

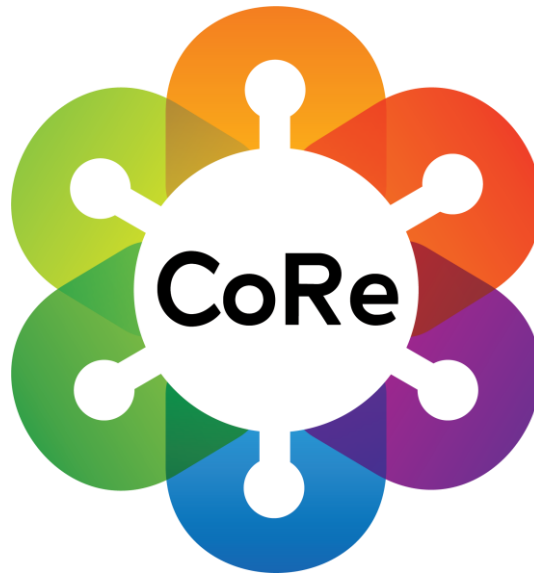


**Northern Periphery and
Arctic Programme**
2014–2020



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NPA Covid-19 Response Project

Analysing Emerging Themes (AET)

Final Report



**Highland Health
Ventures Ltd**



Introduction

This Analysis of Emerging Themes (AET) through the lenses of care homes and university campuses was carried out in the regions of **Finland, Northern Ireland, Scotland** and **Sweden**. It was led by the Research Development and Innovation (RD&I) department of NHS Highland, co-ordinated by Highland Health Ventures Ltd (HHVL) and reported on by partners from each of the four countries.

This was based around examining the experiences of care home staff, university staff and students during the Covid-19 pandemic and how these relate to society as a whole through sharing the findings of the five other key project areas covered by the Covid-19 Response Group (clinical aspects, mental wellbeing, technological solutions, citizens' engagement and economic impact).

In each of the 4 countries, it has been difficult to separate the response to Covid-19 in universities from that at a senior pupil level in schools. Accordingly, the focus of our lens was widened to include them.

There have been many similarities in relation to the approach taken by governments to the impact of Covid-9 on care homes and education. These similarities extend to:

- Criticisms and recognition of the burden felt by care home staff, by residents and by the families of the residents;
- The socio-economic impact as people struggle to balance loss of income with reduced working hours and childcare during school closures;
- The use of technology to ensure social distancing in care homes, on campuses, the hospitality sector and transport;
- The introduction of e/m-Health interventions to mitigate anxiety and stress;
- Similarly, in the education sector in schools and universities, key issues included:
- The socio-economic impact of school pupils and university students from the same family working from home and sharing limited IT resources with parents who were also working from home;
- Digital poverty (the cost of devices and mobile data) disproportionately excluding young people from less affluent backgrounds from distance learning initiatives;
- A belief among young people that they were largely unaffected by Covid-19;
- Poor communication around the availability of on-campus-testing prior to students returning home ahead of Christmas.

This report elaborates on our findings around the responses to these themes in each of the four countries.

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PARTNER REPORT - SCOTLAND

Care Homes

At the end of December 2020, Health Protection Scotland (HPS) published V2.1 of the Covid-19: *'Information and Guidance for Care Home Settings (Adults and Older People)'* document. This was the most recent version of a document originally published in July 2020. It related to all care homes except those for children and young people (which were covered under 'Covid 19: Information and Guidance for Social, Community and Residential Care Settings' from August 2020, the most recent version being published in April 2021).

The most recent policy from the Scottish Government in relation to care home management was published in late February 2021. This document *'Open With Care: Supporting Meaningful Contact in Care Homes'*, is a guidance document that seeks to support care homes as Scotland moves towards a post pandemic situation. The guidance acknowledges the need to protect the health of care home residents, but also agrees that the negative impacts of such protection have led to *"potential physical, emotional and cognitive harm for residents from prolonged isolation"* (Scottish Government, 2021:3). The document references the WHO guidance provided by its COVID-19 Infection Prevention and Control Guidance Development Group, which states that visiting (of family and friends to care home residents) should be supported providing that all required protection is in place. In Scotland, these required protections include:

Adequate, available and properly used personal protective equipment (PPE) for care home staff and visitors

Testing of residents prior to hospital discharge and admission to care homes

Routine testing for all care home staff and visiting professionals

Care home-based testing for all designated visitors

COVID-19 vaccination of care home residents and staff

Support from local oversight arrangements, public health and primary care

(Scottish Government, 2021: 4)

The guidance focuses on a plan to enable two designated visitors per resident to be given access as long as the Care Home has all required protection in place. The guidance will be reviewed at the end of April 2021. The guidance is based on an approach called Open with Care. This approach includes a range of principles that need to be addressed when developing a pathway in a care home. These principles include:

Responsibility – that all stakeholders understand and achieve responsibility

Maintaining Well-being – for residents and their families and loved ones

Safely balancing risks of harm

Equitable access for all residents – as there are many different needs

Individualised approach – individual plans for every resident with reference to safety and residents' individual needs

Equality/Choice – i.e. residents can choose their visitors

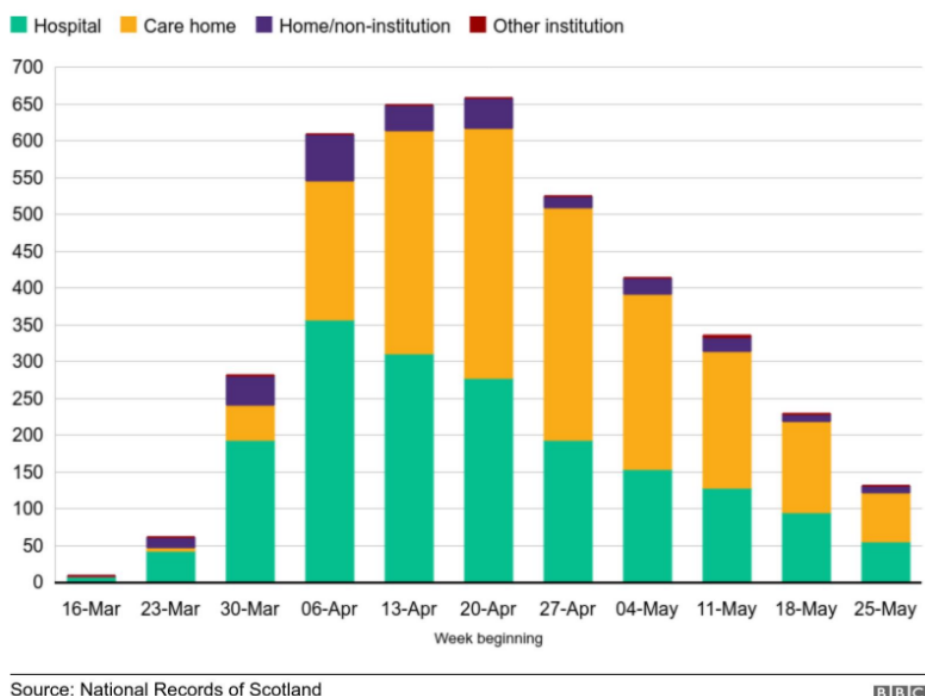
Flexibility – local characteristics and other variables need to be taken into account (staffing, capacity and other issues)

Respect for Human Rights – to balance safety with the need for residents to have good mental health, dignity and access to family

The guidance focuses on specifics on visiting inside a care home, visiting outside a care home and trips out from a care home with an expectation that this will increase over time in duration and frequency, and that the inside visiting – preferably in a resident's own room, will be the goal. This approach is supported by a 10 point checklist, and by detailed responsibility guidance lists for all stakeholders.

'Covid-19: Information and Guidance for Social, Community and Residential Care Settings' covering children and young people in care homes, specifically

There has been criticism of the approach taken by the Scottish Government. Critical opinion has included concerns about the movement of people from hospital settings into care home settings in the early months of the pandemic without sufficient testing, and with a lack of isolation in the receiving care home. This related to about 1000 people (BBC, 2020). The number of deaths supported this view.



[\(Coronavirus: 'Lessons to be learned' over deaths in care homes - BBC News\)](#)

It was acknowledged that this was a problem, and that the Scottish Government needed to learn lessons quickly to change this approach moving forward in 2020 and on into 2021.

A full public inquiry is planned in Scotland to review all aspects of how the pandemic was handled, including the impact on care homes (Picken and Ellison, 2021). Of the over 10000 Covid related deaths in Scotland, over a third have been in care homes (3292). There has also been criticism of some care homes, with concerns at the number of deaths in HC-One, Advinia and other group homes, although averaged out across all Scottish care homes within a group saw the numbers less than at homes which were single entities in some cases (Picken and Ellison, 2021). One of the main criticisms appears to have been an apparent lack of clarity or transparency about what was happening in individual care homes – this is partly due to the fact that there is no statutory obligation for care homes to notify residents or their families of an outbreak or deaths within a home.

There has been little government acknowledgement of the much reported (refs:) and need to mitigate the anxiety stress experienced by many care home workers.

Education

The initial policy response to Covid-19 and the education sector by the Scottish Government was published on the 19th March 2020. In it, the then Education and Skills Minister, John Swinney MSP, outlined the approach to be taken, which included

“to ensure the health and wellbeing of our children, young people and staff, and to maintain teaching and learning wherever this is possible”; “that closing schools will help to suppress the spread of Coronavirus”; “schools and nurseries should, ordinarily, close for children and young people

[on the day following the speech]”; and that vulnerable children would continue to be supported, that continuity for mainstream pupils would be expected to continue using online systems where possible, and that the children of keyworkers (NHS and others) would have provision for continuing educational support in schools (Swinney, 2020).

In Scotland, the Scottish Government established a COVID-19 Education Recovery Group (CERG). This group has been responsible for publishing guidance and policy about a range of Covid 19 and education related matters. This includes activities that:

“bring together decision makers and key influencers to ensure that the delivery of childcare, early learning and education maintains a strong focus on excellence and equity for all, within the necessary constraints of the COVID-19 response

provide leadership and advice to ministers and local government leaders in developing the strategic approach to the response and recovery of the ELC and education system

work across organisational and structural boundaries to support the response and recovery efforts

consider and provide advice on any proposed changes in Scottish education strategy, taking into account any long-term effects of the COVID-19 response

be a forum for frank and open discussion about what is working and what and where more improvement is required”

(Scottish Government, 2020a:1)

After the first lockdown that started in March 2020, when schools were closed, it was clear that when pupils and teachers were allowed to return in August 2020, that there was some level of resurgence of the virus within the education system. The number of schools involved led to a demand by teaching unions to enforce smaller class sizes and mandatory use of face masks for older pupils. The national clinical director for Scotland, Professor Jason Leitch suggested that it was not transmission in schools that was causing the problem, but rather unregulated house parties attended by older children, alongside parents sending children back to school following foreign holidays without keeping their children in quarantine for sufficient periods of time (Greig, 2020).

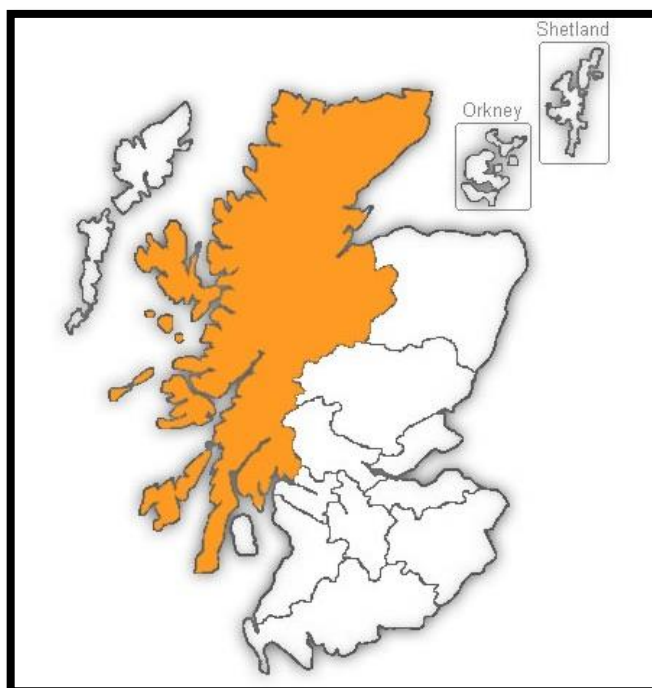
Within the CERG framework, the Scottish Government decided that, given the post Christmas resurgence of the virus, that most children and young people should move to remote learning from the beginning of January 2021. There were special conditions set up to support more vulnerable children, and the children of key workers. The guidelines were updated in February and March and in April 2021, the Government planned to reopen all schools from the 12th April. From 17th May there was recognition that different Local Authorities areas would be in different levels (Level 1,2 or 3) and that the different protection measures and mitigations (e.g. distancing, wearing of masks) would be enforced in schools. The Scottish Government were very clear in stating that a ‘pre-cautionary approach’ should be maintained, and that asymptomatic testing and rapid response to positive tests should be a priority. Despite any such risks, the Scottish Government has stated *“that schools being open full-time is a priority –*

it is hugely important for the educational and developmental wellbeing of children and young people” (Scottish Government, 2021a:1).

Partner activities

The HHVL team approached this project in the context of NHS Highland being the largest NHS Board area (by land area) in the whole of the UK.

NHS Highland Board area



Whilst the NHS Highland Board area encompasses a landmass that is larger than Belgium, it has a population of only 333,000 (smaller than that of most UK cities) of whom some 70% (233,100 people) live in small, isolated communities including on 93 inhabited islands. A further 350,000 tourists are estimated to be drawn to the area each year, mainly to remote locations and mainly during June, July, August and September (Visit Scotland, 2017).

The demographics of the region are unique and challenging for any

providers of healthcare and in the context of COVID-19 have played an important role. During the first wave of the pandemic, lockdown measures including travel restrictions brought the spread of the virus under control in the Highlands. Then between July and mid-December 2020 the region was placed in the lowest level of COVID-19 restrictions and life, including the hospitality sector, returned to something near normal but with most children still being educated at home and many people still working from home. In what was to be critical to the spread of the next wave, many students left their homes in the Highlands in September to continue their studies at universities in major population centres.

Whilst accurate data was not available, it was widely assumed that COVID-19 had become endemic in student communities and was impacting on their wider social networks. Students living in halls were placed under compulsory lockdown. The effectiveness of that measure varied according to the type of hall and whether kitchens, toilets and showers were shared facilities. The consumption of alcohol and lack of social distancing were considered as the causes for the spread of the virus

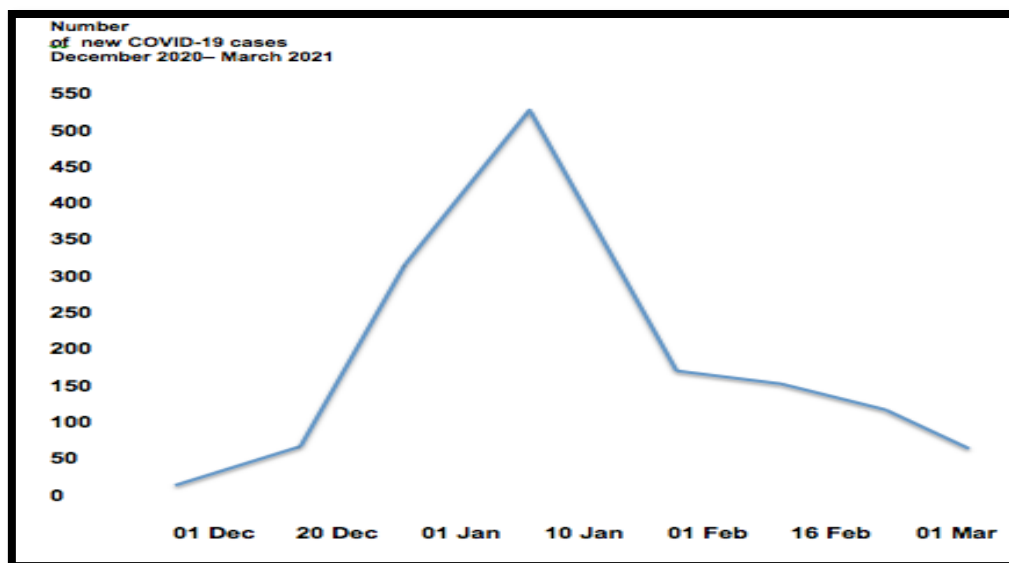
It is also noteworthy that despite an influx of UK tourists, Skye alone recorded over 200,000 visitors during July, August and September; there was no increase in recorded cases other than an isolated and tragic instance in May of an outbreak of COVID-19 in a care home on Skye where 11 residents died.

Then in late September the journal of the University and College (staff) Union reported that,

In the first few weeks of term there have already been outbreaks on university campuses in Aberdeen, Dundee, Edinburgh, Glasgow and St Andrews. UCU said it was deeply concerned about the health and safety of students, staff and local communities, given the virus was spreading so rapidly, especially among young people.

UCU's Scotland official Mary Senior said: 'We are not prepared to take chances with the health and safety of students, staff or local communities when it comes to Covid-19. We are clear that remote learning should be the default for campus life while we as a nation are in this precarious position with the virus.'

In the meantime, life continued much as normal in the Highlands within what seemed like a secure regional bubble reinforced by restrictions on non-essential travel. Then in mid-December in the run up to Christmas, that bubble burst.



Spike in cases of COVID-19 in Highland Scotland, Dec 2020 –March 2021 (NHS Scotland, 2020)

This sudden spike has been largely attributed to students and others returning home from urban centres to spend the festive period with family and friends. It also coincided with the start of the AET project and:

- Significant spikes of COVID-19 on university and college campuses across the UK;
- Students returning to the Highlands for Christmas from these locations;
- Significant localised increases of COVID-19;
- The Highlands being placed back under stricter lockdown measures that were to remain in place until after the completion of this project;
- The paradox of protecting care home residents whilst enabling families to be close to their loved ones.

We had originally envisaged holding focus groups and conducting one to one interviews with students, care home staff, residents and the families of residents. The COVID-19 restrictions meant that we had to restrict this to recruiting students to consent to participating in interviews using Zoom. In the run up to Christmas our efforts to do this via student organisations at the Universities of the Highlands and Islands, Edinburgh and Glasgow were unsuccessful.

In early January we used a network of family and friends to use Survey Monkey to recruit 12 students who had returned to the Highlands from Glasgow, Edinburgh and in one instance Cardiff. All had chosen to remain at home except for one student who was studying veterinary science at the University of Glasgow and another who was studying dentistry at the University of Cardiff. Both had practical courses to return to and the Glasgow based student had contracted COVID-19 during the campus spike in September 2020.

Results of interviews from Zoom interviews with these students revealed several emerging themes:

- Concern around the negative effects of lockdown on their studies;
- Concern about the impact of lockdown and in particular the effects of social isolation on their mental health;
- Only those who had to, returned to their universities and lock down life on campus;
- Anecdotally the interviewees spoke of their peers as having not tested before returning because they had a perception of low risk of exposure, didn't know about testing and tests were not compulsory.

Conversely, anecdotal reasons for testing ahead of returning home were given as:

- Seeing older family members;
- Peace of mind;
- Pressure from strict parents;
- Because it was available and free;
- Concerns over higher risk of exposure (e.g. social life or studies involving practical health and social care work).

These findings indicate that students are prone to regarding themselves as living in collective bubbles and not overly concerned with how their behaviour might affect wider society. In a pre-COVID 19 world these bubbles would have been described as closed communities (Phillipson et al, 2013). At the time Phillipson et al were concerned with the spread of Influenza on the campuses of Australian Universities. They noted that...

Seasonal influenza and the common cold are common illnesses that can have serious implications for a person's health as well as their ability to carry out work and study.

They argued for the implementation of a campus- based social marketing intervention, to reduce the spread of cold and flu among the student and staff population. The subsequent intervention was designed to motivate behaviour change. There were 3 simple messages hand

washing, cough or sneeze in sleeve, and stay at home if sick – almost exactly the same as with COVID-19.

The key campaign message was “Cold and flu affects more than you.” This is not so far removed from former UK Health Minister Matt Hancock’s seemingly now forgotten and perhaps insensitive exhortation to students not to kill granny. Phillipson et al concluded that...

The transmission of colds and influenza presents a serious public health issue for universities, schools and other closed communities. This case study demonstrates how a coordinated social marketing campaign can be utilised to promote behaviours associated with reduced transmission of colds and influenza on a university campus.

Key to the success of this intervention was the application of consumer research to prompt the use of multiple marketing messages and product strategies, rather than a single-strategy communications or social advertising campaign.

The parallels with the rapid spread of COVID-19 on Scottish campuses and then beyond are obvious. Now with much enhanced social media channels and the ubiquity of smartphone use among students, we would recommend that consideration be given to a similar social marketing approach. Ideally this could be piloted ahead of the predicted perfect storm of the winter flu season and a potential fourth wave of a COVID-19 variant in November - February 2021-22.

In parallel with our examination of the impact of student behaviours on the spike of COVID-19 during January 2021, we also turned our lens on care homes in the Highlands. Here our findings were more predictable. We conducted interviews by zoom with relatives (3), care home staff (2) and one resident as well as face to face (with special permission and following receiving one vaccine and testing) with staff members (2), residents (2) and one family Home

- Relatives of care home residents reported more rapid mental and physical deterioration in their loved ones;
- Limited contact is not quality contact – It can be distressing, it is serious and distant;
- Residents want physical contact with their visitors;
- There are inconsistent testing procedures;
- There was no indication (during this project) of what vaccination means for visitors and staff;
- It was unclear (during this project) how visitors and staff can prove that they have been vaccinated;
- There is concern among staff that if they have to self-isolate because they have symptoms they will lose income;
- Anecdotally there are “anti-vaxers” among care home staff.

The potential for symptomatic care home staff not to declare their symptoms was, until the introduction of regular free lateral flow tests for care home workers, deeply concerning. It

quite literally left the door open for care workers who move between different care homes to spread the virus among very vulnerable residents and unvaccinated staff. This practice may have contributed to the 19 deaths that were recorded in Easter Ross care homes in January 2021.

Nonetheless it illustrates the pressure on poorly paid workers in all walks of life to keep working with symptoms out of the necessity to support their families.

Our exploration of the situation in Highland care homes included supporting a pilot by our Associate Partners Wyld Networks Ltd of their SaMM4Care software solution to manage social distancing in a care home setting. The installation of the system was completed in early April. It is now the subject of an ESRC funded feasibility study by the University of Edinburgh and NHS Highland RD&I.

Based on this work, we collaborated with Highlands and Islands Enterprise (HIE) and our partners to run two webinars - Start of Project and Close of Project. The webinar content is provided in our Appendix. Along with the findings of this report they will contribute to the CoRE presentation at the European Futures Conference, and along with our associate partner (University of New England in the USA, we will present them at the Arctic Circle Assembly in Iceland in October 2021.

Throughout the project we shared experiences by participating in and contributing to online CoRE meetings and maintained one to one contact with Prof Joan Condell at the University of Ulster, Holly Parker at the University of New England and with Thomas Fisher in the Western Isles.

The conversations with Thomas Fisher (TF) highlighted the importance of the Highland diaspora on our road to post-COVID-19 recovery. On the one hand it has resulted in creating highly resilient communities among those who remained in the Highlands and those who have come from elsewhere to make their homes in the region. Many are, as TF suggests, poised to take advantage of the IT based remote working opportunities that have emerged as a result of COVID-19. On the other hand, a diaspora also means that many of those who have gone maintain strong ties to their native soil. Many still have relatives in the Highlands and wish to visit them during high days and holidays. As we saw with the January spike in COVID-19 cases, they may be carrying more than presents.

It would be cruel to legislate, without good reason, against such visits but we can plan to mitigate the consequences of the unwanted gift of COVID-19. As with the implementation of a COVID-19 awareness social marketing campaign on university campuses, this may be something to consider for the wider diaspora and a time when we can once again offer up a hundred thousand welcomes - Ceud Mìle Fàilte!

PARTNER REPORT - FINLAND

Care Homes

Although the number of Covid 19 related deaths was relatively small (at 866 at end of April 2021) compared to other European countries (Lehto, 2021), there was criticism of the Government's handling of the pandemic in relation to care (as described below) for older people. From the most recent statistics, it appears that nearly 30% of those dying from Covid 19 were in 24 hour social welfare units at the time of their death (Finnish Institute for Health and Welfare, 2021). However, many observers felt that the Finnish Government was perhaps somewhat more successful in handling the pandemic generally, in that they shared the decision-making between Government and the health and education professionals of the country, as well as engaging rapidly and directly with the public, healthcare organisations, education workers, families and children (Makarychev and Ramashko, 2021).

In Finland, there are three types of care provided to the population who require assistance, and in Helsinki, for example, these are:

24-hour care which is provided at assisted living homes or in the form of institutional care mainly for people age 65 or older and people suffering from multiple disorders who need extensive 24-hour care and assistance. The main objective of this approach is to strengthen people's independence by supporting them to rely on their own resources in safe, pleasant and stimulating living environments.

Assisted living homes provide accommodation for people in single and double rooms. Services provided include meals, laundry and clothing services, cleaning, safety services, recreational activities, assistance in errands, routine care, and social services and health care.

Institutional care provides support for individuals requiring greater support and consists of services that support and promote the elderly people's ability to function and their quality of life by means of care, attendance and rehabilitation.

(City of Helsinki, 2020)

The approach of Finland to ensure that the protection of health and life was paramount during the pandemic was seen as a result of the country's state of preparedness – which emerged from actions of the Second World War, when the 1939 – 1940 Winter War with the Soviet Union offered lessons to Finland to 'be prepared' more effectively. The later State of Preparedness Act has provided the Government with a clear mandate and process of managing the Covid 19 pandemic, enhanced by a pulling together of the population. One epidemiologist (Pekka Nuorti, professor of epidemiology at Tampere University) stated that the three-quarters reduction in social contact amongst the population was driven by the fact

that “Finland has a long tradition of responding to crises and people tend to come together when there is a crisis” (Milne, 2020). However, there has been some general criticism of the Finnish Government in its approach to the management of Covid 19. The use of ‘soft law’ i.e. guidelines and recommendations which brought about a degree of confusion amongst the general public about what they should actually do (Korkea-Aho and Schienin, 2021).

Specifically, in relation to care homes and nursing homes, in order to prevent the spread of the virus, the Finnish Ministry of Social Affairs and Health, on the recommendation of the Cabinet, recommended municipalities to instruct care units across the country to restrict external visits and as a result care and nursing homes virtually banned visits from relatives and others to care homes (Korkea-Aho and Schienin, 2021). This approach caused a lot of confusion and many complaints to the Chancellor of Justice and the Parliamentary Ombudsman (who exist to review the legality of Government and other administrative authorities). In June 2020, it was found that the expressions used in the guidelines created the impression that the instructions were intended as binding (Korkea-Aho and Schienin, 2021).

The Ministry of Social Affairs and Health then apologised for the confusion, stating that

“the guideline issued in March was refined in mid-April, emphasising that visits should be based on individual judgment and that different situations and the elderly living in different situations should be taken into account. It had become clear to the ministry that the guideline had been applied more strictly than intended” (Yle, 2020)

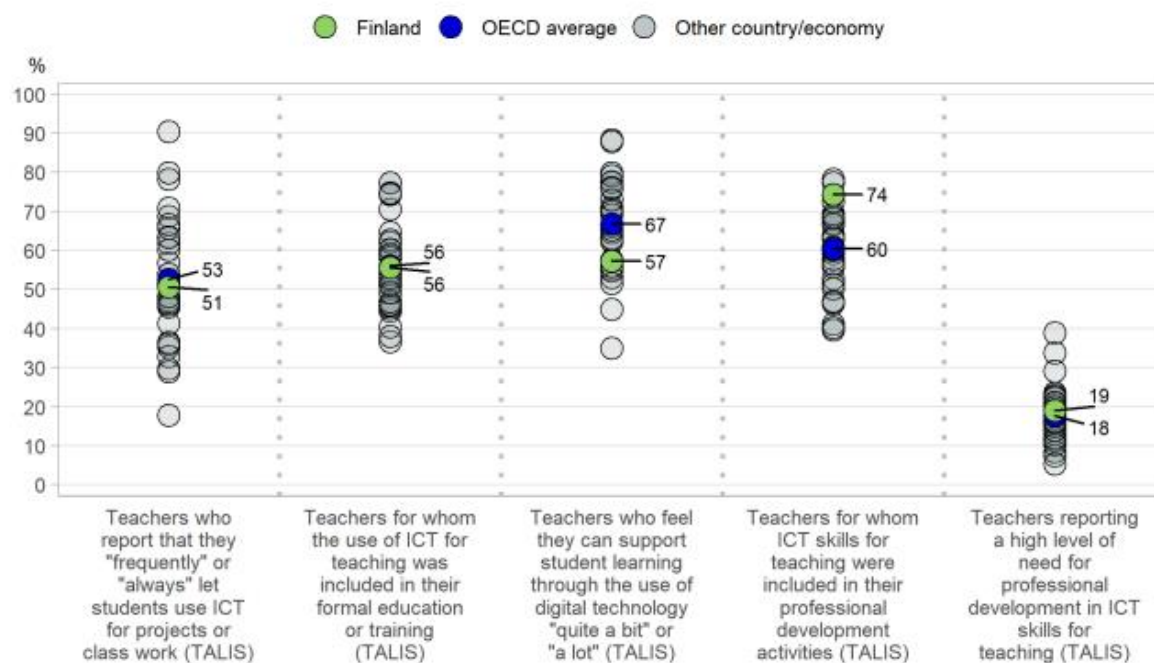
Education

In Finland, the Finnish Institute for Health and Welfare (THL) started collecting data at the beginning of the Autumn term focussing on basic education and upper secondary education. Results from municipality tracking systems reported to THL once exposure had taken place and then two weeks after to determine the number of diagnosed further infections. It was found that 1:3 children under 12 who tested positive had an asymptomatic infection, but that the number of children who had developed further infections was very small, and the indication was that the spread of infections in the context of education at this level was low. By the end of March 2021, some 62584 people who had been exposed in the early childhood education and care or school environment, of whom only 926 (1.5 %) had been infected (Finnish Institute for Health and Welfare, 2021).

The Ministry of Education and Culture provided a substantial range of policies and guidance for those working in the education sector and the children and young people as end-users. Included were guidance documents about the use of masks, social distancing, reporting illness, teaching arrangements including distance learning and special arrangements for those using different languages, assessments and exams, vocational training arrangements, students and studentships and scholarships, financing of educational establishments, and a variety of other aspects (Ministry of Education and Culture, Undated).

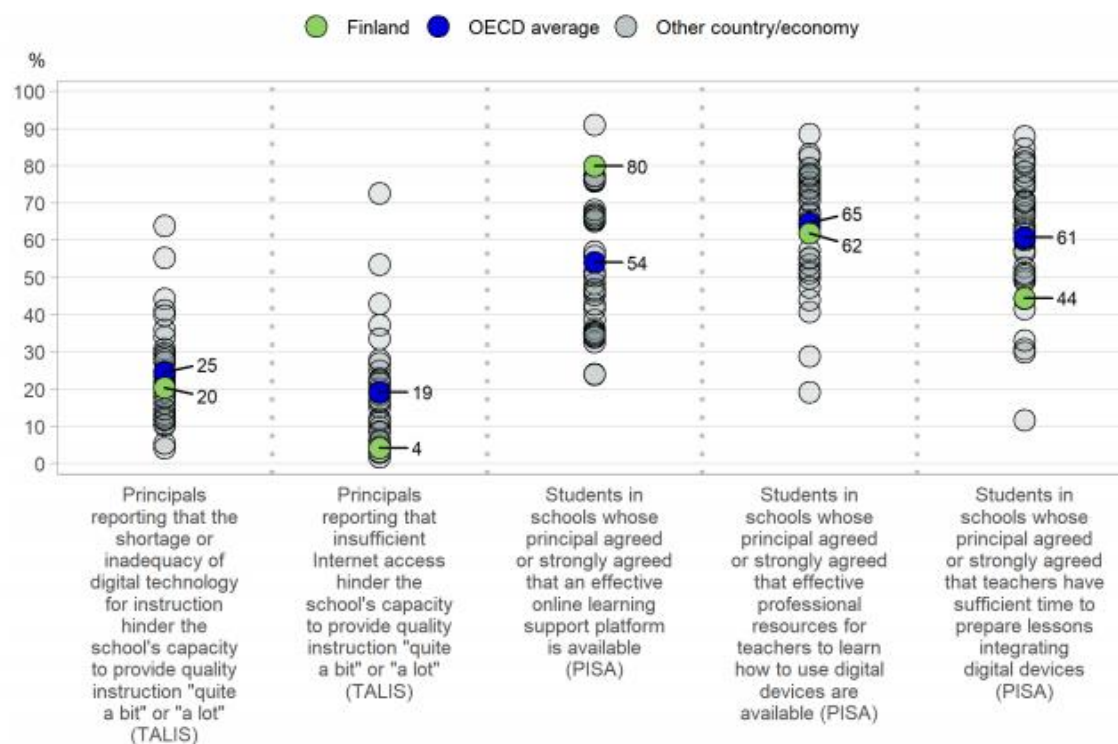
In the 2020 OECD report on the impact of Covid on education, it was found that each week of school closures represented around 21 hours of face-to-face compulsory instruction time at school (lower secondary school), or 2.7% of annual compulsory instruction time (OECD, 2020). These 21 hours were forced to be replaced by online learning and home schooling. In relation

to ICT and online delivery and use of such an approach, the OECD survey showed that, in comparison to Sweden, Finland was rather less well prepared.



Teachers' preparedness for ICT-based teaching prior to the crisis (OECD, 2020:1)

Here it is possible to see that Finland was in the lower band of countries where teachers felt that they could support learning through digital technology quite a bit or a lot. When looking at the availability of resources and time (but not internet access or the technical software / platform as this was seen as very good) here too the country was felt to be less than satisfactory to cope with this alternative approach to delivering education to students.



School and student preparedness for ICT-based learning prior to the crisis (OECD, 2020:3)

As in many other countries, pupils from socially or economically disadvantaged communities had a more negative impact from the pandemic in relation to education, because they had somewhat less access to ICT technologies than children in more wealthy families, although overall Finland has greater access than the OECD average (OECD, 2020). One particular area in which Finland was felt to be significantly weaker than the OECD average was in relation to the levels of communication between teachers and parents, which could be as little as just over one hour a week. The pandemic has shown that collaboration and communication between schools (teachers) and parents has been vital if learning at home is to be successful.

A 2020 report by the Finnish National Agency for Education revealed that initially under the country's Emergency Powers Act in early March, the Government decided that contact teaching would be replaced by distance education at schools and all other educational institutions (with an exemption for very young children and basic education level children of key workers) (Finnish National Agency for Education, 2020). This approach was rapidly, but slightly amended a few days later in relation to special support needs and other exemptions, but the policy was still to encourage most students to receive teaching remotely. By May 2020, much contact teaching had restarted but there was always the proviso that if Covid required it a return to more distance teaching would be pursued. Distance education was felt to be reasonably successful, although there were some concerns that the number of 'live' lessons was relatively low, that some teachers and some students did not have sufficient access to ICT resources, and that at the senior levels of education students sometimes felt the quality of teaching was not sufficient (Finnish National Agency for Education, 2020).

Following the return to a relative normality in the education sector in Finland, there has been no further 'lockdown' type approach. One result of this is that the country wide policy of providing free schools meals to every student has resumed, which has been recognised as a

significant contributory factor to the health and educational attainment of children in the country (Ahponen, 2021).

In summary, Finland has perhaps emerged most successfully from the four countries reviewed in terms of their management of the impacts of Covid 19 on the education system. They pursued an early set of restrictions that led to distance learning and home schooling or on-line teaching for the first eight to nine weeks of the pandemic in 2021, but due to the ICT availability and skills and resources of teachers, were reasonably successful in supporting students. Since May 2020, the Finns have pursued a reopened approach with a move largely back to contact teaching, with much less disruption during the remainder of the pandemic.

Partner activities

In reference to the mobility restrictions and other actions taken to protect the target groups of this report namely students and older people residing in care homes, Finland's strategy was first at the spring 2020 to enact nationwide restrictions which treated all regions and all age-groups in a similar manner. The exception to this was the recommendation targeted to people +70 years of age to avoid contacts to other people and prohibited any visits to care homes. After summer 2020 visits to care homes were allowed again after a wide public debate on the harmful effects of meeting restrictions to the residents' mental health and wellbeing. In addition, the Deputy Parliamentary Ombudsman (AOA 2020b) received several complaints of the care homes visit bans and ruled them to be unlawful.

Distance education has been carried out with the help of digital devices and e-learning systems since spring 2020 but has been eased with certain groups of pupils and students. Still in spring 2021 most university students remain in distant education and the situation is expected to continue till Autumn 2021. Finland switched to distance education in March 2020. The first period of distance education lasted from March to the end of May (Finnish Government, 2020a & 2020b). After summer 2020 the primary schools have been mainly open while second and higher education organisations have been mainly on distance education. The marked change to 2020 in spring 2021 has been that of the restrictions and recommendations currently in place, some apply to all of Finland while others are regional. The regional restrictions and recommendations in place depend on the phase of the epidemic in the region in question. In the acceleration phase of the epidemic, the Government recommends that higher education institutions switch to distance education, considering the need for essential contact teaching. In the spreading phase of the epidemic, the Government recommends that upper secondary schools switch to distance learning, considering the need for essential contact teaching. (Finnish Government, 2020c & Finnish Government, 2021d.)

In the beginning of 2021, many different virus variants were detected around the world and also in Finland. Preventive measures were introduced to stop the spread of these variants in Finland. In February 2021, the government of Finland decided to impose more stringent measures to combat the COVID-19 pandemic and to transition to tier 2 of prevention measures (Finnish Government, 2021e.). A week later, on Monday 1 March, the Government declared a state of emergency throughout the country. The Government proposed that food and beverage service businesses be closed for a period of three weeks from 8 to 28 March. The proposed closure did not apply to areas where the epidemic was at a stable level. (Finnish Government, 2021f.) In addition, with effect from 8 March 2021 and as part of the additional

measures for tier 2, the upper grades of comprehensive school and the upper secondary schools were instructed to switch to temporary distance learning in areas where the epidemic is in the community transmission or acceleration phase (Finnish Government, 2020d).

Care homes and residential care

In Finland, like in the other Nordic countries, public health and social services are, in principle, available to all regardless of people's social and financial status or place of residence. The right to receive services is primarily based on the Finnish Constitution, which entitles citizens to "indispensable subsistence and care" (The Constitution of Finland, section 19). Furthermore, local authorities are obliged to provide needs-tested home care services and residential to citizens whose care needs meet the criteria of needs assessment (Social Welfare Act, 1982). About 16 % of persons over 75 years old receive regular public home care in Finland and only about 9 % live in residential care (Statistical yearbook 2020). Residential care is publicly funded and regulated but partly contracted out to private providers.

Despite public funding of care, service users pay income-related user fees for both home care and residential care. In Finland, residential care is mostly service housing with care available 24/7. The residents have private rooms with bathroom and possibly a kitchenette. The common spaces include a living room and dining room. Those older people who are given a space in care home are most often rather frail and most of them have memory problems and some other chronic conditions. This means that they are particularly vulnerable to catch infectious diseases like Covid-19. On the other hand, due to their frailty few care home residents are able to move around and outside the care home independently, which means that in most cases care home infections have been brought there by the care workers or visitors. The low number of residents in care homes (less than 50.000) effectively means that many older people who have serious health conditions and who need care services live independently in their own homes. For these older people the recommendation of people aged 70+ to avoid unnecessary contacts often meant home care workers to be their only human contact in spring 2020. The effects of Covid-19 on older people's health and wellbeing has been thus mainly linked to increased isolation, loneliness and decline in functional ability.

In Finland as in most countries people died of Covid-19 related causes have belonged to older age groups and/or people with one or more chronic diseases. However, with number of 914 deaths (30th April 2021) the overall mortality shows no dramatic rise. According to the national health authorities (THL) the overall mortality of population was increased with only 1% in 2020. After spring 2020 the care homes and other residential care facilities have been protected from major outbreaks with meeting restrictions and prioritising vaccinations of care home residents which has resulted with small number of deaths among the residents. In autumn 2020 and winter 2021 most cases and hospitalisations have taken place among younger people of working age. In spring 2021 the shift of infections to even younger age groups (school children, teenagers, and young adults) was evident. All in all, overall number of cases, hospitalisations and people died of Covid-19 related causes has remained low in comparison to other countries.

The effect of Covid-19 restrictions on the well-being of the residents and their family members

Implementing the Emergency Powers Act in March 2020 brought about heavy restrictions of rights of Finnish citizens who are over 70 years old, including bans on care home visits of auxiliary service providers, relatives and other close ones. Over 70-year-old citizens were urged to stay in their homes in quarantine-like conditions, which was later deemed as poor communications on the legislator's part by the Deputy Parliamentary Ombudsman (AOA 2020b). In 2020, the Parliamentary Ombudsman received a record of over 7000 complaints of which over 900 complaints were related to Covid-19 measures (EOA 2021) including complaints also about the restrictions at the care homes (EOA 5463/2020, 2). During spring 2020 from mid-March till mid-June 2020 The Government ordered the care home to close their doors and allow no outside visitors family or other people. Effectively care home residents met only care workers during this period. The Ombudsman stated that it was illegal to use the Communicable Diseases Act for visitor restrictions (EOA 3232/2020, 28-32; EOA 5463/2020, 30-31) and that the care homes must know legislation thoroughly themselves and should not only follow the instructions of the authorities (EOA 5463/2020, 32). The Supreme Administrative Court and the Administrative Court of Eastern Finland came to the same conclusion in their court cases about the illegality of visitor restrictions (KHO:2021:1; Itä-Suomen HAO 20/1059/1).

The situation of care workers in residential care facilities

Work in residential care has been found to be burdening well before Covid-19 pandemic (eg. Kröger, Puthenparambil & Van Aerschot 2018). Serious problems in quality of care in care homes were again detected in 2019 and inadequate staffing rates in residential care and neglecting residents' basic needs of nourishment, hygiene and safety were also extensively addressed in the media 2019. The Covid-19 pandemic has further increased the workload in care units. The personnel have to remain on sick leave for smallest infections and the need for substitutes is high, but they are more difficult to get. Substitute personnel has created a risk of spreading infections when circulating between different care units. In addition, during the Covid-19 pandemic the next of kin have not been able to spend time with their loved ones in residential care and provide help with eating or activities like going out. Disinfecting surfaces takes time from care personnel as there is not enough staff for support services like cleaning and meals (information received by e-mail correspondence with the representative of the Union of Health and Social Care and Early Childhood Education and Care Professionals in Finland, TEHY) On the other hand, according to the information received by care workers union some care workers have been ordered to work even if they have been susceptible to the virus infection, or when having mild flu-like symptoms. Problems have been reported also with insufficient safety measures for example lack of masks and protective coats in hospitals and care homes, excessive overtime work, prohibiting workplace change and job change. However, it needs to be noted that this information is reported by the care workers union and is not based on systematic nationwide research. In their website TEHY (the Union of Health and Social Care and Early Childhood Education and Care Professionals in Finland) has published a statement that the Emergency Powers Act (VN 2020) enforced in spring 2020 was used to restrict care workers constitutional rights in a manner that was excessive and unreasonable. In this stage it can only be stated that some irregularities seem to have taken place in executing and applying the national level regulations and recommendations in care work. However,

nationwide studies and data is needed before making final conclusions on the effect of the pandemic on care workers well-being and work conditions in Finland.

The effects of Covid-19 pandemic on students' education, health and wellbeing

Finland switched to distance education in March 2020. The first period of distance education lasted from March to the end of May (Finnish Government, 2020a & 2020b). After summer 2020 the second and higher education organisations have been more and less on distance education. Of the restrictions and recommendations currently in place, some apply to all of Finland while others are regional. The regional restrictions and recommendations in place depend on the phase of the epidemic in the region in question. In the acceleration phase of the epidemic, the Government recommends that higher education institutions switch to distance education, considering the need for essential contact teaching. In the spreading phase of the epidemic, the Government recommends that upper secondary schools switch to distance learning, considering the need for essential contact teaching. (Finnish Government, 2020c & Finnish Government, 2021d.)

Since the beginning of 2021, preventive measures have been introduced to stop the spread of new virus variants in Finland. Regional measures have been taken according to the number of infections in the area. From 8th March 2021 and as part of the additional measures for tier 2, the upper grades of comprehensive school and the upper secondary schools were instructed to switch to temporary distance learning in areas where the epidemic is in the community transmission or acceleration phase (Finnish Government, 2020d). Since the infections have been declining after rise in January, the schools have remained open apart from the upper vocational training and universities.

The Finnish Parliament, with the June supplementary budget, directed 6,000,000 € worth of additional funding for the guidance of students in higher education and actions that strengthen the well-being of students. This appropriation provided grants for a total of 38 projects. The assisted projects include developing and organising low-threshold services, small group and peer support activities, organising student psychology services, strengthening and developing guidance services for higher education students. (Ministry of Education and Culture, 2021).

Few of the children's and young people's infections have been traced to school environments and day care centres but most have taken place at home or in other social gatherings outside home.

Well-being of children and young people during Covid-19 pandemic

While children and young people have had more virus infections than older people, very few of them have had the serious form of infection or have been hospitalized. However, studies indicate that well-being and life satisfaction of young people decreased during the corona pandemic in 2020 (Lahtinen and Myllyniemi 2021). The Youth Barometer (Finnish Youth Research Society, 2021b) study showed that life satisfaction of young people is lowest during the entire follow-up. Similar drop has not been detected since monitoring life satisfaction began in 1997 (Lahtinen & Myllyniemi 2021). The health survey for higher education students pointed out that psychological difficulties and high levels of stress were experienced by 30 % of the students (Nyyti ry., 2020). A survey conducted by various student organisations and

unions indicates that feelings of isolation and loneliness has become more common during the pandemic and distance education (SAKKI 2020, SAMOK 2020).

Finnish mental health organisations have reported an increase in mental health problems among young people (MIELI ry, 2020 & Nyyti ry, 2020). Insecurity and anxiety have been reflected in distance well-being services such as telephone and online services (Suvisaari et al. 2020). Restriction measures have reduced face-to-face encounters in psychiatric care and queues for non-urgent care have grown. As a result, psychological symptoms have increased and, alarmingly, callers talk more about self-harm. (Suvisaari et al. 2020, 20.) Time spent with family was increased for some (Lahtinen & Salasuo, 2020). Sharing time and thoughts with close relatives can ease feelings of loneliness and protect positive mental health. On the other hand, visits to one's family become more difficult, especially for those who study or work far away from one's family. Many young people also worry about their loved ones getting COVID-19 (Suvisaari et al. 2020).

Key messages

- Decision-making, legislation, and information exchange and delivery
- Clarifying the division of responsibilities between different national, regional and local level actors
- More attention to efficient and rapid information exchange and delivery between different levels of administration, between health authorities and other authorities, and between national, regional and local level actors
- Engage local authorities and actors in early stage in knowledge exchange and delivery
- Older people
- Older people +70 a heterogeneous group which should not be treated as a unitary group
- Older people in service housing (ordinary, 24/7 care) suffered mentally and allegedly physically from meeting restrictions; in future their social needs have to be better acknowledged if and when similar crises occur
- Younger people (university students, students in trade schools)
- Upper secondary education and higher education institutions coped mainly well with the rapid transition to distance education
- Technical infrastructures and tools were quickly introduced across all school levels as the distance learning became the new normal, but the students varied in their competency and skills to use technology and operate in distance learning environment.
- Social distancing and distant education increased stress, loneliness, social isolation, mental health problems and learning difficulties of many students, and thus in the future regular teacher-student contacts have to be maintained and studies supervised more efficiently
- Actual long-term consequences of pandemic such as increase in mental health problems, delay in graduation, and practical problems such as loss of internship or employment and other financial problems will become visible later on, but the risk has to be acknowledged and prepared for.

PARTNER REPORT - NORTHERN IRELAND

Care homes

In Northern Ireland, initial policy and guidance for care homes was published in March 2020, and has been updated ten times with the most recent document published in March 2021. This document 'COVID-19: GUIDANCE FOR NURSING AND RESIDENTIAL CARE HOMES IN NORTHERN IRELAND' was aimed at Health and Social Care Trusts in Northern Ireland, care and nursing home staff, and relatives and friends of residents. It was very clear that all care and nursing homes should be included in the approach, not just those directly run by any Trust. This was supported by the instruction that any Trust should provide support for any Home by, if necessary, seconding or redeploying Trust staff (of any type) to such Homes that required such extra help (Government of Northern Ireland, 2021:7). Additionally, Trusts were asked to consider all potential assets including individuals who have volunteered to help (some 3000 people), and community and 3rd sector organisations who could provide assets.

The guidance indicated that Trusts should help care homes financially where this was needed, and that any patients discharged to care or nursing homes should be tested, go through a risk assessment and isolated for 14 days where this was possible. There is a comprehensive and detailed approach to management and monitoring of care and nursing home residents throughout the guidance.

In February 2021, the Northern Ireland Assembly debated the Inquiry Report on the Impact of COVID-19 in Care Homes', which stated that the 775 people dying in Northern Ireland by 01 January 2021 formed 40% of all CV19 related deaths. The Inquiry Report from the Committee for Health came up with 54 recommendations on how the pandemic could have been managed better in relation to care homes. These included a criticism of the Northern Ireland Assembly (NIA) in the relatively slow response in the initial weeks of the pandemic, although the care homes themselves were commended with the speed at which they closed their doors. There were also criticisms about the movement of elderly people from hospitals into care homes with insufficient testing, the difficulties of isolating these patients especially those with cognitive decline, and the lack of sufficient PPE for care home staff (TheyWorkforYou, 2021). Other issues related to understaffing of the care home sector, and the burden felt by that staff during the pandemic, although praise was given to the innovation used to try and support patients.

The pattern of education and Covid 19 policy in Northern Ireland has been changeable during the last 18 months. Perhaps more than the Nordic countries reviewed in this research, there has been more movement in terms of closure and reopening, which has led to a measure of criticism of the Northern Ireland education policy makers. Initially a lockdown in March 2020 meant that schools and Universities largely stopped contact teaching, with a subsequent demand for online educational approaches. The Northern Ireland Executive published

guidance in May 2020 focussing on the restarting of school reopening following the first wave of the Covid 19 pandemic. As the Autumn and Winter of 2020 saw an increase in the number of Covid 19 cases, schools were again hit by the need to restrict access for pupils alongside other lockdown activities in late December.

The Minister for Education faced criticism in January of 2021 when he made the decision to re-open schools; the Minister, Peter Weir, said that he was responding to medical and scientific advice and that “any option which involved closure of schools, on a short term basis, or even certain year groups, would have been very damaging to our children's education” (BBC, 2021). Criticism of this move was levelled by the Irish National Teachers Organisation, and the SDLP, who respectively stated that the move was a ‘last minute decision’ and ‘shameful, reckless and risky’ (BBC, 2021).

In March of 2021, the Northern Ireland Government published its ‘Education Restart: Guidance for Schools and Educational Settings in Northern Ireland (4th Ed.)’ which updated guidance from September 2020. The main messages of the March 2021 publication were that, based on the most recent scientific and medical advice, there is relatively low immediate risk to children’s health, that there is some limited evidence that children play a lower role in transmission than adults, and, that in looking at countries that have had their schools open for some time it appears that school opening has little impact on community transmission (NI Department of Education, 2021).

A report by NI Barnardo’s in August 2020 entitled *New Term, New Challenges, New Opportunities*, based on a survey of 167 educational professionals across the administration revealed that 90% of respondents thought that the pandemic would have a negative impact on the mental health and well being of pupils (Barnardo’s NI, 2020). The report also highlighted the ‘lifeline’ that school represented for many children, a safe space, that when children actively returned to school following the pandemic, that would need to be further supported and enhanced, along with support for academic achievement. There were, in 2020, a number of strategies and policies developed in response to the impact Covid 19 had had on the region’s students. These included The Education Restart Programme in June 2020, the New School Day Guidance also published in June 2020, the Education and Training Inspectorates report on the challenges of blended learning, and research from Stranmillis University College Walsh et al, 2020) on the need to bridge the education gap and the recovery curriculum. Barnardo’s NI also highlighted problems relating to social and economic poverty for certain groups in the region, and the levels of digital poverty that has caused challenges for some students and families in trying to engage in education remotely.

The administration in Northern Ireland has, along with the UK Government, set up a range of funded support mechanisms for families during the pandemic, to support early childcare, digital poverty, student (university) compensation and others, but these approaches have, as there have been in the UK more generally, been the target of criticism as they have been seen as lacking in cohesion and consistency.

In summary, Northern Ireland, like Scotland, has had an impact not only directly from the pandemic on the education services it provides, but also from the regional or devolved decision and policy making process which has sometimes been out of step with the UK wide Government policy approach, which has been more subject to political and economic demands

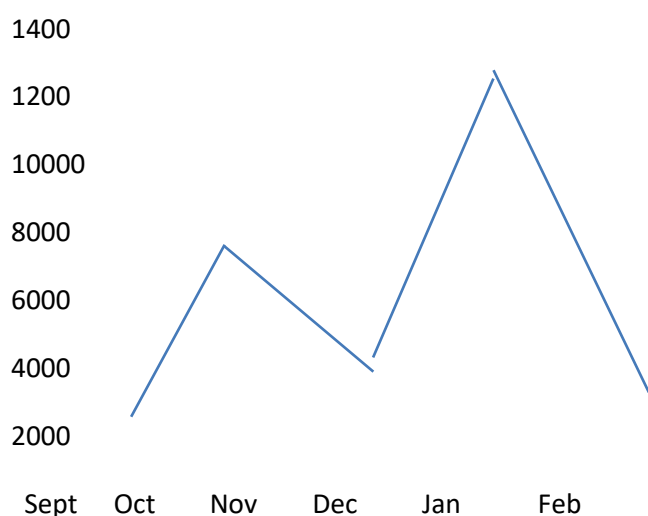
than those felt perhaps at devolved administration level. The need to get children back into schools has at times, in Northern Ireland, been in conflict with the need to be cautious in the light of increases in Covid 19 cases. The mental health needs have been seen to be of specific significance in the region.

Partner activities

The Ulster team directly contributed to the Emerging Themes project by providing a synthesis of their findings which also relate to the CORE Theme C TechSolns project. Ulster examined the use of technology in response to COVID-19, and related these technologies to the first wave (care homes) of COVID-19 and the second wave (schools and universities) of the pandemic. Specifically, from the 35 technology companies from within the NPA area that Ulster interviewed they were able to provide information on technology solutions which have been developed and deployed to ensure both social distancing and social connectedness in care homes, on campuses, the hospitality sector and transport as well as e-Health interventions developed to mitigate anxiety and stress. Ulster were able to provide insights into the acceptability and efficacy of these solutions and how the outcomes may be generalised. Synergies were drawn to the AET project from the TechSolns project and other CORE NPA-COVID response project themes, including the Economic Impacts of Technology Solutions and Communities Response and Resilience to COVID-19. As per the project outputs, Ulster engaged in stakeholder networking and provided input to the AET theme from an academic perspective. Ulster University both attended and presented at the Emerging Themes Webinar on the 22nd February and provided a comprehensive overview of the progression of the COVID-19 pandemic in Northern Ireland in both the First and Second waves and the vaccine rollout.

Ulster examined the use of technology in response to COVID-19, and related these technologies to the first wave (care homes) of COVID-19 and the second wave (schools and universities) of the pandemic. Ulster engaged in stakeholder networking and provided input from an academic perspective.

New Cases per week in Northern Ireland Sept 2020 – March 2021



PARTNER REPORT – SWEDEN

Care homes

Sweden has not performed well in relation to care home deaths from Covid 19. In September 2020, it was reported that nearly half of all care home deaths in the country from the virus were in care homes. There was criticism that the health care providers were not sending older people, especially those in care homes, to hospital for treatment, because there was concern that hospital beds especially in intensive care, would be overwhelmed by younger patients (France24, 2020). Additionally, the overall strategy developed by the Swedish Government at the start of the pandemic was felt to rely too much on the general population following a path of common sense, and that the Government's trust in this approach was misplaced (Wheeldon, 2020). One Swedish virologist stated that if Sweden had implemented "a broad testing programme, and especially in elder care", the authorities would have "known who is infected, and now, with antibody testing, who was infected" (Wheeldon, 2020).

In Sweden, the Government published in April 2020 a ban on visiting older people in care homes which followed an earlier formal recommendation that visits should not take place. This ban was lifted in October 2020 (Government of Sweden, 2020). In May 2020, the Government instructed the Health and Social Care Inspectorate (IVO) to analyse the implications of Covid 19 on quality and safety in health and social care. Additionally they instructed that 1000 care homes should be inspected during April and May 2020 to establish to establish learning and improvement measure (Government of Sweden, 2020a). The result of this review found that 40 municipalities were particularly vulnerable, with almost 70 per cent of all COVID-19 deaths occurring in homes for older people (Government of Sweden, 2020b)

In March 2021, the Government and Public Health Agency announced new recommendations for older people living in care homes who had been or were about to be vaccinated. There were a number of other policies developed, some would say rather late in the day, focusing on care homes and care of the elderly. These included, along with the vaccination approach, further resources that could be applied for by municipalities who were bearing the burden of costs for managing the pandemic at the local and regional level, and resources / payment for social care staff, and compensation for PPE required.

Education

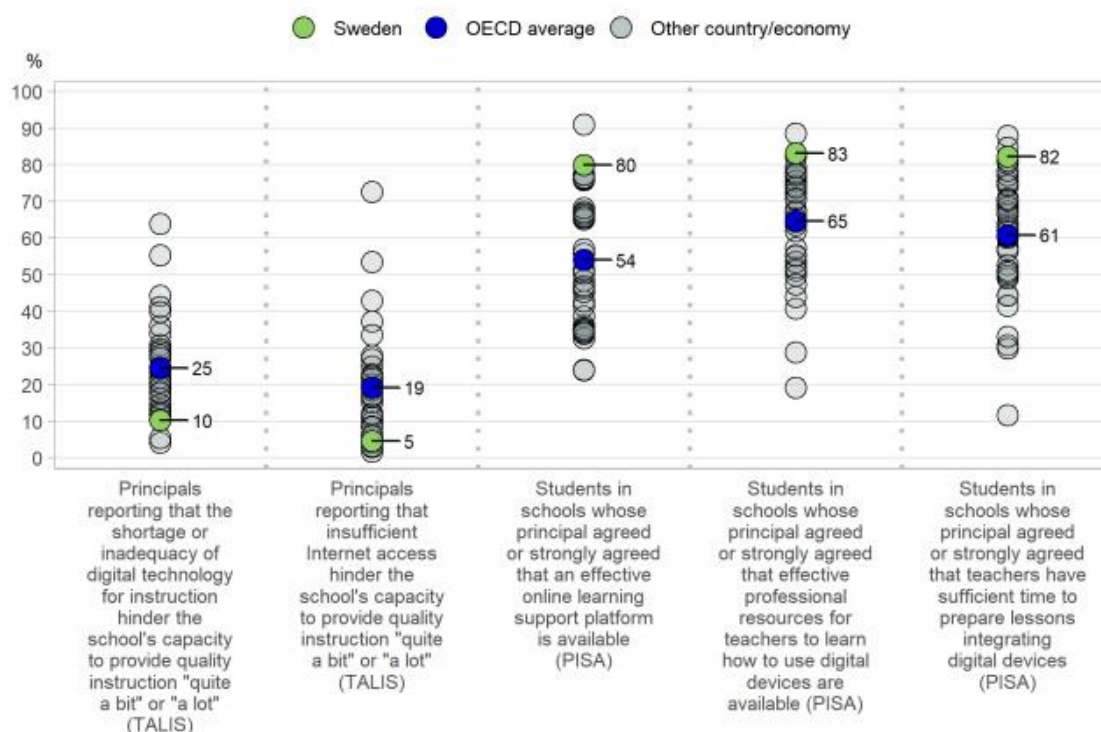
Sweden was one of the few countries that decided to keep preschools (generally caring for children 1 to 6 years of age) and schools (with children 7 to 16 years of age) open at the start of the pandemic in March 2020 (Ludvigsson et al, 2021). Between March and June 2020, some 15 children were admitted to ICU with Covid 19 none of which died. At the same time, less than 10 pre-school teachers and 20 high-school teachers were admitted to ICU. The authors of this letter suggested from their study that despite schools remaining open the incidence of CV19 amongst schoolchildren was very low, about 1:130000 ((Ludvigsson et al, 2021).

In Sweden, 37% of teachers reported that use of ICT for teaching was included in their formal education or training, which is lower than the average of the OECD countries taking part in TALIS (56%). At the time of the survey, 65% of teachers in Sweden felt that they could support student learning through the use of digital technology (e.g. computers, tablets, smart boards) "quite a bit" or "a lot", which is lower than the average of the OECD countries participating in TALIS (67%) (OECD, 2020).

By the second wave at the end of 2020, the Public Health Agency of Sweden's regulations and general guidelines relating to everyone's responsibility to prevent COVID-19 infections were in place (from 14th December 2020 – 30th June 2021). These expected individuals to follow the common approaches seen across many countries i.e. working from home, social distancing, wearing of masks and so on, although children were often exempt (Public Health Agency Sweden, 2021).

There has been criticism of the Swedish Government's approach to the management of the Covid 19 pandemic throughout the period of the virus. This has included the approach within the education sector – the lack of enforcement of regulations relating to ventilation and social distancing in schools, and that by April 2021 the opening up of schools had been implemented while other countries had increased lock-down and other restraining processes (Claeson and Hanson, 2021). The Swedish Health Agency have refuted the negative impact of Covid 19 on schoolchildren and education more generally, arguing that the closure, or not, of schools has had no measurable impact on the number of laboratory confirmed cases in children, and that the negative impacts of lockdown, both social and economic, far outweigh the benefits, including in relation to schools (Soderpalm, 2020). Other countries have reviewed the approach taken by Sweden and have based their own approaches to resumption of face to face education on the results found in Swedish studies (Northwest, 2021).

Even though there was an approach of keeping some children in schools, there was also an interest in determining the extent to which schools could use ICT to continue lessons on line. In the OECD report in 2020, there was work done to establish how ready teachers were likely to be for this approach based on the use of online learning for pupils.



School and student preparedness for ICT-based learning prior to the crisis (OECD, 2020:2)

This survey response clearly showed that Sweden was in a very good position in relation to other OECD countries to use online teaching as an approach despite the early commitment to maintain pupils in schools and colleges.

While there was a lot of negativity from other countries about how Sweden was handling the pandemic, more recently some commentators have pointed to some of the benefits of the Swedish approach. Fraser Nelson, for example, discussing the Swedish approach in the Spectator in May 2021, has pointed out that not only has the country had relatively few deaths in comparison to their high level of infections, but that Sweden avoided the kind of school closure damage that was felt in the UK and that the IFS expects will cost UK pupils some £350 billion in future lost earnings (Nelson, 2021). However, there is recognition that Sweden suffered badly from the third wave of the pandemic, and continues to see new variant infections. Despite this, on the 27 May 2021, the Swedish Government published a 5 step plan that plotted the start of the country's final easing of restrictions and move to stop these finally (The Local, 2021).

In summary, Sweden took a somewhat different approach from many other countries in general, and particularly in relation to education, where pupils under the age of 17 were largely able to remain in school, although there were some restrictions. There continues to be a lot of debate about whether this was a beneficial or detrimental move. There is no doubt that Sweden's approach failed in relation to the care home sector, but in relation to education it appears to some extent that the Swedish policy (alongside their vaccine programme) meant that there was less negative impact on school students than in many other countries (the UK, for example). There has been some criticism of a perceived inequity of impact in terms of certain sectors of Swedish society, specifically in relation to the poorer sections of society, but

overall it appears that the view from other countries feels that Sweden has managed the pandemic fairly well, and that education will come out of the whole pandemic much less damaged than in other countries.

National highlights:

From the 14th of December 2020, all high schools had to perform teaching digitally until mid January. In elementary schools, (13-15 years old) remained at home for 3 extra days after the semester started and had digital lessons. This was in parallel with different settings for elementary schools where the recommendation were to do as much as possible using distance learning;

Universities restricted meetings on campus areas and this continued until spring 2021. Most digital teaching;

Care homes were restricted to visits from spring until October, even then there were outbreaks during that period;

Vaccination started at the end of December and so far about 80 000 persons has been vaccinated. Initially the programme prioritised group of persons living in elderly care facilities;

From the 7 January new recommendations were introduced using masks in public transportation during rush hours;

There has been much reporting and debate among politicians and company executives around implementation/ enforcement of travelling and shopping recommendations

Regional progress in Västerbotten:

By the 15th of January 9 278 cases, 95 deaths, 3414/100 000 confirmed totally. During spring and summer, a low number of confirmed cases. When Umeå University re opened in September all students and staff were tested for Covid-19, out of 16 000 samples 6 were positive for Covid-19. During the last two weeks, 48 and 49 Västerbotten were in the top two regions in Sweden for testing per capita, approx. 4 000/100 000.

There is an increasing curve starting in week 44, the week after the schools autumn breaks. As now the top has been in week 50 with 986 confirmed cases. In Västerbotten there have been outbreaks in all municipalities. However one of these municipalities shows under 15 cases in total, Bjurholm. The trend was seen as positive with slightly decreasing numbers continuing into 2021.

The number by the end of February was for Västerbotten 14 742 with 142 deaths. The trend at the beginning of 2021 was that the increased numbers of infected continued to grow. The situation had not improved by the end of February and has increased even more afterwards. The vaccination programme has improved the situation and Västerbotten has managed to push down the numbers. This means that the situation has been brought under control. Even though we have experienced some of the hardest restrictions in Sweden.

There have been surges of COVID-19 in schools, at all levels. Restrictions remain until it is possible to go back to schools after the situation allows for a safe return.

Several elderly care facilities have had outbreaks. The biggest was in the rural municipality of Storuman had a serious outbreak at one elderly care home with 44 residents. 30 residents were confirmed positive and 9 died.

Overall, the country has recorded a significant death toll. However one region stands out and shows the opposite, Västerbotten. There is of course no direct answer to explain this. One explanation could be the progressive work that has been carried out in Västerbotten for the last 30 years. This is based on health examinations that provide indications for diseases and consequent lifestyle related actions that could enhance the personal health and life expectations. This is performed at the ages of 40, 50 and 60. And in Umeå municipality also for 70 years olds.

The pandemic has pushed digitalisation forward (post och telestyrelsen – Digital omställning till följd av COVID-19) and for the health sector has this change been significant. One thing that we knew about but has become clearer is the need for basic and standardised competence in relation to digitalisation of the sector. Most clearly is this in regards of care homes.

The Swedish Corona Commission published their first report in December 2020. With a focus on elderly care during the pandemic. It criticised the handling of the pandemic and that the strategy to protect the elderly had failed.

Elderly care has suffered from a high amount of sick absence among staff. This was solved by taking in substitutes who were given a fast track induction to be able to handle basic hygiene routines for example.

Emerging themes from Västerbotten's perspective:

The fact that one of our municipalities shows almost no cases, what's the key?

There have been cases connected to staff working at several care homes that has spread the virus, which has evolved into a debate and new policy of temporary staff. What is their role in the future, how should this be restricted? Can this be restricted and then how?

What's the implications on new technology? How has it been used so far and what are the development?

Implications for the students, how will this effect future studies and study settings?

No apps in Sweden for tracing and warning, what's the implication? Can there be conclusions drawn here from other countries that have been using this?

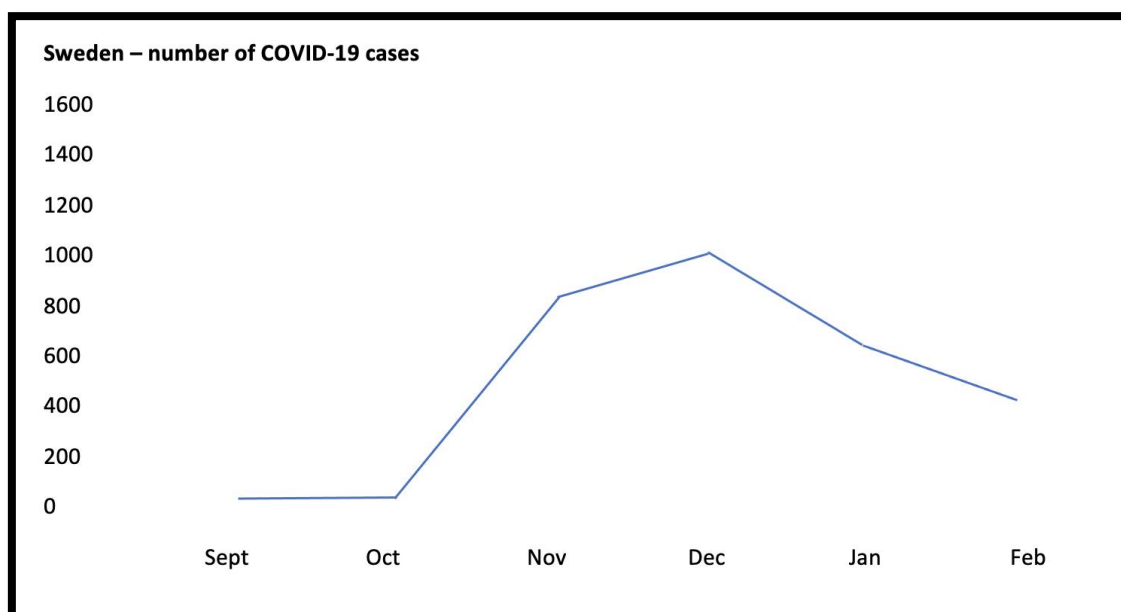
Vaccination skepticism, the difference between different socio-economic settings?

Vaccination cards? What will the implication be of this during the summer?

Weather related? Cold, dry, could be further elaborated on.

Testing process, how was it and how can it be improved?

What is the relation with resistance and public health? Looking at Västerbotten health exams.
Could this be compared to other regions?



Conclusions

Four different nations have responded to the management of Covid 19 in the care home sector in similar (banning visitors, shutting care homes, trying to manage cleaning and PPE) ways, not always successfully, especially earlier on in the pandemic. As time has gone on, it is clear that the management and policies developed, both at Government level, but also at lower level administrations has become more focussed and more effective.

That there have been mistakes made at Government level is also a common feature, but in Scotland and Northern Ireland this was centred around the movement of people from hospital into the care home sector without sufficient testing, preparedness (PPE/isolation) or resources, whilst in Sweden and Finland it seems to have focused more on the confusion generated by Government guidance and reliance on soft law.

As the pandemic has progressed, the approach of all institutions has become more focussed, more targeted and responsive to the needs of the care sector, but it is perhaps a measure of

By April - May 2021 a number of guidelines for practical activities and management around Covid 19 had been published in Scotland by Education Scotland, including guidelines for physical education and for home economics, and dance guidelines, drama guidelines and music guidelines, which added to the Scottish Schools Education Research Centre (SSERC) guidelines on 'back to school', 'practical work', and, guidance for school technicians returning to school after lockdown (Education Scotland, 2021).

Scottish Government policy has also recognised and delegated decision-making responsibility to Local Authorities and local public health experts to respond to local outbreaks and to provide a rapid response where required (Scottish Government, 2021a). In relation to guidance for colleges, the Scottish Government's stance in May 2021 was that students should only be on campus for subjects having a practical component, otherwise all learning should be access through on-line systems (Scottish Government, 2021b). The most recent update of the *Advice & Guidance: Coronavirus (COVID-19): universities, colleges and student accommodation providers* initially published in December 2020, was at the beginning of June 2021, and states that these institutions should operate within the protection level of their local authorities i.e. those in levels 0 to 2 should operate a blended learning model and those in higher levels should operate a restricted blended learning model. There is a responsibility placed on the education institution to ensure students have sufficient equipment to engage in such blended learning, and that they should also make sure that students do not suffer from digital poverty. They should also avoid large scale face to face teaching, except where practical subjects require such learning (Scottish Government, 2021b). There is also advice in relation to student travel and use of transport – institutions are urged to encourage students to use bikes or walking where they can, to drive in a private car for longer journeys and to follow all distancing and other rules when using public transport, and to use the Test At Home Before Travel Scheme (free PCR testing) before they travel (Scottish Government, 2020b). One of the ongoing issues that has been subject to criticism over the period of the pandemic in Scotland has been the handling, some would say the mishandling, of the examinations and assessment process for children and students. The initial policy that emerged from the Scottish Government said

that for the first time since their start in 1888, the examinations for all relevant pupils would not go ahead and would be replaced by a set of teacher assessments (Swinney, 2020). The body responsible for this alternative approach was the Scottish Qualifications Agency (SQA), and the central criticism of their approach was that the algorithm they produced to ensure rigour and equity in the grading system for Scottish pupils did not fulfil its function. Indeed, the algorithms were highly controversial (Learmonth, 2020), and were shown to result in a radical departure from teacher estimates, and an inconsistency across the local authorities and even school catchments – with areas that had higher incidence of children from poorer families having greater downgrading than children from more affluent areas (Imrie, 2020). As a result of the widespread unhappiness of this SQA based approach, the Scottish Government changed their policy in August 2020 and stated that the results would be based only on teacher assessment. In 2021, there were further concerns as in February 2021 the Scottish Government decided to cancel examinations for the pupil cohorts for 2021. This decision has been followed by months of criticism as a perceived inequitable system has put increased pressure on schools, pupils, and families, and has finally resulted in the Scottish Government deciding to replace the SQA completely with another agency (BBC, 2021).

There has been some degree of lockdown in each country. However, this ranged from practically no closure (in Sweden) to quite drastic approaches in the UK devolved administrations. In the two Nordic nations, the use of online remote teaching was quite successful, whilst the impact of digital poverty in the Celtic nations was more acutely felt. There continues to be much debate about the overall impact of policies of lockdown or no / little lockdown, and how successful these have been in controlling the health impacts of the pandemic. What these different approaches also seem to show is that there is a trade-off between responding to health concerns and the maintaining of educational progress, long term economic impact and the social and mental impacts on students at every level in educational systems.

With the exception of island communities (e.g. our Associate Partners in Greenland, Iceland and the Faroe Islands) with strict border control, our shared experiences indicate that there have been no models in partner countries that have worked any better overall. Rather, there are examples of models that have not worked well e.g. herd immunity in Sweden and a number of instances where symptomatic care home workers have been instructed to continue turning up to work. There are also numerous anecdotal accounts of care home workers not reporting symptoms for fear of losing income from what are generally poorly paid jobs.

Towards the end of the project, all partners reported increased levels of vaccination and testing for care home residents, workers and visitors. In Highland Scotland this has coincided with a marked decrease in the number of COVID-19 cases.

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Appendices

- 1. Introductory Webinar (presentation slides)**
- 2. End of project webinar (presentation slides)**
- 3. Finnish report in full**

Appendix 1 - Introductory Webinar

NPA COVID-19 Response Group Emerging Themes



Analysing emerging themes in the 'new' environment of living with COVID-19, through the twin lenses of care homes and university campuses

Project timescale: November 2020 – February 2021

Lee Heaney, Innovation Manager, NHS Highland RD&I & Alan White – Director, Highland Health Ventures



NPA COVID-19 Response Group Emerging Themes



NHS Highland and Highland Health Ventures will focus on:

- A literature review including media coverage
- Any impact from highland students returning home for Christmas;
- The experience of students at The University of the Highlands and Islands (UHI);
- The paradox of protecting care home residents whilst enabling families to be close to their loved ones;
- The acceptability of the pilot of geofencing tech at a highland care home.

And

- Coordinating the activities and inputs of partners and associates;
- Hosting webinars;
- Compiling the final report.



NPA COVID-19 Response Group Emerging Themes



Ulster University will:

- Consider NI experiences of care home/university staff-students;
- Specifically clinical aspects, health/wellbeing, technology solutions, citizen engagement/ community response; economic impacts.

And

Gather data, inform and analyse from other thematic projects, from **Re-Mind** and **TechSolns** (technologies) e.g.

- Tech to manage distancing in care homes/campuses/hospitality whilst enabling visits;
- e-Health for reduction of anxiety/stress;
- Apps for managing local spikes/circuit breakers;
- Long-COVID management;
- Contribute to webinars and final report.



NPA COVID-19 Response Group – Emerging Themes



Region Västerbotten, Norrlands universitetssjukhus will undertake:

- A literature review, both articles, reports and from other media, Sweden with a focus on Västerbotten;
- Prevalence studies at Umeå University campus before semester start, fall 2020;
- A review and report of where the outbreaks have been in the region;
- Interviews to examine changed behaviour, implementation of new technology and new ways to carry out care.



NPA COVID-19 Response Group

Emerging Themes



The CoE AgeCare (Tampere University & University of Jyväskylä) group will:

- Collect information from scientific research and reports, media coverage, policy recommendations, ombudsman's decisions on citizen's rights and legality of decisions etc.;
- Evaluate information and report on national situation and societal responses and solutions;
- Participate in webinars and comment on data collection plans;
- Contribute to the final report in March.

Target groups:

- Care homes (staff, residents and family members);
- University students.



NPA COVID-19 Response Group

Emerging Themes



Outcomes

The project will gather data, analyse and assess how the experience of the pandemic in care homes and on university campuses can be informed by the other thematic areas and how good practice in these areas can be generalised to help build resilience during this second wave of COVID-19 and future pandemics/epidemics.

We propose to host webinars as a platform for such collaborative dialogues under the guidance of the CoRE project. These will be reported on in our final report, in articles and at conferences.



NPA COVID-19 Response Group

Emerging Themes



Emerging Themes Proposed Timeline

Task/Action	November '20				December '20				January '21				February '21			
PR, Core Meeting, Lee Heaney and Alan White to attend																
Appoint theme co-ordinator																
Confirm members from non-partner countries																
Theme group - virtual town hall briefing and discussion																
Liaise with Umbrella Group on outputs and budget																
Develop data gathering methods and strategy																
Confirm stakeholders with partners																
Recruit participants for virtual focus groups																
Focus groups and interviews in partner countries																
Thematic Analysis of data																
Webinar 1 – Umbrella project presentation of analysis +Q&A																
Write up Findings, Discussion and Conclusion																
Webinar 2 – All partners and stakeholders +Q&A																
Submit revised abstract to Arctic Assembly conference																
End of project PR																
Project partners to submit reports to NPA																
Continue to liaise with COVID-19 Response Group (via Basecamp)																
Contribute to partner country government committees																
Work with Umbrella Project to report progress																
Liaise with NPA secretariat on progress and any issues arising																



Appendix 3 - End of project Webinar

Welcome!

NPA COVID -19 RESPONSE GROUP EMERGING



Northern Periphery and
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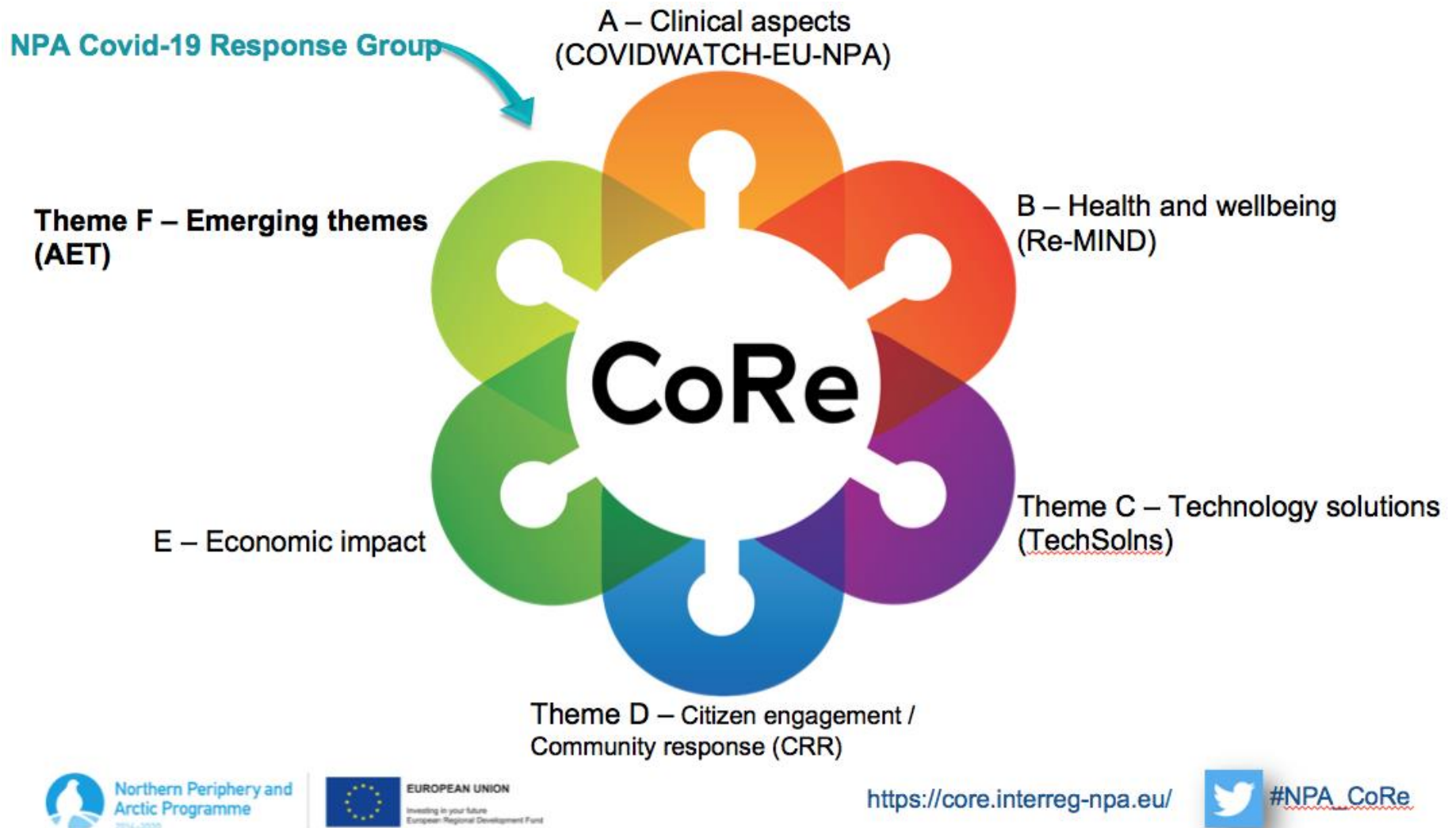
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AET – Analysing Emerging Themes in the environment of living with Covid-19 through the twin lenses of care homes and university campuses



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Partners and Associated Partners: NHS Highland, Scotland; Highland Health Ventures Ltd, Scotland; University of Ulster, Northern Ireland; Tampere University & University of Jyväskylä, Finland; Norrlands Universitetssjukhus – Norrland University Hospital, Nus, Sweden.

Project Aim: To examine the experiences of care home staff, university staff and students during the COVID-19 pandemic and how these relate to society as a whole through an analysis of the five other key project areas (clinical aspects, mental wellbeing, technological solutions, citizens' engagement and economic impact).

How are aims achieved: Hosting webinars, conducting one to one interviews followed by a thematic analysis.



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William Duffy, James Gillespie,
Joan Condell
Ulster University



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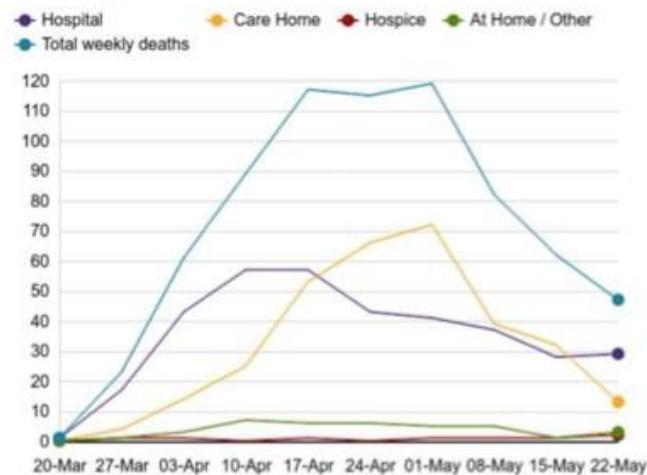


NPA COVID-19 Response Group Emerging Themes

Northern Irish first wave

Coronavirus in Northern Ireland

Deaths registered where Covid-19 is recorded on death certificate



Data up to and including week ending 22 May

Source: NISRA

- On 29th May NISRA reported 716 COVID-19 deaths since start of pandemic; half of the deaths (53.1%; 380) were in care home residents
- **To Combat:** Care home visitations banned; virtual visits using video technology encouraged by PHA
 - Ethel; Facebook Portal; Kraydel

NPA COVID-19 Response Group Emerging Themes



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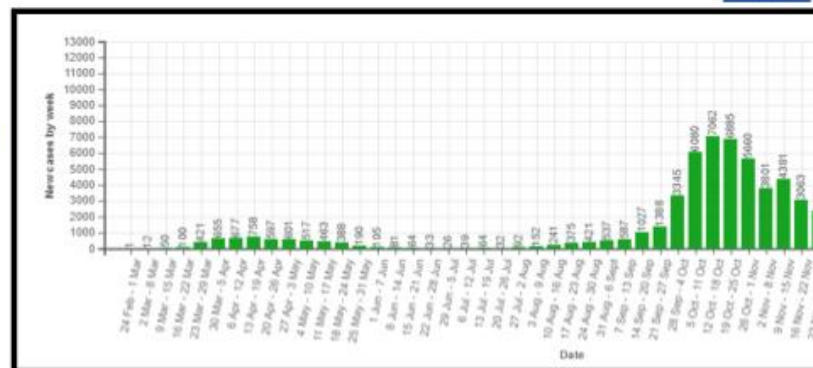
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Northern Irish second wave

- Second wave - September 2020 – November 2020
- 301 per 100,000 population (20-49 age group)
- 169 per 100,000 population (50-69 years)
- 152 per 100,000 population (0-19 years)
- 82 per 100,000 population (70+ years)

To combat:

- Ulster University/QUB - online delivery
- STOPCOVID NI
- QUB rent break
- On-campus asymptomatic testing
- Walk-in testing units



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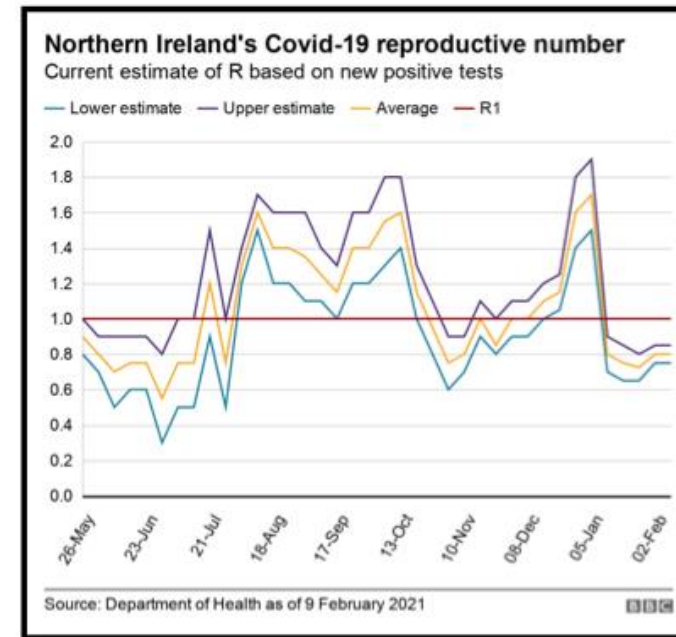
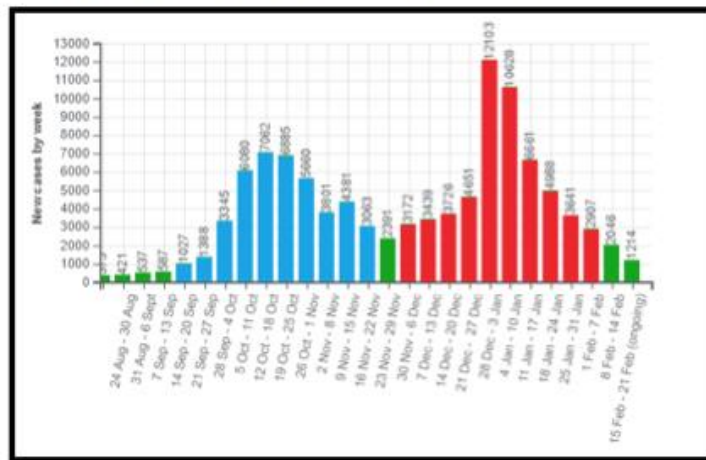
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NPA COVID-19 Response Group Emerging Themes

Northern Irish third wave

- Third wave – December 2020 to February 2021
 - Peaked just after the Christmas period
- ROI border/airport fines introduced

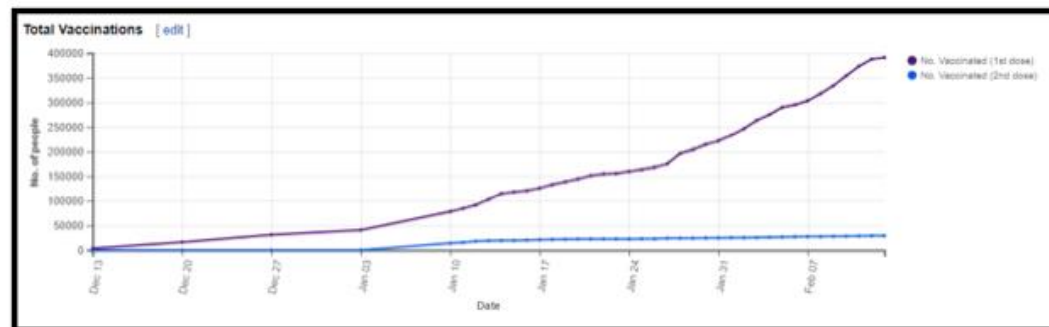




NPA COVID-19 Response Group Emerging Themes

Northern Irish vaccination roll-out

- Vaccines
 - Pfizer-BioNTech – approved 07/12/20
 - Oxford/Astrazeneca - approved 26/12/20
- Phased prioritized rollout



Northern Ireland vaccine programme	
Indicative timing and details of phases	
Phase 1 (Priority groups 1 and 2)	December 2020
Care home residents	12,000
Care home staff	20,000
Health and Social Care staff	70,000 +
Over 80 year-olds	72,000
Phase 2 (Priority groups 3 to 6)	February 2021
Over 75 year-olds to 65 year-olds	233,000
Clinically vulnerable under 65 year-old	
Extremely vulnerable	95,000
Moderately vulnerable	135,000
Phase 3 (Priority groups 7 to 9)	Spring 2021
Over 60 year-olds	106,000
Over 55 year-olds	125,000
Over 50 year-olds	135,000
Phase 4 (Mass vaccination programme)	Summer 2021
General population not already vaccinated	
Phase 5 (Mass vaccination programme)	2022 onwards
Routine vaccination programme	
Source: Department of Health	



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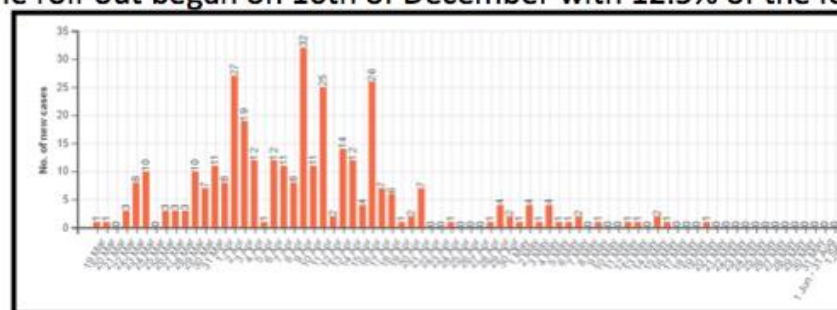
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COVID-19 in the Isle of Man

- First case reported on the 19th March 2020
- Borders closed to non-residents on 27th March
- 14-day self-isolation period required on arrival

Outlook

- Due to the measures taken, there are no restrictions on the island, only restrictions on entry.
- Pfizer-BioNTech vaccine roll-out began on 16th of December with 12.5% of the IoM population as of 13 February 2021



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Outi Jolanki, Tampere University
& University of Jyväskylä,
Finland, Lina van Aerschot JYU,
Antti Hämäläinen JYU & Sari
Vallenius, JYU

NPA COVID-19 Response Group – Emerging Themes



- Overall situation of the Covid-19 pandemic:
 - Confirmed cases 51 500 (18.2.2021)
 - Jan-Feb 2021 the number of incidents rising; new virus variations spread
 - Most new cases in capital area of Helsinki and coastal and border areas south-west and north-west (Finland-Sweden border)
- No increase in overall mortality 2020
- New cases mainly among children and young adults; few people hospitalised (in 19th Feb: 132 in hospital, 30 in intensive care), total sum of deaths 723
- Regional outbursts contained quickly, albeit new virus variations may change the situation



NPA COVID-19 Response Group – Emerging Themes



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NPA COVID-19 Response Group – Emerging Themes



- Vaccinated 4.2 % of population, regional differences in pace, priority people + 80 and social and health care workers
- Mobility restrictions continue: 10 pers/max; public spaces & services mainly closed (swimming halls, theatres, day care centres), private business limited (restaurants, gym etc); trade schools and universities mainly online teaching, distant work recommended to all
 - Local variations in restrictions; most strict in the capital region
- Care homes allow visits (1-2 visitors at a time)
- **Children's day care, primary schools and high schools open**
- **Reported problems** with mental health and social wellbeing of children, students, working people (incl. care workers) + people in vulnerable sit.
- **Reported delays** in health care access and treatment of chronic conditions





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Nils Sandberg, Region Västerbotten, University hospital of Northern Sweden



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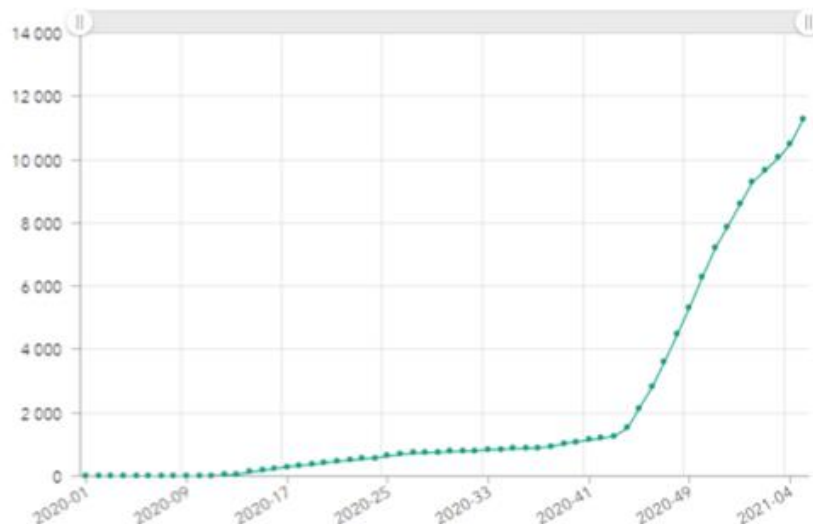
NPA COVID-19 Response Group Emerging Themes



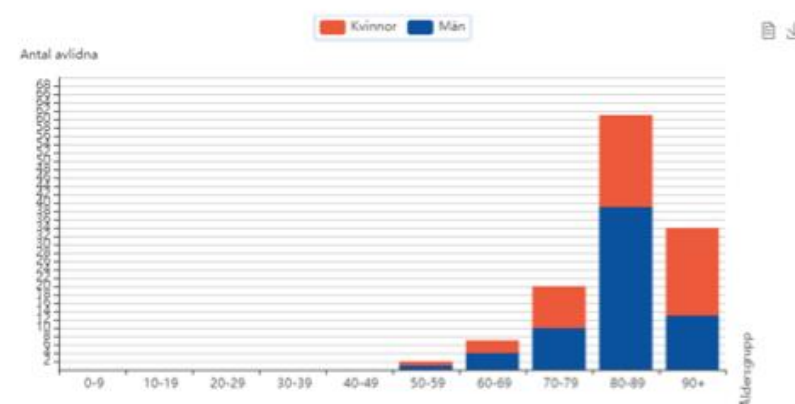
- Distance education for students
- No more than eight are meeting, paired up
- Examples in clinical practice that has been a driver for spread
- Emerging theme, how to develop clinical practice without in real life meetings
- Under deadliness in Västerbotten, as the only county in Sweden – VHU and healthy living?



NPA COVID-19 Response Group Emerging Themes



Antal avlidna fördelat över åldersgrupper och kön *
Totalt antal avlidna: 57 kvinnor, 67 män



NPA COVID-19 Response Group Emerging Themes



- Distance education for students
- No more than eight are meeting, paired up
- Examples in clinical practice that has been a driver for spread
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- Under deadliness in Västerbotten, as the only county in Sweden – VHU and healthy living?



Alan White – Director, Highland Health Ventures

Project timescale: November 2020 – February 2021



NPA COVID-19 Response Group – Emerging Themes

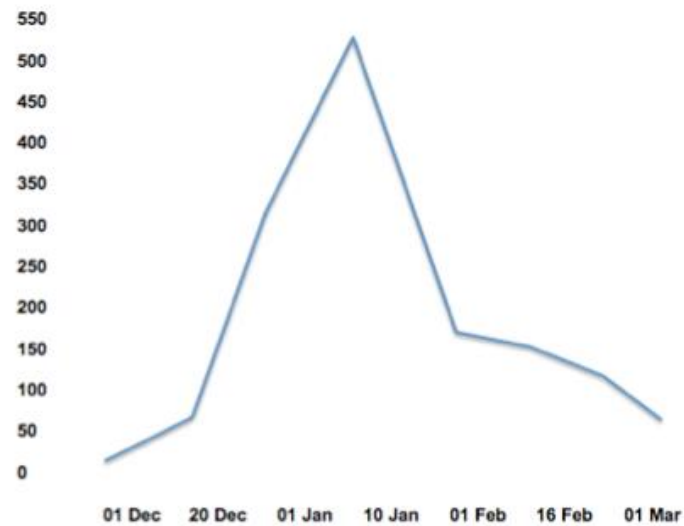


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Number
of new COVID-19 cases
December 2020– March 2021



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NPA COVID-19 Response Group – Emerging Themes



Students returning home to the Highlands...

- Negative impacts of covid/lockdown to education, social life and mental health
- Generally not returned to campus unless had to for study or work
- Reasons for testing when going home:
 - Seeing older family, peace of mind, strict parents, because it was available, perception of higher risk of exposure (e.g. social life or hospital work)
- Reasons for not testing:
 - Perception of low risk of exposure, didn't know about it, didn't have to test



NPA COVID-19 Response Group – Emerging Themes



Northern Periphery and
Arctic Programme
2014–2020



EUROPEAN UNION
Investing in your future
European Regional Development Fund

Lockdown through the lens of Highland care homes...

- More rapid mental and physical deterioration in relative than would have otherwise occurred
- Limited contact is not quality contact – It can be distressing, it is serious and distant
- No testing
- No indication yet of what vaccination means for relatives, quality of life their relationship with them



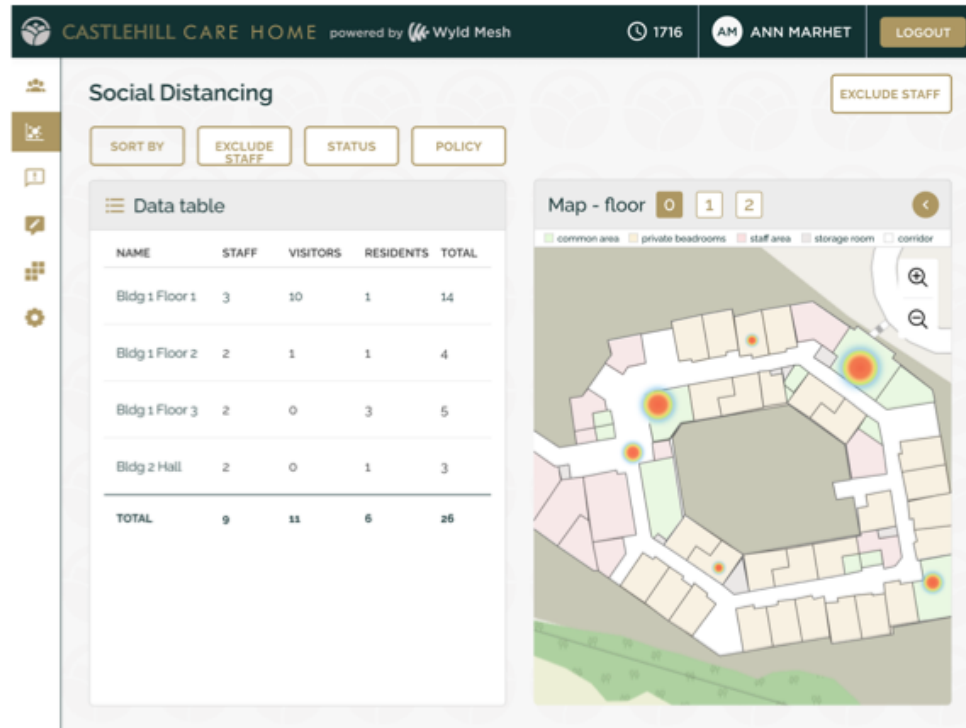


Digital Innovation to help us all live more safely today and in the future

A disaster recovery plan to help reduce the spread of CV-19 and influenza to protect staff, residents and visitors and help enhance compassionate care in vulnerable setting

Alastair Williamson CEO Wyld Networks

Digital Innovation for care homes



Combining a mobile app, wearables and positioning technology to help reduce the spread of contact viruses such as CV19 and Influenza and protect residents, staff and visitors

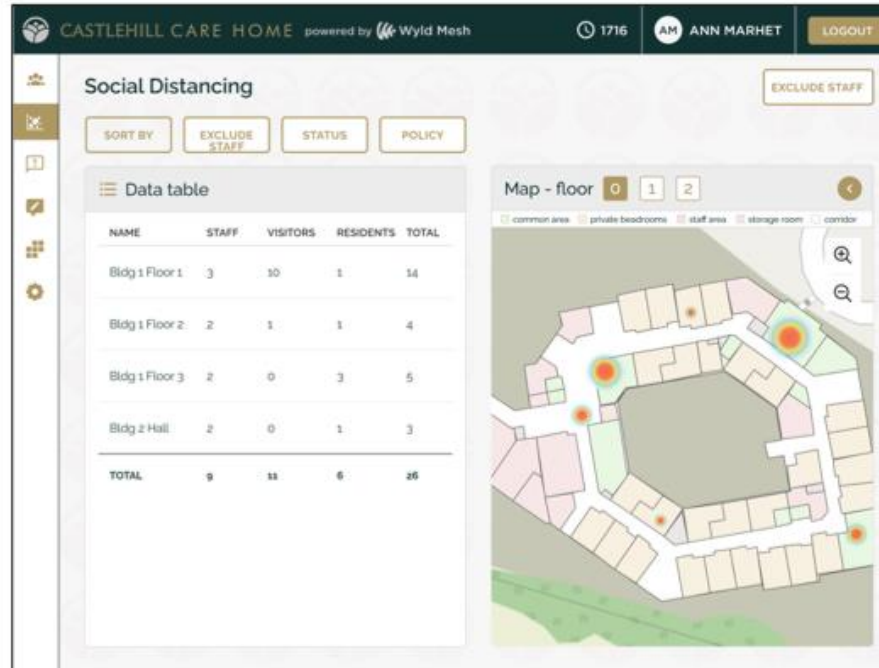
- Provide safe access to care home and sensitive areas based on health status and policy
- Provide social distancing monitoring and alerting
- Provide a communication network for messaging, guest books, and safety check-In for staff and visitors
- Provide reports and metrics for compliance



Components of the solution



Care home Mobile App



Care home administration portal



Wearable device for non-smartphone users





The University of New England's Covid -19 Response



Core Principles

Transparency Data Based Decision Making Communication



WEEKLY COVID-19 NEW CASES REPORTED: WINTER-SPRING 2021

Period Beginning- Ending	Total Tests	Biddeford Campus Students	Biddeford Campus Employees	Portland Campus Students	Portland Campus Employees
2/4 - 2/10	405	3	0	0	0
1/28 - 2/3	294	7	2	3	1
1/21 - 1/27	412	3	1	1	1*
1/14 - 1/20	1,734	2	0	4	0
1/7 - 1/13	724	6	1	0	0

MENU X	
UNE ONWARD	
THE UNE ONWARD PLAN –	
The UNE Onward Plan	
Academics and Research	
Employees	
Health and Safety	
Student Life	
Student Services	
Tracking Plan Updates	
UNE ONWARD PROMISE	
UPDATES	
CASE REPORTING	
FREQUENTLY ASKED QUESTIONS	

Thank you

Discussion time – any questions?

Appendix 5 - Finnish report in full

Report on NPA-project: Analysing emerging themes in the ‘new’ environment of living with COVID-19, through the twin lenses of care homes and university campuses, March 2020 – April 2021 in Finland

Work group: Outi Jolanki TAU & JYU, Lina van Aerschot JYU, Antti Hämäläinen JYU, Sari Vallenius JYU, Annririikka Rantala TAU

Development of Covid-19 situation in Finland

Finland is among the countries with rather low number of people infected and hospitalized due to coronavirus infection. The death toll has also remained low throughout the pandemic in spite of some worrying outburst of infections in care homes during Spring 2020. The beginning of May 2021 has shown a decrease in infections and hospitalized people after a third wave which begun at the end of January. All in all, Finnish health care system and the actions of national and local authorities and politicians have shown an ability and flexibility to collaborate to meet the challenge of this kind of crisis situation. The Finnish citizens have for the most part followed the rules set by national and local authorities and enacted meeting restrictions in their daily lives. Finland is also a sparsely populated country with large semi-rural and rural areas, somewhat small cities, towns and villages where social distancing is relatively easy to maintain. This is reflected in the fact that the whole time of the pandemic, the most populated areas with most border mobility that is the Capital area of Finland (cities of Helsinki, Espoo and Vantaa), and border areas in West-Coast and South-Coast as well in Northern Finland in West-Lapland have had the most consistent high number (higher than in other parts of the country) of Covid-19 cases. In these areas most cases have taken place among younger people, students or working age people, so the death tolls in these areas have not risen dramatically.

The situation at the end of April 30th 2021:

Number of infections and hospitalized people declining, occasional spikes in number of cases have not resulted equivalent rise in death toll. The overall mortality was increased with 1% in 2020.

- Reported cases in total: **86,808**
- Tested samples in total approx. **4,471,500**
- Cumulative number of reported deaths associated with the disease: **914**
- Number of patients in specialised medical care wards: **59**
- Number of patients in primary healthcare wards: **36**
- Number of patients in intensive care: **31**

The situation in May 11th shows the number of cases 88990, in hospital 114 patients of which 26 persons in intensive care, and the death toll of 927, which indicates that the

third wave is easing towards summer. As result, Finland is moving on to a phase where national level restrictions are being lifted off and regional restrictions are assessed and placed according to development of local pandemic situations.

TABLE 1. Development of cases in Finland February 2020 - April 2021 (source: The Finnish Institute of Health and Welfare)

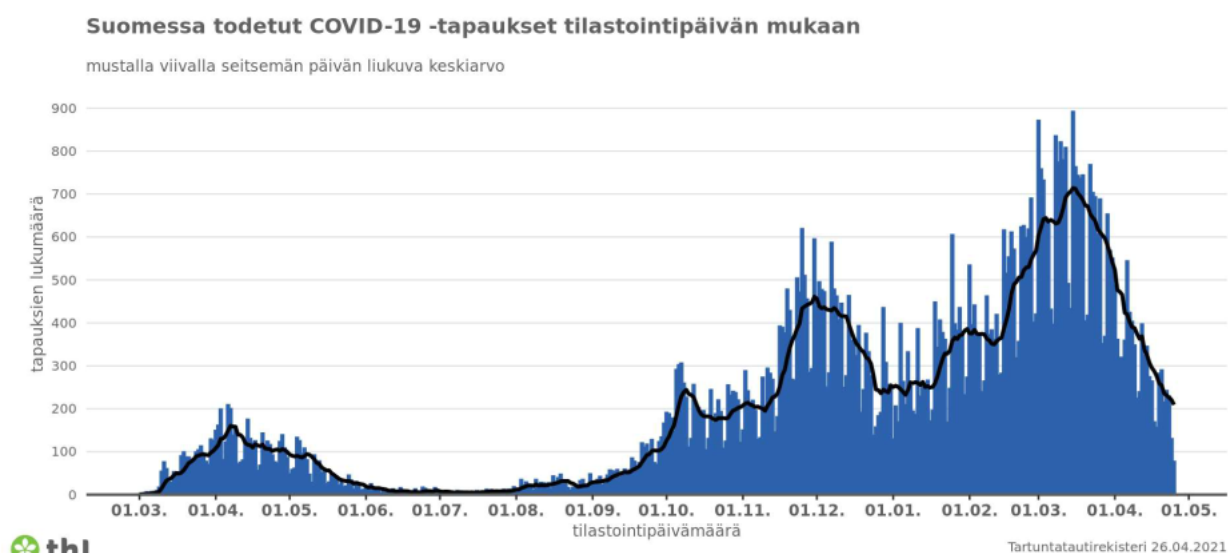


TABLE 2. Covid-19 related deaths in Finland March 2020 – April 2021 (source: The Finnish Institute for Health and Welfare)

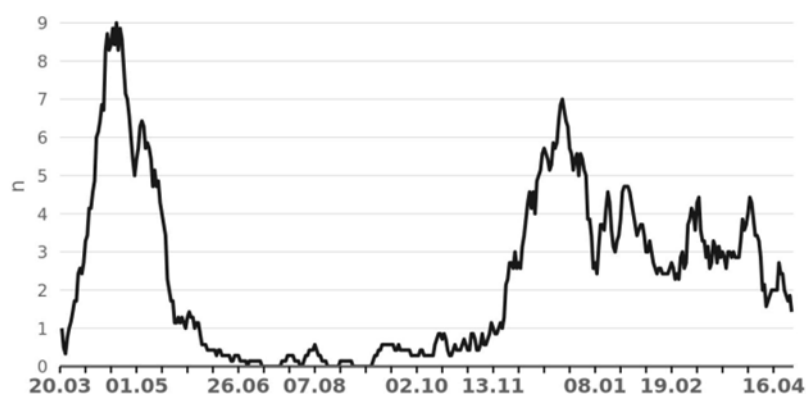
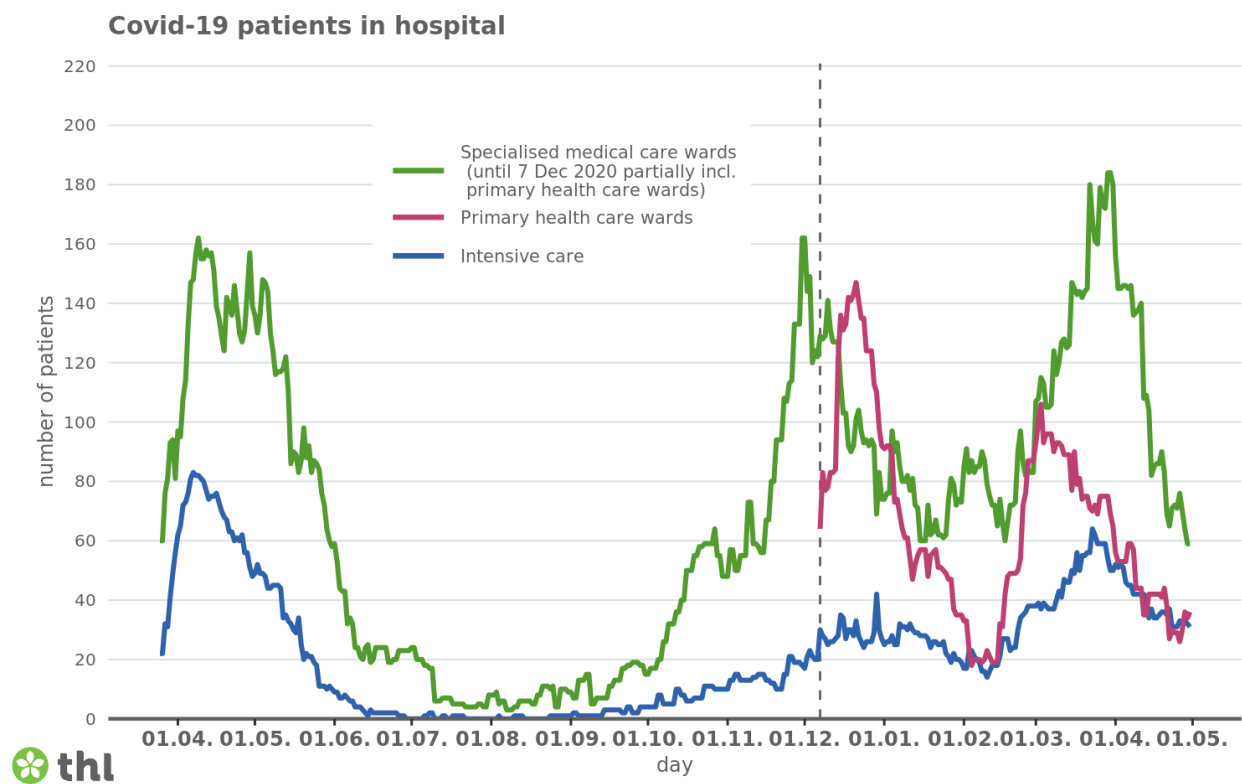


TABLE 3 Covid -19 patients in hospital in Finland - April 2020 – April 2021
 (source: The Finnish Institute for Health and Welfare)



In reference to the mobility restrictions and other actions taken to protect the target groups of this report namely students and older people residing in care homes, Finland's strategy was first at the spring 2020 to enact nationwide restrictions which treated all regions and all age-groups in a similar manner. The exception to this was the recommendation targeted to people +70 years of age to avoid contacts to other people and prohibited any visits to care homes. After summer 2020 visits to care homes were allowed again after a wide public debate on the harmful effects of meeting restrictions to the residents' mental health and wellbeing. In addition, the Deputy Parliamentary Ombudsman (AOA 2020b) received several complaints of the care homes visit bans and ruled them to be unlawful.

Distance education has been carried out with the help of digital devices and e-learning systems since spring 2020 but has been eased with certain groups of pupils and students. Still in spring 2021 most university students remain in distant education and the situation is expected to continue till Autumn 2021. Finland switched to distance education in March 2020. The first period of distance education lasted from March to the end of May (Finnish Government, 2020a & 2020b). After summer 2020 the primary schools have been mainly open while second and higher education organisations have been mainly on distance education. The marked change to 2020 in spring 2021 has been that of the restrictions and recommendations currently in place, some apply to all of Finland while others are regional. The regional restrictions and recommendations in place depend on the phase of the epidemic in the region in question. In the acceleration phase of the epidemic, the Government recommends that higher education institutions switch to distance education, considering the need for essential contact teaching. In the spreading phase of the epidemic, the Government recommends that upper secondary schools switch to distance learning, considering the need for essential contact teaching. (Finnish Government, 2020c & Finnish Government, 2021d.)

In the beginning of 2021, many different virus variants were detected around the world and also in Finland. Preventive measures were introduced to stop the spread of these variants in Finland. In February 2021, the government of Finland decided to impose more stringent measures to combat the COVID-19 pandemic and to transition to tier 2 of prevention measures (Finnish Government, 2021e.). A week later, on Monday 1 March, the Government declared a state of emergency throughout the country. The Government proposed that food and beverage service businesses be closed for a period of three weeks from 8 to 28 March. The proposed closure did not apply to areas where the epidemic was at a stable level. (Finnish Government, 2021f.) In addition, with effect from 8 March 2021 and as part of the additional measures for tier 2, the upper grades of comprehensive school and the upper secondary schools were instructed to switch to temporary distance learning in areas where the epidemic is in the community transmission or acceleration phase (Finnish Government, 2020d).

At the beginning of May 2021 with decreasing number of cases the Government has eased the meeting restrictions to maximum of 6 people indoors, or in areas with easier situation 10 people maximum in same space. Younger people and children have been able to attend shared activities (hobby groups, sports) outdoors and gradually indoors

after March, while people of working age and older people have been subjected to more strict meeting restrictions, care homes residents have been allowed to take visitors but limited numbers (in practice 1-3 persons at a one time). Distant work has been recommended to all for whom it is possible. In May 2021 with increased vaccination rates Finland is heading towards easing the restrictions even if the Government, ministry of Health and Social Affairs emphasise the need to be prepared to enforce them again, if number of cases begin to rise again.

Covid-19 vaccinations in Finland

Vaccinations in Finland were started in January 2021. COVID-19 vaccination are offered to all persons aged 16 or older who are willing to take the vaccine. Finland has not seen any large-scale problems in acceptance of the vaccines or any systematic refusal to take the vaccines. Some small demonstrations against vaccinations has been organized in the capital area and the topic has been discussed in media, but the vaccinations are proceeding at the predicted rate.

Vaccination begun with older people in care homes, older people aged 80+, people with a higher risk of severe COVID-19 disease and with those being exposed to the virus at work. Vaccination rates have varied regionally, but overall roll-over of vaccination is progressing well and in 30th April 88% of people over 70 were vaccinated, and 57% of people over 50. Situation update of population vaccinated (11.5.2021) is first vaccine dose 35,4 %, second vaccine dose 4 %. Based on the current vaccination rate it is predicted that Finland will have 70% of its population vaccinated by the end of July 2021.

TABLE 4. Vaccinations (30.4.2021)(source: The Finnish Institute for Health and Welfare)

Age groups	First vaccination dose	Second vaccination dose
	Coverage	Coverage
0-15		
16-19	2,8	0,4
20-24	5,9	1,4
25-29	7,9	2,5
30-34	8,7	2,7
35-39	10,5	3,0
40-44	13,5	3,2
45-49	16,9	3,6
50-54	23,8	3,7

55-59	32,3	3,9
60-64	52,3	3,5
65-69	68,8	1,3
70-74	86,7	1,5
75-79	89,6	3,4
80+	88,8	15,6

2) The legislation and regulations concerning the actions and restrictions related to controlling the Covid-19 pandemic

The highest power belongs to the Finnish citizens which is executed by the Parliament which oversees the Government and administration both politically and from the viewpoint of legality (Parliament 2021, 2021a). The supreme overseers of legality are the Chancellor of Justice and the Parliamentary Ombudsman (Parliament 2021b). During the pandemic the role of the Ombudsman and two (2) Deputy Ombudsmen as overseer of the legality of the measures affecting the citizens fundamental rights has become particularly significant. A citizen or a group of citizens can file a complaint on his/her own/their behalf or on the behalf of someone else, if they feel that a public authority or an official has not observed the law or fulfilled a duty, or if the complainant suspects that fundamental and human rights have not been appropriately implemented. The investigation is free for the complainant. The role and judgement of Parliamentary Ombudsman proved to be very pertinent in resolving the legality of care home visit restrictions during the pandemic.

When preventing communicable diseases, the authorities hold specific responsibilities which are stated in the Communicable Diseases Act (Tartuntatautilaki 2016/1227, sections 6-13; STM 2021). At the national level, the authorities are *the Ministry of Social Affairs and Health (STM)* and *the Finnish Institute for Health and Welfare (THL)*. At the regional level, they are *the Regional State Administrative Agencies (AVI)* and *the health care district consortiums* and at the local level, *the municipalities*. (Tartuntatautilaki 1227/2016, sections 7-9; STM 2021a, 31.) Thus, in addition to the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare, 7 Regional State Administrative Agencies, and 21 Health Care districts (STM 2021b) and 309 municipalities (Kuntaliitto 2021) participated in enacting actions and overseeing the situation in their own fields of operation.

In addition to the Communicable Diseases Act the Emergency Powers Act offers a legislative tool for the Government in crisis situations. The purpose of the Emergency Powers Act is to secure the livelihood of the population and the national economy, to maintain legal order and fundamental and human rights, and to safeguard the territorial integrity and independence of Finland in emergency conditions (VNK 2021). Even under emergency conditions, it is stated that the authorities may exercise only those

powers that are necessary for their purpose and proportionate to the objective pursued, and the powers may be exercised only if the authorities cannot control the situation by using regular powers. Throughout the pandemic it has been widely debated whether the Covid-19 pandemic truly requires enforcement of the Emergency Powers Act, or whether the Communicable Diseases Act suffice. The Emergency Powers Act has been enforced twice during the pandemic, but only for short periods.

While the Ministry of Social Affairs and Health (STM) is the coordinator of the operation, the Finnish Institute for Health and Welfare (later THL) works underneath the ministry with the task to support both ministry and regional administration (AVI) with its expertise” (Tartuntatautilaki 1227/2016, section 7). The task of THL is also to guide and support the prevention work of the municipalities, the Health Care districts’ consortiums and the units of social welfare and health care at the local level. In addition, THL is responsible to survey and provide updated information to the public and is the authority to inform the European Union of the situation in Finland. (Tartuntatautilaki 1227/2016, section 7). The regional administration agencies (AVI) are the regional supervisors (Tartuntatautilaki 1227/2016, section 8) which oversee that the Health Care districts’ municipality consortiums follow national level instructions and the ministry’s decisions, and are prepared for emergency situations.

The Health Care district’s municipality consortium guides and supports the municipalities and the units of social welfare and health care with its medical expertise whereas municipalities hold the responsibility for resisting communicable diseases on a local level (Tartuntatautilaki 1227/2016, sections 8-9). Within regional (AVI), the Health Care district consortiums and municipalities there are appointed medical authorities (medical doctors) responsible for the decision-making (Tartuntatautilaki 1227/2016, sections 8-9; Pauli Rautiainen 2020) on rules and restrictions such as rules of placing citizen’s into quarantine. In addition, municipalities have their own bodies of communicable diseases which can decide of the close-down of social welfare and health care units and educational units (Tartuntatautilaki 1227/2016, section 58).

On February 13, 2020, Covid-19 was added to the communicable diseases list (Valtioneuvoston asetus 69/2020, section 1, 14) which gave the opportunity to use the restrictions based on the Communicable Diseases Act. To form an overall picture of the national situation, the Government established the Covid-19 coordination group (STM 2021a, 8; Mörttinen, 22) and STM appointed a group to coordinate preparedness for public health emergencies” (STM 2021). In the Autumn 2020, from STM’s advice, the Health Care districts also established Covid-19 collaboration groups for collaboration of municipalities, THL and regional administration (STM 2021a, 25).

To execute the Emergency Powers Act requires a situation in which the regular powers of the authorities are no longer adequate (VN 2020). On March 16th, 2020 the government in cooperation with the president Sauli Niinistö declared a state of emergency. The Government proposed the Government Decrees to the Parliament at the preliminary debate at a plenary session (Parliament 2020). The ex post review of decrees (VNK 2020, 10) were next discussed at the Constitutional Law Committee and

then returned to discussion at the Parliament's plenary session. The Emergency Powers Act came into force on March 17th, 2020 (VN 2020a). There was a great concern about the capacity of the health care system and intensive care in particular (THL 2020a, 2; VN 2020b, 7-8). Therefore, rather dramatic act of the isolation of the capital area of Uusimaa region was executed in 27.3. onwards to delay spreading of cases to other parts of the country (VN 2020c). The decision was widely debated again, and isolation ended three weeks later 15.4.2020. New Covid-19 cases decreased during the isolation (THL 2020b, 7) and thus the measure achieved its aims, but later on no other region has been subjected to similar kind of isolation.

The Government adjusted its strategy and on May 5th 2020, accepted a new hybrid strategy which meant a shift from overall national restrictions to more focused measures (STM 2021a, 9). After three months, on June 16th, the Covid-19 cases had declined so much that it was stated that country was no longer in a state of emergency which meant return to act under the Communicable Diseases Act (VN 2020d). The Communicable Diseases Act has been amended during the corona outbreak several times (Parliament 2021c; Tartuntatautilaki 1227/2016) which has also given more power to the local and regional authorities (VN 2021). In STM's action plan for January-May 2021, the Emergency Powers Act was presented as the last option to be considered (STM 2021a, 40). Since the situation worsened rapidly (VN 2021a) due to the virus variants on March 1st, 2021 the government declared again in cooperation with the president a state of emergency (VN 2021b) and the Emergency Powers Act entered into force a second time March 11th, 2021 (Parliament 2021d). Mobility and meeting restrictions were brought back but executed differently in different regions and less extensively than in spring 2020 (VN 2021c). However, the situation changed quickly and with the rapid decline in cases during April the Emergency Powers Act was again repealed 27th April 2021.

Care homes and residential care

In Finland, like in the other Nordic countries, public health and social services are, in principle, available to all regardless of people's social and financial status or place of residence. The right to receive services is primarily based on the Finnish Constitution, which entitles citizens to "indispensable subsistence and care" (The Constitution of Finland, section 19). Furthermore, local authorities are obliged to provide needs-tested home care services and residential to citizens whose care needs meet the criteria of needs assessment (Social Welfare Act, 1982). About 16 % of persons over 75 years old receive regular public home care in Finland and only about 9 % live in residential care (Statistical yearbook 2020). Residential care is publicly funded and regulated but partly contracted out to private providers.

Despite public funding of care, service users pay income-related user fees for both home care and residential care. In Finland, residential care is mostly service housing with care available 24/7. The residents have private rooms with bathroom and possibly a kitchenette. The common spaces include a living room and dining room. Those older

people who are given a space in care home are most often rather frail and most of them have memory problems and some other chronic conditions. This means that they are particularly vulnerable to catch infectious diseases like Covid-19. On the other hand, due to their frailty few care home residents are able to move around and outside the care home independently, which means that in most cases care home infections have been brought there by the care workers or visitors. The low number of residents in care homes (less than 50.000) effectively means that many older people who have serious health conditions and who need care services live independently in their own homes. For these older people the recommendation of people aged 70+ to avoid unnecessary contacts often meant home care workers to be their only human contact in spring 2020. The effects of Covid-19 on older people's health and wellbeing has been thus mainly linked to increased isolation, loneliness and decline in functional ability.

In Finland as in most countries people died of Covid-19 related causes have belonged to older age groups and/or people with one or more chronic diseases. However, with number of 914 deaths (30th April 2021) the overall mortality shows no dramatic rise. According to the national health authorities (THL) the overall mortality of population was increased with only 1% in 2020. After spring 2020 the care homes and other residential care facilities have been protected from major outbursts with meeting restrictions and prioritising vaccinations of care home residents which has resulted with small number of deaths among the residents. In autumn 2020 and winter 2021 most cases and hospitalisations have taken place among younger people of working age. In spring 2021 the shift of infections to even younger age groups (school children, teenagers, young adults) was evident. All in all, overall number of cases, hospitalisations and people died of Covid-19 related causes has remained low in comparison to other countries.

The National Infectious Diseases Register has accumulated information on fatalities:

- The median age of the deceased is 82
- 53% of the deceased were men and 47% women
- Among the deceased persons on which more detailed health information is available in the National Infectious Diseases Register, the majority (over 95%) had one or more chronic diseases
- Place of care of the deceased persons immediately prior to their death:
 - 27% in specialised medical care
 - 43% in primary health care units
 - 28% in 24-hour social welfare units
 - 2% at home or elsewhere

Covid cases and deaths by age groups in Finland February 2020 – April 2021

TABLE 5. Cases by age-group (whole period) (source: The Finnish Institute for Health and Welfare)

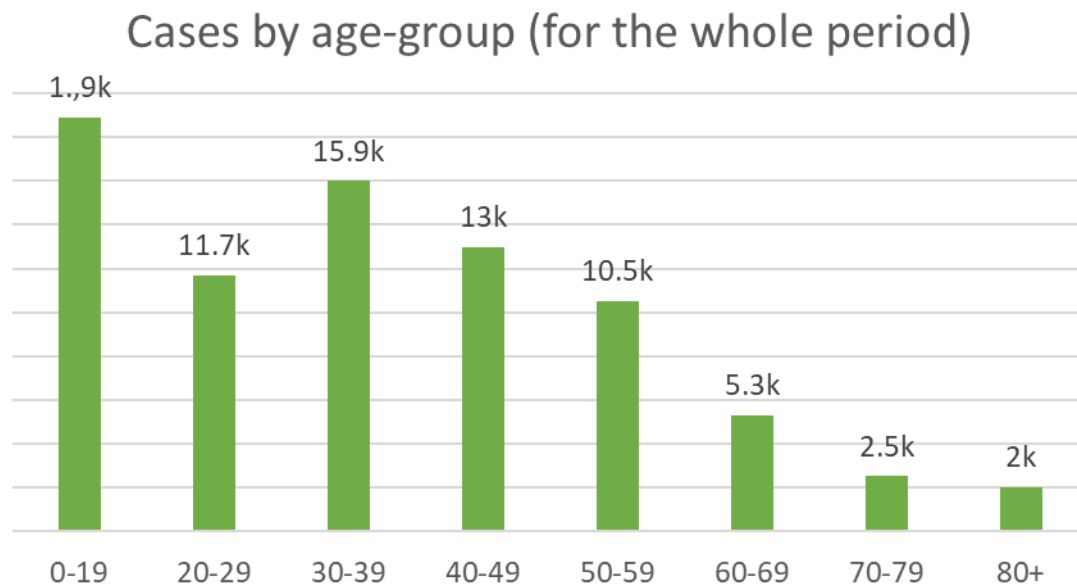
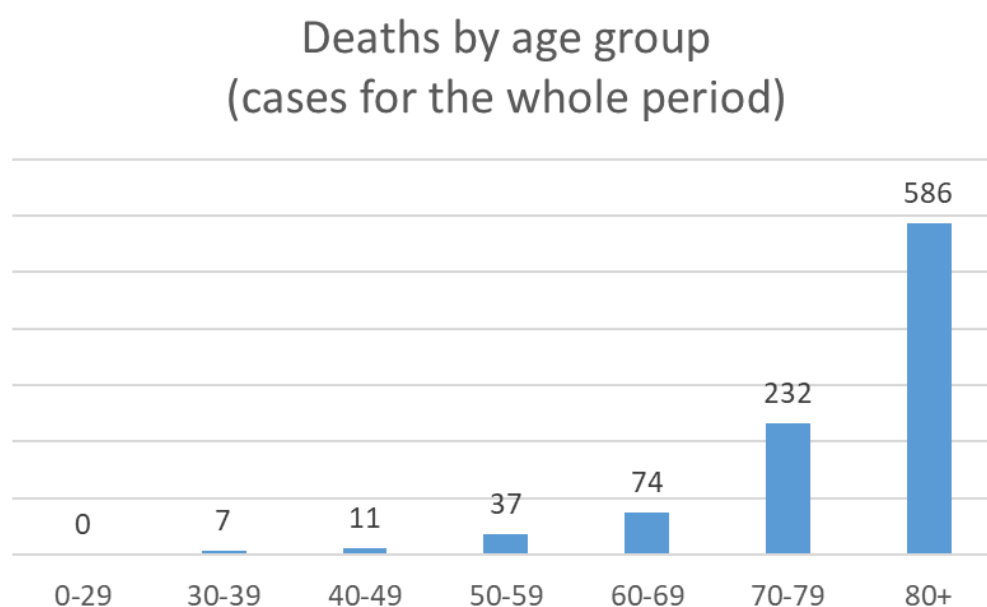


TABLE 6. Deaths by age-group (source: The Finnish Institute for Health and Welfare)



The effect of Covid-19 restrictions on the well-being of the residents and their family members

Implementing the Emergency Powers Act in March 2020 brought about heavy restrictions of rights of Finnish citizens who are over 70 years old, including bans on care home visits of auxiliary service providers, relatives and other close ones. Over 70-year-old citizens were urged to stay in their homes in quarantine-like conditions, which was later deemed as poor communications on the legislator's part by the Deputy Parliamentary Ombudsman (AOA 2020b). In 2020, the Parliamentary Ombudsman received a record of over 7000 complaints of which over 900 complaints were related to Covid-19 measures (EOA 2021) including complaints also about the restrictions at the care homes (EOA 5463/2020, 2). During spring 2020 from mid-March till mid-June 2020 The Government ordered the care home to close their doors and allow no outside visitors family or other people. Effectively care home residents met only care workers during this period. The Ombudsman stated that it was illegal to use the Communicable Diseases Act for visitor restrictions (EOA 3232/2020, 28-32; EOA 5463/2020, 30-31) and that the care homes must know legislation thoroughly themselves and should not only follow the instructions of the authorities (EOA 5463/2020, 32). The Supreme Administrative Court and the Administrative Court of Eastern Finland came to the same conclusion in their court cases about the illegality of visitor restrictions (KHO:2021:1; Itä-Suomen HAO 20/1059/1).

In a statement given on June 18th 2020 (EOAK 3232/2020) the Deputy Ombudsman reported of receiving several complaints regarding the restrictions of older peoples' rights to visit their families and close ones. The complaints included negative experiences concerning restrictions on visits, care home residents not being able to go

outside, problems concerning insufficient means of digital communication, not receiving information about residents' situations and well-being in care homes, and endangering the health and safety of care home residents due to lack of overall attendance, among other things. In the statement, the Deputy Ombudsman noted that the Ministry of Health and Social Affairs had given somewhat unclear instructions resulting in the implementation of very restricting measures on care home visits by municipalities and other service providers. However, in the same statement the Deputy Ombudsman noted that such restrictions helped greatly in keeping Covid-19 out of care homes as much as possible and therefore keeping the whole epidemic better in control.

Based on a survey study (N=809), Rantanen et al. (2020) reported that during spring 2020 the experienced quality of life decreased only a little even though restrictions on over 70-year-olds' ability to move outside their homes were extensive. According to a survey (N=7440) sent to Finnish elder care service receivers by Finnish Institute for Health and Welfare (Kehusmaa et al. 2021) between December 2020 and January 2021, 46 % of the respondents felt that the measures did not impact their lives in any way, 48 % reported that the restrictions were adequate considering the situation and 6 % that the measures restricted their lives too much. However, 37 % reported experiences of loneliness in 2020, compared to 22 % in 2016. 53 % of all eldercare receivers reported to not have met enough with relatives and close ones during the year. Out of care home residents, only 33 % had had face-to-face encounters, and 33 % via phone calls or video connections, at least once a week with their relatives and close ones. A fifth had not had any such contacts. 36 % out of care home residents also felt the nursing staff did not have enough time for them, compared to 18 % in home care. (Kehusmaa et al., 2021.) The long-term effects of the measures remain to be seen in future, but it can be expected that meeting ban deteriorated physical and mental health of the residents even though evidence on this is difficult if not impossible to gather.

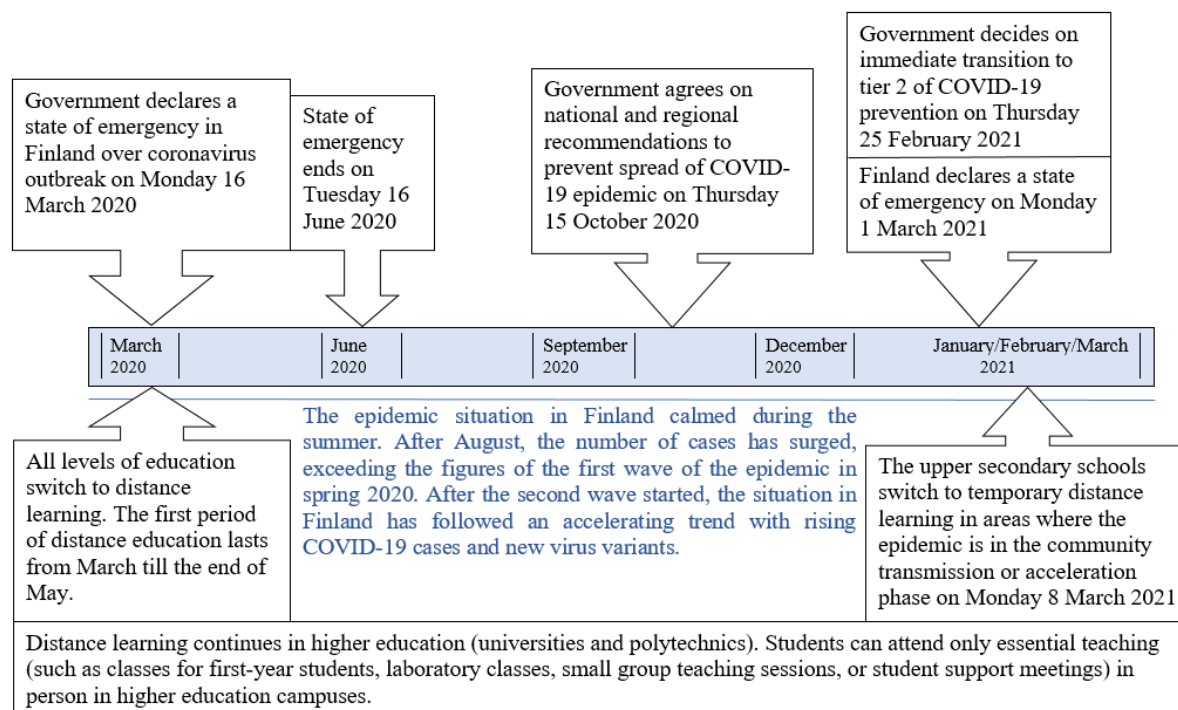
According to a study carried out by National Supervisory Authority for Welfare and Health (Valvira) (N=1082) in the end of 2020, 89 % of care home operators reported that care home visits were possible in the residents' own rooms, and 94 % reported of possibility of visiting care home residents outside. However, 24 % still reported of restrictions on residents' rights without basing them in legislation. (Valvira 2020). From summer 2020 onwards the restrictions on care home visits have been eased, so that in February 2021 pre-reserved visits were allowed for 1–3 symptomless visitors, paying attention to hygiene and 1,5–2m distances. However, and probably as a result of the earlier statements made by the Deputy Ombudsman, at the time of writing this in the end of April 2021 the Finnish Institute for Health and Welfare instructs that a care home visit can only be restricted individually, and based on a Covid-19 infection, by quarantine orders made by infectious disease doctors. To improve the psychological, social and physical capabilities of care home residents, Finnish Institute for Health and Welfare encourages enhanced communication between staff and families or other close ones and alternative means of visits (digital, isolated booths, outside visits). (THL 2021c.)

The situation of care workers in residential care facilities

Work in residential care has been found to be burdening well before Covid-19 pandemic (eg. Kröger, Puthenparambil & Van Aerschot 2018). Serious problems in quality of care in care homes were again detected in 2019 and inadequate staffing rates in residential care and neglecting residents' basic needs of nourishment, hygiene and safety were also extensively addressed in the media 2019. The Covid-19 pandemic has further increased the workload in care units. The personnel have to remain on sick leave for smallest infections and the need for substitutes is high, but they are more difficult to get. Substitute personnel has created a risk of spreading infections when circulating between different care units. In addition, during the Covid-19 pandemic the next of kin have not been able to spend time with their loved ones in residential care and provide help with eating or activities like going out. Disinfecting surfaces takes time from care personnel as there is not enough staff for support services like cleaning and meals (information received by e-mail correspondence with the representative of the Union of Health and Social Care and Early Childhood Education and Care Professionals in Finland, TEHY) On the other hand, according to the information received by care workers union some care workers have been ordered to work even if they have been susceptible to the virus infection, or when having mild flu-like symptoms. Problems have been reported also with insufficient safety measures for example lack of masks and protective coats in hospitals and care homes, excessive overtime work, prohibiting workplace change and job change. However, it needs to be noted that this information is reported by the care workers union and is not based on systematic nationwide research. In their website TEHY (the Union of Health and Social Care and Early Childhood Education and Care Professionals in Finland) has published a statement that the Emergency Powers Act (VN 2020) enforced in spring 2020 was used to restrict care workers constitutional rights in a manner that was excessive and unreasonable. In this stage it can only be stated that some irregularities seem to have taken place in executing and applying the national level regulations and recommendations in care work. However, nationwide studies and data is needed before making final conclusions on the effect of the pandemic on care workers well-being and work conditions in Finland.

4) The effects of Covid-19 pandemic on students' education, health and wellbeing

Governmental and political responses to the pandemic in Finland



Finland switched to distance education in March 2020. The first period of distance education lasted from March to the end of May (Finnish Government, 2020a & 2020b). After summer 2020 the second and higher education organisations have been more and less on distance education. Of the restrictions and recommendations currently in place, some apply to all of Finland while others are regional. The regional restrictions and recommendations in place depend on the phase of the epidemic in the region in question. In the acceleration phase of the epidemic, the Government recommends that higher education institutions switch to distance education, considering the need for essential contact teaching. In the spreading phase of the epidemic, the Government recommends that upper secondary schools switch to distance learning, considering the need for essential contact teaching. (Finnish Government, 2020c & Finnish Government, 2021d.)

Since the beginning of 2021, preventive measures have been introduced to stop the spread of new virus variants in Finland. Regional measures have been taken according to the number of infections in the area. From 8th March 2021 and as part of the additional measures for tier 2, the upper grades of comprehensive school and the upper secondary schools were instructed to switch to temporary distance learning in areas where the epidemic is in the community transmission or acceleration phase (Finnish Government, 2020d). Since the infections have been declining after rise in January, the schools have remained open apart from the upper vocational training and universities.

The Finnish Parliament, with the June supplementary budget, directed 6,000,000 € worth of additional funding for the guidance of students in higher education and actions

that strengthen the well-being of students. This appropriation provided grants for a total of 38 projects. The assisted projects include developing and organising low-threshold services, small group and peer support activities, organising student psychology services, strengthening and developing guidance services for higher education students. (Ministry of Education and Culture, 2021).

Few of the children's and young people's infections have been traced to school environments and day care centres but most have taken place at home or in other social gatherings outside home.

	Exposed	Infections	Infections %
Early childhood education and care	13167	309	2,3
Comprehensive school		40461	499 1,2
Primary school		21351	218 1,0
Lower secondary school		13040	173 1,3
School level not reported		6070	109 1,8
Upper secondary education	8956	118	1,3
General upper secondary schools		5193	21 0,4
Vocational education and training		3763	97 2,6

Source: THL 30.3.2021

As the development from spring 2020 to spring 2021 shows, schools or higher education environment have not been the main environments of young people' and student's infections. Thus, the restrictions concerning comprehensive schools and upper secondary schools have been eased and mainly removed with upper vocational training and universities have mainly remained in distance learning.

Well-being of children and young people during Covid-19 pandemic

While children and young people have had more virus infections than older people, very few of them have had the serious form of infection or have been hospitalized. However, studies indicate that well-being and life satisfaction of young people decreased during the corona pandemic in 2020 (Lahtinen and Myllyniemi 2021). The Youth Barometer (Finnish Youth Research Society, 2021b) study showed that life satisfaction of young people is lowest during the entire follow-up. Similar drop has not been detected since monitoring life satisfaction began in 1997 (Lahtinen & Myllyniemi 2021). The health survey for higher education students pointed out that psychological difficulties and high

levels of stress were experienced by 30 % of the students (Nyyti ry., 2020). A survey conducted by various student organisations and unions indicates that feelings of isolation and loneliness has become more common during the pandemic and distance education (SAKKI 2020, SAMOK 2020).

Finnish mental health organisations have reported an increase in mental health problems among young people (MIELI ry, 2020 & Nyyti ry, 2020). Insecurity and anxiety have been reflected in distance well-being services such as telephone and online services (Suvisaari et al. 2020). Restriction measures have reduced face-to-face encounters in psychiatric care and queues for non-urgent care have grown. As a result, psychological symptoms have increased and, alarmingly, callers talk more about self-harm. (Suvisaari et al. 2020, 20.) Time spent with family was increased for some (Lahtinen & Salasuo, 2020). Sharing time and thoughts with close relatives can ease feelings of loneliness and protect positive mental health. On the other hand, visits to one's family become more difficult, especially for those who study or work far away from one's family. Many young people also worry about their loved ones getting COVID-19 (Suvisaari et al. 2020).

Availability and use of services

The number of student healthcare visits recorded in the register in 2020 was substantially lower than in the previous year (Jormanainen, 2021). The study of health care workers showed that transfers of nurses and doctors to Covid-tasks with increased demand for services, have caused long waiting times and queues for specialist medical care. Open reception activity is a well-established low-threshold activity available for the students and the absence of it was perceived to raise the threshold to seek help. (Jahnukainen & Vaara, 2020.) A common view among interviewed student health care workers was that young persons with anxiety or depression, for example, might find it extremely hard to book time by calling or messaging to the health care services. This may cause problems in accessing health care and mental health care services. (Jahnukainen & Vaara, 2020, 44-45.) Young people representing linguistic minorities have experienced services inadequate far more often than average Finnish speaking student (Myllyniemi & Kiilakoski, 2021). The increase of remote services is generally seen as a positive expansion of services (Hakulinen et al. 2020).

Solutions from technology? Tools, applications, and effects of distance education

In Finland the transition to distance education went well in terms of tools and technology. Finnish school organisations already had rather functional technical infrastructure and other opportunities offered by remote access technologies were adapted rapidly. Some challenges were found, in particular in the implementation of teaching in vocational institutions (Karvi, 2020). The survey made by SAMOK, a nationwide student organisation that consists of 24 different student unions in Finland,

states the negative effects of distance school included increased experiences of loneliness, increased workload and requirements for independent studying. Difficulties were reported in quality of teaching and reaching teachers during distance learning, and the students hoped for more interaction, guidance, and instruction. (SAMOK, p. 3-4.). Several student unions have reported increased stress, loneliness, depression, and decrease in student's motivation (SAKKI 2020, SAMOK 2020, The Union of Upper Secondary School Students in Finland, 2020, Ylioppilaslehti, 2020).

Insecurity, anxiety, and other issues affecting student's well-being have been visible in well-being services provided by telephone and online (Suvisaari et al. 2020). Psychological symptoms as a reason to seek remote services, such as the Crisis phone, has increased due to delays in access to in person appointments (Suvisaari et al. 2020). The suspension of commute services increased the need for remote services such as chat or mobile services, and the use of chat services was significantly higher compared to last year (MIELI ry, 2020). The situation of students who do not speak Finnish or Swedish as their native language needs more attention in the future (Tigert 2020). The distance education had both positive and negative outcomes on students with migrant background meaning that some students became more active during home study period. The negative side of distant teaching is that applications and online environments require good language and technology skills which families belonging to linguistic minorities may lack. Rapid transition to distance education resulted in some cases "technology jungle", where various tools and online servers were used. (Tigert 2020.). Important question for the future is the impact of distance learning on social skills and community skills needed in work life and. (Pekkarinen 2020.)

5) What can be learned from effects of, and the measures and solutions taken to handle the Covid-19 pandemic in Finland?

The overall development of the Covid-19 pandemic and the actions and measures taken by the Government, local authorities, and the central effects on the citizen's and in particularly on the students and older people in care homes:

- In spring 2020 meeting and mobility restrictions in the whole country, people aged 70+ recommended to self-isolate, care homes closed to visitors, day-care centres, schools and universities closed
- Meetings between family members and care home residents were possible only through windows or in some care homes by online meetings. Family members were not allowed to meet the residents even when they were dying and in hospice.
- Summer 2020 with decline in Covid-19 infections the overall meeting restrictions were eased
- At the end of summer visits in care homes were allowed with limited number of people (1-3 people, masks, meeting in the residents' own room)
- Autumn 2020 Finland faced the second wave of the pandemic

- 1st year students in the universities had contact teaching while other students remained in online teaching.
- Autumn 2020 first decisions from the Deputy Parliamentary Ombudsman after several complaints were made about care home meeting restrictions. The Deputy Parliamentary Ombudsman stated that meeting ban in care homes had been unlawful.
- Winter 2020-Spring 2021 third wave of the pandemic: regional restrictions and recommendation were put in place depending on the phase of the epidemic in the region in question. The number of infections among most vulnerable people remained low.
- Several surveys 2020-2021 reported problems with mental health and social wellbeing of children, students, care home residents and older people living alone, working people (incl. care workers) + people in vulnerable situations
- Reported delays in access to care services and health care (in particular mental health services and treatment of chronic conditions)
- The number of hospitalised people and deaths has remained low, and thus most serious long-term effects of Covid-19 pandemic are likely to be indirect and take years to evaluate
- Finnish society took a 'digital leap' in work life, in education, in services, and in care homes (service housing). However digital devices and virtual meetings are not easily available for all and there is scarce knowledge how extensively digital devices have been used by those people in most vulnerable position.
- Apparently the Covid-19 pandemic has increased the use of digital devices and social media of many older people living independently and of some living in care homes, but the knowledge is fragmented and the final effects will be known only after nationwide data collection and analysis.

Key messages

Decision-making, legislation, and information exchange and delivery

- Clarifying the division of responsibilities between different national, regional and local level actors
- More attention to efficient and rapid information exchange and delivery between different levels of administration, between health authorities and other authorities, and between national, regional and local level actors
- Engage local authorities and actors in early stage in knowledge exchange and delivery

Older people

- Older people +70 a heterogeneous group which should not be treated as a unitary group

- Older people in service housing (ordinary, 24/7 care) suffered mentally and allegedly physically from meeting restrictions; in future their social needs have to be better acknowledged if and when similar crises occur

Younger people (university students, students in trade schools)

- Upper secondary education and higher education institutions coped mainly well with the rapid transition to distance education
- Technical infrastructures and tools were quickly introduced across all school levels as the distance learning became the new normal, but the students varied in their competency and skills to use technology and operate in distance learning environment.
- Social distancing and distant education increased stress, loneliness, social isolation, mental health problems and learning difficulties of many students, and thus in the future regular teacher-student contacts have to be maintained and studies supervised more efficiently
- Actual long-term consequences of pandemic such as increase in mental health problems, delay in graduation, and practical problems such as loss of internship or employment and other financial problems will become visible later on, but the risk has to be acknowledged and prepared to.

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