# Covid-19 Response: Impact on wellbeing of Children and Young People: Advisor's Report

## *Children, Education and Home Affairs Scrutiny Panel*

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**Introduction**

In March 2021 we were commissioned by the Children, Education and Home Affairs Scrutiny Panel to provide specialist assistance to the Panel to support its undertaking of a review of the impact of the Covid-19 response in Jersey and its impact on children and young people. Our terms of reference were:

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1. To identify and assess the Government of Jersey's response to the Covid-19 pandemic in respect of actions and decisions taken affecting children and young people from conception to aged 25.
2. To assess the decisions taken affecting children and young people arising from STAC advice and their appropriateness and proportionality and also the ethos, culture and processes in relation to children and families within key decision-making bodies such as Council of Ministers, Competent Authorities, Emergencies Council and Government Departments
3. To gather and examine the views of children, young people and their families in relation to the actions and decisions taken to date affecting them in respect of the Covid-19 pandemic response.
4. To identify and assess the ongoing workstreams to assist children and young people in the recovery from the Covid-19 pandemic and how the Government of Jersey is learning from the experience (both positive and negative) of children and young people.

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This report details our findings from undertaking this work, drawing on knowledge about child development from conception to age 25 that has emerged over decades of research on the topic spanning multiple disciplines. The appropriateness of the Government of Jersey's response is assessed against this evidence-base on the developmental needs of children and young people at crucial phases. We evaluate the actions taken in light of these developmental needs - and assess the extent to which the pandemic's impact was mitigated. Attention is also paid to the culture, ethos and processes that were apparent within key decision-making bodies. In doing so, an assessment is made of long-term planning to address the legacy the pandemic has left for children and young people of Jersey.

*Section 1* of this report begins by providing an overview of the developmental needs of children and young people (aged 0-25), drawing on the latest available evidence, and assessing the likely disruptive impact of the pandemic at each phase. This evidence informs our evaluation of the Government's response, which is outlined in *section 2*, paying particular attention to actions taken, their appropriateness, proportionality, as well as the culture, ethos and processes that surrounded them. *Section 3* turns to future planning to address the lasting legacy of the pandemic - providing an evaluation of these plans in relation to children's developmental needs and the impact of the pandemic on them. We conclude in section 4 with putting forward 6 key recommendations going forward.

**SECTION 1**

**The Pandemic's impact on developmental needs of children and young people**

This first section provides an overview of the developmental needs of children and young people, drawing on the large body of work in this area published across the domains of education, psychology and sociology. Drawing on this interdisciplinary evidence base is crucial to ensure the complexity of children and young people's development is considered - taking into account individual behaviour, feelings, and emotions together with how these are shaped by society and interact with the social domain. There are considered to be distinct phases in the development of children and young people (conception to age 5, age 6-12, age 12-17, and age 18-25) - the crucial developmental issues at each of these phases is presented. Importantly, an assessment is provided of how the pandemic could potentially interrupt / disrupt / challenge each of these phases in a child's life - paying specific attention to the context of Jersey. This review also pays special attention to marginalised and vulnerable segments of society.

**Child development in the early years (conception to age 5)**

The early years reflect a critical period in terms of children's social, emotional, and psychological development. The peak of children's brain development occurs by the time the child is three years old, by which time it is 80% fully formed (Cao et al. 2017) and by aged four years this extends to 90% (Thompson and Nelson 2001). The significance of this period is instrumental for children's wellbeing in the here and now, through affecting children's ability to learn, problem solve and in shaping their relationships with others. But brain development in the early years also has long term effects through impacting later potential to work, contribute to society and even the individual's sense of fulfilment and life satisfaction (UNICEF, 2017, ii). It is crucial that any disruption at this age brought about through the pandemic is addressed through policy measures, to prevent any lasting scarring effects in the long term – and one of our key points for assessing the Jersey response rests here.

One of the ways in which children's development is affected in these ways, has been explained through attachment theory (Bowlby 1970), which concerns the child's early relationship quality with what is known as their 'primary caregiver' (normally the mother, father, or guardian) who becomes their 'attachment figure'. The most important aspect of the child's relationship with their attachment figure is in their ability to draw from it a sense of safety and security. These early relationships set up a patterned way of thinking that extends into adulthood, concerning how to cope with a threatening situation, the chances of feeling able to obtain care and support from others, and how we manage our negative emotions, as well as to what extent we can trust in current and future interpersonal relationships (Mikulincer 2009). If the child develops a secure attachment relationship with their primary caregiver they will foster a self-belief that the world is inherently trustworthy and that people are worthy of trust. When the child inevitably encounters stressful, threatening, or challenging situations down the line, they will feel able to cope with their own emotional responses and to seek support from others. Unfortunately, however, the

opposite is also the case; when children develop an insecure attachment to their attachment figure, they are less likely to trust in the world and the future significant relationships that they go on to develop. This can lead children towards developing behaviour patterns characterised by being either avoidant towards close intimate relationships (Cassidy 2001) or being highly anxious and needy within them (Ainsworth 1967; 1978). Fundamentally, children who develop an insecure attachment relationship in early childhood are less likely to see themselves as worthy of love and care. Given that children's relationships have such an important role in their communication, learning, and wellbeing, attachment theory has become a dominant approach across many western countries including in the US and UK and is frequently included within educator and practitioner training programmes in schooling, early years provision and social work. In doing so it underpins a central argument for why maternal and familial wellbeing is such an important factor to consider when reflecting on children's current and future life chances and happiness. While Bowlby's influential theories have firmly scored the importance of studying parent-child relationships on children's later outcomes, more recent research (e.g. Lai and Carr 2018) has explored the mediating impact of contextual challenges and stressors in dampening parents' ability to provide, and children's facility to receive,- the fundamental sense of security and safety that form the essential building blocks for how they see and *do* relationships.

In reviewing the impact of what is arguably the most pressing challenge of the 21st century; the COVID 19 pandemic, a key aspect of children's development to consider are the ways in which children's relationships within the home have been affected – including the critical building of strong attachments. It is therefore essential to consider the social and psychological stressors induced by Covid upon children's close family relationships, which invariably points towards the quality of children's home situations, relationships and environments as meditators for the pandemic's impact on children in early childhood. For example, the stress induced by economic hardship or ill health could have significantly impacted on parents' abilities to provide the same level of care, threatening children's attachments. On the other hand, social distancing measures and 'stay at home' orders may have increased the quality of time spent between children and their primary care giver, strengthening their attachment.

Children's social and emotional development is also dependent upon the quality of relationships and the physical presence of key caregivers. Green et al. (2020b) provide compelling evidence for how facial movement, expressions and the visual conveyance of emotions play an essential role in brain development right from the moment of birth. These skills play an important role in children's later social interaction, through initiating the ability to gauge other people's emotional states and the awareness to adapt behaviour accordingly. Indeed, research has indicated that babies learn how to read core positive and negative emotions from only a few days old (Palama et al. 2018) and link facial expressions of emotions with the appropriate verbal utterances by five months old (Rigato et al. 2011). The extent to which we learn to 'read' emotions from facial expressions is such a fundamental aspect of human's social and emotional development that by 5 years old children are as competent as adults (LoBlue 2016) suggesting that empathy, compassion and understanding for others are all qualities that we formulate through early childhood.

One of the key impacts of Covid measures in the early years has been in relation to the use of personal protective clothing and particularly mask wearing. One key area of concern has been the impact that mask wearing can have upon bonding and attachment both for babies (Green et al. 2020a) and infants (Sullivan et al. 2020) and their primary caregivers. While studies have yet to uncover the long-term impacts of mask wearing upon children's social and emotional development, experts have speculated that the disruption to children's ability to process facial expressions could have long term effects. This is especially in the case of children who have hearing difficulties and are therefore particularly reliant on visual cues such as lip-reading, facial expressions (Schlögl and Jones 2020).

It is only in the last 50 years or so that policymakers and the general public have become aware of the fundamental importance of literacy development within the home and informal arenas of children's life worlds (McLachlan and Arrow 2017). Accordingly, researchers have developed a growing interest in what has been termed 'emergent literacy' (Clay 1966) to explain the literacy learning that takes place within the home and other informal learning arenas such as childcare settings and public spaces, where pre-school age children will start the early process of reading and writing through number and letter recognition. In calling attention towards the importance of family and significant adult relationships as the child's first educators, Janet Goodall (2013), has pointed to the multiple literacy opportunities that small children enjoy through accompanying their caregivers through the routines and domestic duties of daily life. The bus numbers of daily commutes, signs on the doctor's centre and playparks, the price of groceries, are examples of literacy opportunities that children may have missed out during the 'stay-at-home' order and especially in the cases where families are shielding or where the public spaces of daily life have been shut down to families. However, literacy is not the only channel by which children in the early years learn and communicate, rather all children's senses are important and indeed even before learning how to speak, children explore and try to make sense of the world around them by touching, tasting, smelling, seeing, moving and hearing. Touch in particular assumes a critical importance not only from an educational perspective, as the vehicle through which to learn the properties of materials, temperature, and as a safety mechanism to avoid pain, but also from a social and emotional perspective. Indeed, a body of work has emerged concerning the therapeutic value of touch in building children's sense of themselves as separate but distinctive from the world around them (Barnard, & Brazelton, 1990; Field, 1995; 2003) and essential for building relationships in the early years (including attachment relationships), developing a sense of the self and other and a sense of protection, security, trust (Courtney and Gray 2014). As a seminal theorist in the therapeutic study of touch Viola Brody has argued that repeated body contact, with a caring adult will develop a solid sense of their body seen as a "home" or "centering place" (Brody, 1997 p. 161).

While relationships and wellbeing are cornerstones to all aspects of children's development, it is also important to consider the impact of COVID-19 on language development and its role in the essential function of communication, as well as its applied function in learning and education. It is therefore of key importance to consider the impact of the pandemic upon children's sensory and educational development in the early years through both limiting children's access to public and outdoor spaces and social settings as well as in response to valid health concerns regarding the dangers of touching both people and

objects outside of the home for fear of viral transmission. Any long term plans to address these impacts of the pandemic need to take account of how it has limited opportunities not only materially and educationally, but also in these more visceral and sensory ways.

**Middle childhood (age 6-12)**

While in infancy children's focus is disproportionally upon parental relationships, the period starting later in early childhood and extending into the period of middle childhood reflects a growing interest in children's friendships. As frequently the first significant relationships that children develop outside of the family (Bell and Coleman 1999) friendships are of fundamental importance to develop their own social identities and peer culture as separate from the family (Corsaro 2003). Friendships are essential for children's social and emotional development as the vehicle through which children start to feel a part of society and trust in the social world that exists outside of the family. Most children will start nursery and pre-school (and later school) and research has demonstrated that the importance of continuity in nurturing new friendships and in orientating themselves to new educational settings outside of the home (Schwarz 1972, Ispa 1981). It is therefore particularly important to consider the impact of school closures on children who have recently experienced school transition, for example those in their first year of primary school and secondary school, for whom the stay-at-home order will have affected emergent and fragile relationships with friends, peers and teachers, that may well have both social and educational impacts.

Indeed, while for parents' educational achievements are frequently the primary objective of schooling, for children it is often their friendships and peer relationships which makes daily school life most meaningful (Brown 2014b). Friendships have been also found to play an important part in children's sense of wellbeing in school and ability to cultivate pro-schooling and pro-educational attitudes (Ladd and Kochenderfer 1996; Wentzel, Barry, and Caldwell 2004). It is unsurprisingly, therefore that friendships have also been found to link with children's academic achievement (Berndt and Keefe 1995; Wentzel and Caldwell 1997). One of the ways that this has been explained is through the role of friendship in shaping children's social and learner identities in school (Brown 2014b). A body of work exists that has explored how children start to develop a learner identity and its central importance in learning and achievement (Pollard 1985; Pollard with Filer 1996; Pollard and Filer 1999). At the heart of this work has been the importance for children of pro-educational relationships within the three social spheres of their lives; the family, friends and peers and lastly, teachers. Pollard and colleagues have argued for the importance of these three spheres aligning in order to for the child to be able to generate an identity as a valued and contributing member of the school community. Children need their families, friends, and teachers all to recognise learning as important, achievable and to receive praise and endorsement for learning achievements in order to develop a secure learner identity. At the heart of a secure learner identity is a self-confident learner, as well as a self-belief in being accepted as a valued member of a learning community. This security is so essential according to Pollard and colleagues because all learning requires the leap of faith necessary to cross a ravine representing a gap in knowledge to be filled. It is this sense of security that forms a requirement in order for children to be able to take the risk necessary in order to achieve a learning challenge. Children's learner identity will determine whether the learning 'risk' is seen as a threat to be feared for the risk of falling into the chasm in the ravine, or

whether it is an exciting challenge to be overcome and achieved. For example, the child that feels accepted by their peers and teacher will not feel their identity will be threatened by getting the answer wrong, so will be the first to volunteer for a learning challenge or to put up their hands to answer a question, while the insecure child will be afraid of the repercussions of failure so will keep their eyes down or will distract their friends from the teacher instruction. This work gives pause for thought concerning the shift to distance learning brought about through the stay-at-home order, especially during the critical phase of middle childhood, where children's learner identities are less concretely formed.

While romantic relationships are frequently described in terms of 'opposites attract' children's friendships are far more likely to be based on similarities between children. This has mainly been explored in relation to key factors such class, gender and ethnicity (Berndt 1996), but has also been applied to children's characteristics and attitudes such that high academic achievers are more likely to be friends with other high academic achievers, dominant children prefer other outgoing children, while shy children tend to befriend shy children (Rubin et al. 2008). This is especially the case during middle childhood where children's friendships are more likely to be based on shared interests and aptitudes, than the deeper forms of emotional connection and identity initiated during adolescence. It is also interesting to note that while, girls' friendships tend to be more intimate and emotionally based within one-to-one relationships (Parker & Asher, 1993); boys tend to have larger friendship groups whereby friendships are more equal and involve less rivalry for closeness between friends (Maccoby, 1995). These different friendship types have an influence on how children engage in, perform and *do* friendships. For example, boys friendships in primary schools tend to be more visible and defined by shared interests and pursuits, while girls tend to be bonded by sharing secrets and confiding in emotional aspects such as worries and concerns (Brown 2014a). In this sense boys' friendships are more activities based, while girls are more talk based. This has implications in a stay-at-home scenario because girls may be better equipped to maintain their friendships in the absence of face-to-face and physical contact, while boys may feel more isolated from the activities that bond them to their friends and who are also less likely to be able to share their concerns and anxieties.

It is also particularly important to consider the friendship implications of the COVID response upon vulnerable children. Children with Special Educational Needs and Disabilities (SEND) are less likely to develop friendships in comparison to their typically developing peers (Heslop, 2005; Avramidis and Wilde, 2010) and have been found to have less successful friendships and peer relations than those who were typically developing (Broomhead 2019). They are also more likely to be excluded both inside of and outside of school and spend far more leisure time with their parents or siblings than their peers (Higley, 2016). The literature encompassing social acceptance indicates that when children are accepted by their peers, they experience less loneliness and are more engaged in learning (Newcomb et al, 1993). Alternatively, children who are not socially accepted suffer academically, as well socially and emotionally, which continues into adulthood (Odom et al, 2006; Walker et al, 2001). In assessing the measures put in place within Jersey, and the long term actions taken to mitigate the pandemic's lasting impact, it is crucial that our analysis takes into account differentiated groups of children - including the most vulnerable SEND groups.

**Adolescence (age 12-17)**

Adolescence also encompasses some major transition points in children's educational choices, which have consequences for their future post-school transitions. It is a time when there are key turning points, which set in motion the possible paths that will be open and closed for young people. For example, performance in GCSE examinations play a critical role in not only whether young people can progress to A-level study or training opportunities, but also universities increasingly look at prior GCSE performance to further differentiate students, especially the most selective universities. The Jersey system maps closely on to the English curricular and qualifications framework - which has been described as a 'high stakes' testing regime whereby performance in public examinations plays a crucial role in future life chances (West, 2010). A key consideration here is how the school closures impacted on achievement gaps according to social class, race and gender. We know that achievement gaps between the richest and poorest groups were already wide globally before the pandemic, having knock-on effects for university participation (Chmielewski, 2019). Research shows that the home and parenting practices of more privileged groups are often much more conducive to academic study than is the case for their disadvantaged peers (Spera, 2005) and that parental support at home has been demonstrated to lead to greater academic achievement and increased child motivation (Gonida and Cortina 2014). Furthermore, research into the impact of the stay-at-home order on children's home learning has demonstrated that those on low -incomes have had less time to support their children with home-learning due to additional pressures such as financial stressors and mental health difficulties (Alexander et al 2021). It is therefore, important to assess how the measures put in place have guarded against a further widening of the achievement gap, and the extent to which they mitigated against disadvantage. It is also crucial to assess the extent of any 'scarring' on the long-term attainment of different groups - especially those in the lower phases of secondary education, for whom measures can be put in place now to help them 'catch up' in the years to come.

Adolescence is also a time when children further develop their sporting, social and cultural interests – and parenting practices are crucial here, with Lareau (2002) using the concept of 'concerted cultivation' to describe the intensive efforts of middle-class parents to foster the artistic, sporting and musical talents of their children. The school clubs and activities are crucial here for poorer groups who might not have the same support and encouragement from home. Adolescence is also a time when career goals and children's enjoyment of particular subjects become more solidified, especially as they progress through the specialist subjects they study at secondary school – for example, learning to love physics (Cleaves, 2005). There is research to show that for the most disadvantaged students the school can play a pivotal role in shaping their career and subject choices (Bennett et al., 2013). From practical experiments in the science laboratory to geography fieldtrips, school experiences can play a crucial role in helping children find out what they enjoy. Whilst many middle-class parents are likely to have tried to maintain these experiences the best they could (e.g. actively researching learning opportunities or experiences) it is likely the most disadvantaged families will not have had the time or capacity to provide such experiences. It will be important to assess not only the way school closures affected achievement at school,

but also these more subtle informal conversations that help guide and support student transitions.

Adolescence assumes a critical period in children's lives where their bodies are changing rapidly at the same time as young people are increasingly looking outside of the family to society in negotiating their social identities (Botta 1999). This has historically been shown to create challenges in societies where a thin and sculpted body ideal has been dominant across western nations (Becker 2004). The discordance between a prevailing societal body ideal that favours thinness and the physiological changes during adolescence has been highlighted as particularly problematic for teenager's sense of self-esteem and confidence given that it is a time when children's bodies are becoming bigger and wider, and for young women more fleshy, rounded and voluptuous (Piper 1994). This is pertinent to consider with respects to the stay-at home order and restrictions in access to public spaces such as leisure and sports centres given that young people will have had limited opportunities to recreational activities and are more likely to shift to sedentary lifestyle patterns, with associated psychological and health impacts. On the one hand is the risk to childhood obesity, the second most chronic of all teenage conditions (Park et al. 2013). On the other hand, is the risk of developing disordered eating and body image disturbances, which is particularly a concern for teenage girls. Underpinning both issues are the shared concerns of low self-esteem and associated risk for leading onto other mental health conditions such as anxiety and depression, as well as the limitations upon therapeutic services and young people's isolation which will inevitably make both help-seeking as well as the identification of young people that may require support.

It is not only children's bodies that are developing rapidly towards adulthood during adolescence, but also their minds and identities. This period is a critical one in which young people will start to develop and explore their sexualities. Research into adolescence has shown that school is an important social arena for young people to perform both masculine and feminine identities, which has been shown to be an importance function of young people's schooling lives, that they strive to balance against their academic achievements (Francis et al. 2010). Where young people's school lives are therefore shut down, and they are restricted from attending social events and opportunities such in a stay-at-home scenario, there are risks concerning where young people may turn to in exploring their sexual identities. It may be that children are turning increasingly to social media and the internet in compensation for real-world opportunities to socialise and perform their sexual identities with peers and school mates. Inherent in this is the risk incurred where young people may be communicated with those who they don't know, including criminals. A recent report by the Internet Watch Foundation (IWF 2021) showed the growing risk of online grooming, bullying and coercion to children, particularly girls, aged 11-13 in being targeted by criminal sex predators.

It is not just adolescents' sexual identities, but also their gendered identities. A body of research in social psychology has developed what is termed social identity theory (Tajfel and Turner 1979) to explain the process by which young people form social group cliques as a way of developing a sense of group membership and fitting in (Sherriff 2007). When applied to the study of adolescent boys' friendship groups, a wealth of research conducted over three decades has highlighted the prominence of three prevailing groups within schools; the

'hard-workers' the 'sporty and popular' and the 'unconventional outsiders' (see Brown 2014a). For each of these groups the disruption from their friendship groups can be seen to have a major impact both on young peoples' opportunities to develop and perform gendered identities, but also can be seen to affect their schoolwork. This impact may be particularly profound for boys for whom practising sport and their sports team is a big part of their gendered identities. This is especially the case given that sport has been identified as a major deterrent from young people engaging in crime and anti-social behaviours such as drinking, smoking and crime (Sport and Recreational Alliance 2021) which is why it forms such a major part of adolescent intervention programmes for young people who are disengaged.

Given that adolescence is the period of childhood in which young people are most likely to engage in social comparison in forming their identities (Reimer Sacks 2014) it is important to consider the impact of the home-learning requirement as an opportunity by which school children gain a window into the homelives of their peers. Tess Ridge (2002) has discussed the particular pressures on children in poverty within affluent societies, such as the UK (and Jersey) whereby consumption practices, such as what clothes, music and experiences children participate assume a significant importance for young people (as they do later in adulthood). As a result, the material kinds of deprivation brought about by being in poverty are all the more amplified by the shame and exclusion it may lead to for young people. The requirement to participate in synchronous online learning opportunities with peers, as a common feature of schools' response to supporting learning during lockdown, may be particularly problematic to children in poverty, who may lack the space, and privacy to participate in online lessons. In addition to the internet and device limitations of their young peers, however, young people of this age group may also feel a sense of shame or reluctance to invite their peers and teachers into their home lives in the ways invoked through remote learning. Anecdotal evidence from teachers suggests children from disadvantaged backgrounds are prone either to turn off their cameras during synchronous lessons or not join in at all, which both interrupts their opportunities to engage in learning, as well as further socially excludes them from their more advantaged peers.

Finally, it is imperative to consider the mental health implications of the Covid pandemic on young people given that mental health disorders have been attributed as the leading cause of disability for young people, with figures indicating that they affect 10-20% of children and adolescents worldwide (Bor et al 2014). Adolescence has been found to be the period of childhood in which mental health problems are most likely to emerge, with half of all mental illnesses found to start by the age of 14 and three-quarters by mid-20s (WHO 2021). Covid has since amplified such concerns with young people's mental health more likely to be affected than adults (Henderson et al. 2020). A recent study in the UK found that three in five young people felt more worried, anxious and depressed than before the pandemic. About half felt less useful and less optimistic about the future and over 60% felt less connected to their friends and significant others (Green et al, 2021pii). Findings highlighted that COVID-19 had both direct consequences for mental distress and indirect consequences for mental distress via learning loss and loss of social connectedness (ibid). Mental health and more general social and emotional wellbeing is therefore likely to be one of the most significant impacts of both the Covid pandemic and the actions taken in response to it, and

has therefore been a major part of our focus in relation to the Jersey government's response.

**Young people (age 18-25)**

The European Union defines a 'young person' as aged 18-24 (European Commission 2015) though scholars have argued that youth extends well beyond this point, as today's younger generation are increasingly dependent on their families in light of more protracted labour market transitions. Having left the compulsory phase of schooling, this is the point in time when young people are experiencing their next transition point in education / training / employment, or for some, are still navigating their options and in a period of not in education, employment or training (often referred to in the UK as 'NEET').

This point in time represents one of the first major shifts to greater independence a person will experience in their lives, and will be experienced as a hugely pressured and possibly anxiety-inducing time point. Compulsory schooling provides somewhat of a 'cushion' for young people, and this is the first time they have to adapt quickly to coping more independently. It is especially pressured in individualising and neoliberal contexts because the onus is on the individual to navigate their own way through the maze of options, to make the 'right' choices which is a source of huge pressure. This is likely to have been hugely disrupted by the pandemic especially for those who left compulsory schooling phase without a 'next destination' in place – and is likely to have resulted in a greatly protracted period of being 'NEET' at age 18-25 than would have been the case if the pandemic had not happened. For example, employers halted recruitment of new staff owing to economic worries, affecting young people in particular. The pandemic will have likely had a hugely disruptive impact on this group of young people – and the limited employment opportunities in Island states would have exacerbated this further. Periods of being NEET in a young person's life has been found to have multiple lasting effects; it can hamper long term employment, emotional and mental health problems and has been associated with social problems and challenges such as likelihood of crime, youth suicide etc. (Archambault et al. 2019; Cedefop 2016; D'Angelo and Kaye 2018; European Commission 2015; Gerhartz-Reiter 2017). It is crucial that any assessment of measures put in place within Jersey examine the extent to which they took account of this group of young people who will likely have been facing significant challenges.

For those young people in higher education, the pandemic would have been especially difficult in terms of their disruption to learning, financial challenges owing to a lack of temporary work, mental health effects and the huge logistical challenges in travel between the UK and Jersey (not to mention the extra costs here). The 'lockdown' periods brought the closure of borders which would have created significant challenge for students studying outside of Jersey. In assessing the measures put in place, it is important to consider the extent to which students studying overseas were considered and the way measures accounted for their needs. In recent years there has been growing concern about the wellbeing of students in higher education (Duffy et al., 2020), student suicide (Stanley et al., 2009), and there is evidence that overseas students fare much worse in terms of struggles with wellbeing and mental health (Forbes-Mewett and Sawyer, 2019). The majority of Jersey students' study in UK-based universities, and whilst they may not face the same kind

of challenges to do with cultural, linguistic and social isolation, it may be the case that for those without family living in the UK the pandemic caused huge stress of being isolated and unable to return home when they needed to. It is likely to have been especially challenging for first year students who are unlikely to have established social networks of support in the same way as those further ahead in their studies. These pressures are likely to have greatly affected the poorest higher education students. Students studying in higher education are increasingly reliant upon part-time, casual employment to help fund their studies – jobs which they often secure on an ad-hoc basis when needed (Callender, 2008). As the cost of higher education has increasingly been met by students themselves, and as accommodation and other costs have been rising this income source is becoming a lifeline for many. The pandemic had the greatest impact on these kinds of jobs – bars, restaurants, and cafes where students often work were closed for significant periods. For those without family members to support them in their time at university, it could have created a perilous situation which demanded urgent measures to mitigate.

There is a large body of research on the relationship between social class, race and ethnicity on encounters and experiences within higher education – with the culture of universities and university students found to be isolating for 'non-traditional' students (those who do not have family experience of having attended university). For this group of students, university life can be characterised as a painful experience along identity lines, often associated with feelings of 'not fitting in' or feeling what has been referred to as an 'outsider within' (Clayton et al., 2009, Reay et al., 2010, Reay et al., 2009).  These experiences, together with the increased financial challenges of those from working class backgrounds, are often associated with a higher drop-out rate for disadvantaged groups (Breier, 2010). In any long term planning, it is crucial to examine whether the pandemic affected this group of students and could make them more prone to dropping out.

**SECTION 2**

**Evaluating the Government of Jersey's response**

Research and evidence on children and young people's development outlined above is used here to evaluate the Government of Jersey's response to the impact of the pandemic. In particular, attention is paid to the appropriateness and adequacy of the Government of Jersey's response and the extent to which this mitigated the impact of the pandemic on children and young people in Jersey. A range of evidence is reviewed, including written submissions by groups and organisations, interviews with key stakeholders (former Ministers, Government officials, advocacy groups), and focus group research with young people (carried out by 4Insight). The evaluation of the Government of Jersey's response is assessed with specific reference given to vulnerable groups and across a wide age range from conception to age 25.

The evaluation of how Jersey responded is presented in chronological order according to the key phases of how the pandemic unfolded, beginning with the initial lockdown period in March 2020.

**March 2020 – June 2020**

On the 10th of March 2020 the first recorded case of COVID-19 was publicly disclosed. Following rising cases, the government responded quickly in announcing on 23rd March the closure of schools, colleges and nurseries with the exception of Mont al'Abbé school serving children with Special Educational Needs and Disabilities. Following guidance from the Medical Officer for Health, schools were asked to continue to provide care for the children of critical workers accessing school nursery to Year 8, and for those accessing school nursery to Year 13 for vulnerable children. From the 30th of March borders were closed for all but essential travel and Islanders were placed under 'lockdown' following a physical distancing strategy and a stay-at-home order.  While essential travel was permitted within the island, travel on and off the island was restricted. As the key referral point for children and families facing challenges, the Children and Families Hub was launched at the same time as schools closed ahead of its planned launch in September. The role of the hub was in order to provide advice and signposting to families as well as to respond to safeguarding concerns about a child or young person. In response to reports from the Jersey Police of a sharp increase in domestic incidences (14% March-June) and welfare concerns (37% increase March-June) Jersey government launched a safeguarding campaign on the 14th April, encouraging islanders to 'to be our "eyes and ears" in the community and report any safeguarding concerns'. Schools, nurseries and colleges remained closed to the majority of children and young people until June 22nd 2020.

***The effects of school closure on 'vulnerable' children***

Given the responsiveness of the Jersey government to protect the physical health of Islanders in taking a 'suppress, contain, shield' (COVID-19 Strategy June 2020), the chief area of impact on children's development  to consider in relation to the Jersey government's first

response, is with respects to the effects of lock-down on children and their removal from the social, learning and developmental settings of childcare, nursery, school, college or higher education that play a part in children's daily lives. It is notable that the government were quick to recognise 'the need to help essential workers with the childcare and education of their children' (News release statement from the Education Minister 20th March) as well as 'the need to support vulnerable children and their families' (ibid). However, the looseness in definitional terms of what constitutes vulnerability was evident within official documentation, and according to Ministers and officials interviewed through the scrutiny review process, was understood primarily in terms of those for whom there are safeguarding concerns, such as those in Care, or on the child protection register who were automatically entitled to a school/nursery place. Further, within the classification of 'vulnerability' were those children with an identified special educational needs or disabilities attending the state maintained specialist school Mont al'Abbé . However, not all children identified with Special Needs were automatically entitled to school provision and submissions referred to the challenge for parents of meeting educational provision for children who were unable to access schools. One parent of a child with autism commented:

*"We didn't take education very seriously, not gonna put extra pressure on them, my son was assessed for autism, so taking him in and out of school frustrated him."*

*(*4Insight Focus group research mother of a 10 year old child)

There was something of a blindsidedness, however, concerning the vulnerability of children and young people living in poverty in terms of the effects of school closure and lockdown. This point was underpinned by a number of submissions from the public and substantiated in view of the challenges raised by young people themselves affected. For example, one young person reported the difficulties of life during lockdown in living with 15 other household members, while other young people reported financial and technological barriers that prevented them from keeping in touch with friends and extended family members. Of notable concern was a gap in planning around the equitable access to education during lockdown in terms of adequate access to IT equipment and Wifi access. This is something which has been shown to disproportionately affect the poorest households, who may not have good Wifi access or have a limited number of appropriate electronic devices (Bonal and Gonzalez 2021).

As many have argued, there is a huge difference between siblings sharing a single Iphone over the kitchen table to access their learning compared to a child having their own desktop computer in their own quiet bedroom (see Purdy 2020). The educational impact of months under these conditions is likely to have been significant. One school reported in a submission identified that access to a device was the key reason attributed to children not engaging in home-learning. It was alarming to see that the Jersey Government did not seem conscious of the need to ensure equitable access to learning was in place for all Islanders. Early in the initial phase of school closure, it was a third-sector organisation that was lobbying Government to ensure children had equitable access to IT equipment. It was later the same charity which provided such equipment funded by themselves at a reported cost of £250,000. The concern here lies with whether officials are conscious, aware and

appropriately 'tuned into' the needs of those from the poorest backgrounds – who, whilst a minority in the context of Jersey, are likely to have been most affected by school closures.

The Government's response, in our view, seems to speak to a cultural problem within the heart of Government, in terms of what might be key Ministerial decision-makers lacking knowledge about the lived experiences of poverty - and holding assumptions about the nature of parental responsibility. Officials told us that it was questioned why it should be the Government's role to ensure children access education - e.g. funding of laptops - with this deemed to be parental responsibility. There seems to be a culture wherein the Government believe it is not their job to take the place of parents - and responsibility for *all* children principally lies with parents. This stands in stark contrast to what decades of research tells us about differences in parenting between different socio-economic groups. Lareau's (2002) famous study showed that parents' responsibility towards their children, involvement in their child's school, investment in time on activities, and resources provided at home were all related to socio-economic background. Children of higher socio-economic backgrounds will have very different childhood experiences to those of lower socio-economic backgrounds on account of these different parenting styles.

***Further barriers to effective learning during lockdown***

Whilst it is clear that not all children on the island will have had a suitable home-learning device or adequate Wifi connectivity, it is also alarming that at the outset of the pandemic schools did not have adequate online platforms to deliver online learning. We understand from education officials that pre-pandemic they were in the process of procuring Microsoft Teams, and it was not until 13th April that MS Teams was operational within schools (3 weeks after schools closed), making the initial move to online learning less smooth than it could have been. Schools in the UK, for example, were immediately able to adapt to virtual schooling via the Microsoft Teams platform.

The significance of schools not having this immediate access to Microsoft Teams when schools closed is twofold. First, Microsoft Teams is the preferred platform for schools around the world because of its interface design which allows for easily accessible scheduling classes (with an easy to view calendar), sharing of documents/resources via the group chats, a chat function which allows pupils to contribute to lessons if they do not want to speak online, as well as Teams groups for staff. The functionality allows for the school day to be virtually replicated as would have been the case face-to-face. It would have mitigated any of the immediate disruption to children's learning, especially crucial for those in transitional years and approaching examinations (especially years 10, 11 and 13).

Second, the functionality of Microsoft Teams allows for much greater connectivity between pupils (with the ability to create their own peer support group chats) and between pupils and school staff (with a 1:1 call function). Submitted evidence to the scrutiny review has reported that many children felt 'scared, confused, sad and lonely' during lockdown, in emphasising the importance for children of a regular connection with their peers and teachers using online learning and interactive platforms to support home-learning. It is unfortunate that Microsoft Teams was not immediately available to fill this social and

learning void in children's lives - especially when it seems avoidable given it is such a basic resource that many other education systems had to hand immediately.

Concerns were also raised early in the pandemic by the Children's Commissioner about the material learning resources for primary aged children (pens, paper, colouring pencils etc.) - and the Commissioner had asked Government to provide 'primary packs' to fulfil such needs. For younger primary aged children, practical and creative learning activities are essential cornerstones for their learning and development. We agree with the Children's Commissioner therefore, that schools should have been supported in delivering such resources to the children who needed them. However, the education officials we spoke to were not aware of any such request for the 'primary packs' (though this does not negate a seeming lack of awareness that some primary aged children may have such needs). The officials also seemed to indicate it would have been the schools' role to provide these, though this might not be entirely reasonable given the extra unexpected pressure on school budgets.  Other Governments around the world were much more tuned-in to the need to provide these physical learning resources for young children. In Portugal, schools, public and private organisations partnered to provide laptops and internet access to children from disadvantaged backgrounds - when this was not possible, deliveries were arranged for children to receive hard copies of lessons and tasks from schools[1]. In Chile, the Ministry of Education delivered materials to over 380,000 pupils in rural areas and disadvantaged localities with poor internet (even partnering with the national Air Force to ensure materials reached those in most need)[2]. It does seem a missed opportunity that this level of action was not taken in Jersey to ensure continuity of learning, especially for the youngest children who are dependent on physical resources.

### *Mental and physical health impacts on children through the stay-at-home order*

The United Nations Convention on the Rights of the Child (UNCRC) states that signatories to the convention (of which Jersey is) 'shall strive to ensure that no child is deprived of his or her right of access to such health care services' (page 8)[3]. There was clearly some action taken by the Jersey Government to try and reduce financial barriers to healthcare on the island (with some bold immediate responses such as employing doctors directly by the state). But we were alarmed to hear reports of a parent with a sick child being turned away from their GPs surgery because their parent was £3 short of the £10 charge (the GP consultation charge for those aged 5-17). This is just one report we have been made aware

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[1] https://www.oecd.org/coronavirus/policy-responses/the-impact-of-covid-19-on-student-equity-and-inclusion-supporting-vulnerable-students-during-school-closures-and-school-re-openings-d593b5c8/#endnotea0z26

[2] https://www.oecd.org/coronavirus/policy-responses/the-impact-of-covid-19-on-student-equity-and-inclusion-supporting-vulnerable-students-during-school-closures-and-school-re-openings-d593b5c8/#endnotea0z26

[3] https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?_adal_sd=www.unicef.org.uk.1626370912038&_adal_ca=so%3DGoogle%26me%3Dorganic%26ca%3D(not%2520set)%26co%3D(not%2520set)%26ke%3D(not%2520set).1626370912038&_adal_cw=1626370906755.1626370912038&_adal_id=2354f77a-709d-4506-84b8-9d3dd91a1382.1626370907.2.1626370907.1626370907.1d462ecd-c8fe-40e3-a3dd-64c35e6010f9.1626370912038&_ga=2.118386569.1828112861.1626370905-668530324.1626370905

of, but it could suggest there were many others. The health officials we spoke with commented that they would hope no GP would do such a thing - but the point is, when the rules are established to allow this to happen, there is no way of stopping every instance. The health of children cannot depend upon the 'good will' of doctors to sidestep rules - the rules themselves need to change so that proper access to healthcare for all children is institutionalised and set out in law (as expected by the UNCRC). Furthermore, reducing the GP charge to £10 (for those children aged 5-17) may seem on the face of it to be significant - but for those in extreme poverty, £10 is not a minor amount and it could determine whether a family eats or not. Also, having any charge at all is enough to detract some parents in poverty from seeking health care - and the shame, humiliation and guilt of relying on GPs 'good will' would mean many parents do not even attempt to access health when they know they cannot afford to do so. Indeed, there is long standing research on the shame felt of seeking what are perceived of as 'hand outs' - for example, this is a well-documented reason children in poverty do not claim Free School Meals in the UK. We recognise the positive step the Government has taken towards addressing barriers to healthcare for children - especially the introduction of a Health Access Scheme in late 2020[4] – but this scheme is only open to those on Income Support or Pension Plus. Children whose families have not lived on the island for 5 years, and so cannot claim Income Support, will not be assisted with accessing healthcare by this scheme. There is a need to go much further in ensuring equal access to healthcare for all children on the island – just as equal access to education is provided to all, no matter when a child's family arrived.

There is also the question of why it was deemed appropriate to locate a mental health unit within a former prison (Meadowfields). The engagement with young people carried out by charity *Youthful Minds* raised this as a major concern, with young people commenting that this was not an appropriate space to care for mentally vulnerable groups, not least because it had no outdoor space. Indeed, this does seem a highly problematic decision to have taken (no matter how temporary the space was intended to be used for) and even though this unit was later closed, there is a question why it was ever deemed to be appropriate for the site to be chosen in the first place.

As discussed above, adolescence is a time in a young person's life when their bodies are changing rapidly at the same time as they are increasingly looking outside of the family to society in negotiating their social identities. It is an especially challenging time in societies where a thin, sculpted and muscular/toned body is idealised through media and society more broadly. It was therefore concerning to hear reports of children concerned about putting on weight and feeling as though they have nobody to talk to (as mentioned both in focus groups with children and young people and by the Children's Commissioner). Weight gain could have been an inevitable consequence of public outdoor spaces being closed - the poorest groups who are least likely to have a private outdoor space and who will struggle the most in any case to pay for healthy food will have been at greatest risk here.

The loneliness, isolation and pressures at home are likely to have worsened those with pre-existing mental health conditions, as well as causing the development of new mental health concerns (especially anxiety and depression). It was therefore concerning to see reports of

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[4] https://www.gov.je/health/doctordentist/doctors/pages/healthaccessscheme.aspx#anchor-1

mental health provision not being adequate in responding to an increased need. The young people who *Youthful Minds* spoke with raised issues about patients not having a consistent Community Psychiatric Nurse (CPN) which meant constantly having to repeat their condition and experiences each time, being directed to A&E when raising mental health concerns and CAMHS not being contactable after 5pm. The recent Children's Commissioner report (May 2021) voiced concerns about rising caseloads, 7-week waits for children to be assessed and long waits to access care after assessment. But this is just for those who present with problems, the Children's Commissioner report also draws attention to the fact that there is no clear Government data on Jersey youth with mental health issues. Research by the Commissioner asked children if they were worried about anything - 48% said they were, which was more prevalent for 5-7 year olds and those 16+, furthermore concerns were raised about:

- Reduced access to mental health services (child and adult) and rapid redesign of provision
- Withdrawal of key workers who were moved to 'crisis' response or liaison team
- Home visits replaced with telephone contact
- Home visits not with a consistent professional

At a time of substantial increased need, there is a question here why there is evidence that members of the public felt that this was not being adequately met by Government.

***The effects of lockdown on unborn babies and children in the early years***

In total, Islanders experienced 42 days of 'lockdown' following the stay-at-home order issued on May 30th, which remained until June 12th, at which point it was replaced with a 'soft- opening' with physical distancing measures still in place. During this period a total of 94 babies were born in Jersey, each of whom were affected by COVID-19 measures, which required that babies and their families were unable to meet family, friends or physically access and initiate support networks during this time.

Services on the island designed to support preparation for and following birth include;

- a universal free of charge programme including a home visit and six group sessions prior to birth with three sessions after birth,
- anti-natal visits by health visitors,
- mandated home visits to carry out developmental checks with babies aged from birth to aged 2 and a half years old,
- the Maternal and Early Childhood Sustained Home Visiting (MECSH) programme: A structured, evidence based programme delivered by Health Visitors offered to mothers at risk of less optimal maternal and child health outcomes.

During the stay-at-home order each of these services was provided virtually through video-conferencing or via phone contact, except in the exceptional case where an identified urgent need or concern was seen to warrant a home-visit. Data collected by these vital services indicated that the switch from in-person to remote support affected access

somewhat, reflecting a drop from 75% pre-pandemic to 70% of new parents on the island during the period of lock-down. However, it was also reported that the video conferencing of group sessions resulted in a slight increase in fathers being able to access the anti-natal programme. This data suggests that while it is reassuring that the remote access was not a significant barrier to participation for the majority of islanders, it is nevertheless concerning that 30% of new parents in Jersey did not, -or were not able to,- access the antenatal support. Given what we know about the digital barrier to those in poverty- it is likely that some of the most vulnerable new-borns and their families on the island, will not have been reached.

In considering the impact of the stay-at home measures on the experiences of families of expectant new-born and young children, an insightful report commissioned by Best Start Partnership *42 days and Counting* reported the 'higher levels of anxiety in new parents due to social isolation and the inability to introduce their new babies to families' (p3). Further reported concerns stemmed from the suspension of face-to-face clinics with midwives and baby groups, which are a renowned source of support for new parents in covering common issues such as feeding, and sleeping challenges, developmental concerns and emotional and practical support and guidance in the life changing experience of becoming a new parent. These comments were supported by findings from focus groups conducted with islanders. For example one parent of a 3 year old with new-born twins born over lockdown commented:

> "*I wanted Mum to come and help but can't because she's off island, we had loads of challenges,... everything was closed, weather was nice but couldn't go to the playground*".
>
> (Best Start Partnership 2020)

The physical distancing restrictions at this time also had a significant impact on pregnant mothers. With expectant parents reporting feeling they had 'missed out' both on social support as well as on guidance and preparation for birth and caring for a new-born;

> "*Once lockdown happened [my partner] wasn't allowed at any appointments which was awful for both of us. He couldn't hear the heartbeat or any of the information firsthand from midwives. The appointments were shorter and covered less aspects of pregnancy and birth… I ended up seeing a mixture of midwives, so the continuity of care was lower. I didn't really end up building up a relationship with any of them, which I'm sure would have happened had those appointments been at my Drs surgery with the same one or two midwives*"
>
> (Best Start Partnership 2020)

Health officials explained the rationale for preventing partners from attending routine hospital appointments as an attempt to reduce the possibility of transmission of the virus within in the hospital due to concerns both for vulnerable patients but also to protect a 'brittle' workforce. However, it is important not to underestimate the impact on parents' wellbeing and sense of preparedness to become parents during a time of global pandemic with all the uncertainties it brings about. For some parents these measures caused exceptional distress, for example in the case of one expectant mother reported during the

course of the review process for whom a concerning abnormality displayed on a routine scan led to the woman being left alone for over an hour while a consultant was sought to provide a second opinion.

The key concerns raised by the reported higher levels of parental (especially mother) anxiety and isolation during a time of lockdown, is the possible impact in interrupting the development of attachment relationships and bonding between babies and new parents. If the emotional and psychological wellbeing of the infant's primary caregiver is compromised this could interrupt the forming of healthy attachments necessary for long term social and emotional development. While the evidence is not available as to the extent by which early attachments have been affected, given that stress, anxiety and depression are known influencers on parental good mental health, there is cause for concern regarding the longer term impacts. This is especially in the case with respects to the children of families that arrive on the island with very little financial resources and limited social networks. Reports from the Children's Commissioner suggest there is a potential gap in the recording of children that arrive on or who are born on the island for whom there is no record until children are school aged or seeking a school place. In reflecting a hidden section of society, we were unable to solicit the experiences of parents of infants and young children from these groups.

For toddlers and young children known to Jersey, the concerns brought about during lockdown conferred to children's emerging social and personal development. Parents canvassed both through the scrutiny review and the Government's own reporting channels indicated a common a belief that young children's emotional wellbeing has been much worse affected than adults. One parent confided in their health visitor that their toddler aged child had developed a 'stranger danger' aversion to grandparents following the period of lockdown, while another mother reported that her small son wanted to hold onto her hand 'every time another person is walking towards them' even when he was in the pushchair. Such reports are highly indicative of the emotional penalties of the stay-at-home order on young children and babies, for whom the period represents a far greater proportion of their overall life experience and sets a precedence for their expectations and interactions with others in future relationship building.

The lack of resources and support structures put in place for new parents and parents of young children at the outset of the pandemic do suggest perhaps an initial oversight of the impact of COVID-19 measures upon the social and emotional development of young children, while the closure of parks, recreations and leisure spaces also highlights the physical and learning opportunities lost during this time. Early Childhood experts on the island have called for the, 'the importance of making high quality support for families and children integral to Jersey's recovery plans, and ensuring that those families who are most at risk can sustain safe, stable and nurturing relationships' (Best Start Partnership 2020 p14)

### *Polarisation in children's experiences during lockdown between advantaged and disadvantaged families*

The submissions we received and focus groups conducted as part of the scrutiny review highlighted something of a key distinction in the experiences of lockdown between families

in different circumstances. On the one hand some families identified unique advantages, most notably due to the opportunity to spend more good quality time together with both parents and with children;

> *"I've LOVED having my husband working from home as it's been so lovely to have lunch together and we get some time back by having no time out commuting."*

> (Mother of three children, Best Start Partnership 2020)

Of course, the advantages experienced by children within two parent families must be set aside the additional challenges and loss experienced by children within single parent families, as well as those in care settings, for whom valued members may not reside within the same household, and from whom some children will have had experienced a separation. Furthermore, a prominent issue raised through submissions was that mothers were invariably more impacted than fathers in having to take on increased work and caring demands. This indicates that benefits that may accrue in some families from having two parents to share the load of domestic and child care/ home-learning duties, must be considered against those families for whom mothers may have felt under increased pressure and strain, in having a knock on impact upon children's experience of the environment of the home (e.g. as a tranquil or stressful setting).

Another factor that came through the submissions repeatedly was the impact of either having or lacking access to personal outside space during the stay-at-home order, especially in view of the excellent weather reported by parents and children. One mother spoke of the learning and wellbeing affordances enabled through having a garden through the lockdown period:

> *"The other lovely thing is that the children have had the chance to spend lots of time in the garden and have seen their many seeds and plants develop, and pick and eat their own tomatoes, courgettes, sugar snaps, strawberries, broad beans, potatoes, spinach and mint…"*
> (mother of three, Best Start Partnership, 2020)

Such comments were also echoed by children. On the one hand those that had access to outside space spoke positively about the ability to spend time in the garden. For example, when asked to select an emoji to reflect their experiences of lockdown one young child selected a happy smiley face with while another selected a smiley face with sunglasses. In justifying their choice, they explained:

> *"Sunglasses, it was sunny, could play outside"*

> (4insight focus group research, 3 year old child)

> *"Smiley, it was very hot outside, lots of fun"*

> (4insight focus group research, 4 year old child)

On the other hand, we know that children from lower income households have less adequate housing, often in overcrowded homes with a lack of quiet spaces to study, which was supported by comments from children and families in focus groups, who lamented their lack of access to inside and outside spaces;

> *"It was bad. I really wanted to go outside to play"*

> *(*4insight focus group research, *6 year old child)*

These accounts may shed some light on the children's wellbeing data gathered by Jersey Child Care Trust, who noted a distinct polarisation in their findings in comparison with the previous year's data. Fiona Vacher, the Executive Director for the charity commented on these findings;

> *"The distinct difference in the data between the two cohorts clearly shows a divide between them with those who had experienced lockdown displaying either very good or very concerning scores."*

In reflecting on the evidence collected as part of the scrutiny review, we believe that there is good reason to concur with JCCT's reflections;

> *"We believe that this mirrors the national and international emerging evidence showing the divide in society between those that have thrived during lockdown and those who clearly have not."*

> *(ibid)*

The marked differences between how children and families may have experienced the stay-at-home order is important to recognise because of the risk of the Jersey Government and Islanders more generally, conflating children's experiences as being generalised or universal. We believe it is important to draw attention to the polarisation between children's experiences of and facility to recovery from the COVID-19 pandemic, in urging Jersey Government not to overlook the impacts upon the least advantaged children.

### *Overlooking young islanders studying at university overseas*

There is evidence to suggest that Jersey young people living overseas (largely in the UK) were overlooked in the planning and action during the pandemic. In March 2020 the Children's Commissioner wrote to the Government seeking clarity about how Jersey young people studying at university in the UK would return home, and what thought had been given to them in planning. The island-based higher education advocacy group, *Student Funding Group*, were also seeking support for students overseas but there appeared a chronic lack of communication, which left their calls unanswered.  It is unclear why they did not receive responses to their questions about delays to student funding, how students were being incorporated into plans around testing/vaccine deployment, as well as mental health support.  At the outset of the pandemic, there was no mental health support for university students returning to Jersey from the UK, which the *Student Funding Group*

campaigned for. Given that research shows that university students increasingly suffer mental health problems, especially amongst international students (due to lack of family/social supports in host country), this is a significant possible oversight. Jersey students studying in universities within the UK may not necessarily have had the social ties and family connections within the UK to provide much needed emotional/psychological support.

> *'Main challenge was meeting new people in Leeds, I was lucky some of my Jersey friends are also here so I wasn't alone, if you didn't know anyone it would be tough.'*

> (4Insight Focus group research, university student aged 19)

It would have been especially testing for those in their first year of university who may not have established strong peer group networks at university yet - as UK students travelled to their family/guardian homes, many Jersey students who could not afford or were travel restricted would have been left on their own. The *Student Funding Group* also raised concerns about the unexpected expense of COVID-19 testing for students travelling home, the cost of unexpected travel, as well as the cost of accommodation they are committed to in the UK. This is likely to have especially hit the poorest students, and particularly at a time when the income from part-time work would have been restricted given closure of retail/hospitality - sectors students are more likely to work. Indeed, students are increasingly dependent on part-time paid employment to fund their studies as the cost of student accommodation and tuition fees have risen year-on-year. It is not clear the extent to which the Jersey Government recognised the plight of this group of young people, nor is it clear why there was a reported lack of communication about planning.


**June 2020 – September 2020**

On the 12th June 2020 the stay-at-home order was lifted and replaced with a soft opening, whereby normal activities were expected to resume, while maintaining physical distancing measures to reduce the possibility of COVID-19 transmission. Schools and school nurseries reopened on 22nd June at which point a staggered return to school was introduced, prioritising children in transitional years 6 and 10 and 12, with other year groups returning soon after. A 'recovery curriculum' was developed and introduced to schools, primarily to support children's transition back to school. Stringent measures were introduced to ensure the safety of schools and nurseries, to limit physical interaction between staff and children, including the formation of children within schools and nurseries into 'bubbles' of up to 8 children and identified staff members, who would not mix or interact with other 'bubbles' during school and nursery time. The physical layout of learning spaces was instructed to be adjusted to accommodate 2 meters distance between children, and using tape to demarcate uni-directional pathways across the educational setting. Given the time of the year the ventilation of all public spaces was advised, this was accompanied by guidance underlying the importance of rigorous hygiene measures. Personal Protective Equipment (PPE) was made available to all staff. Borders were opened on July 2nd 2020. The summer term lasted just over three weeks, closing on July 16th, at the official time point in which

schools 'break up' for summer holidays, which lasted until the 2nd September, at which point all schools resumed as planned for the start of the Autumn term 2020.

In response the emerging data on COVID-19 and guidance from the Scientific and Technical Advisory Cell (STAC), the decision made by the Jersey Government to re-open all schools and nurseries reflected the judgement that the risks to children's development, welfare and wellbeing were greater in being away from school than the health risks of transmission the virus through attending. This was also a conclusion reached by many Governments around the world at the time. Accordingly, the Jersey Government took the steps to reopen schools in June and to the credit of both government and all those working and leading schools and nurseries in Jersey, have remained open for all children to date. In showing a keen awareness for the importance of supporting children in the transition years those at a crucial point in between key stages were prioritised in the return to school. Given what we now know concerning the risks of the virus itself to children's health (which is very low) set against the evidence demonstrating the social, emotional risks of lockdown, on top of the loss of learning, and increased strain on households, including submitted evidence reporting the increase of domestic abuse, this response is to be commended. Notwithstanding the significant challenges and political pressure that emerged later in the year, the submitted evidence by children and families reflects an overwhelming collective relief at the end of lock-down and the return to school and nursery of children and young people.

***Responding to the transitional challenges of a return to nursery***

The return to school and nursery was not without challenges. Childcare and education support agencies reported an initial reluctance in some parents to return their children to nursery and pre-school, concerns that eased in later weeks. At this time support agencies acknowledged gratitude for the 'close communication with the Government Department, Childcare and Early Years Service (CEYS)' as well as the collaborative effort made amongst professionals (JCCT, CEYS, Childcare Providers, Early Years Inclusion Team and others) to ensure that those children who needed to access their settings could do so. Regular communication at weekly intervals between government departments (including CEYS and Children, Young People, Education and Skills (CYPES)) and early years providers appeared to enable an agile responsiveness with regards to adjusting measures introduced to reduce transmission. For example, a meeting with the Director of the Jersey Child Care Trust reported nursery school leaders' distress at witnessing children struggling with guidance that had been provided for their protection and learning:

> *"Staff seeing young children trying to negotiate seeing their friends and teachers on zoom was very emotional. They also spoke of how upsetting it was to watch children trying to get through gaps in barriers placed to separate bubbles of children to get to their friends."*
>
> *(Fiona Vacher Executive Director Jersey Child Care Trust)*

It was therefore commendable that nursery leaders were granted the freedom to revise guidance in order to better meet children's developmental needs. For example, in dropping the requirement for nursery aged children to form 'bubbles' following reports from the leaders of Early years providers that such measures were not feasible and interrupted the

interactions that children require for their social development and wellbeing (see developmental section *Children in the early years*). Furthermore, while advice to stop sharing toys and other physical objects seemed proportionate at the time, given what was thought to be a high-risk of transmission through surfaces (though it later transpired that this was much less risky than first thought) granting nurseries with the freedom to waiver such rules in the case where children's object served as a 'transitional object' as a form of security that enables children to more easily transition from home to the nursery, showed a keen awareness for the importance of children's development of early attachments. Age appropriate guidance was given to early years settings as to how to uphold strict personal hygiene measures,- such as a 'snuffle station',- in a way that was accessible to children, and showed good recognition for the role of play in learning for children in the early years.

Officials working in government departments focussed on early childhood demonstrated a keen awareness of the importance of educator facial visibility for communication and language development, and collaborated with Health officials and school and nursery leaders to ensure that clear transparent visors were available for teachers and nursery nurses in place of the standard masks that cover the mouth. Quite rightly it was also acknowledged that teachers must have personal choice to determine which PPE they used, given that their personal circumstances may reflect a widely different level of anticipated risk.

Notwithstanding such responsiveness to adapt guidance on managing transmission risk, it was on return to nursery settings following lockdown that the social and emotional challenges of lock-down became evident. Reporting evidence disclosed parental reports of increased separation anxiety based on leaving their child at the nursery on return from lockdown, where children felt distressed upon being dropped-off by their parents. One parent reported concerns for children's social development in response to their child who had previously named their dolls and teddies after the names of children in the nursery, subsequently reverting to calling them 'doll' and 'teddy'. More generally, parents reported challenges to children's personal development in that the isolation from peers had interrupted the development of key social skills such as learning to share and turn-take. Other parents noted their concern for their children having become overly preoccupied with handwashing. Such reports indicate the importance of a keen sensitivity for how the effects of the pandemic and response measures may have long-term impacts and underline the need for vigilance by families, educators and health professionals, in order to ensure that childhood anxieties that may have been initiated through the pandemic do not lead on to more entrenched mental health difficulties or wellbeing concerns.

***Children's response to measures to prevent transmission of the virus, on return to school***

The advice given to schools about how to organise the school setting upon children's return seems proportionate and balances well the risks versus children's needs. For example, the decision to keep children in bubbles is a pragmatic approach to keeping school functioning as normal but also providing a level of protection against transmission. However, it was evident from children's responses to the focus groups and through submissions, that the communication could have been clearer to explain the rationale behind the protective measures. Children and young people consulted expressed dismay at the impact of 'bubble'

grouping in the case where assignment to different bubbles preventing them from mixing with their friends during school:

> *"I can't play with kids in other classes, can't pop their bubble."*

Furthermore, the effectiveness of the measure was questioned by older children who expressed confusion toward the bubble rule as they would, "all be in the school corridors at the same time anyway" (ibid), while children of all ages reported being perplexed at being given permission to mix with children within their bubble during the school day, but not able to mix with those same children out of school hours. This feedback indicates that while well intentioned, COVID-19 transmission prevention methods may have been better received by school children should they have had the clear channels of communication available to understand the reasoning behind the measures introduced and ample opportunity to ask questions about them. Jersey appears to have an active youth council strategy employed in most schools, there was possibly an opportunity missed not to utilise such resources as a communication channel to perform this function.

The initial advice given in June 2020 that Personal Protective Equipment (PPE) was not needed in schools (including the wearing of face masks) carried both risks and benefits. It is acknowledged that masks are important in halting the spread of the disease (though this was less widely acknowledged at the time) but equally masks can be disruptive to children's educational and social development so also carry risks in this regard. There were also significant PPE shortages at the time and a need to prioritise PPE for health care settings. Given this, it would seem that the advice was appropriate at the time, and in view of the fact that there was an emphasis on social dimensions of schooling. However, notwithstanding the freedom for children not to wear masks on their return to school following the first lock-down, there was evidence to suggest that children felt some discomfort at their teachers wearing masks;

> *"They hate school, hate the masks, they say 'mummy, I don't like the teachers wearing them like being in hospital, you can't see their smiles'."*

> *"They hated the measures, hated the masks. They don't have to wear them but don't want teachers wearing them. It's like a hospital. I now go out my way to smile with my eyes."*

While teachers had evidently made efforts to counter the communication barrier created from mask-wearing, again better communication between Jersey Government and children and young people on the island, may have provided a vital context to mask-wearing in providing some reassurance to children.

### *Efforts to support children's wellbeing 'recovery' in the return to school*

Findings reported of children's experiences of COVID-19 in the UK during lock-down point to the social and emotional impacts of separation from friends, peers, family and community (Green et al, 2020). Furthermore, in a recent study carried out by psychologists at Oxford University, they found that it was primary aged children who suffered the most in terms of their social and emotional wellbeing as a result of school closures (Pearcey et al 2020). Whilst the research was limited to the UK context, it underlines the importance of schools especially for the youngest children in society, who are at critical life stages in their development as learners and social beings.  Jersey's acknowledgement of this through their provision of a 'recovery curriculum' is to be applauded (figure 1).

Figure 1:  Jersey's 'recovery curriculum'

| therapeutic support with professionals and with art therapy |
| --- |
| walking social bonding |
| before catch up and transitional work |
| working with parents |
| wellbeing walks |
| expert panel |
| children's day (3rd July) |
| nurture groups |

There was a very good balance and range of activities which were mostly focussed on social and emotional aspects (rather than learning) which is recognising the major impact of school closure. Whilst learning was to some extent mitigated through online teaching, it was the pastoral dimension, which was difficult to replicate in a virtual school. The recovery curriculum was the right approach to be taking at the time, to recognise how being out of school affected children's relationships, emotional/mental wellbeing, sense of self, and learner identity. The 'wellbeing walks' and 'walking social bonding' struck the right balance between keeping people safe (COVID transmission outside is far less likely) but also helping children to assimilate into their friendship groups again, re-renew friendships and in some cases re-learn to be around others. It would have been especially vital for children at the key transitional phases of education (for example, those in their first year of primary or secondary) whose friendships might be the most fragile and at early embryonic stages.

It was therefore interesting that meetings with Education officials reflected that schools reported to them that 'children didn't really seem to need' the recovery curriculum, which sheds light on the points raised previously about the polarisation in children's experiences of lockdown. It is notable that children did not refer to the recovery curriculum within focus groups, therefore we cannot assume that the curriculum was comprehensively followed in all schools. Comments from submissions, however, did paint a different picture of the need for the need for a wellbeing focused curriculum in school;

> *"[My child was] frightened by the negative language used to refer to return to school measures- reading recovery, recovery curriculum, catch up, a generation lost ect"*
>
> (4insight focus group research, Mother of a 7 year old)

This indicates that some children at least felt very anxious about the return to school and the assumed detrimental impact of the pandemic of children's imagined futures. As well as highlighting the need to couch and explain support measures introduced in order to ensure that children understand their intention positively, this comment also alludes to a section of Jersey children who may well have been very much in need of such measures, but perhaps more easy to overlook by schools and the Government.

Another group identified through the submission as overlooked in the Jersey Government's response to the 'soft opening' phase was that of home-schooled children. On the one hand, submissions indicated that this group of children fared in general very well through the stay-at-home order, given that families were already set up to support home-learning. Children's dismay was noted, however, concerning the opportunity for school children to meet with their friends again on the return to school, while a similar opportunity to form 'bubbles' for learning was not made available for children in this group. It is our recommendation that Jersey Government could benefit from closer connections with Jersey Home Education Group, not only in consulting on the impact of COVID-19 response measures on the learning and wellbeing of children who are home-schooled, but also in learning from the network's more considerable experiences of supporting home learning, in the case of future school closures.

### Efforts to support children's educational recovery following lockdown

While the curriculum developed to support the social and emotional impacts of lockdown was good, submissions indicated that less thought had been given by the Government to the educational impacts of the stay-at-home order. A leading educational charity on the island queried why no educational attainment data had been released to the public to enable identification and targeting of any gaps identified for groups of children whose learning had been particularly effected. In lieu of Jersey data it can be helpful to consider evidence from the UK which has indicated a "large and concerning attainment gap between disadvantaged pupils and non-disadvantaged pupils" (Education Endowment Foundation 2021) of around seven months. The same study highlighted that primary school children have been identified as those most affected by lockdown in the areas of reading and maths. Given that in Jersey, the pre-Covid gap between Jersey Premium children was reported to be around 20% it is concerning that there appears to be something of a lacklustre approach to addressing this gap, in terms of learning recovery plans. This is especially surprising given that such an ambition fits squarely with the Government's stated commitments to children in the 2018-22 Common Strategic Polic*y: "achieving the aspiration of equity and fairness for the most vulnerable children"*. The same educational charity that funded and distributed digital devices to children, queried whether the concerted efforts required to manage the operational challenges of returning to school may have detracted attention from the development of centrally funded school-based interventions and support mechanisms to ensure children do not fall behind. They observed that while an agile response from the Health Department was evident in the deploying resources to address the issues COVID-19 presented *"there was little indication that officials in education were either similarly empowered or sought that empowerment"*. There are therefore questions on the readiness and speed of response and on the championing of education within the government structures.  Indeed, both young people and parents acknowledged concern that the

educational deficits children experience during lockdown had not been addressed following a return to school, with concern for the impact on future plans;

> *"I can't catch up, nothing makes sense, I'm getting an apprenticeship, it's for 4 years, you need 5 grades 4 and above, including maths english, I'm failing maths so I might have to do night school and do it again."*
>
> (4insight focus group research,*16 year old)*

> *"My daughter has tonnes of work, year 13 now, one teacher she can't get along with, just couldn't get help, screaming and shouting, slamming doors, first lockdown horrendous, school point horrendous geared up for exams. Don't know if she's going to pass or not, they changed teachers around."*
>
> (4insight focus group research, Mum, of 18 & 24 year old, self-employed)

Given that children had only three weeks at school following return from lockdown, we were surprised at the lack of educational resources apparent to support children's core skills in literacy and numeracy through the summer holidays. The easing of physical distancing restrictions underpinning the 'soft opening' strategy offered an ideal opportunity for educational intervention, especially considering the seasonal conditions which would have lent to outdoor grouping arrangements that could have offset any viral transmission concerns. We learned through the submissions provided, that again it was the proactive educational charity Every Child Our Future (ECOF) who were leading the way in terms of targeted summer learning plans. From May 2020, ECOF started publicising its proposed summer literacy and numeracy intervention programme in funding a specialist Reading Recovery teacher and in providing volunteers to support reading. These plans were shared with the Government department  CYPES, as well as through direct approach to nine schools who had been targeted as serving those catchment areas where there is a high proportion of Jersey premium, EAL learners, and children from disadvantaged backgrounds and for whom may most be able to benefit. Despite the charity's best efforts to engage schools only two primary schools and later one secondary school came onboard to support the programme. Schools' reluctance to take up this offer was surprising and in view of this we were concerned as to why the CYPES team had not taken a more proactive stance in encouraging more of the target schools to get involved.

Notwithstanding the challenge of recruitment, it is commendable that as a result of these programmes, 273 children in target catchment areas were able to benefit from catch-up support from teachers and teaching assistants in small groups and were involved in a number of enrichment activities. Alongside progress on academic competencies, including the fundamentals of literacy and numeracy, the 2 to 4 week engagement was reported to contribute to improvements in physical and mental wellbeing and to social and emotional development.

**September 2020 – December 2020**

On 2nd September 2020 schools re-opened for the Autumn term, in line with previous school years. Half term commenced on 26th October for a week, coinciding with a sharp rise in cases in November. On the 9th November the Minister for Children and Housing, Senator Mezec, resigned, citing a vote of no confidence in the leadership of the Chief Minister and the Jersey Government having 'fallen short on the commitments we made in the Common Strategic Policy to 'Reduce Income Inequality'.[5] He further cited civil servant obstruction to Social Housing reforms. Senator Mezec's successor, Deputy Macon was appointed Minister for Children and Housing (as it was at that time) on 17th November. A second lockdown was issued on the 2nd December, alongside a hospitality circuit breaker, which instigated the closure of hospitality venues such as restaurants and pubs for all dining with the exception of providing a takeaway service. Education officials reported declining numbers of attendance in the final weeks of December reflecting parental (and child) anxiety about the safety of children attending school at a time of high cases of COVID-19 on the island. Schools remained open throughout the whole of the Autumn term, with the term ending as planned on the 21st December 2020.

***Delayed action on the educational tutoring programme***

The tutoring programme - which involved children receiving one-to-one/small group support from a teacher - received significant praise from third-sector organisations, schools and parents. There is strong evidence internationally that individual and small group tutoring can have a significant effect on improving the learning outcomes of disadvantaged groups and narrowing attainment gaps. The introduction of this programme was highly appropriate, and we think is a key cornerstone in the Government's response so far.

But there is a question here about why it took so long to be implemented - the programme began in late Autumn, which is 8-9 months after the disruption and harm to children's education began. Research shows that gaps in attainment that occur early in a young person's life are likely to remain and become entrenched as they progress through their educational careers. The 8-9 month wait for children to receive tutoring is likely to have meant gaps in achievement were created that will now be long-standing - which would have been preventable had the Government reacted more quickly, as other Governments did around the world. The former education minister told us that the business case for a tutoring programme, along with other necessary education expenditure was submitted in May 2020, but it was only approved 6 months later in November. The question remains why it took so long to be approved with all of the consequential impacts on children's education.

There are also broader questions about access and monitoring of effectiveness around the tutoring programme, given that it represents a significant investment and is a cornerstone in the Government's educational response so far. We asked education officials for further data on take-up of the tutoring programme and a breakdown of the social background of those children receiving this crucial post-COVID educational support. The department is

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[5] Senator Sam Mezec's resignation letter:
https://www.reformjersey.je/Pages/BlogPost/fcedbc5a-30db-4095-8f6b-774efe6e9d7a25

working to collect this detailed breakdown of what proportion of children from disadvantaged backgrounds have benefited from tutoring so far, but they were able to provide a breakdown of recipients by school. These data show that overall, across all schools, 23% of children have so far benefited from the scheme. But this is not evenly spread across all schools - and whilst there has been high-take up so far in some schools with the most disadvantaged catchments (e.g. 39% at Rouge Bouillon; 70% at First Tower), there are other schools with disadvantaged catchments that are below the island's average take-up (e.g. 11% at Samarès; 20% at St Luke). The 11% take-up at Samarès is surprising given that 39% of pupils at this school receive the Jersey Premium, 30% of pupils have English as an Additional Language (EAL) and 25% have Special Educational Needs (SEN). St. Lukes has a similarly disadvantaged intake, which doesn't quite match on to its relatively low take-up. At the same time, there are two schools which rank the lowest in terms of their disadvantaged pupils on roll, but yet have relatively high take-up of the tutoring programme (30% at Les Landes and 18% at Mont Nicolle).

We understand that teachers are able to use their discretion to identify those children needing the tutoring programme which could explain some of these disparities. But it is important to monitor who received the tutoring programme, and what proportion of EAL speakers (who will not always speak, hear or see English at home) and the poorest children (who are most likely to have lost out from online learning) take up this support – given these groups, relative to all children on the island, have been put at the greatest risk of falling behind by the pandemic.

***Lack of understanding about the plight of marginalised groups***

An issue that came up time and again throughout submissions and our conversations with third-sector, Government and (former) Ministers, was an apparent lack of awareness and understanding about the lives of the most marginalised on the island.  It seemed that the Government was not tuned-in to what life was like for these groups, their day-to-day lived realities, and how a shock like COVID and lockdown would likely affect them. One of the Government officers we spoke with said that 'Jersey is the worst place in the world to be poor' and that there is a culture of believing responsibility for children only lies with the parent who should be responsible for providing the multiple computing devices needed for learning in a large family household; this assumption and culture would be a reasonable one to make if the island had full employment (paying a living wage), an affordable standard of living for all and if all parents placed equally high value on the importance of education. But as this is not the case for Jersey, where there is a sharp polarisation of wealth, it is a highly problematic assumption and culture to maintain. We were alarmed to also hear the apparent acceptance of this culture as the long-standing status quo, or as many people we spoke to described, the 'Jersey way'. This culture within Government does help to explain some of the delays, inaction, and lack of adequate response we have found evidence of.

This culture would also help to explain why there does not seem to have been adequate attention given to the most marginalised pockets of Jersey society for example, children, for whom English is an Additional Language (EAL), and for whom school is often the only place they hear, speak and write through the medium of English. Another key marginalised group are families in poverty (many of whom will also not have English as their first language).

Data from 2015 showed that more than a quarter (29%) of children were living in relative low-income households. The Jersey Opinions and Lifestyle Survey Report revealed that 1 in 7 households were materially deprived, with 1 in 10 households in severe material deprivation. While around 25% of households had difficulty coping financially, this rose to 44% of single parent families and 23% of households with children that had gone without new clothing for their child over the last year[6]. Whilst the tutoring programme would have mitigated some of the educational challenges faced by those in poverty (assuming they fully accessed the initiative), it was predicated on the assumption that participants were sufficiently motivated, prepared, and healthy to make the most of the opportunity. For those facing severe material deprivation, a lack of quality housing, poor nutrition, and stress/anxiety at home (all worsened by the pandemic) make them ill-prepared to fully engage with education initiatives like tutoring. Indeed, a host of research shows how factors associated with poverty (like not having a good quality breakfast to start the day) all make children ill-equipped to focus and concentrate on their learning. Whilst initiatives like the recovery curriculum and tutoring programme will provide benefits universally to all children, we could not see much evidence of any targeted initiatives specifically addressing the needs of the marginalised pockets of Jersey society, like EAL children and those facing severe material deprivation.

Initiatives like the tutoring programme would be more impactful if they were implemented alongside a programme of social and economic measures outside of schooling. Indeed, we concurred with the point made by the Children's Child Care Trust that interventions in response to the pandemic were largely school-based - but if children are not prepared well outside of school, there is a question about the likely success of such education interventions. The education interventions (such as the Recovery Curriculum) stand a far better chance of success for those children who have the best quality housing, nutrition, with parents who value education and provide the kind of home life that is conducive to success at school. This comes back to the point about awareness of the lives of marginalised groups. In developing initiatives like Recovery Curriculum and tutoring, there did not seem to be much thought given to children's different starting points and lived realities which are critical to their participation and success.

***Housing for children from low-income families***

A secure and stable home is crucial if children are to thrive in terms of their wellbeing, mental health and education. Over-crowded and poor-quality housing can contribute to poor wellbeing, stress and mental health problems as well as making it impossible for children to have an appropriate space to concentrate on their schoolwork. Whilst children from affluent homes may have their own dedicated, quiet workspace with enough space to comfortably do their schoolwork, children from poorer families in over-crowded homes will often be working with their siblings around a cramped kitchen table. This makes for a very unequal learning experience and is one of the reasons why it was so important that children returned to the school classroom, as happened rapidly in the case of Jersey.

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[6] Jersey Household Income Distribution (2014/15), Statistics Jersey
Jersey Opinions and Lifestyle Survey Report (2017), Statistics Jersey

But we were concerned to hear that the ban on evictions was lifted in the Autumn, potentially allowing evictions to take place from this point onwards. This left open the possibility that children and young people from low-income households, whose parents may have lost their jobs (especially given they are more likely to be working in hospitality/tourism), could have faced the situation of having to be evicted from their homes at the worst possible time. Given the context of Jersey, where housing is expensive and limited in supply, especially for unqualified housing, this represented a major risk to children and young people - posing considerable potential for harm to their wellbeing and development. It is hard to understand why this was deemed an appropriate decision. On one level, it could have been that the needs of landlords were prioritised over tenants - but it must be recognised that children will inevitably be caught up in this - and the question is whether their needs were properly respected here by the Government in taking this course of action.

***Public perception that young people were unfairly scapegoated as the cause for the autumn spike in cases***

On the 6th November 2020, the Chief Minister issued a statement to Jersey reporting on a spike in new cases of the virus and imploring to islanders to "*change our behaviour*"[7] and that *"following the summer,...many Islanders have become far too relaxed in their compliance with public health guidance.*" (ibid) In accounting for this rise in cases the Chief Minister was careful to avoid placing blame upon the tourism industry which had resumed following the opening of borders; '*which due to our travel restrictions are getting smaller and smaller*'(ibid) and firmly placing the responsibility upon islanders themselves; *"mainly now Islanders returning home"* (ibid). The Chief Minister went on to point more squarely at young people as being the cause of the autumn spike in cases:

> *"Young people are having significant impact on the growing spread of COVID-19 within our community. We know through our interviews during the contact tracing process that physical contact between friends, between boyfriends and girlfriends, and the sharing of drinks and vapes, is leading to the spread of the virus among younger and asymptomatic carriers. We are now seeing cases that we can trace back to Halloween parties and this is particularly troubling, given the number of warnings we issued about keeping safe during that holiday."*

> (Chief Minister of Jersey, Senator John Le Fondré)

This statement and the Governmental assumptions that underpinned them were reported through submissions and focus group discussions as being deeply troubling and unfair by young people and parents in Jersey. The resounding belief echoed through feedback regarding the more general communications between Government and children and young people, was that too much of the blame was apportioned to children and young people, and the Ministerial address regarding the autumn spike was especially singled out as a key communication that young people pointed to. They felt that it was unreasonable that young people were apportioned so much blame - given their perspective that some licensed

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[7] Statement from the Chief Minister, 6th November 2020:
https://www.gov.je/News/2020/Pages/ChiefMinisterStatement6Nov.aspx

premises were failing to comply with regulations. Many felt that there were numerous causal factors underpinning the rising cases at the time,- including through tourism- and that it was "easy to blame and use teenagers as scapegoats" (4Insight Focus group research)

> *"It was frustrating when you'd go for walks on the beach and you'd see big groups of parents with toddlers. There's nothing to tell them off for gathering but had that been a group of teenagers there'd be an uproar. There were double standards. Young people were scapegoated."*
>
> *(4Insight Focus group research, 21 year old)*

> *"In my opinion, they didn't do amazing [in Government communications with young people]. We got the blame for a lot of stuff. No support for gyms or pubs whereas stuff for older people would have support."*
>
> *(*4Insight Focus group research*17 year old*)

At a time of a global pandemic, we believe that it is essential that children and young people do not feel alienated by Government and that a more sensitive approach could have been taken to relay public health guidance in a way that includes and embraces the whole community. Furthermore, later comments made within the same statement seem to reflect an assumption of complacency among young people and an assumed lack of concern for their potential role in transmission of the virus;

> *"Please think how devastating it would be for you, and your family, if you were to infect your grandmother or grandfather and, worse still, lead to their deaths"*
>
> (Chief Minister,[8])

These comments must be considered alongside evidence from the UK that one of the key primary concerns of children and young people over the course of the pandemic, has been the fear of spreading the virus to friends and family (DfE 2020, p118). The same concerns were reported by parents within multiple submissions, as well as by children and young people themselves through the focus groups. Indeed, the fear over inadvertent transmission of the virus between family members emerged as a key factor that has interrupted the re-bonding and reunion of children with grandparents and extended family members, despite restrictions on physical distancing having been lifted. Furthermore, it was apparent that concerns over asymptomatic transmission were not restricted to children but also extended to older people, whose perspectives arguably may have been disproportionately inflamed following this address;

> *""Went to see mum and dad, they love them [their grand chilldren] but just stood there they didn't want to cuddle them."*
>
> (4insight focus group research, Parent of children aged 4, 6 & 8 years old).

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[8] Statement from the Chief Minister, 6th November 2020:
https://www.gov.je/News/2020/Pages/ChiefMinisterStatement6Nov.aspx

Findings such as these point to the need for the reparation work needed between the different generations on the island and between Government and children and young people. Efforts to pursue relationship building and social cohesion on the island did not feature within discussions with officials in conversations regarding Jersey's recovery plans. We would recommend that this issue be placed high on the agenda in future planning.

### *An authoritarian approach to policing young people*

As further evidence to the suggestion that young people were unfairly victimised, we received a number of submissions from parents and young people voicing concern that they were disproportionally targeted by police when socialising with friends outside. One parent reported that their 15 year old daughter had felt 'intimidated' after being approached by police when socialising with friends at a time permitted, while other young people and parents made similar claims;

> *"He'd go out for the 2 hours exercise but friends would hover around so get told off by police, it was brutal, caged in for 22 hours."*

> (4insight focus group research, parent of a 15 year old child)

The Children's Commissioner has supported such concerns in raising questions regarding the arrest and detention of young people, in particular *'the sharp rise in arrests made last year for what are termed 'process offences', which would include those related to breaking Covid restrictions'.* She reported that 282 young people (aged 10 to 17 years old) were arrested by the Jersey police last year, in constituting a rise of more than 100% from the equivalent 2019 figure. She also voiced concern for the increasing number of cases of children being deprived of their liberty in circumstances where she believed *"detention has not been (as it should be) used as a measure of last resort"*. This included reports of a number of children being arrested as a result of breaches of COVID-19 emergency legislation. These statistics point to the need for a more thorough review of arrest and detention criteria and the circumstances under which they are levied at young people, so as to avoid any possible heavy-handed approach towards young people's social behaviours and interactions in the community. Furthermore, it is essential to ensure that the treatment of young people in response to any 'process' or other offences is fully compliant with children's rights as laid out in the United Nations Convention on the Rights of the Child (UNCRC).

### *Compulsory mask-wearing for secondary school aged children*

While children were not required to wear masks on return to school in June, the rising number of cases of COVID-19 in November led to the introduction of mask wearing for some secondary school aged children in order to try to curtail the transmission of the virus in schools.  Evidence indicating the potential physical discomforts involved with mask wearing including; headaches, neck, head or ear pain, exercise facial temperature rises,

(Ong et al 2020) as well as facial rash, irritation and itching (Hu et al. 2020) mean that caution should be exerted in the recommendation of mask wearing for children. However, the evidence is divided over the longer-term health concerns raised through prolonged mask-wearing. While one reputable review into the effects of mask-wearing in adults has concluded that; *'overall, the virus reduction and therefore potentially life-saving benefits of wearing face masks seem to outweigh the discomforts'* (Scheid et al. 2020 p12) a more recent review of the evidence has raised a number of more concerning impacts such as; respiratory impairment, a drop in oxygen and a rise in carbon dioxide levels (Kisielinski, et al 2021). Moreover, a recent randomised control trial (considered to be the gold standard scientific evaluation measure) exploring the impacts of mask wearing on children, found that the carbon dioxide level in mask wearing children- were three times the recommended limit, with younger children displaying the highest levels, concluding that *"ample evidence for adverse effects of [mask wearing]...suggest that children should not be forced to wear face masks"* (Walach et al 2021, pE2).

A further common argument for abstaining from mask-wearing concerns the potential psychological impacts, with a recent paper exploring the issue through the lens of the well-established psychological Self Determination Theory (Scheid et al. 2020). This paper explains that mask wearing could interfere with the three universal fundamental needs that we require for optimal wellbeing; autonomy, relatedness and competence. The authors observe that mandatory mask wearing can obstruct these needs through; firstly, diminishing the individual's choice (to wear or not wear the mask); secondly, it could impede one's sense of social relatedness, which connects to issues raised in obstructing communication and a sense of connection that the barrier of a mask introduces between people; and thirdly, in reducing a sense of competence, given the changing information available about whether to wear masks or not. Supporting Scheid et al.'s (2020) claims, a number of submissions and comments made by parents, children and teachers across the scrutiny review revealed mask-wearing to be a divisive issue, in reporting a psychological impact of mask wearing for some children. A number of submissions from parents highlighted their children's aversion to mask-wearing, whereas the focus group data revealed a mix of opinion on mask wearing in school- some children and young people accepted it as they had become accustomed to it, however others expressed a strong dislike for mask-wearing:

> *"Our child was also highly anxious in seeing anyone in a face-mask and seeing anyone in a mask triggered a very strong fear response"*
>
> (Parent of a 7 year old child, submission)

> *"Masks. It ruins the lesson. They come in, I ask them to put their mask on and they're immediately upset and don't want to be there."*
>
> (4insight focus group research, Teacher)

Given the concerns raised by parents and the evidence on the impact of mask-wearing affecting language and communication in younger children (see *children in the early years* section) we agree with the Jersey Government's decision not to impose mandatory mask-wearing for children in primary schools. However, submissions indicated that the changing

guidance on mask-wearing for secondary school aged children during the autumn term, while arguably justifiable on health grounds, could have been better communicated to staff and parents, with the opportunity for both parents and young people to further explore the emerging research evidence on the impacts of mask-wearing and in having the opportunity to make their own choices.  A more open debate between Jersey experts and the schooling community may have offset concern regarding the 'competency' element of wellbeing that Scheid et al. (2020) refer to, through increasing public confidence in the changing guidance on this issue. One parent reported:

> *"Regarding getting any information about the pandemic, the communication was shocking. I have contacted my headteacher asking who had done any risk assessment on children wearing masks all day, lack of oxygen to the developing brain, breathing back in your stale carbon dioxide? Apparently, he has to wait to get his instructions from STAC. I contacted education and the children's commissioner but nobody could help, I also contacted Ivan Muscat,  and the chief minister, who didn't deem to reply, even though I chased them up to ask them to point me in the right direction if they weren't in charge! My daughter has a mask exemption but she is too anxious to use it, she therefore wears a mask to and from school on the bus and all day at school, they even had to sit their mock exams wearing a mask. I really don't think that is acceptable "*

(Parent of a 15 year old girl, submission).

**January – present**

On the 10th of January 2021 Senator Vallois resigned as Minister for Education, citing a lack of confidence in the Chief Minister's decision for schools to reopen[9]. Schools subsequently did resume on the 11th January, only four days later than the original return date of 6th Jan. At this time the Island was still under its second lock-down, until 17th of February when a staggered opening was instigated. Close contact services resumed from 10th February and from 17th February 2021 Faith groups were issued the permission to meet for worship in groups of up to 40 people, and controlled outdoor sports gatherings had permission to restart for up to 35 young people. From 22nd February the hospitality circuit-breaker was eased with premises that serve food and drink enabled to open where they could maintain 2 metre distancing between people and a stipulated maximum number of people per table. On the 9th February the former recently appointed Minister for Children and Housing, Deputy Macon, was subsequently appointed Minister for Children and Education. Four months later Deputy Macron officially resigned from the post on 7th June, his duties having been removed from 24th March 2021. On the 2nd April, Easter holidays began for schools and ran until the 16th April. On the 12th April the second lockdown was fully lifted with the physical distance requirement being replaced with guidance. Deputy Scott Wickenden was appointed Minister for Children and Education on 29th June 2021, in assuming a new ministerial role. In the period between Deputy Macron's resignation and until Deputy Wickenden's appointment, the portfolio was held by the Chief Minister with delegated

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[9] See Senator Vallois' resignation letter here: https://www.bailiwickexpress.com/jsy/news/education-minister-resigns/#.YPfwJe0o_OR

responsibility to the Assistant Ministers for Children and Education (previously Deputy Wickenden and Deputy Trevor Pointon). Schools remained open throughout 2021 from the 11th January to 15th July.  Youth Projects also remained open through the second lockdown.

***Escalating waiting lists to access key therapeutic services***

A very concerning impact of the COVID-19 response reported through submissions both by parents and organisations that work with or for therapeutic services for children, has been the delays that have accrued in the waiting lists to access these vital services. Exactly one year ago from the time of writing this report, the Paediatric Speech and Language Therapy (S&LT) team submitted evidence voicing their concern that the 12 week pre-pandemic typical waiting time for a referral to the team had extended to 10 months following lockdown. On commenting of the likely impact of this extended delay, the team reported significant concern; *"[this] is a very long time in a young child's life and the concern is that some children will miss this vital window for language learning".* (Best Start Partnership 2020)

In accounting for the delays in services there are two likely reasons. The first is that the demand for accessing these services is likely to have risen significantly following the stay-at-home order. As discussed previously (see *Child in the early years* development section) many young children will have been denied access to school and nursery based speech and language support during lockdown, as well through as the daily events and experiences in the community that promote language development. Furthermore, parents' additional responsibilities and lack of immediate support coupled with possible wellbeing concerns on account of the pandemic, may well have compromised the time and facility primary care givers have to speak with, read to and support language development at home. The second reason that waiting lists may have increased so significantly, is the most concerning in relation to the Government of Jersey's response, which is that with the exception of urgent feeding and swallowing referrals, all other vital speech and language services were suspended at a time when they were in dire need. As the Jersey Speech and Language Team report;

> *"When lockdown commenced, the Paediatric Speech and Language Therapy (S&LT) team initially continued to provide support to their clients and families through phone and video consultations. The team however were directed to cease business as usual in the middle of April, so the team could complete any necessary training and be ready for redeployment. 6 members of the team have completed the Health Care Assistant training and two members of the team were redeployed to other Departments. The S&LT team are currently awaiting confirmation from the Heath and Community Services Executive Team regarding when business as usual can recommence...There are currently over 100 children waiting for an initial assessment. This increased waiting time has created anxiety and concern for families and the team. This will have a long-term impact on the already stretched resource allocated to the S&LT team"*

> (Jersey's Children's Speech and Language Therapy Team, Best Partnership p16)

While services have now resumed, a year down the line from the publication of this report, the waiting list time has not been reduced to meet need, and concerningly has almost doubled within the timeframe. In our meeting with the Director of Jersey Child Care Trust who sits on the Best Partnership board, she advised us that;

> *"For any child who is referred from January 2021 the waiting time for them to be seen will be around 18 months"*

(Fiona Vacher, Director JCCT)

Furthermore, other teams within the Jersey Government's specialist therapeutic services workforce that were identified through submissions as being either unable to provide their services to children, or who were re-deployed at the start of the pandemic included; the Early Years Inclusion Team, Occupational Health, Physiotherapy and Audiology. In reflecting upon the impact of these shortages on children, a submission by the JCCT observed;

> *"This [removal of services] continued for many months and has had a severe impact on those children who were previously accessing their services and the quality and value of our interventions that are usually informed by these professionals ."*

Evidence shows us that children in poverty are far more likely to be affected by speech and language delays which affect up to 56% of children in some areas of social deprivation within the UK (Law and Rush 2011). A submission from a leading educational charity for children in Jersey (ECOF) warned that the ages of 4-8 in a child's life represent *'the last critical window of opportunity in which change is possible... the life chances of many young children have been put in jeopardy.'* Indeed, we know from the experts about the long-term penalties of early speech and language problems that are not addressed in a timely manner. These include poor outcomes in terms of; educational achievement, wellbeing and behaviour, and even employability and participation in society (Royal College of Speech and Language Therapists 2014). This evidence underscores the vital importance of affording Jersey therapeutic services the sufficient resources to enable them to reduce such delays in accessing services as a matter of urgency. We were dismayed to discover that a number of officials interviewed through the scrutiny process were both unaware of these suspensions to vital services and the scale of delays that had occurred, but were also sceptical of the factual basis upon which these claims were made. This suggests that a first step to tackling this issue is the development of more efficient communication channels between Government departments, third sector organisations that support children, and the on the ground therapeutic teams that deliver these essential services for children.

### Long term- impacts of COVID-19 response measures on friendship

In reflecting upon the long-lasting impacts of COVID-19 upon children, the research evidence is clear that it is children's social and emotional wellbeing that has been most adversely affected. This finding came through strongly in evidence presented through submissions and within focus group discussions, which highlighted the multiplier effects of successive COVID-19 response implications upon children's abilities to socialise and connect with their friends and peers, including through; the stay-at-home order restricting contact with peers,  social distancing regulations limiting social and leisure opportunities once initial

restrictions had been lifted, the surveillance and young people's social interactions (see above) and the extended and multiple social isolations instigated through the most recent summer peak in new cases reported at the time of writing (July 2021). The social impacts of COVID-19 on their wellbeing were those most frequently raised by children of all ages. When asked what first words or associations come to mind when thinking about the impact of COVID, 'Impact on Socialising' and 'Lack of Social Interaction' emerged as key issues among 12-25 years olds in the focus group research. Younger children also voiced frustrated at the limitations to their social opportunities. For example, one 7-year-old child drew about how she was unable to see friends, dance or have fun, and that she was bored (see figure 1.)

*Figure 1. a 7 year old child's visual depiction of the 'impact of COVID'*
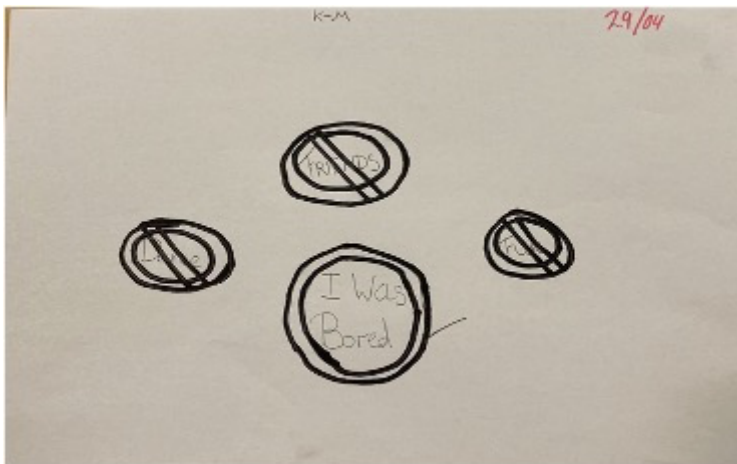


Across the age spectrum young people lamented the long-term impact of the pandemic in halting or limiting their leisure pursuits, such as partaking in sports such as swimming, football, dance, rugby, or activities such as piano lessons and martial arts. Focus groups with children and parents conducted in April 2021 revealed that many of these activities still hadn't resumed following immediate closure over a year previously, and some parents shared concerns whether their children would want to return to them in the future, given that their confidence to participate in community life had been deeply affected;

> *"Their exams were cancelled, [she] became reclusive, so hard to re engage with school. She lost the ability to be social. February half term she dabbled in self harm, it's been really hard."*

> (4insight focus group research Parent of a child of unspecified age)

> *"My daughter couldn't cope. She followed me around the house. She adores her friends, she couldn't cope. I see the implication of them not being at school for so long."*
> (4insight focus group research Parent of a child of unspecified age)

*"I'm more irritated than I was last year, nothing to keep my mind sane, definitely boredom"*

> (4insight focus group research Young person of unspecified age)

Previous sections of this report have identified the social concerns raised by parents and educators regarding the aversions and developmental impacts on very young children, issues that were also raised in focus groups concerning babies and infants being alarmed by other people. Children in middle childhood have also been reported to have struggled with the lack of social opportunities available, such as playgrounds and play areas that have remained closed off. Young people themselves have also raised additional concerns regarding missing out on social opportunities such as parties, relationships and key milestones such as the end of school prom and graduation.

With respects to young people it is also relevant to consider the impact of such multiple barriers to children's socialisation as potentially damaging to children's emergent identities as individuals who separate from their families and forge connections and identifications in the community and society more widely (see adolescence development section of the report). Coupled with the perceived scapegoating of young people for the increase in transmission of the virus through the Government's communications (discussed previously), the lack of renewed opportunities for young people to reconnect with their peers, friends, and wider Jersey community, suggests the apparent fractures in Jersey society that urgently need addressing. It was evident through submission that Jersey young people were receptive to the effectiveness of ad hoc community actions in raising morale and in generating a sense of camaraderie and togetherness including;

- Meeting new people
- Connecting with the elderly
- Free postcards from the post office
- Rainbows on windows
- Clap for the NHS

(Source: Youthful Minds Young people Survey submission)

However, any attempt to restore children and young peoples' active participation within society, including social and leisure opportunities to connect with peers, must go beyond ad hoc measures in being rather at the heart of Government recovery plans.

**Evaluation of future plans**

The Government of Jersey's future plans are examined here in relation to their appropriateness for addressing the impact of the pandemic on children and young people's development. We consider in particular the organisational structuring of Government and the representation of children's voice, long-term strategies to recover children's education and wellbeing as well as wider impacts on household finances and associated rates of child poverty.

### *The voice of children and young people in Government*

There is evidence to suggest that the needs of children and young people were not always foregrounded as fully as they could have been through the pandemic. This seemed to have been hampered by a number of structural and organisational factors:

- The role of Children's Minister does not appear to be sufficiently embedded within Government or given the degree of status required for the appointed position to have sufficient influence on political and Government decision making.
  - The Children's Minister was not included in key decisions which would have had knock-on effects for children and young people. If the voice of children and young people is to be fully embedded across Government, the Children's Minister needs to join the core group of Ministers with cross-Government oversight - to ensure Children and young people are considered in decisions across all portfolios. We note that the current Minister for Children is also the Minister for Education and Deputy Chief Minister - which is welcomed - but this needs to be a permanent arrangement.

- Key Government committees relating to children and young people are tied to Ministers (rather than officer-led) - which means their operation and work is disrupted/halted when there are Ministerial changes.
  - The Corporate Parenting Board has not met since 5th June 2020. The aims of the board are to: 'provide political oversight on how the Government of Jersey is discharging its Corporate Parenting duties to Looked After Children and Care Leavers'. Furthermore, the states' intentions of the board are to: 'embody the 'Putting Children First' Pledge and more intuitively, it will ask the question "would this be good enough for my child?" in relation to aspiration, outcomes, policies and services.'
  - The Children's Strategic Partnership Board did not meet for over 6 months between September 2020 to April 2021. The board is intended to: 'support the Council of Ministers to set its vision for children in Jersey, ensuring strategic decisions are based on a collective understanding of policy and practice issues, including legislation'.

It is crucial that there are sustained organisational structures in place to ensure that children's developmental needs are always considered within any decision taken by

Government. The voice of children and young people needs to be more firmly embedded across all Government portfolios going forward (housing, health, home affairs, social security) – and having cross-cutting committees and a senior Minister representing the voice of children across all Government portfolios is crucial.

*Lack of long term strategic planning for post-COVID recovery*

Governments around the world have recognised the impact of COVID-19 on an entire generation of children and young people - alert to the specific COVID-related impacts on child development, achievement gaps, mental health, wellbeing, transitional and labour market entry inequalities, to name but a few. There is now long-term planning underway on how to address this disruption with the development of education recovery plans. In England, the Government have begun to plan an education recovery programme, with a series of announcements around specific long-term initiatives including a 'Recovery Premium' for schools (building on the Pupil Premium) to provide, summer schools, mental health training for staff, and a tutoring programme[10]. They are currently working on further recovery plans for the long term, having appointed a Recovery Commissioner, Sir Kevan Collins.

We were not able to identify any long-term strategies for recovery of children and young peoples' development in Jersey. The Children's Child Care trust were unaware of any such plans, but noted their awareness of major plans for recovery of the economy. Education officials who we spoke to were not able to identify any long-term strategy in development - beyond what was already in place with the tutoring programme (although it is not clear how long the funding will last for).  We were not able to locate any document or announcement from Ministers about developing such a strategy.

The disruption to delivery of therapeutic care has resulted in a large backlog of cases, with reports of some children waiting upwards of 18 months.  We were not able to find any evidence of any substantial plans for considered investment that would substantially impact on addressing this large backlog.

Beyond education and schooling, there is also a need to think about the wider social, emotional and physical development of children and young people.  A number of the officials and third sector organisations we spoke with highlighted significant disparities in access to outdoor spaces (including public spaces and private spaces) - with many of the poorest children living in crowded properties without a garden. Future planning needs to address this disparity and ensure all children have equal access to outdoor spaces and affordable leisure pursuits, including the ability to pursue sporting and active hobbies and interests, where finance is not a barrier. This is necessary to ensure children's full and healthy social, emotional and physical development.

*Recovering household finances of the poorest*

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[10] https://www.gov.uk/government/news/new-education-recovery-package-for-children-and-young-people

Household poverty significantly impacts on children and young people both directly (poor quality housing, lack of adequate resources for learning/development, poor nutrition) and indirectly (increased stress, crime, alcohol/substance addiction). It is reported that household finances have been significantly impacted by the pandemic which is likely to have resulted in higher levels of debt for the poorest in Jersey, who were already struggling to survive.

> *'Many families in Jersey were already struggling to make ends meet due to low paid work, lack of affordable childcare and high living costs. Covid-19 has increased this stress considerably. When combined with unstable housing, food insecurity, social isolation and for some families, no access to government support, it would be of little surprise that the toxic overload of adversities has led to increasing rates of debt, domestic abuse, substance misuse and untreated mental health problems. We must not lose sight of the huge consequences of these threats to the health and development of our most vulnerable children and their families, now and for years to come.'*

> *(*Submission by *Brighter Futures)*

This is borne out in the Government's own survey data which showed:

> *During 2020 more than one third (36%) of households reported that their finances had deteriorated due to the COVID-19 pandemic, with half (50%) of the households in non-qualified rental accommodation reporting a deterioration in their household finances. Further, when asked, more than a quarter (27%) of households expected their financial situation to get worse over the next 12 months.*

> (Children's Commissioner submission)

As noted by the commissioner, many low-income households dependent on the tourism sector will work in the summer to save enough money for when work dries up in the winter months. With tourism shut down in summer 2020, it is hard to see how many of the poorest families could have made it through the winter without getting into significant financial problems - likely made worse by the removal of bans on evictions in late 2020. We are not aware of any plans to help families with this likely huge debt burden, nor support to recover household finances of the poorest families - putting them in highly vulnerable positions going forward. It is especially concerning not to see support being planned for those unable to claim income support.  This raises alarming concerns about the knock-on effects for children's nutrition, safety and wellbeing (with stress, anxiety and domestic violence connected to financial worries), housing and living situations (including over-crowding), and their general health in an island which charges for many healthcare services. It is well known that these lived experiences of poverty, what Brown (2014a) refers to as 'the binds of

poverty', make it impossible for children to reach their potential in education and lead to many of the negative outcomes in later life. Developing a plan to support households recover their finances from the economic hit of COVID will help to mitigate any knock-on effects for children's long-term development.

**SECTION 4**

**Conclusion and recommendations**

This review has highlighted the multiple and interconnected impacts of the pandemic and Jersey Government COVI-19 response measures upon children and young people of all ages. The scope of these impacts has extended from social and emotional wellbeing, physical and mental health, through to educational development and work chances, and for some, economic impacts to their families that compromise the basic material necessities for children's healthy development, welfare and participation in society. Furthermore, ample evidence shows that these impacts are not attached to singular measures or effects brought about by the pandemic, but rather stem from challenges brought about to one part of children's development that can be seen to have knock-on impacts onto other aspects of their development. By way of example, we can consider how families' economic circumstances can produce a barrier to accessing essential resources needed to support children's educational progression, which may go on to affect their future participation in society and chances of securing a secure income in the future. Alternatively, interruptions to children's social connection and development brought about through the various measures that have been an obstacle to children's participation in community life, can be seen to have led towards more entrenched challenges that threaten children's mental as well as physical health. This finding regarding the interconnection between developmental effects of COVID-19, is important to speak to the question of whether to single out or pursue children's recovery according to the separate domains of children's development (for example that may fall under the different ministries). In contrast, the deeply interconnected nature of the various impacts to children's education, health, housing and welfare highlight the need to address children's recovery to COVID-19 pandemic through a cooperative multi-agency and cross ministerial working approach.

Ostensibly, the Jersey Government have stated an explicit commitment to 'Putting Children First' however, the evidence gathered through this review has raised questions as to the extent to which this principle extends beyond the rhetoric, and indeed one official reflected in interview that the culture on Government reflected more of an assumption that "children should be seen and not heard". While such a view must also be set against the competing perspective that the tide is slowly changing in this regard, the evidence presented through this review add the appendage that such efforts have not been rapid enough to keep pace with the urgent and pressing challenges that have been brought about through the crisis of a global health pandemic. Of all the voices in this debate it is those of children and young people that should be listened too, and on this matter their position was clear that Government was not listening to their concerns, and when addressing the Government directly included the following comments on the Jersey response to COVID-19;

> *"Be more consistent, and communicate better and explain the reasoning behind decisions"*
>
> (4Insight young person on unidentified age)

*"[Stop] blaming young people for what they failed to prevent"*

(4Insight young person on unidentified age)

We have found evidence here that suggests the Jersey Government is not always fully cognisant of its role as a corporate parent, which is especially alarming in a society like Jersey which has severely impoverished pockets of society - where children's needs are not being met, and where the Government clearly need to play a role. This omission by the Jersey Government could be ideological or rest with the organisational culture of Government. It was evident, for example, from the fact that the Education officials had to make a 'case' for expenditure on vital resources (why was a case needed in the first place, wasn't there obvious need here?) which in the end took 6 months before funding was provided. Their omission was also clear from evidence of poor access to healthcare and therapeutic services (a key mandate of UNCRC), with an unacceptable waiting list for these services now having built up since the pandemic began. The lifting of the ban on evictions left open the possibility that children could face uprooting and significant stress at the worst possible time. The lack of adequate outdoor play areas and unaffordability of outdoor activities assumes that all children have either the funds or their own private outdoor areas at home - which is clearly not the case, with the poorest in over-crowded homes that have no garden suffering from this assumption. These are just some examples we have found of where the Government has fallen short of its responsibility to care for the needs and development of children and young people in Jersey.

There is now an unacceptable waiting list and backlog of cases for therapeutic care and mental health therapies for children and young people.  These waiting lists are crucial to address because conditions can worsen or become deep-seated if they are not properly addressed from the outset. It is unacceptable that children should have to wait so long, having knock on effects for their wellbeing and development, including educational progression. Moreover, we found evidence which suggested that education itself is not prioritised in Government expenditure or given the same level of importance as other Government functions, especially economy and business. There is a need to properly fund education in the long term but also provide the necessary urgent funding to address the huge backlog of workload and need.

The pandemic brought communities together in many ways, but it also appears to have worsened intergenerational relations, bringing to the surface divisions between old and young. Young people were scapegoated and blamed for spikes in cases, through little to no fault of their own. They appear to have been harshly treated by the authorities for any divergence from the rules. Whilst people of all ages should follow the rules, there also needs to be recognition that socialising with their peers is vital for the social and emotional development of children and young people. Not providing this opportunity is just as much of a threat to their development - and greater acknowledgement was needed of this.

**Recommendations**

The conclusions reached here point to 6 key recommendations for policy development on the island:

1. **Develop a comprehensive post-COVID-19 recovery strategy for children and young people** - which encompasses all key domains of their lives (e.g. education, social and emotional wellbeing, physical and mental health, economic security)
2. **Embed the voice of children and young people more within Government** (so that proper consideration is given to their situation at the outset of the policy making process).
3. **To urgently conduct a review to assess the barriers to children in poverty on the island** so the recovery strategy is evidence-based, ensuring children in poverty are able to fully recover, renew and be resilient to the lasting impacts of the COVID-19 pandemic.
4. **To pursue an explicit commitment on behalf of Government to assume responsibility for their role as corporate parents**, to address the needs and rights of children in line with the UNCRC (it is not sufficient to rely on third sector organisations or philanthropists to fulfil this role)
5. **To ensure that Government departments serving children's needs are sufficiently resourced** in order to address the recovery of all Jersey children from the pandemic, to conduct a funding review, whereby budgetary allocations are more in line with those assigned to recovering the economy.
6. **Ensure societal divisions are healed by community building initiatives** - especially intergenerational divisions between old and young so that the benefits of engaged intergenerational communities can be realised.

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