



Lessons from Lockdown

Supporting vulnerable children and young
people returning to school and to learning

In partnership with



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Cymru



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Foreword

Barnardo's Cymru and Action for Children Cymru believe that close multi-agency working will be doubly important, beyond the Covid-19 health crisis, if we are to support vulnerable children, young people and their families recover and thrive. The return to school is a significant milestone in the easing of restrictions imposed to control the virus, and a cornerstone in re-building beyond it. This briefing highlights what Action for Children Cymru and Barnardo's Cymru have learnt from our services, practitioners, and our partners in schools, about the impact of Covid-19 on vulnerable children, young people and their families. It explores what might facilitate their recovery, and promote their development as we emerge from the Covid-19 crisis.

In particular it explores the support that may be needed in, and for, schools to:

- Support the mental health and well-being of vulnerable children and young people as they transition back into the learning environment, and
- Support vulnerable families so that, where possible, children and young people can remain at home safely and improve their well-being, development and learning.



About Barnardo's Cymru

Barnardo's Cymru has been working with children, young people and families in Wales for over 100 years and is one of the largest children's charities. We currently run more than 60 diverse services across Wales, working in partnership with local authorities. We aim to secure better well-being outcomes for more children by providing the support needed to ensure stronger families, safer childhoods and positive futures.

We use the knowledge gained from our direct work to campaign to improve the lives of children, young people and families by promoting positive change in policy and practice. We believe that with the right help, committed support and a little belief, even the most vulnerable children can turn their lives around.



About Action for Children Cymru

Action for Children has been proudly working in Wales since 1911. We support vulnerable children, young people and families in Wales through nearly 80 projects and services, working in partnership with local authorities, health boards and other third-sector organisations. Our aim is to give children, young people and families everything they need to grow, flourish and make the most of their lives.

Action for Children also campaigns tirelessly, working with Assembly Members, Welsh Government Ministers and local decision makers to create changes that increase opportunity and enable every child, young person and family in Wales to overcome inequality and thrive.



Introduction

The Covid-19 pandemic is a traumatic event that threatens our collective physical and psychological safety and well-being, a ‘collective loss of the world we know’¹. The world has changed and this is no different for children and young people, who have experienced disruption to many aspects of their lives, not least the closure of schools. The UN highlights them as a group especially impacted by mental distress from coronavirus².

The successful return of schools will be a cornerstone of the effort in Wales to rebuild after the pandemic. The impact of Covid-19 on the mental health and well-being of the nation, especially on the most vulnerable and disadvantaged, means that ensuring schools are places where well-being and pastoral care are paramount is more important than ever. However, schools cannot be expected to meet the well-being and mental health needs of students, in a post-Covid-19 context, alone. Research evidence on previous disaster impact and recovery tells us that support from local partners and the Government to help address the impact on families and communities will also be required, to give vulnerable children the best chance of overcoming the impact of the crisis on their health and development.

In this briefing we highlight what we have learnt from our own practitioners and partners in schools about the impact of Covid-19 on the mental health and well-being of children and young people. We also hear about what schools think they will need in terms of training and emotional support for school staff, and support from other sectors and organisations in addressing the needs of students and their families. This will require the Government to support schools now, and in the months ahead, not only in ensuring the physical safety of students and staff as they return, but in supporting the mental health and well-being of school communities, and ensuring schools become hubs of support for pupils and their families.

1 <https://www.verywellmind.com/understanding-grief-in-the-age-of-the-covid-19-pandemic-4801931>

2 United Nations (2020). UN Leads call to protect most vulnerable from mental health crisis during and after COVID. Available at: <https://news.un.org/en/story/2020/05/1063882>



The impact of Covid-19, and restrictions to contain it, on mental health and well-being

The Covid-19 outbreak, as well as side effects of the measures to contain it, has exposed the country's children and young people to an unprecedented level of trauma, loss and adversity. School closures have meant a significant disruption to the daily lives of children and young people – lost routines, reduced social contact and many unable to access the things that support their well-being.

It has also exacerbated existing inequalities, with those living in the most deprived communities affected most by exposure to the virus, but also the measures to contain it³. We know that some children, who were already extremely vulnerable and experiencing, or at risk of experiencing, complex trauma, will have been badly affected. For example, children and young people living in lockdown or socially isolating in challenging and unsafe home environments may have lost their 'safe space' at school. We know that for some children and young people, they will be exposed to poverty, domestic violence, parental conflict or child abuse for the first time. We also know that, without early intervention, this trauma and adversity can lead to long term mental health problems⁴.

At Barnardo's Cymru and Action for Children Cymru, we are very concerned about the impact of Covid-19 on the mental health and well-being of children, young people and their families. In April, as the country went into lockdown, Barnardo's UK surveyed nearly 1,000 Barnardo's practitioners on the impact of Covid-19. In Wales:

- 92% of respondents were supporting someone in regard to their mental health, 75% of whom were supporting children.
- 81% of respondents said they were supporting someone experiencing an increase in mental health issues due to Covid-19.
- The most commonly cited issues increasing as a result of Covid-19 related to anxiety and sleep dysregulation – for children, while for parents, the most commonly cited issues were around anxiety and stress.

3 Bibby, J. (2020). Will COVID-19 be a watershed moment for health inequalities? The Health Foundation. Available at: <https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities>

4 Spenrath et al. (2011) The science of brain and biological development: implications for mental health research, practice and policy. Journal of the Canadian Academy of Child and Adolescent Psychiatry. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3222573/>



Action for Children Cymru and Barnardo's Cymru services work closely with schools to provide support to children and young people, and we know that schools are also concerned about the increasing mental health needs of their pupils. In our survey of over 200 school staff⁵, more than 85% believe Covid-19 will impact on the mental health and well-being of their pupils. There were concerns about the impact on the most vulnerable, confined to challenging home environments, and those who have experienced the trauma of illness and bereavement. Poverty related concerns were also expressed including references to food poverty, family financial pressures and the lack of computers and access to the internet. Children and young people who are healing from trauma, loss and adversity can experience a range of reactions, including behavioural changes, emotional distress, grief, difficulties with attention, academic failure, nightmares or stress⁶.

They have witnessed staff and their family struggling through this time, no matter how much we have tried to shield them from this... They have missed their friends, family and their school staff and they have no idea when they can see them again or if things will ever be the same again. They are feeling frightened and worried and as much as we reassure them, they are going to find it hard to trust adults at the moment as any relationships and trust we built with the children has been damaged during the Covid-19 lockdown.

Teaching Assistant, special school

⁵ We surveyed 219 school staff including across primary (46%), secondary (37%), and special needs and disabilities (11%) provision. The survey was live for a week between the 13th and 20th of May and was open to any member of staff working in schools. We received responses from teachers (41%), Headteachers or Deputy Headteachers (18%), Teaching Assistants (29%). Respondents also included Play Group Leaders/Managers, Nursery Managers, Learning and Well-being Managers, School Beat Officers, SENCO's and School Business Managers.

⁶ The National Child Traumatic Stress Network. Creating, supporting and sustaining trauma-informed schools: a systems framework. Available at: https://www.nctsn.org/sites/default/files/resources/creating_supporting_sustaining_trauma_informed_schools_a_systems_framework_k.pdf

As schools have been shut, I worry about how the children are and what support they are receiving with their mental health. I work with ASD pupils so they are extremely worried and anxious about Covid-19.

Teaching Assistant, secondary school

Pupils in vulnerable families are not able to seek support and speak to others if they need support. Returning to school will be an anxious time for many pupils due to them not being able to discuss their concerns with an impartial adult.

Teacher and ALNCO, primary school

We also have many students who do not have a supportive family network and are not being encouraged to take exercise and we have been made aware of a number of students who have put on a lot of weight and are now really worried about people seeing them. We also then have the students who don't have access to food that are having food delivered by the care takers every day. We have been filling in applications on parents behalf to receive food vouchers as many parents do not have either a computer at home or they don't have internet access. The schools are loaning chrome books to some students to allow them to complete their online schoolwork. These issues are just a small example of the plethora we are trying to manage daily and are just the tip of a much bigger iceberg but of course, on a general level, the mental health and well-being will be negatively impacted.

Teacher and Head of Years 11, 12 & 13, secondary school

Our school is in a very socially deprived area... Many children come from homes where they do not have access to technology & internet to keep up with school work. Many will experience domestic abuse and neglect. For many students school is the only safe and secure environment and they will be missing it, and its associated routines, terribly.

Business manager, secondary school

Some children will have gone hungry during this period. Children already living in homes where ACEs are prevalent will have had no respite from being in school during this time. Some families will have been going through great pressures due to financial problems. There may have been bereavements in the family which they will have had to manage without the conventional support of school and services.

Police services (SchoolBeat) regional coordinator, working across different school types

Returning to school – Understanding and managing the impact of lockdown

With regard to returning to school, Barnardo's practitioners and schools expect that vulnerable students will have challenges re-integrating back into the school environment. As well as fears around physical safety, there are concerns about students feeling anxious about being up to speed with learning, as well as worried about the dramatically different experience of schools and education they will be returning to. This will be a particular concern for children with additional learning needs (ALN) who may find a range of changes difficult to understand, adjust to and express their feelings about.

Things could hit harder once children and young people have to go back to school and routines need to change again.

Barnardo's practitioner

Children with developmental delays who do not understand the issue at hand (spread of Covid-19) therefore, also do not understand why we are trying to keep our distance, or those will keep breaking the distance as they are unaware of the 2m rule.

Teaching Assistant, special school

Pupils I work with are already unmotivated, have low self esteem and confidence. They frequently indulge in risky behaviour and, without the boundaries and benefit of school norms, I am concerned they will become more disengaged.

Teaching Assistant, secondary school

I think some children who have started coming out of their shell will have regressed. We may see pupils unable to communicate emotions and feelings and there may be issues with controlling tempers.

Headteacher/Deputy Headteacher, primary school

Everyone within the school community has concerns about the Covid-19 virus and there will be concerns when school reopens with regard to managing social distancing, staying safe, a second wave of Covid-19 and loss of education/grades.

Teaching Assistant, primary school

Schools told us how, during the lockdown, they are working hard to provide support remotely, through regular calls to students and families. However they are fully aware of the limitations of this contact and concerned for the students they can't reach. Some also reported that this can be emotionally exhausting work and concern was expressed about the potential impact on the well-being of staff when traumatised students return to the classroom.

You cannot communicate with all students, you cannot contact the vulnerable and fsm students (students receiving free school meals) you want to

Teacher, secondary school

There will be learners who will have not had a positive lock down period for whatever reason, we will need to find out their experiences and react, respond accordingly.

Teacher, primary school

I feel there will be far more children to give this dedicated support to on return to school and the ability to do this by the school and multi agencies will be a huge task.

Teaching Assistant, primary school

Phone contact has been relentless for want of a better word and we are contacting upwards of 10 students each a day (heads of year and LSA's) and actually this can be really mentally draining for us as staff too.

Teacher and Head of Years 11, 12 & 13, secondary school

I predict that many staff will not be able to cope. (when pupils return)

Special Needs Teacher (ASD), special school

Schools were clear that initially the focus of any return following the Covid-19 experience would need to focus on creating a safe, welcoming environment where pupils' well-being would be the primary consideration. However, beyond this there was awareness that the longer term psychological impact may exert particular additional pressure on school communities.

Our survey showed that 18.51% were confident that they, personally, had the tools/skills/resources to support their pupils when they return to school with 24.07% not confident. A larger proportion; 27.52% felt that their school had the tools/skills/resources to support their pupils when they return to school, 18.80% were not confident. Respondents reported that what they thought was most needed to ensure schools were able to cope was:

- Training and development for school staff in supporting children's mental health and well-being (71%)
- More support for school staff with their own mental health and well-being (71%)
- Increase in funding to support mental health and well-being initiatives (70%)

There was a clear sense that schools were keen to have more resource to help support them with what lies ahead, and that there is a worry about what they can do alone to provide pupils with the support they envisage they will need.

We can do a great deal with what we have for most of the children but specialist support for those who need extra e.g. bereavement counselling or family support should be there when they need it.

Teacher, primary school

Provide additional funding for schools to further develop ELSAs, school counsellors, TAs/ teachers to be taken off timetable to carry out talking therapies, workshops for parents.

Teacher, primary school

More money to support school in training staff to identify and deal with such issues, as well as enabling schools to actually have the man power to be able to give these pupils the time and support needed, without impacting on the support of the other pupils.

Teacher, secondary school

Each school should have sufficient funding and training to ensure that staff can support student and staff mental and emotional well-being. Access to mental health nurses as well as ensuring all schools have someone with sufficient training to deal with any medical and emotional needs of the school.

Business manager, secondary school

This is very new to us all, so it's the not knowing how children will cope when they can return to school. Access and funding made available to school counselling, Education Psychologists, etc, that is not limited to a set number of pupils per term, if it's required. Bereavement counselling/support if children or staff require this.

Teaching Assistant, primary school

Appreciate that staff mental health and well-being may be suffering too... Pay for more qualified counsellors.

Teacher and Head of Years 11, 12 & 13, secondary school



Our experience of working with schools

Action for Children Cymru – The Guide Project

Early adolescence is a time when many mental health disorders emerge. It is therefore essential to equip young people with the skills to recognise and manage their own mental health symptoms and recognise if others are struggling.

The Guide Project in Wales delivers a Mental Health Literacy Programme designed to aid students and their teachers to improve their mental health knowledge, reduce stigma, and increase help seeking behaviours. The programme has been adapted to be delivered to 13-15 year olds in mainstream secondary schools and consists of six curriculum modules for classroom delivery, training for teachers and online resources to support delivery.

Action for Children Cymru – The Blues Programme

The Blues Programme is an evidenced based early intervention for 13-19yr olds, delivered in schools over a six week period. It gives young people, showing early signs of anxiety and depression, the tools to understand and manage their symptoms and facilitates recovery.

The programme has been delivered bilingually in 43 schools in Wales since 2017 and has yielded positive outcomes with 75% of students reporting they have improved mental health as a direct result. Evidence also shows that 75% engage better in their learning and 80% of students have improved relationships with school, peers and at home.

Barnardo's Vale of Glamorgan School and Community Based Counselling Service

Pupils bring a range of issues to counselling including bereavement, anxiety and depression, self-esteem and relationship issues. Family issues are consistently cited as one of the main reasons children and young people seek support.

Since the lockdown has been in place the service offers online counselling, takes self-referrals, provides well-being checks for pupils under twelve and sends bespoke well-being packs of resources out to them. The service now also offers advice and guidance to parents with concerns about their children.

Barnardo's Youth Colleagues – top tips for schools

Barnardo's youth colleagues, Louise and Rebecca, spoke to young people aged 15 – 19 about how schools can support children and young people on their return.

1

Be clear with children and young people about what will happen when they return to school and listen to their concerns.

2

Tell them where they can access support services

3

Ensure that there is a place in school where they can access one-to-one support and raise their concerns.

4

Adopt a phased approach to returning to school, so that children and young people are not overwhelmed with a sudden change in their routine.

5

Facilitate social events for them, so they can rebuild their friendships and support each other.

6

Work with local partners to support them to access specialist mental health support when they need it.

7

Talk to them about the impact the coronavirus outbreak has had and use the school's platforms and networks to raise awareness of the issues affecting them.

8

For those who are transitioning to a new school or college give opportunities to have "closure"*. For example, hold leaving events like proms, even if they have to be delayed.

9

Think about their whole family and consider the support the school can provide to families who may be struggling, financially or otherwise.

10

Know which pupils are vulnerable** and keep in contact with them to ensure they can get the support they need.

* i.e. Recognising the psychological importance of graduation ceremonies.

**i.e. coping with multiple, disadvantages and/or lacking adequate protection.

Where we think responses should be targeted

Schools will face varying levels of vulnerability in their pupil cohorts due to the unequal distribution of vulnerability across local areas. Mortality rates were already higher in deprived areas, but Covid-19 has exacerbated this further. While all schools will need to consider the impact of Covid-19 on mental health and well-being, those with the most diverse, vulnerable and disadvantaged pupil populations are likely to experience higher numbers of children returning having experienced conflict, complex trauma, adversity, loss and bereavement.⁷

In Wales, prior to the advent of Covid-19, Welsh Government was leading on developing a whole school approach to emotional well-being and mental health. This will be supported by the new school curriculum which includes 'health and well-being' as an Area of Learning and Experience and incorporates a statutory duty to deliver relationships and sexuality education. Schools counselling has been a feature of in-school mental health provision for almost a decade and we are aware that there are additional resources being made available to increase provision, including in response to Covid-19.

More recently Child and Adolescent Mental Health Services (CAMHS) in-reach support has been trialled to support the school community in addressing mental health. We have welcomed all of the above initiatives, in particular the coming together of education and health policy in Welsh Government to develop a whole school approach to mental health and emotional well-being. We also welcome the Welsh Governments guidance for schools and childcare settings during the Covid-19 crisis which reflects a clear understanding of how well-being, of both school staff and students, underpins the capacity of students to learn and grow.

In addition to the above there has been a long-standing policy focus in Wales on providing early intervention and prevention support to vulnerable families affected by poverty and insecurity, and, more recently, to address the impact of adverse childhood experiences (ACE's). Survey research carried out by The ACE's Hub in Public Health Wales, prior to Covid-19, showed that there is a high level of awareness and knowledge amongst the publically funded workforce in Wales, particularly the education sector, on the impact of adverse childhood experiences on physical and mental health. However there is less awareness of how to prevent and mitigate against the impact of ACE's⁸. This capacity centres on our understanding and responses to vulnerable families and the impact of poverty.

7 Office for National Statistics (2020). Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 17 April 2020. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvingcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand17april>

8 Genevieve S. Riley, James W. Bailey, Diana Bright, Alisha R. Davies. A National Survey: Knowledge and awareness of Adverse Childhood Experiences (ACE's) in the public services. Available at: <https://phw.nhs.wales/news/new-survey-shows-both-good-welsh-public-sector-awareness-of-adverse-childhood-experiences-aces-and-opportunities-for-improvement/knowledge-and-awareness-of-adverse-childhood-experiences-in-the-public-service-workforce-in-wales/>

Research on the impact and recovery from natural disasters finds that offering timely, accessible and appropriate mental health support to children and young people is crucial⁹. However, without parallel support being offered to families to address both practical and emotional issues, children affected by Hurricane Katrina, for example, were found to be still struggling with mental health problems three years after the disaster¹⁰. Similarly research in New Zealand on the post-disaster recovery from the Christchurch earthquake of 2011 reported that 'children's recovery is often intimately connected with their family and community, providing support to assist families generally to recover also aids their children's recovery'¹¹.

With the advent of Covid-19, and its economic and mental health consequences, we would argue that there is now an imperative to bring our targeted, family focussed early intervention and prevention work in much closer alignment with the education and health work we have seen developed recently, to address supporting well-being and mental health in schools. Early Help Hubs have been an effective way of coordinating early interventions across local authority areas pre-Covid-19. However, partnerships between schools and family support services, in the most deprived areas where Covid-19 is likely to have the deepest impact, could provide a more flexible, accessible response to children and families presenting with a range of poverty related, educational, social and emotional issues during and immediately beyond Covid-19. This would create opportunities for family support expertise and school support expertise to work together to address Covid-19 related needs at the very earliest opportunity.

Schools vital role in communities' goes way beyond their core task of educating. They provide safety, support, enrichment, direction and are often at the heart of the community. However they cannot be expected to bear the brunt of the mental health and economic impact of Covid-19 on children, young people and families alone. They will need organisations that can work in partnership with them, right alongside them, and the pupils and families they serve, if we are to provide a strong enough post-pandemic frontline response. It is time to invest in wrapping additional resource around schools and, thereby, our most vulnerable communities to ensure that no child is left behind as we recover from Covid-19.



9 Kronenberg, M. Tonya Cross Hansel, Adrienne M. Brennan, Howard J. T. Osofsky, Jod D. Osofsky; Children of Katrina: Lessons learned about Postdisaster Symptoms and Recovery Patterns. *Journal of Child Development*, July/August 2010 Vol 81, Number 4, P 1241-1259

10 As above

11 Freeman, C., Naim, K., Goolp, M., Disaster impact and recovery: what children and young people can tell us. *New Zealand Journal of Social Sciences Online* 2015, Vol10, No2, P. 103-115

Our experience of delivering family support

Barnardo's 'Beyond the Blue' Service is part of the Families First Programme in Neath Port Talbot

The service addresses 'Emotional and Mental Well-being and Coping with Loss' and serves the needs of the whole family, addressing issues including bereavement, parental separation, emotional and mental health problems, family relationships and family resilience.

The service works with families to create a support plan which will include a range of supportive and therapeutic interventions, working with individuals and the family as a whole. A drop-in counselling service is also available and the service runs group work in local schools.

Action for Children Cymru – The Family Intervention Team (FIT)

The FIT service is jointly funded by health and Families First in Gwent. It provides early intervention for children and young people aged 5 -14 years and their families, where children of parents with mental health difficulties have emerging mental health problems or self-harm. It is based on a skills mix model with Family Support Practitioners trained and supervised by a Clinical Psychologist and Systemic Psychotherapist to work directly with families

Evidence based psychological theories and therapies are drawn upon, particularly attachment and systemic ideas, to work with children within their family context using a formulation to inform a tailor-made intervention for that family. The 12-week intervention involves home-visiting by a family support practitioner who builds on the strengths and resilience of the family.

Policy context

Family support to address early intervention and prevention is delivered via the Families First Programme. The Families First Programme is part of the government's Child Poverty Strategy and is a programme intended to support families who have problems as a consequence of poverty. Current Families First guidance states that:

'Families First must demonstrate that it can improve outcomes for families to ensure they are confident, nurturing and resilient. Taking Wales Forward contains a commitment to "Support families and parents to reduce adverse childhood experiences which can have lifelong effects", and Families First is a key vehicle through which this can be achieved.'¹²

The programme addresses needs across the first three areas of the Family Support continuum:

Universal – families with mostly no additional needs who are in receipt of universal services such as education and healthcare

Early intervention – families with some additional needs which can be addressed through targeted early intervention support

Intensive support – families with multiple needs who require a coordinated multi-agency package of support to prevent needs from escalating into crisis

Specialist services – families with acute, high-end needs requiring statutory support

Together for Mental Health is the government's 10 year cross-governmental strategy to improve mental health and well-being across all ages. The Together for Mental Health Delivery Plan 2019-22 includes a section on 'Improving access to support in the community for children and young people' (2.2), which sits under Priority 2: Improving access to support for the emotional and mental well-being of children and young people'.¹³ We suggest that the Families First guidance and the Together for Mental Health Delivery plan be updated to enable a response to the unprecedented level of stress on families, outlined in this report, which will impact both in terms of poverty and mental health and emotional well-being.



¹² https://gov.wales/sites/default/files/publications/2019-07/families-first-guidance-for-local-authorities_0.pdf

¹³ <https://gov.wales/sites/default/files/publications/2020-01/together-for-mental-health-delivery-plan-2019-to-2022.pdf>

Recommendations

Pupils in schools in the most deprived communities are at highest risk of being adversely affected by the health and economic impact of Covid-19. Early Help Hubs facilitate closer multi-agency working to provide early support to families across a range of needs. However during a time of pandemic the evidence suggests that more children and families will require a range of support over the short to medium term. In order to address this expected need we recommend the following actions:

- Review the Together for Mental Health Delivery plan to extend access to additional lower tier, non-clinical community based services, to all families with school aged children.
- Extend Families First guidance so that an additional layer of family supports, with associated funding, can be provided for the specific purpose of working in partnership with schools in our most deprived communities, in the short to medium term.
- Provide guidance to local authorities and schools on co-designing school hub support models with schools, family support services and families.
- Ensure that special schools and the Education Other Than at School Services are prioritised in terms of accessing additional family support.

Include in the guidance requirements for family support services and school support services to work closely together to provide both direct and remote access services to:

- Identify, assess and address presenting concerns of pupils, including safeguarding and mental health issues, thus strengthening the response at the Universal/Early Intervention end of the family support spectrum.
- Offer support with poverty related issues including food poverty, managing household finances, digital exclusion and signposting for support with housing and welfare, including on a self-referral or drop-in basis.
- Provide additional enrichment activities outside school hours, remotely or otherwise, to support children's learning and broader family support including respite, emotional support and building resilience.
- Consider providing additional therapeutic support to families of younger children and, when feasible within health restrictions, making play therapy available to children themselves, where this isn't currently available. Evidence suggests that younger pupils are at higher risk of experiencing longer term adverse impacts, particularly if their families have struggled during the pandemic.¹⁴

¹⁴ James Banks, Heidi Karjalainen and Carol Propper. Recession and health: the long term health consequences of responses to the coronavirus. Available at: <https://www.ifs.org.uk/publications/14799>