The pandemic balancing act

Dr Diane Stockton
Public Health Scotland

@P_H_S_Official
Public Health Scotland

• Scotland’s lead national agency for improving and protecting the health and wellbeing of all of Scotland’s people.
• Our vision is of a Scotland where everybody thrives.
• Our focus is on increasing healthy life expectancy and reducing premature mortality.
• Established 1 April 2020
• Bringing together Information Services Division, Health Protection Scotland and NHS Health Scotland
Public Health and COVID-19

COVID-19 pandemic is having implications for three aspects of public health in Scotland:
• through the direct effects of the virus;
• the unintended consequences on the social determinants of health;
• and the impact on health and social care provision.
The direct effects of COVID19 on young people
Total number of COVID-19 cases among 12-19 years olds

In weeks 40-43 there were 1,354 COVID-19 cases identified among children and young people aged 12-17 years. Of these 675 (50%) were aged 16-17 years.

In the same period 2,120 cases were identified among young people aged 18-19 years.

Total number of COVID-19 cases among children: comparison across the population

Weekly rate of COVID-19 cases per 100,000 population: comparison across the population

The weekly rate of COVID-19 cases provides a measure of how the number of new cases per week relates to the size of that population age group.

In week 43 the highest rates were in the 18-19 and 20-24 year age groups, although rates in those aged 18-19 years have fallen markedly from a peak in week 39. There have been substantial increases in rates in the working age population, with more modest increases among education age groups in recent weeks. The most marked increase in the past week is among those aged 85+ years.

Admissions to hospital and deaths due to COVID-19: weekly change

The numbers of children admitted to hospital with COVID-19 remain small.

For each age group these represent less than 1% of the number of emergency admissions to hospital each week.

PHS also monitors admissions to Paediatric intensive care, and there is a UK-wide surveillance programme to identify cases of PIMS (Paediatric multisystem inflammatory syndrome temporally associated with COVID-19).

<table>
<thead>
<tr>
<th>Week beginning</th>
<th>Total CMS cases</th>
<th>All cases aged 18+ stating occupation sector as E&amp;C</th>
<th>All employed cases aged 18+ stating occupation sector as E&amp;C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>09/08/2020</td>
<td>318</td>
<td>4.7%</td>
<td>6</td>
</tr>
<tr>
<td>16/08/2020</td>
<td>303</td>
<td>5.6%</td>
<td>13</td>
</tr>
<tr>
<td>23/08/2020</td>
<td>570</td>
<td>6.8%</td>
<td>30</td>
</tr>
<tr>
<td>30/08/2020</td>
<td>568</td>
<td>5.8%</td>
<td>14</td>
</tr>
<tr>
<td>06/09/2020</td>
<td>1,107</td>
<td>7.2%</td>
<td>54</td>
</tr>
<tr>
<td>13/09/2020</td>
<td>1,227</td>
<td>9.1%</td>
<td>80</td>
</tr>
<tr>
<td>20/09/2020</td>
<td>1,669</td>
<td>11.2%</td>
<td>80</td>
</tr>
<tr>
<td>27/09/2020</td>
<td>3,565</td>
<td>15.4%</td>
<td>138</td>
</tr>
<tr>
<td>04/10/2020</td>
<td>5,037</td>
<td>11.9%</td>
<td>248</td>
</tr>
<tr>
<td>11/10/2020</td>
<td>7,668</td>
<td>8.1%</td>
<td>324</td>
</tr>
<tr>
<td>18/10/2020</td>
<td>8,393</td>
<td>7.3%</td>
<td>396</td>
</tr>
</tbody>
</table>

Notes:
1. Data completeness of the occupation sector is around 80% in CMS, as such numbers should be interpreted with caution.
2. An occupation sector of “Education and Childcare” will cover a range of roles including teaching staff, non-teaching staff and pupils/students in a range of settings including schools, colleges and universities.

Figure 4: Pupil absences for COVID-19 related reasons

The unintended consequences of COVID19 on young people
Wellbeing

- We know something about how young people have fared during the pandemic from various surveys.
- These include Lockdown Lowdown, TeenCovidLife, Young Carers Scotland, Children’s Parliament Surveys and On-line in Lockdown.
- Most of these surveys were conducted on-line so there is an element of bias because some young people may have been unable to access them and we don’t know how representative they are of all young people.
- However, they give us valuable information on young people in Scotland over the last few months.
Physical Health during lockdown

Young people (under 13 years) were not overly concerned about their physical health, however
- 35% of 13-15 year olds
- 40% of 16-18 year olds
said they were very concerned about their physical health

In addition, 29% boys and 44% girls said they were sleeping worse than before the pandemic

35% of Young Carers were struggling to eat healthily and get enough exercise and 14% said they had trouble acquiring food and medicines
Educational Development

Many young people were concerned about their educational prospects:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Moderate to Extreme Worry about Education Generally</th>
<th>Moderate to Extreme Worry about Exams and Course Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>11-12 yrs</td>
<td>51%</td>
<td>48%</td>
</tr>
<tr>
<td>13-15 yrs</td>
<td>56%</td>
<td>59%</td>
</tr>
<tr>
<td>16-18 yrs</td>
<td>72%</td>
<td>73%</td>
</tr>
</tbody>
</table>

Young people also found home schooling stressful with 55% of boys and 60% girls aged 15-17 finding it hard to adapt.

45% of Young Carers found they did not have enough time to study, although a substantial number said it helped them to cope.
Social Development

• Around 60% of all young people were concerned about the impact of the restrictions on their ability to mix with friends and family.
• 74% of Young Carers said they felt less connected to others since before the pandemic
Mental Health

Young people were concerned about their own and others mental health and well-being:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Concern for their MHWB</th>
<th>Concern for Other MHWB</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-13 yrs</td>
<td>39%</td>
<td>53%</td>
</tr>
<tr>
<td>13-15 yrs</td>
<td>49%</td>
<td>60%</td>
</tr>
<tr>
<td>16-18 yrs</td>
<td>73%</td>
<td>61%</td>
</tr>
</tbody>
</table>

If we compare young people low mood with the HBSC we see it has deteriorated:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>WHO Well Being Index</th>
<th>HBSC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
</tr>
<tr>
<td>12-14 yrs</td>
<td>59%</td>
<td>39%</td>
</tr>
<tr>
<td>15-17 yrs</td>
<td>67%</td>
<td>44%</td>
</tr>
</tbody>
</table>
Mental Health Contd

54% of girls and 50% of boys were negative about the closure of their place of education

45% of Young Carers said their mental health was worse than before the pandemic, with 69% of these young people feeling more stressed and 38% feeling unable to cope.
Impact of COVID-19: poverty

• Impact of coronavirus will be heightened for certain groups, like low-paid workers, underemployed workers, and women and ethnic minorities, who were already struggling

• Young people across Scotland are facing some of the toughest labour market conditions - modelling suggests a youth unemployment peak with over 100,000 young people facing unemployment by next year – over one in three of Scotland’s young workforce.

• Universal Credit claims: Younger claimants aged under 30 show the largest increase in the number of claims since the start of the year, almost doubling and now representing just under a third of all claimants. This reflects younger workers being more likely to have been employed in sectors shut down by the outbreak or on zero-hour contracts.
Proportion of children in relative poverty, Scotland (pre-COVID-19)

Source: Scottish Government (2020) Poverty and Income Inequality in Scotland 2016-19
What must be done?

• There is nothing inevitable about poverty: it can be solved.
• Increase in poverty due to COVID-19 is not inevitable

For example:
During the economic downturn (2008-2012) rates of child poverty decreased in Norway, Finland and Australia due to stronger social protection policies for children and families.
What can we do?
What can be done?

We know what can make a real difference to the incomes of families with children and young people – it is actions that address:

- the rising costs of living, low-paid and insecure work, housing costs and tackle the benefits freeze that can prevent families being locked into poverty.

- Improving the affordability and accessibility of transport, housing and childcare are all important and can have a considerable impact on family household incomes.

This needs a *whole system approach* that recognises the collective leadership and effort that is required across agencies and at different levels of government to stop rising levels of child poverty.
Support for young people

Scottish Government’s Youth Guarantee:
The Youth Guarantee states: “We will guarantee to every young person aged between 16 and 24 in Scotland the opportunity, based on their own personal circumstances and ambitions, of going to university or college, an apprenticeship programme, training, fair employment including work experience, or participating in a formal volunteering programme.”

• employability support;
• additional funding for Modern Apprenticeships;
• College opportunities
• Delivering the Young Workforce

And the Job Start Grant for young people returning to work
Support for children, young people and their families

• Accessing welfare/money advice and support services to maximise household incomes
• Increase awareness and support uptake of the Scottish Welfare Fund, Discretionary Housing Payments, Council Tax Reduction Scheme
• Ensure families are offered support to apply for school-age entitlements: free school meals; Educational Maintenance Allowance; school clothing grant
• Extension of the Coronavirus Job Retention Scheme “furlough”
• Providing opportunities for young people
Working with young people through the pandemic

• For young people, the wider harms from the pandemic are much greater than the direct impacts of the virus

• Transmission of COVID19 between children in schools, and from children to adults in schools is very low

• It is essential that we do all we can to support our young people through this pandemic whilst minimising risk of spreading COVID19

• Risk is minimised by strictly observing FACTS (Face covering, Avoid Crowds, Clean hands, Two meter distance, Self isolate)