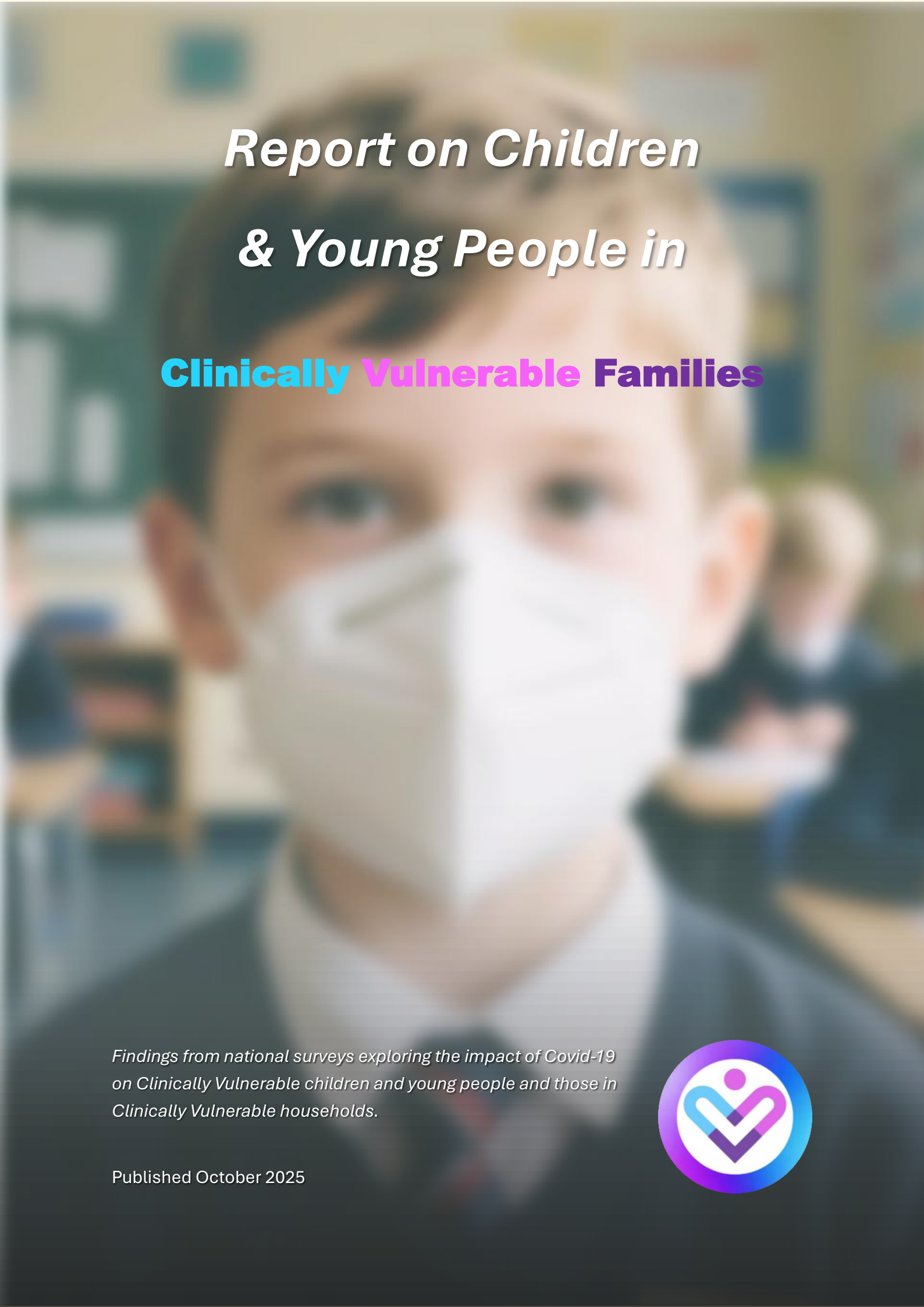

Report on Children & Young People in

Clinically Vulnerable Families

Findings from national surveys exploring the impact of Covid-19 on Clinically Vulnerable children and young people and those in Clinically Vulnerable households.

Published October 2025

Executive summary

Clinically Vulnerable Families (CVF) is a UK community organisation that represents individuals at increased clinical risk from infection, along with their families and household members. We support peer networks, gather evidence, and advocate for safe access to healthcare, education, work, and public life.

This CVF report captures the experiences of children and young people (C&YP) in households where one or more members are Clinically Vulnerable to Covid-19. It draws on data collected and shared with the Education Committee Attendance Inquiry in 2023, alongside testimony from CVF members. The timeframe covers experiences between **the 1st of January 2020 and the 28th of June 2022**.

The data show that children in these households continue to experience significant barriers to education. Absences, exclusion from education, bullying, and disrupted exams have left many with poorer attainment and facing long-term disadvantages. Families consistently described how their children were mislabelled as "anxious" rather than facing real risks, and how support systems failed to adapt to their needs.

About the report

Scope

The majority of the quantitative data was collected in May 2023, other reference points are clearly identified within this report. Most questions focus on experiences during the "timeframe" (1st of January 2020 – 28th of June 2022). **350** CV/CEV UK households were sampled. Mixed-format surveys combined structured items and open-text testimony covering education, mental health and wellbeing, safeguarding, family and social impacts, and access to safe participation.

How to read this report

We present the headline findings exactly as reported in the data; no numbers have been altered or modelled. Qualitative quotes illustrate lived experience.

Terminology

Clinically Vulnerable = former **'clinically extremely vulnerable' (CEV)**, and those in priority groups for vaccines as **'clinically vulnerable' (CV)** based on age or underlying health.

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Education : Attendance

> ***"We were told that the government's position was all children back 'with no ifs or buts,' with no flexibility for CV families. Masking was dismissed as 'covid anxiety,' and we were told either to accept the lack of infection control or deregister. We were threatened with prosecution until our GP signed both our children off due to the safety risk. ... Both my children were unlawfully off-rolled in spring 2022.***
> - Nicky, 53, parent

In the academic year 2021-2022, CVF's data showed:

- **80%** of children in Clinically Vulnerable families were persistently absent (defined as missing from **10%** or more of possible sessions, a situation known to negatively impact children's educational outcomes and future prospects).
- **33%** were classified as severely absent (missing **50%** or more of possible sessions). This represents a stark increase compared to pre-pandemic levels, when only **2%** fell under the severely absent category.

Children and young people in Clinically Vulnerable families, or who were themselves Clinically Vulnerable, experienced severe and lasting disruption to their education as a result of the emergence of Covid-19. Our qualitative and quantitative evidence highlights consequences including widespread absence, exclusion, and reduced educational attainment.

Testimony from impacted families further illustrate the emotional toll of being labelled as "anxious" despite proven risks, the stigma experienced by those taking protective measures, and the long-term disadvantage to life chances caused by lost learning.

Persistent Absence and Exclusion

Children facing higher individual or household risks of infection were absent from official attendance statistics. To address this gap, CVF collected its own data, which shows that children in Clinically Vulnerable households experienced both significantly greater risks from Covid-19 and much higher rates of absence than their non-vulnerable peers.

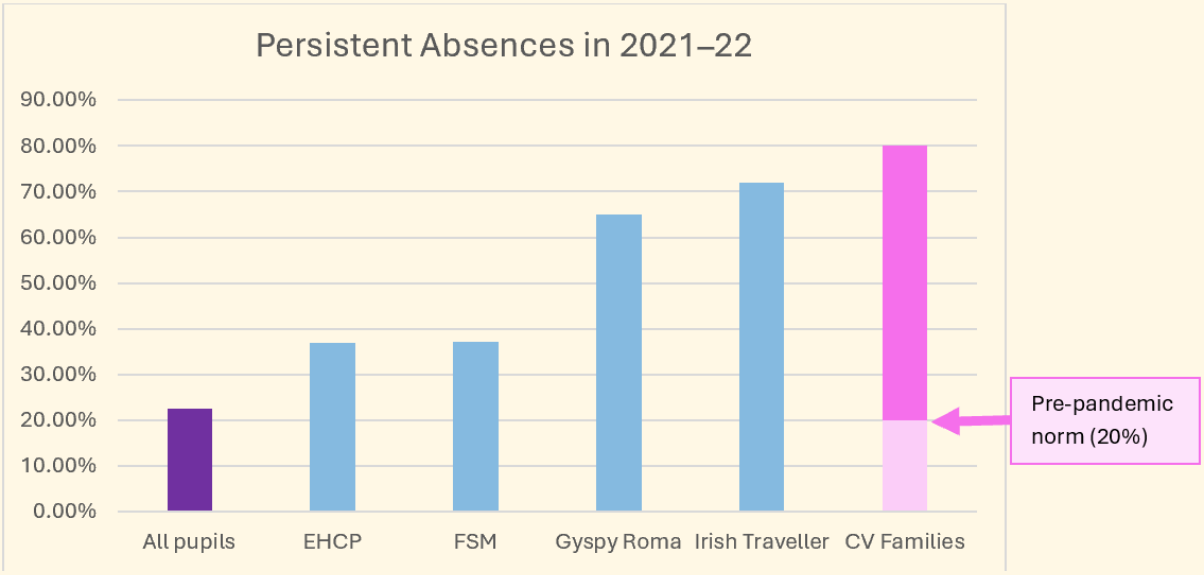

Figure 1. "Persistent" categorised absences in 2021-2022

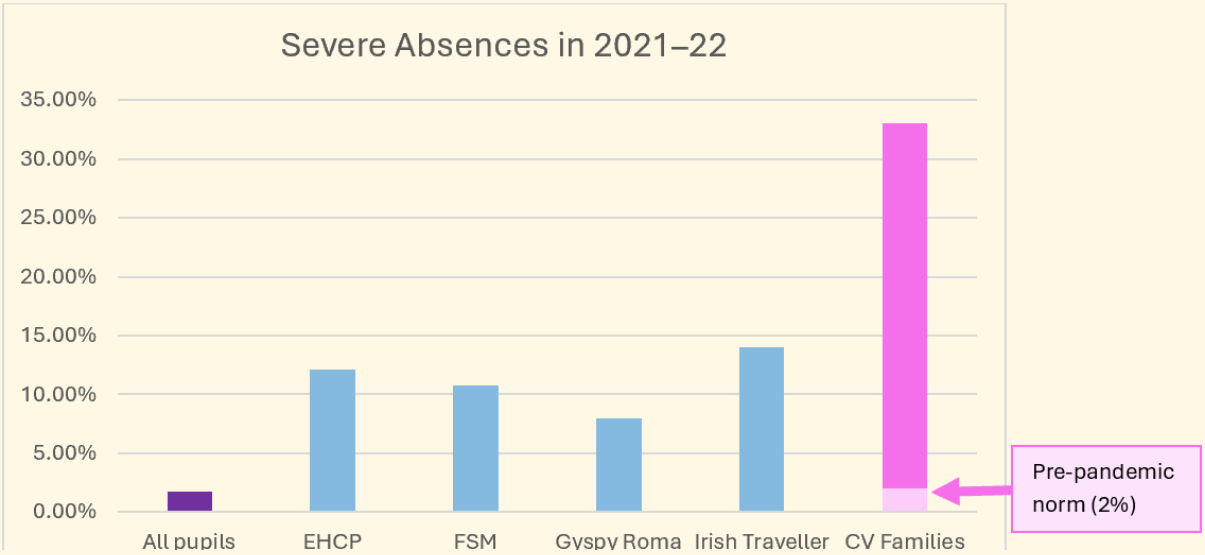

Figure 2. "Severe" categorised absences in 2021-2022

EHCP - Education, Health, and Care Plan
FSM - Free School Meals

Comparing Absences

When compared to other groups with the highest rates of absences in 2021, children in Clinically Vulnerable households have experienced the poorest access to education. Persistent absence rates were **80%** for children in CVF households, **63%** for Irish Traveller children, and **56%** for Gypsy Roma children. These latter two groups are well recognised within education as having some of the highest rates of absences.

By 2022-2023, the data had marginally improved, with **59%** persistently absent and **23%** were severely absent. However, the figures remain concerning and hide a group of children who were forced into being removed from school rolls at this time (see **"Off-rolling and Deregistration", p9**).

Greater Absences than Peers

91% of CVF members reported their children experiencing higher levels of absences compared to their peers since March 2020 (in 2023).

Education : Off-Rolling and Deregistration

> ***"School kept telling us they couldn't authorise absence or provide work. ... Even when they knew cases in school were high, they were not supportive. We were placed under great pressure, with them agreeing to authorise for a while and then refusing, us providing evidence and repeating this cycle. Which caused huge stress for us as a family."***
> - Chris, 41, parent

A significant number of families felt forced out of the school system.

- **42%** reported that they had been directly advised by school or local authority staff to withdraw their children or they would risk fines or prosecutions.

This practice is commonly referred to as *off-rolling* - the removal of a child from the school roll primarily in the interests of the school, and not of the child. It is often used to protect school attendance figures or avoid additional responsibilities.

Schools and local authorities are aware that off-rolling is unlawful. CVF's evidence shows that schools avoided writing threats down, relying instead on phone calls and even doorstep visits. By "suggesting" deregistration, and repeatedly warning of fines, or prosecutions, families often felt pushed into a corner. Deregistration appeared to be the only option available to families to protect their children's safety and themselves legally.

The consequences were profound. Children experienced permanent loss of school places, including specialist provision, and parents were forced into full-time education at home without support. Children have been excluded from state education for months or even years.

In addition:

- **28%** of Clinically Vulnerable families deregistered their children between 2020 and 2023.
- **4%** received prosecution notices.
- **4%** were issued with School Attendance Orders (SAOs)


CHILDREN'S
SERVICES

Education : Systemic Failures in Safeguarding

> ***"My exams were taken in small stuffy exam rooms, due to my access arrangements. I found it incredibly stressful as schools were pressuring us to attend sick and most families didn't want to risk a Covid test. I knew I was at increasing risk as I witnessed the ripples of sickness slowly spread across the exam room, and throughout my year group, during the progressive weeks of exams. My parents asked for me sit at the back of a room next to an open window – although the window frequently wasn't opened. It made me massively more stressed than I should have been."***
>
> - Mason, 21, CEV young person

8% of Clinically Vulnerable families reported being referred to Children's Services because of alleged safeguarding. It is important to note that these referrals were not linked to neglect or abuse, but arose directly from families making legitimate decisions to protect the lives of their children in the face of Covid-19 risks.

The use of safeguarding in this way represented a systemic failure. Rather than supporting children, the process was abused. It became another tool to pressure parents into either sending their children back into attendance or removing them from the roll, at which point they were no longer the school's concern.

Once the circumstances behind the referral were understood to be relating to clinical vulnerability, safeguarding teams quickly recognised there were no concerns and closed their cases, but not before these families had endured significant distress.

Guidance framed Clinically Vulnerable families as "anxious"

The Department for Education's own guidance explicitly labelled Clinically Vulnerable families as ***"anxious".*** This was the case even when children or household members faced much higher, medically recognised risks. For example, the July 2020 *"Guidance for full opening: schools"*[1] stated:

[1] https://web.archive.org/web/20200702125425/https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools

> ***"Pupils and families who are anxious about return to school... This may include pupils who have themselves been shielding previously... those living in households where someone is clinically vulnerable... Schools should be clear with parents that pupils of compulsory school age must be in school unless a statutory reason applies."*** **[July 2020]**

"Face coverings" were not PPE

Schools guidance[2] referred only to "*face coverings",* which are ineffective at protecting the wearer, and did not promote the use of protective masks such as FFP2 or FFP3 respirators. This PPE was not promoted even for children or families whose lives were at increased risk. This omission, even after FFP2 and FFP3 masks became widely available, ignored evidence that high-grade masks provide substantially greater protection against airborne infections[3].

Families reported that mask use was frequently dismissed as *"Covid anxiety",* leaving children stigmatised for using the only measure available to them proven to reduce transmission risk. The use of high-quality PPE by children was the only way they could safely continue their education.

Lack of individual risk assessments and airborne controls

CVF members described being told to return to schools without any risk assessments, in buildings where sufficient ventilation, and masking were poor or absent. This was despite airborne transmission being identified by SAGE - EMG[4] in April 2020.

When parents attempted to self-advocate, schools were frequently dismissive. One CVF member reported that when they presented medical letters to their child's school, the headteacher replied:

> ***"I am not a doctor"***

The family later faced a non-attendance prosecution and felt compelled to withdraw their child from school. The eldest child had to prepare for GCSEs without formal teaching or access to examinations, and was ultimately prevented from sitting any papers

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[2] https://web.archive.org/web/20200702125425/https://www.gov.uk/government/publications/actions-for-schools-during-the-coronavirus-outbreak/guidance-for-full-opening-schools

[3] https://www.cam.ac.uk/research/news/upgrading-ppe-for-staff-working-on-covid-19-wards-cut-hospital-acquired-infections-dramatically

[4] https://www.gov.uk/government/publications/environmental-influence-on-transmission-of-covid-19-28-april-2020/environmental-influence-on-transmission-28-april-2020-updated-2-may-2020

Education : Exam Disruption and Attainment

> ***"No infection control. A magic red lanyard was supposed to miraculously protect the children from Covid."***
> - Rumit, 45, parent

> ***"Children were still to sit in large groups in the school halls to take exams in 2022. No doors/windows open for ventilation due to sound disturbances. Lack of clean air. "***
> - Trisha, 38, parent

CVF found there was substantial disruption for those with exam-age pupils (data collected in May 2023) .

- **46%** were unable to sit one or more GCSE / A-level (or equivalents).
- **29%** changed subject choices because of Covid risk.
- **44%** received lower than expected grades.
- **23%** missed sitting any exams at all.

Unsafe exam conditions

Members reported examinations taking place without adequate airborne protections. CVF also documents a wider pattern of insufficient Infection Prevention and Control (IPC) for public examinations.

Attainment impacts

Families described grade impacts, abandoned subjects, and delayed or altered subjects - often due to practical elements. In-person assessments were unsafe and remote alternatives were not offered or feasible. These effects were compounded by the withdrawal of remote provision outside of national lockdowns and inconsistent support, as determined by individual teachers or schools, for those learning from home because of household clinical risk.

Long-term consequences

CVF's evidence shows that lost learning, missed assessments, and reduced subject choices created significant risks for children in Clinically Vulnerable families. Some became permanently detached from mainstream education following deregistration or prolonged absence. Pathways into further and higher education - and the higher lifetime earnings linked to them – have undoubtedly been severely compromised.

What might have reduced harms?

- Remote-attendance for pupils facing household clinical risk.
- Exam-specific IPC measures (ventilation / filtration, masking, alternative rooms / times, the option of remote exams) to ensure safe, equitable assessments.
- Targeted catch-up for Clinically Vulnerable households, not left to discretionary decisions that overlooked this cohort.

Bullying and Stigma

“Our son was widely bullied by children at school for wearing a mask when others were told it was no longer mandatory... Some even tried to remove it from him physically. Some teachers would question him as to why he was wearing a mask or tell him to remove it.”

- Gemma, parent

"[My child] suffered bullying and discrimination from their peers and staff as a mask wearer. They were told repeatedly they didn't work / weren't required, questioned as to why they continued to wear one... Physically intimidated and verbally abused. A classroom assistant asked how [they] would react if someone ripped the mask off their face. Another child told [them] that they hoped their sibling died of Covid and on another occasion told [them] that they and their sibling should both kill themselves."

- Keegan, parent

[This young person ultimately left school midway through A-levels due to persistent bullying and lack of support]

"My oldest daughter started secondary school in September 2020. She wore a mask. She had her bag stood on and was picked on daily by kids for wearing a mask. On the coach to competitions, no one would sit next to her and a group of girls would spend the journey repeating 'why are you wearing a nappy on your face' and making nasty comments."

- Quinn, parent

"My eldest child was told they'd prefer he died, then they wouldn't have to wear a mask.”

- Samira, parent

“Son in particular was bullied at secondary school by other children and staff. Made to remove mask and caught Covid - brought it home to our CEV family and still has massive guilt to this day about the effects it had."
- Davey, parent

"School called me and requested they didn't wear masks as it was making things difficult for the children with their peers. We gave our children the choice and they wore them and so did some of their close friends in support. When teachers didn't wear masks it was more difficult. They therefore sat close to open windows and unmasked after time due to peer pressure and pressure from school to not mask. Children didn't want to 'get told off’”
- Kate, parent

Children who continued to wear masks or take other protective measures often encountered hostility, or “mask abuse”.

- **90%** of families wanted the option to wear masks in school, however only a third of CVF children reported being able to wear masks in school.
- **47%** of those who masked experienced negative comments from staff.
- **56%** of those who masked experienced negative comments from peers.
- **27%** reported physical bullying (including intentional coughing and spitting).
- **6%** of children in CVF experienced associated online bullying.

Mask use was unsupported

With airborne risks downplayed and mask use discouraged, children who chose the only effective measure to protect themselves and their families were visibly marked out as different. As schools were only told about *“face coverings”* and not Respiratory Protective Equipment (RPE) masks, they did not recognise high-grade FFP masking as a legitimate individual safety measure.

Stigma

This systemic minimisation created a culture in which children who were Clinically Vulnerable or in were Clinically Vulnerable families, and masked, were stigmatised. The bullying they endured was not simply peer standard related behaviour but flowed from government and institutional messaging that masks were unnecessary and sometimes even undesirable. As a result, many children were left isolated, excluded, or forced to abandon education entirely.

Impacts

The consequences were severe: some pupils were forced to abandon their studies mid-way through GCSEs or A-levels, while others carried lasting guilt for transmitting Covid to vulnerable relatives - in some cases with serious and life-threatening outcomes. These harms were both foreseeable and avoidable. With clear guidance on airborne mitigations and proper recognition of mask use as a reasonable adjustment, many of these losses and harms could have been prevented.

Mental Health Harms

> ***"The major issues for [the child] revolved around the pressures of trying to mitigate the risk of carrying infection home… This is/was a huge responsibility on young shoulders and, with the lack of support from school, had a detrimental impact on their mental health."***
> - Charlie, 42, parent

> ***"As a direct result of our 12-year-old daughter understanding that the school would not let her mask, a large section of her hair fell out. We explained our family situation to both our school and LEA and asked for flexibility and help with basic infection control measures so that our children could return safely to school. We were met with flat refusals at every turn."***
> - Morgan, parent

The disruption to education for children in Clinically Vulnerable families was not limited to missed lessons and reduced attainment. Families consistently reported a profound and lasting toll on children's mental health. Children described constant anxiety about catching Covid-19 at school and transmitting it to vulnerable family members (see **Appendix p27** with images of children's evidence).

For many, the pressure of knowing their attendance could put a loved one's life at risk created a burden far beyond their years. Children growing up in Clinically Vulnerable households carried a heavy and predictable psychological load as a result.

The British Psychological Society formally recognised this in its 2022 report *Meeting the Psychological Needs of Children in Shielding Families*[5]. The report highlighted how shielding created long stretches of isolation, ongoing frustration as restrictions persisted, persistent fear of bringing infection into the home, and social exclusion from peers. It also stressed that these children were often left to shoulder caring roles or to manage household safety, while simultaneously trying to cope with disrupted education

[5] https://cms.bps.org.uk/sites/default/files/2022-09/Meeting%20the%20psychological%20needs%20of%20children%20in%20shielding%20families.pdf

and daily life. They were described as a “forgotten” group, with little acknowledgement or dedicated support.

The Society drew on evidence from past pandemics to show that such experiences can leave lasting scars, with depression and feelings of exclusion still measurable many years later. Mental health harms were not only foreseeable but preventable. Despite this, no bespoke mental health provision was developed for shielding children - whether formally identified as CEV, or informally shielding as a CV child or as part of a Clinically Vulnerable family. Their needs remained largely absent from national policy.

Fear, guilt and lasting trauma

Families reported children frequently experiencing fear, and guilt when infections were transmitted into the home. Others developed lasting trauma: one child lost a significant section of their hair due to stress after being told they could not wear a mask.

Serious long-term impacts

For many children who were Clinically Vulnerable or lived in Clinically Vulnerable families, the emergence of Covid left a legacy of anxiety, depression, and reduced trust in authorities to keep them safe. Serious harms were not short-term reactions to lockdowns or ‘restrictions’, which were frequently ‘protections’, but the ongoing consequences of exclusion, stigma, and the absence of appropriate support.

Inequalities

"My university had lifted all mask mandates... I was in a room of 30+ people, many with Covid symptoms... I asked if I could take an air purifier but was told it would be too loud. I was in fight or flight mode the whole time — it made it hard to concentrate."
- Amara, 21, young person

"There was no effective infection control in schools. Children could never distance, and this was of little help for an airborne virus anyway. Bubbles were not effective as if a child with siblings caught the virus it was never just the one bubble affected. Masks were initially worn by adults, but they were of poor quality generally and worn intermittently. There was little ventilation in school, and no mention of CO2 monitors or filtration."
- Cath, 39, parent

Just **5%** of CVF respondents (5 of 98 polled in May 2022) reported receiving National Tutoring Programme support, despite Clinically Vulnerable children and families being amongst those who missed the most in-person education. The vast majority were left to manage alone, widening learning and attainment gaps further.

The disruption to education for children in Clinically Vulnerable families did not fall evenly. It compounded existing social and health inequalities. Children from low-income households and minority ethnic groups were more likely to live in multi-generational homes. For them, the risk of bringing Covid home was both greater and harder to manage, given limited housing space and fewer resources to mitigate infections. Families already facing disadvantage were less able to afford private tuition or technology to compensate for exclusion from in-person learning.

Parents told us that safety equipment and educational support often had to be sourced out of their own pockets. For many children in Clinically Vulnerable households, the pandemic therefore meant a double disadvantage: health risks at home, and less educational support at school. These inequalities are known to have direct consequences for long-term outcomes in qualifications, higher education access, and future employment.

Lessons Learned

The experiences of children and young people in Clinically Vulnerable families during the emergency phase of the pandemic highlighted a systemic failure in the education system to adapt to legitimate medical risk. Our evidence shows:

- **Exceptionally high rates of persistent absence** (**80%** in 2021/22, **59%** in 2022/23), far exceeding even groups historically recognised for high absence.
- **Forced de-registrations and unlawful off-rolling**, often under threat of prosecution, that removed children from state education without support.
- **Misuse of safeguarding referrals** that pathologised well-founded risk-based concerns rather than offering support (**8%** of families).
- **Exam disruption** that led to missed subjects, lower grades, and reduced progression, compounded by minimal access to catch-up schemes (only **5%** received NTP support).
- **Bullying, stigma and mental health harms** for those who tried to protect themselves and their families through masks or other measures.

The patterns observed were common experiences in Clinically Vulnerable households, cutting across early years, primary, secondary and post-16 education. The harms were also cumulative: missed teaching time combined with stigma and lack of support to produce poorer outcomes and enduring disadvantage. Families repeatedly told us they felt abandoned by schools, dismissed by government guidance, and pressured into unsafe choices.

The consequences are long-term. Many children in our community bear the scars of detachment from mainstream education, impacts on qualifications, reduced life chances, and lasting trauma. The injustice lies not only in the scale of harm but also in its preventable nature. Reasonable adjustments such as remote attendance, effective airborne infection controls, and recognition of household risk could have safeguarded what is, for these children, a fundamental right to education.

Our survey evidence and testimonies show that without systemic change, these inequalities will persist. Education must urgently learn the lessons from the pandemic. Children in Clinically Vulnerable families must have the same rights and access to safe education, inclusion, and support as their peers. These are some of the most vulnerable children in society and their needs must be prioritised. Children must never have to choose between education and lives.

Appendix :
Children's Testimonies and Visual Evidence

The following messages, letters and creative pieces were written by children from Clinically Vulnerable Families. They are reproduced **exactly as written**, including original spelling, grammar and punctuation. We have chosen not to edit or correct them, so that the voices of these children are preserved in their authentic form.

These words provide a direct insight into how children themselves experienced the pandemic - their fears, frustrations, and hopes - and serve as a powerful reminder of the human impact behind the statistics and evidence presented in this report.

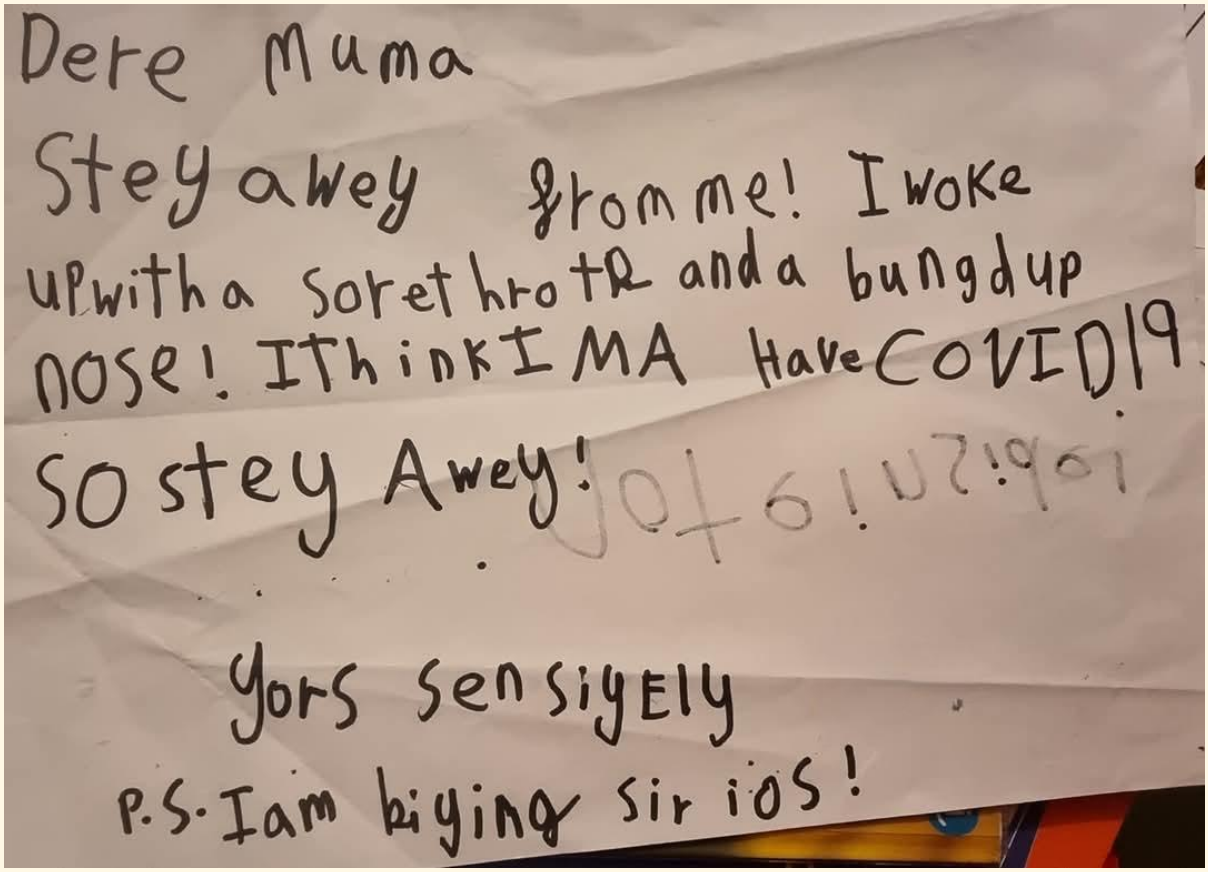


Figure A1. Paper Aeroplane thrown by a young child in a Clinically Extremely Vulnerable family

"Dere Muma,
Stey awey from me! I woke upwitha sorethrote and a bungduo nose! IThinkIMA Have COVID19 so stey Away!

Yor sensiyEly
P.S. Iam biying sirios!"

Bleed through from the other side: "*noteinside! "*

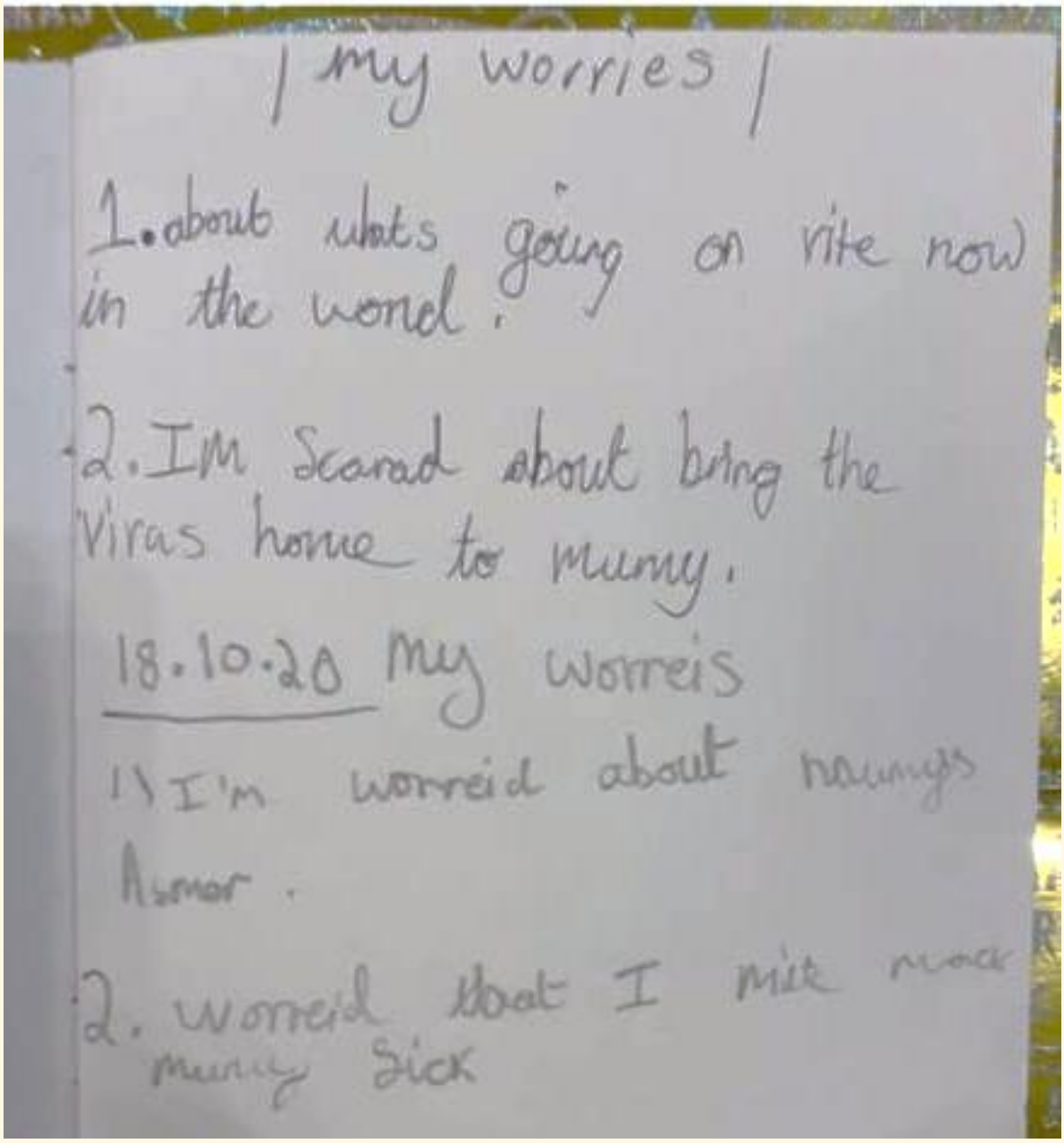


Figure A2. Note written by an 8-year-old to their 'Worry Monster'.

| my worries |

1. *"about whats going on rite now in the world.*
2. *Im sacarad about bring the virus home to mumy*

18.10.20 my worries

1. *I'm worreid about Mumys Asmer.*
2. *worried that I mite mack Mumy sick.*

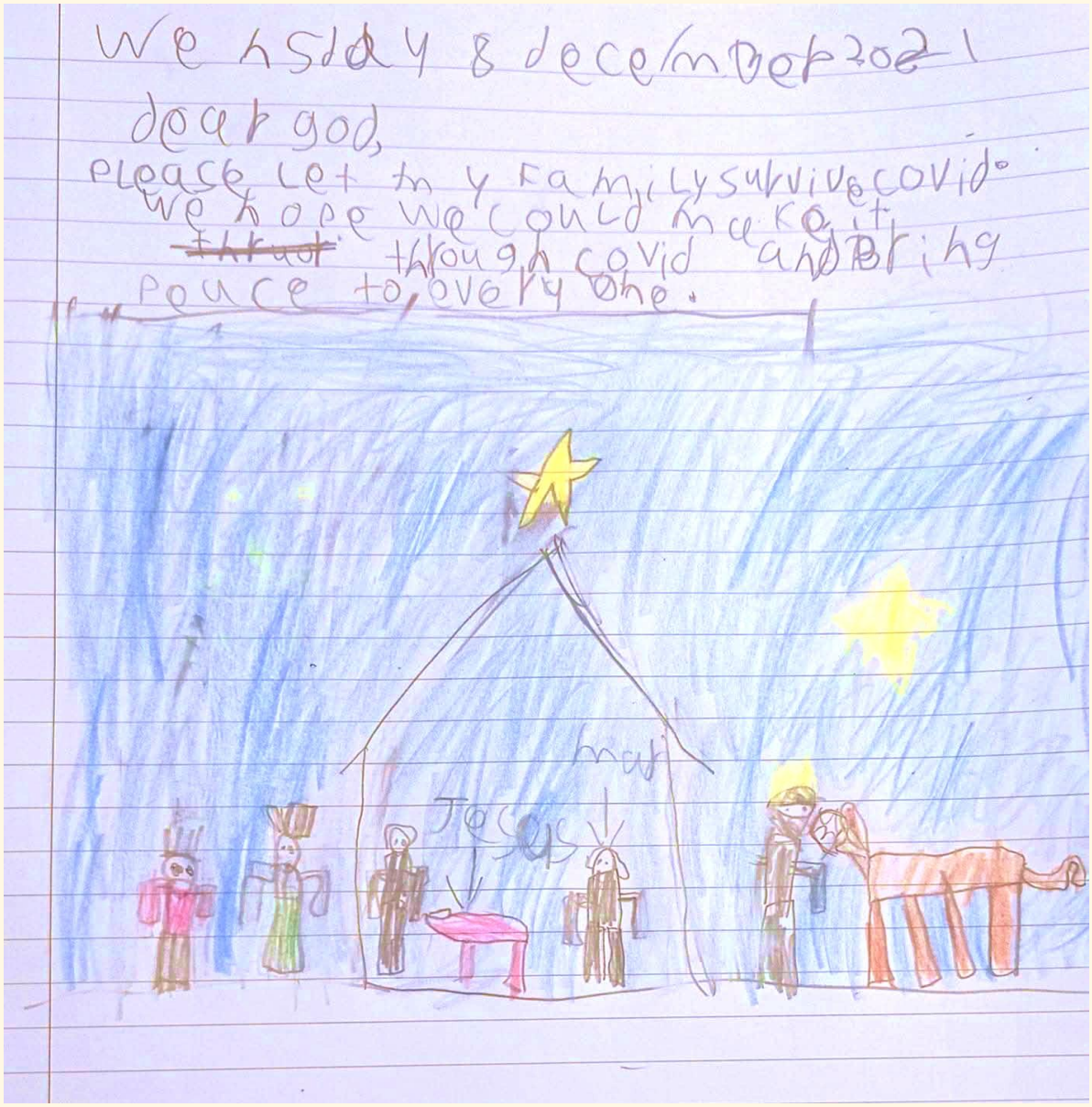


Figure A3. Independent wriitng in a school prayer book by a 7-year-old

Wensday 8 decemBer 2021

dear god,

Please let my family survive covid.

We hope we could make it ~~thruot~~ through covidand Bring peace to every one.

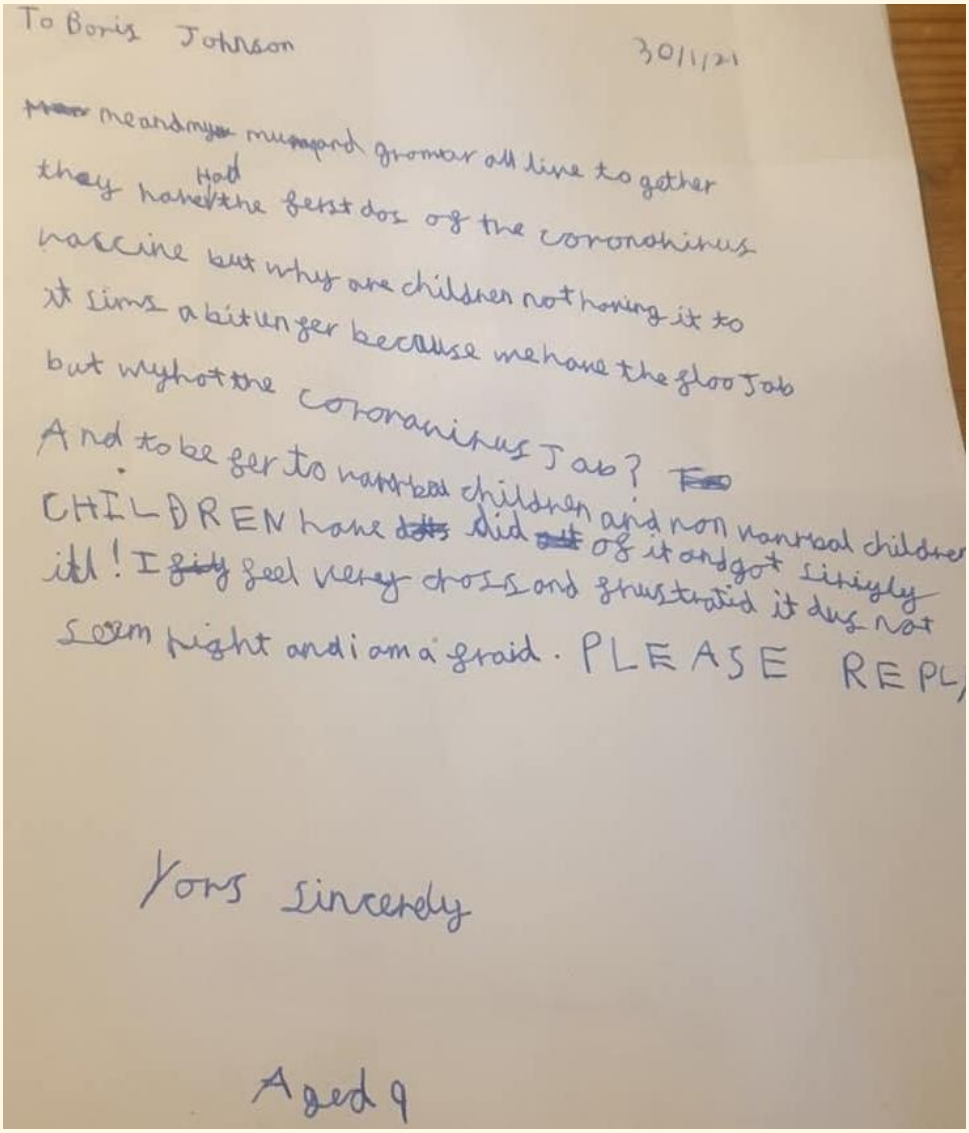


Figure A4. Letter to Boris Johnson from a 9-year-old

30/1/21

To Boris Johrson

~~Me~~ me and my mum and gramar all live together

thay have Had the ferst dos of the coronavirus vaccine but why are children not having it to it sims a bit unfer because we have the floo Jab but whynot the coronavirus Jab?

~~To~~ And to be fer to vanrabel children and non vanrabel children CHILDREN have ~~da~~ did ~~out~~ of it and got siriyly ill! I ~~fiy~~ feel very cross and frustratid it dus not seem right and I am a fraid. PLEASE REPLY

Yors sincerely
[Redacted]
Age 9

Poem for Mum

I'd love to see you spend a day in my shoes, And I will watch and wait, as you start to lose, Your smile and your happiness, As depression has chose you, For walking in my shoes.

I'd love to see you fight my battles every day, And see how your life, starts to fade away, Your smile and your happiness, As depression has chose you, Just for walking in my shoes.

I'd love to see you spend all of your free time, Completing all the work, that piles up so high, And your smile and your happiness, As now depression has chose you, Because you walked in my shoes.

And I'd love to see you protect your family, As your lose your freedom and your sanity, As well as your smile and your happiness, Because depression has chose you, For simply walking a day in my shoes.

But when depression did choose me, I found a way to set myself free, Through the birds in the skies, And the mammals of the land, By patrolling my world with my camera in hand.

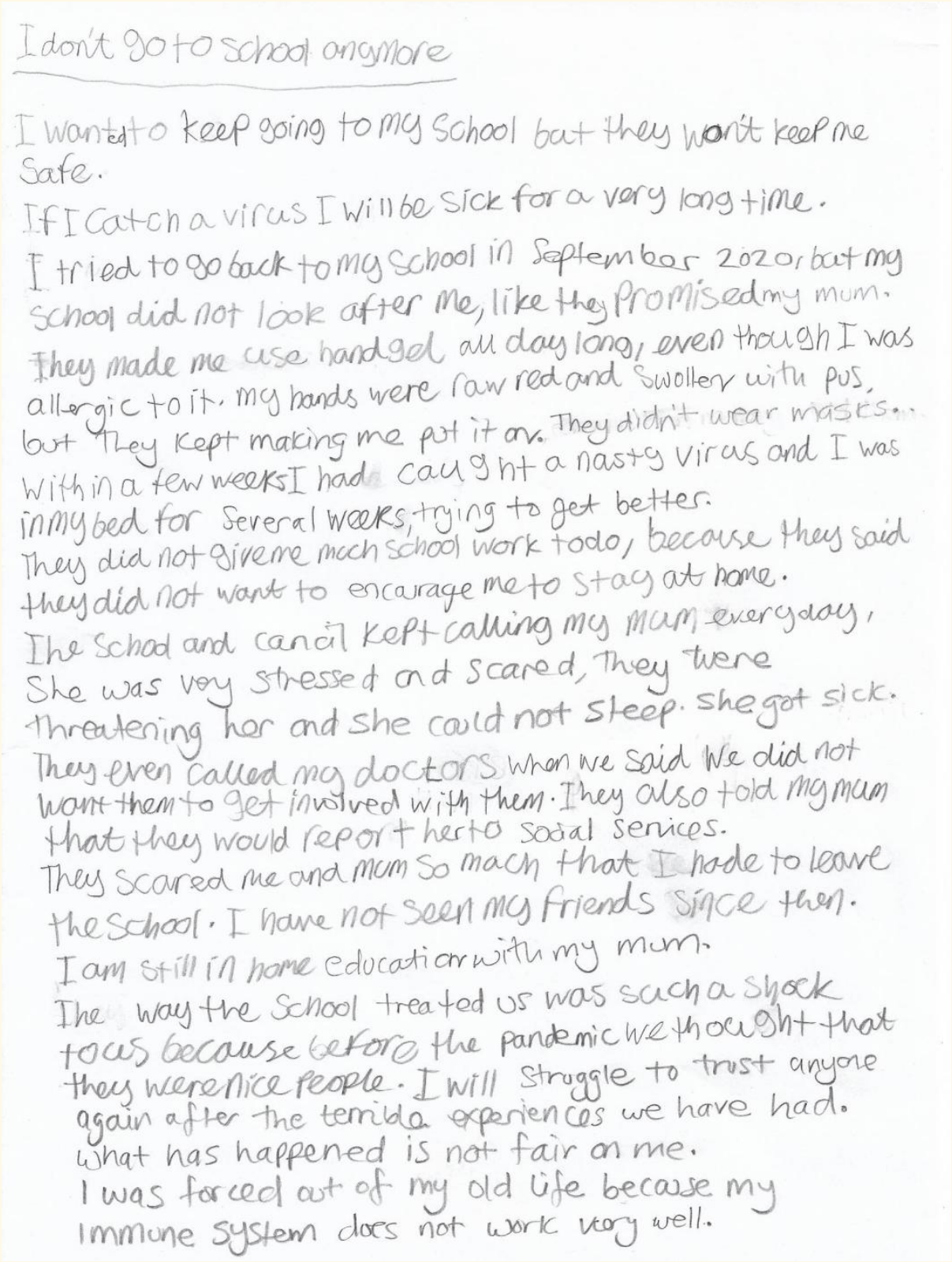
The wren does whistle from the bushes, And the mouse does scurry through the grass, And the kestrel does hover above the field, I have set myself free at last, At last.

The Robin does flash its gaudy red breast, And the stoat does dash along, And the buzzard does soar in the great blue sky, I've freed myself after so long, After so long.

And the nuthatch scours the trees by day, And the foxes comb the grass by night, And the swallows of summer twitter high above, I have finally found the light, I have finally found the light.

As the last swift swoops through the heavens, And the last hare bounds through the fields, Winters bounty has arrived, And I am finally healed, I am finally healed.

Aged 13, young carer to a clinically extremely vulnerable family member



I don't go to school anymore

I wanted to keep going to my school but they won't keep me safe.
If I catch a virus I will be sick for a very long time.
I tried to go back to my school in September 2020, but my school did not look after me, like they promised my mum. They made me use handgel all day long, even though I was allergic to it. My hands were raw red and swollen with pus, but they kept making me put it on. They didn't wear masks. Within a few weeks I had caught a nasty virus and I was in my bed for several weeks, trying to get better.
They did not give me much school work to do, because they said they did not want to encourage me to stay at home.
The school and council kept calling my mum everyday. She was very stressed and scared, they were threatening her and she could not sleep. she got sick.
They even called my doctors when we said we did not want them to get involved with them. They also told my mum that they would report her to social services.
They scared me and mum so much that I hate to leave the school. I have not seen my friends since then.
I am still in home education with my mum.
The way the school treated us was such a shock to us because before the pandemic we thought that they were nice people. I will struggle to trust anyone again after the terrible experiences we have had.
What has happened is not fair on me.
I was forced out of my old life because my immune system does not work very well.

Figure A5. Written by an immunocompromised teen

I don't go to school anymore

I want to keep going to my school but they won't keep me safe.

If I catch a virus I will be sick for a very long time. I tried to go back to my school in September 2020, but my School did not look after me, like they promised my mum.

They made me use handgel all day long, even though I was allergic to it. my hands were raw red and swollen with pus, but they kept making me put it on. They didn't wear masks.... Within a few weeks I had caught a nasty virus and I was in my bed for several weeks, trying to get better. They did not give me much school work to do, because they said they did not want to encourage me to stay at home.

The school and council kept calling my mum everyday, she was very stressed and scared, they were threatening her and she could not steep. She got sick.

They even called my doctors when we said we did not want them to get involved with them. They also told my mam that they would report her to Social Services.

They scared me and mum so much that I had to leave the school. I have not seen my friends since then.

I am still in home education with my mum.

The way the school treated us was such a shock to us because before the pandemic we thought that they were nice people. I will struggle to trust anyone again after the terrible experiences we have had.

What has happened is not fair on me.

I was forced out of my old life because my immune system does not work very well.