were paused. However, the most recent [Family Fund Survey](#) examines a year of COVID-19 and a continued worsening picture of the wellbeing of disabled and seriously ill children in Scotland according to parents surveyed. Families surveyed report continuing financial struggles, rising deteriorations in children's physical and mental health, and an ongoing shortage of support services (despite some recovery in formal service provision).

Ethnicity. [Research](#) by Intercultural Youth Scotland reports BME young people's feelings of disadvantage (compared to their white peers) in relation to their education in particular, and future opportunities as a result of COVID-19. Police presence during lockdown was reported to have limited opportunities for some BME young people to exercise and socialise during lockdown.

- **Care experience.** Within the [Lockdown Lowdown 2](#) survey of 11 - 25 year olds carried out between September and November 2020, care experienced young people were less likely to feel good about their physical and mental health, employment prospects and relationships than other young people. Who Cares? Scotland has summarised [findings from engagement with young care experienced people](#) up to December

2020 on the impacts of lockdown, as well as views on priorities for recovery. The report suggests that Covid-19 has exacerbated many of the issues that care-experienced young people already faced.

- **Young carers.** The [Lockdown Lowdown 2](#) survey of 11 – 25 year olds carried out between September and November 2020 found that young carers had worse outcomes than other groups across most questions. Analysis by Carers Trust Scotland of Scottish responses to a UK wide [survey on the impact of Coronavirus on young carers aged 12 to 25](#) carried out in June 2020 found that young carers were spending significantly more time caring than before the pandemic, and many were unable to take a break. As a result, the majority of carers were feeling more stressed and less connected to their friends, and reported that their mental health was worse than before the start of the pandemic, but that they were unable to access mental health support. A majority also felt that their education had suffered.
- **Migrant Families.** Research conducted by [Children's Neighbourhoods Scotland](#) through nine semi-structured interviews with frontline workers of organisations supporting migrant families in Glasgow between May and June 2020 found that migrant families were more vulnerable to the economic impacts of the pandemic. Insecure employment and a lack of access to social security resulted in significant loss of income for many families.
- **Asylum seeking families.** [Qualitative research](#) on experiences of vulnerable children, young people, and parents during the Covid-19 pandemic includes findings from asylum seeking minority ethnic children aged 5 – 11 , young people aged 12 – 16 , and their parents. The research found that home schooling was particularly challenging for children and young people in this group with limited English language, or otherwise requiring additional support, which was not available during school closures.

In the context of covid recovery planning, and recognising the challenges that children and young people faced over the previous year, work was undertaken to gather insights from young people in relation to the Enhanced Summer Offer.

	<p>Young Scot published their output²¹ which stressed the importance of clear messaging and information tailored to children and young people, taking steps to support their mental wellbeing, and the need to access outdoor spaces and socialise with their peers and friends. This resonated with the ongoing evidence from the beginning of the pandemic on what was important to children and young people.</p>
<p>Key Findings, including an assessment of the impact on children’s rights, and how the measure will contribute to children’s wellbeing</p>	<p>Overall, the evidence strongly suggests the need for more targeted messaging, information and recovery planning focused on the needs of specific groups of children and families, with an emphasis on mental wellbeing and trauma-informed approaches in schools in particular.</p> <p>We have continued to ensure that the best interests of the child (article 3) have been central to our response to the COVID-19, including in relation to the imposition of these latest restrictions. Consideration was given to specific articles in particular in balancing the risks of transmission with the rights and wellbeing of children and young people.</p> <p>We recognise the fundamental importance to the realisation of children’s rights and wellbeing of keeping schools open ensuring that children and young people continue to access their right to education (articles 28 and 29) and rights to leisure and play (article 31) and freedom of association (article 15). We will also <i>follow the science</i> and work to keep Early Learning and Childcare settings open, as far as possible.</p> <p>For children and young people, the importance of maintaining social interaction and engagement with their peers is of fundamental importance to wellbeing. This is particularly important to older children and young people, as they develop a stronger sense of self and use their peer groups to support their own decision making, more than their parents. For children aged 12 and over, the guidance on household restrictions apply to them in the same way as adults. This will be kept under regular review, to seek to create more freedoms as part of an overall proportionate response.</p>

²¹ [#YSHive Jam: Exploration of COVID-19 Recovery - Young Scot Corporate](#)

	<p>For younger children, under 12, their right to play and socialise freely with their peers (article 31) was actively considered, along with their lower risk for becoming seriously unwell from COVID-19 and their perceived lower risk of transmission. This age group continue to have the least stringent measures applied and are free to meet up with their friends, with no physical distancing outdoors or indoors in public spaces, subject to other public health hygiene measures being followed. Enabling young children to play and be physically active, will bring benefits to their overall health, sleep regulation and connectedness to their communities.</p> <p>Most indoor organised activities can still continue. This provides additional scope for children of all ages to meet and interact, outside of school or more formal settings. This includes parent and baby/toddler groups, provided they adhere to the relevant risk assessment and health protection advice. We know that our youngest children have suffered from lack of early socialisation, which has impacted on their speech and language development and emotional and social development. These informal settings and activities are important to protect their overall wellbeing and future development (article 6, article 31). They are also an important mechanism to support parents' mental wellbeing, particularly for new mothers.</p> <p>Continuation of support for the most vulnerable babies, children, young people and families will also remain available, including a priority to offer face-to-face and group contact where possible.</p> <p>We have also retained, as far as possible, the ability of children and young people to continue to access services and activities that continue to promote their wider wellbeing. Children under 18 are still able to access indoor and outdoor sport and recreation activities, and attend other organised activities. The wider social harms for children were considered at this time, balanced with protecting overall health (article 24, article 31).</p>
<p>Monitoring and review</p>	<p>We will continue to consider the impact of these changes on children's rights and wellbeing including by engaging with</p>

	relevant stakeholders and will publish further child rights and wellbeing impact assessments as is best practice.
CRWIA Declaration	
Authorisation	
Policy Lead: Carolyn Wilson Unit Head Improving Health and Wellbeing, Directorate for Children and Families, Scottish Government	Date: 20th Jan 2022
Deputy Director or equivalent: Mairi Macpherson Deputy Director Improving Health and Wellbeing, Directorate for Children and Families, Scottish Government	Date: 20 th Jan 2022



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