Dialogue- COVID-19 19 looking forward

Pandemic to endemic practical thoughts.
Likely safeguarding issues for children and families

Longer term:

- Coronavirus is likely to be with us for a long time and is likely to become endemic in the population with the roll out of an annual vaccination programme as for influenza.
- We recognise that a generation of children and young people will feel its' impact in some way- ------

Thoughts:

- Poverty
- Accommodation
- Free school meal indicator
- Domestic abuse
- Disruption of support networks(relatives shielding , death from COVID-19 19)
- Increase in parental substance misuse
- Neglect
- Increase in the number of children/young people with additional needs
- Impact on young carers- have they become a young carer because of COVID-19 19/ long COVID-19 for a parent or carer?
- Impact of social isolation
- Regression
- Mental health issues- emotional / social resilience, self harm , behaviour
- Digital poverty

Thoughts:

- Challenge in getting all our linked agency systems up and running
- Increased levels of vulnerability in relation to CE
- Impact of increased social media exposure
- Potential increase in looked after children
- Impact on the BAME community
- Need for increased resources
- Need for strategic planning
- Build in responses as a part of progress monitoring
- Impact on youth employment
- Impact on FE / HE settings

Research on the go / other info…..

https://www.mentalhealth.org.uk/publications/impacts-lockdown-mental-health-children-and-young-people

https://www.ukri.org/research/coronavirus/researching-the-impacts-of-coronavirus/childrens-education-during-lockdown/

- **Eighteen month studies started in July 2020:**

https://www.brookes.ac.uk/about-brookes/news/impact-of-lockdown-on-young-children-is-studied-by-psychologists/

https://www.ox.ac.uk/news/2020-08-19-study-finds-significant-increase-child-parent-violence-lockdown

https://learning.nspcc.org.uk/research-resources/2020/social-isolation-risk-child-abuse-during-and-after-coronavirus-pandemic

https://blog.ons.gov.uk/2020/10/22/mental-health-of-children-and-young-people-in-the-pandemic/

https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up

What next?

- A lot to think about? Need to plan……
- Are you confident in the short term , medium term?
- Do you have clear views at the moment of the impact(s) / interventions/ potential issues for vulnerable young people at home , in school , with mentors, online learning, emotional health, in broader society?
- Do you have clear links and input to senior leadership processes in relation to COVID-19 19 and the longer term strategic planning which will be necessary for the service ?
- Is your RI supportive and informed?
- Hopefully, we will start to feel the impact of the vaccination roll out as this next year develops This is an evolving situation and we will need to continue responding

Looking forward- pandemic to endemic……

- Managing from now on ……

An endemic virus.....what does this mean for us?

- Def: regularly found among particular people or in a certain area
- Largely predictable when it is a disease e.g. influenza
- Coronavirus-will continue to mutate as it reproduces in human cells, especially in areas of more intense transmission, hence the need for an influenza type response- likely annually
- We don’t yet know how long immunity from infection from COVID-19 will last, or how good vaccines will be at protecting people. But other coronaviruses that are endemic in the human population, such as those that cause colds, only confer temporary immunity of about one year.
- This is a new virus and a new illness- there is still much to learn , but also a lot which lines up with what we know about endemic illnesses
- Will need a global approach.

Priority groups- current

- Priority/Risk group

1 Residents in a care home for older adults and staff working in care homes for older adults

2 All those 80 years of age and over and health and social care workers

3 All those 75 years of age and over

4 All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 18 years of age)

5 All those 65 years of age and over

6 Adults aged 18 to 65 years in an at-risk group (see below)

7 All those 60 years of age and over

8 All those 55 years of age and over

9 All those 50 years of age and over

10 Rest of the population (to be fully determined)

Clinical conditions considered

Clinical conditions list:

- a blood cancer (such as leukaemia, lymphoma or myeloma)
- diabetes
- dementia
- a heart problem
- a chest complaint or breathing difficulties, including bronchitis, emphysema or severe asthma
- a kidney disease
- a liver disease
- lowered immunity due to disease or treatment (such as HIV infection, steroid medication, chemotherapy or radiotherapy)

Clinical conditions considered

- rheumatoid arthritis, lupus or psoriasis
- liver disease
- have had an organ transplant
- had a stroke or a transient ischaemic attack (TIA)
- a neurological or muscle wasting condition
- a severe or profound learning disability
- a problem with your spleen, example sickle cell disease, or you have had your spleen removed
- are seriously overweight (BMI of 40 and above)
- are severely mentally ill

Vaccination cont'd

- New safeguarding dynamic for education and children's services especially those services which support disabled children or those with difference, children with medical needs etc.
- Issues such as managing the combination of a vaccinated and non vaccinated community, parental consent etc will need to be considered.
- Vaccinations will have no impact on this wave. Likely to have an impact summer 2021 onwards if everyone identified for vaccination has had both vaccinations and kept compliance going (face , space , hands) whilst the programme is rolled out. Unfortunately , this is not a seasonal virus. We will move from a PANDEMIC to ENDEMIC situation… needs to be planned out.

Vaccinations……

- Issue may arise as we have a “willing participant” approach- problematic?
- 20-30% drop off between first and second injection- problematic?
- Immunity conferred after first injection, second to boost, and confer full immunity- up to 3-4 weeks later
- Issue of vaccine hesitancy can also occur
- Any other thoughts?

Vaccine hesitancy….

- INDIVIDUAL AND SOCIAL GROUP INFLUENCES
- Immunisation is a social norm VS immunisation is not needed/harmful
- Beliefs , attitudes and motivation about health prevention
- Knowledge and awareness of why/where/what/when vaccines are needed
- Personal experience with and trust in health system and provider
- Risks/benefits- as perceived
- Experience with past vaccination

- CONTEXTUAL INFLUENCES
- family
- socio-economic group
- peer group
- influential leaders and individuals
- politics/policies
- religion
- culture
- gender
- social media.

Vaccine hesitancy

- VACCINE AND VACCINATION SPECIFIC ISSUES

- Risk / benefit
- Access to vaccination
- Mode of administration/ delivery
- Introduction of a new vaccine
- Reliability of vaccine supply
- Role of healthcare professionals
- Any incentive to be vaccinated
- Information and follow up

- Any others you can think of?

Vaccination- issues:

- Areas for Managers and RI / Headteachers and Heads of Care to consider in relation to vaccines:

- You may have to manage a part vaccinated community / non-vaccinated community… how? What issues could arise ?
- How will you know who has been vaccinated and who has not? Do you need to know?
- How will you be sure that the person has received both vaccines?
- Families / carers who refuse the vaccination?
- Longer term view re. a possible ongoing booster programme
- Potential roll out for whole population vaccination
- Practicalities like time off work to have the injections?
- Ongoing – face , space and hands?

- Any other thoughts?

Risks ahead

- Potential impact of starting to lift the lockdown- return to tiers – local , national?
- Lack of public “buy in “ to face , space ,hands which will be an ongoing message
- General weariness
- Frustration at the lack of a quick fix
- Logistics behind vaccination roll out and mass testing model
- Others as in the slides above.

- Lots to think about……and starting to think about your plans around moving from PANDEMIC TO ENDEMIC.