Exploring How the General Public Co-Create Safety During the Covid-19 Pandemic

Abigail Albutt[1], Lauren Ramsey[1], Jane O'Hara[2], Beth Fylan[1], Isabel Hague[1], Chloe Grindey[1]
[1]Bradford Teaching Hospitals NHS Foundation Trust, [2]University of Leeds

Presenting Author: Abigail Albutt

Background: Healthcare system resilience is a theory seeks to explore, describe and support health services to adapt and respond to variability in demand and resources. In this theory, it is assumed that a system that is resilient has adequate capacity within which it can adapt to challenges and disturbances. As has been witnessed since the beginning of the COVID-19 outbreak, clinical teams and healthcare services have undergone enormous changes and many reconfigurations. However, one understudied aspect of how the 'system' is able to adapt and respond is that of a key stakeholder – service users and their families. In this study, we aim to understand and document how people are supporting the safety of their health, and the health of others, and their interaction with the healthcare system during the COVID-19 pandemic.

Methods: Twenty-one members of the public participated in semi-structured interviews using Zoom over three time points from June - Sept 2020 during the COVID-19 pandemic. Fifty-five interview transcripts were analysed using thematic analysis.

Results: The findings comprise three core themes: (1) exacerbated inequalities (2) physical versus mental health trade off (3) collective helplessness.

Implications: The study explores the public's response to the COVID-19 outbreak and identifies factors that influence their ability to support their safety and contribute towards healthcare resilience. Pre-existing inequalities were further exacerbated during the pandemic and impacted access to healthcare, as well as people's ability to support their safety in daily life.

Does Organisational Design Matter for Healthcare Staff Absenteeism? Quasi-Experimental Evidence from the 2020 SARS-CoV-2 Pandemic.

Manhal Ali[1], Reza Salehnejad[2]
[1]Bournemouth University and University of Leeds, [2]University of Manchester

Presenting Author: Manhal Ali

Background: Losses to the NHS resulting from staff absences are known to be substantial. High sickness absence levels amongst healthcare workers have a significant negative impact not only on the quality of care, but also staff morale, finances, and productivity. Due to the SARS-COV-2 pandemic, NHS staff absent rate in April 2020 was the highest since records began – exceeding winter peaks of sickness absences over the last 11 years. Using sickness absence data from NHS Digital, figure 1 in supplementary file illustrates significant rise in absenteeism rates during the first wave of pandemic i.e., March and April of 2020 compared to the same period last year.

Notwithstanding, figure 2 (supplementary file) reveals significant variations in staff absenteeism across NHS trusts or hospitals i.e., during the pandemic of 2020, some hospitals have experienced lower absenteeism rates, whereas others have experienced higher rates.

The presence of substantial variations suggests opportunities for improvement. Prior literature finds good organisational practices, for example, managerial support, are associated with positive healthcare staff outcomes. Moreover, organisational preparedness, for example, hospital infection management and critical care capacity are identified as good precursors to negate the adverse consequences of pandemics. To this date, however, there exists dearth of studies that causally examine the impact on the pandemic on healthcare staff absenteeism, and rigorously study the role of hospitals' organisational design in its mitigation.

Methods: To this end, the proposed research aims to first study the magnitude of the causal short-run impact of the pandemic on NHS staff absenteeism, and to what extent that impact lasts in the long-run (i.e., the first 3 and 6 months since March 2020). Treating the pandemic as an exogenous shock, the research uses two quasi-experimental methods to study the causal short and long-run impact: Interrupted Time Series Analysis and Difference-in-Difference.

Using the same quasi-experimental strategies, the primary aim of this research is to study the role of hospital's organisational design in mitigating the short and long-run impact of the pandemic on staff absenteeism. To construct a measure of organisational design, the study uses composite indicators for hospital's managerial quality and its ex-ante pandemic preparedness. Therefore, the following broad management practices are used in this study: support and quality of senior and intermediate management, organisational culture, and flexible working. Whereas, to measure hospital preparedness, an index is constructed composed of various indicators, such as, critical care capacity, availability of protective equipment, staffing adequacy, staff vaccine efficacy, and infection control practices.

Data for this study comes from various sources, including, NHS Digital, Public Health England, and NHS Staff Surveys.

Results: In summary, the findings of the study reveal a significant short and long-run causal impact of the pandemic on healthcare staff absenteeism. Importantly, the analysis finds that the impact is asymmetric across NHS hospitals. That is, hospitals that have better organisational design in terms of better staff management and pandemic preparedness experience less absenteeism amongst its staff and, hence, potential disruption in the delivery of healthcare. Moreover, the magnitude of the impact is heterogenous i.e., differential and depends on the type of healthcare staff (i.e., clinical vs. non-clinical) and reasons for absences (stress, illness, musculoskeletal disorders etc.). The findings are robust to alternative quasi-experimental strategies, statistical specifications, and measures i.e., staff presenteeism. Back-of-the envelope estimates suggest improvement in management practices can, potentially, save NHS approximately 2,000 sick days per year and, therefore, associated salary costs to sickness absence.

Implications: The findings, therefore, can, potentially, inform healthcare managers and policymakers on how to best allocate already stretched resources to better manage healthcare workforce from future pandemics and potential implications of staff shortages due to Brexit.

The Impact Of COVID-19 On an Irish Emergency Department (ED): Unlocking the Factors Influencing Decision to Attend the ED in A Repeated Measure, Cross-Sectional Study

Niamh Cummins[1], Carrie Garavan[1], Collette Devlin[1], Louise Barry[1], Gillian Corey[1], Fergal Cummins[2], Damien Ryan[2], Gerard McCarthy[3], Rose Galvin[1]
[1]University of Limerick, [2]University Hospital Limerick, [3]Cork University Hospital

Presenting Author: Niamh Cummins

Background: Emergency Department (ED) crowding is a global public health crisis resulting in adverse outcomes for patients, communities and health services (1). The collateral damage of the COVID-19 pandemic is a serious concern in the Emergency Medicine (EM) community, specifically in terms of increased morbidity and mortality arising from delayed care in conditions such as stroke and myocardial infarction (2). The primary objective of this study is to describe changes in the demographic and clinical profile of patients attending an Irish ED in the months preceding COVID-19 and during the pandemic. A secondary objective is to investigate the factors influencing ED utilisation in this cohort.

Methods: Ethical approval was obtained from University Hospital Limerick (UHL) for this repeated measure, cross-sectional study. Participants were recruited at three time-points, in December 2019 (n=47), February 2020 (n=57) and July 2020 (n=70). "Lockdown" commenced in Ireland on 27th March 2020 and concluded on 18th May 2020 with a phased reopening. By July 2020 under "Phase 3", most retail was operating normally, however, the service industry was restricted and limited travel was permitted (3). At each time-point all adults presenting to the ED over a 24h period were eligible for inclusion. Clinical data were collected via electronic health records and a self-report questionnaire provided information on demographics, healthcare utilisation, service awareness and factors influencing the decision to attend the ED. Data analysis was performed in SPSS.

Results: The demographic and clinical profile of patients presenting to the ED in the pre-lockdown and post-lockdown phases of the COVID-19 pandemic were comparable in terms of age (p=0.904), gender (p=0.584) and presenting complaint (p=0.556). Across all time-points the majority of patients considered the ED to be the "best place" for treatment (December 63%, February 79%, July 77%; p=0.186). However, post-lockdown patients were less likely to attend the ED for reassurance (p≤0.005) to obtain a second opinion (p≤0.005) or to see a specialist (p≤0.05). Post-lockdown 44% of patients reported difficulties in accessing community services and COVID-19 influenced decision to attend the ED for 31% of patients in July. Patients reported feeling cautious about attending (26%) and weren't sure what to expect in the ED (17%). A delay in presentation due to concerns related to COVID-19 was reported by 9% of patients and all of these patients were subsequently triaged as Urgent in the ED. With regard to operational metrics, median length of stay in the ED decreased from 7.31h (IQR 4.18-11.22) in February 2020 to 3.86h (IQR 0.41-9.14) in July 2020 (p≤0.005) and significant differences were observed in disposition outcome (p≤0.001).

Implications: These findings provide useful information for hospitals with regard to pandemic preparedness and have wider implications for planning of future services. Cancellation of elective and non-urgent care during lockdown appeared to influence ED presentations and COVID-19 may have served to highlight the fact that the solutions to ED crowding lie largely outside of the ED. The results illustrate the importance of addressing capacity and flow in the wider hospital and within community services. Sustainable system-wide solutions are required to tackle ED crowding which if not addressed will remain a significant public health issue far beyond the COVID-19 pandemic.

References:

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The Prevalence and Incidence of Mental Health Conditions in The General Population and Health and Social Care Workers During and After a Pandemic, And the Effectiveness of Psychological Interventions to Support Their Mental Health: A Series of Systematic Reviews

Alison Doherty, James Hill
University of Central Lancashire

Presenting Author: Alison Doherty

Background: Mass outbreaks such as the current Covid-19 pandemic are associated with mental health problems requiring effective psychological interventions for those exposed. Mental health problems for those exposed can include anxiety, depression, self-harm, insomnia, increased alcohol/substance misuse, domestic violence and post-traumatic stress disorder (PTSD). Recognising the nature and extent of the effects of pandemics on the mental health of the general population and healthcare workers is important, Effective psychological support interventions for all those exposed to a pandemic is essential. *Aims:* This systematic review series aimed to assess the prevalence and incidence of mental health conditions in the general population (Review 1) and in healthcare workers (Review 2) during and after a pandemic; and to investigate the types and effectiveness of psychological interventions supporting the general population and healthcare workers in similar situations to the Covid-19 pandemic (Review 3).

Methods: The systematic reviews followed PRISMA guidance and predetermined protocols (PROSPERO CRD:42020182094; CRD:42020182138; CRD:42020181947 Registered: 24.04.2020). The three systematic reviews all carried out a multi-database search from inception to March 2020. For the two incidence and prevalence reviews only cohort, cross-sectional and case-control studies which reported incidence and prevalence rates were included. For the two incidence and prevalence reviews meta-analysis, subgroup analysis and meta-regression was performed. The third systematic review included all study types examining the effectiveness of psychological support interventions for the general population and healthcare workers. The third review involved a narrative synthesis.

Results*:* Prevalence estimates showed that the most common mental health condition was PTSD (GP: 21.2%; HW:21.7%) followed by both Major Depressive Disorder (GP:13.8%, HW:13.4%), anxiety disorder (GP: 12.6%, HW:16.1%), and acute stress disorder (HW:7.4%) (low to moderate risk of bias). For symptoms of these conditions there was substantial variation in the prevalence estimates for depression for both the general population and healthcare workers. The prevalence for PTSD and anxiety increased after the pandemic for the general population but decreased for healthcare workers. Age, level of exposure and country of study were identified as important moderating factors. Various psychological interventions have been used in countries either affected by, or preparing for, mass outbreaks including: Pre-influenza-pandemic resilience training for healthcare workers (n=2); for SARS, a hospital prevention programme (n=1) and a debriefing intervention for patients with chronic diseases (n=1); for Ebola, Cognitive Behavioural Therapy for patients (n=1), telephone support (n=1) and `Psychological First Aid' training (n=1) for healthcare workers, and a psychosocial arts programme for children (n=1). Results showed improvements in mental health conditions such as depression and anxiety.

Implications: Clinically diagnosed psychological problems affect general populations and healthcare workers during and after infectious disease pandemics, with higher proportions experiencing symptoms. This places an onus on providers of health and social care to ensure they have adequate plans in place for preventing, diagnosing and managing any psychological conditions arising in the short- and longer-term for both service users and staff. However, the lack of available evidence relating to effective psychological interventions (before, during and after a pandemic) means uncertainty remains. Further large-scale controlled and longitudinal studies involving representative study populations are needed to inform the development of interventions for those exposed to mass outbreaks or those who are more vulnerable to the negative psychological consequences.

The Local Response to Covid-19: Understanding the Role of Directors of Public Health

Deborah Fenney, Clair Thorstensen-Woll, Shilpa Ross, David Buck
The King's Fund

Presenting Author: Deborah Fenney

Background: Much attention has been paid to the ability of (predominantly acute) NHS services to 'cope' with the Covid-19 pandemic. There has been less focus on how local systems have prepared for or acted during emergencies such as this – particularly how actors and agencies beyond the NHS have supported health services through emergency planning and health protection, thus reducing demand for critical care.

The King's Fund has been commissioned by the Health Foundation to explore the role of local systems – and in particular Directors of Public Health (DsPH) – in addressing the immediate impacts of Covid-19 on the health of their local populations, as well as the economic impacts of the pandemic and its aftermath.

The knowledge and expertise of DsPH, their understanding of local places and resources, and their broader role in local government situate them at the centre of local decision-making that affects public health. Understanding the local response to Covid-19 is key to understanding the effectiveness of the DPH role and how the public health response can be developed, toward dealing with re-emergence of coronavirus (or similar viruses) as the pandemic progresses and into the future.

This presentation will explore the role DsPH have undertaken in England during the course of the pandemic, and the potential implications for the future practice and position of public health in local health and care systems.

Methods: We will draw on data from longitudinal qualitative research currently underway (between September 2020 – May 2021), comprising:

1. Repeat interviews with up to 12 DsPH in England, using narrative and semi-structured techniques.
2. Two in-depth system studies comprising repeated interviews with 10 local system leaders including local authority, CCG and voluntary sector leaders.
3. Additional interviews with key system leaders in England, Northern Ireland, Scotland and Wales.

Results: Data collection will be completed by May 2021. Initial themes from the first round of interviews with DsPH include: the importance of regional and local relationships with council colleagues, across sectors and between different DsPH, and how they navigate these using their leadership and influencing skills; the importance of engaging their local communities; the opportunity costs for wider preventative and health improvement work while capacity has been taken up with the immediate pandemic response; the barriers and opportunities for work focusing on inequalities; and the opportunities and challenges brought about by DsPH increased recognition and public profile.

In our presentation, we will build on this early analysis to set out the findings from across the research strands. The longitudinal element of our study will enable a fuller understanding of DsPH views, actions and roles and how they have changed over time, to capture the experience of moving through the process of the pandemic – from preparation through response to recovery. We anticipate our findings will include:

- An account of DsPH experiences across 16 months of the pandemic and what has enabled and constrained their local system responses
- Specific barriers and facilitators of relationships with colleagues from other sectors in local, regional and national structures
- Consideration of similarities and differences in experiences of English DsPH and those in Scotland, Wales and Northern Ireland
- Implications for the future shape of the DPH role

Implications: This research provides unique depth of insight into the experiences of Directors of Public Health during the Covid-19 pandemic and will generate insights into ways public health and NHS services can work together to protect and improve population health.

A Collaborative Descriptive Analysis of Those Who Are Clinically Extremely Vulnerable to COVID-19

Karen Hodgson, Sebastien Peytrignet, Jorgen Engmann, Kathryn Dreyer
The Health Foundation

Presenting Author: Karen Hodgson

Background: During the COVID-19 pandemic, the UK Chief Medical Officers highlighted the need to protect people who were clinically extremely vulnerable to COVID-19. To support this goal, a shielded patient list was developed, and with guidance developed to help these people to protect themselves during the pandemic. This guidance has included a shielding programme, initially in place from March – July 2020, and then reintroduced at the start of 2021.

People who are clinically extremely vulnerable to COVID-19 have faced many challenges during the pandemic in terms of safely accessing essential support and services. To ensure support is reaching those who need it most, a key concern for local systems has been understanding the needs of the rapidly identified population of clinically extremely vulnerable people in the areas that they serve.

Here, we will present data from the Networked Data Lab (NDL) on the clinically extremely vulnerable population. The NDL is a collaborative network of analytical teams across the UK, who have used linked datasets to help tackle the most important health and care priorities, as identified by both those working in the health and care system and engagement with the public. This is a Health Foundation funded programme, with five local partners:

- The Aberdeen Centre for Health Data Science which includes NHS Grampian and the University of Aberdeen
- Public Health Wales, NHS Wales Informatics Service, Swansea University (SAIL Databank) and Social Care Wales
- Imperial College Health Partners, Institute of Global Health Innovation, Imperial College London, and North West London CCGs
- Liverpool CCG, Healthy Wirral Partnership and Citizens Advice Bureau
- Leeds CCG and Leeds City Council

Methods: Each of the five partners have used their locally available linked datasets to examine the clinically extremely vulnerable population within their area. For the purposes of this analysis, this population was defined as any person added to the shielded patient list at any point prior to 31st July 2020.

The analysis described the demographic details of clinically extremely vulnerable people for each partner area, the long term health conditions that this population have (as captured within secondary care records, using the Elixhauser index) and the secondary healthcare use of the population, in the period between 1 March 2018 – 31 July 2020. The statistical analysis plan and the analytical code are both available online.

Having completed the analysis locally, each partner site then shared their summary statistics with the Health Foundation NDL team for collation and publication.

Results: The analysis describes the variation in the clinically extremely vulnerable population for each partner. There are substantial differences in terms of social context (level of deprivation, rurality and ethnicity) and evidence that these factors also intersect with the clinical heterogeneity among this population. There are also notable differences between partners in the approaches used to identify clinically extremely vulnerable people locally.

We will also include results from in-progress analyses, exploring long terms conditions and access to secondary health care before and during the pandemic, among this same population.

Implications: Using local linked data we can describe the areas of similarity and substantial difference between partners, in terms of the clinically extremely vulnerable people that they support. A comprehensive understanding of this population allows local services to be designed to meet their needs (including health, employment and wellbeing needs), while still ensuring protection from COVID-19. Furthermore, by openly documenting the local context, and the approaches used to identify and support this population, different areas can share learning while maintaining flexibility in their own efforts to address both the short and long-term impacts of the pandemic on those who are clinically extremely vulnerable to COVID-19.

COVID-19 And Doctor Emigration: The Case of Ireland

Niamh Humphries[1], Jennifer Creese[1], John Paul Byrne[1], John Connell[2]
[1]Royal College of Physicians of Ireland, [2]University of Sydney

Presenting Author: Niamh Humphries

Background: Since the 2008 recession, Ireland has experienced largescale doctor emigration. This presentation seeks to ascertain whether (and how) the COVID-19 pandemic might disrupt or reinforce existing patterns of doctor emigration.

Method: This presentation draws on qualitative interviews with 31 hospital doctors in Ireland, undertaken in June-July 2020. At the researchers were subject to a government mandated work-from-home order at that time, they utilised Twitter to contact potential respondents (snowball sampling); and conducted interviews via zoom or telephone.

Results: Two cohorts of doctors were identified; COVID Returners (N=12) and COVID Would-be Emigrants (N=19). COVID Returners are Irish-trained emigrant doctors who returned to Ireland in March 2020, just as global travel ground to a halt. They returned to be closer to home and in response to a pandemic-related recruitment call issued by the Irish government. COVID Would-be emigrants are hospital doctors considering emigration. Some had experienced pandemic-related disruptions to their emigration plans as a result of travel restrictions and border closures. However, most of the drivers of emigration mentioned by respondents related to underlying problems in the Irish health system rather than to the pandemic, i.e. a culture of medical emigration, poor working conditions and the limited availability of posts in the Irish health system.

Implications: This presentation illustrates how the pandemic intensified and reinforced, rather than radically altered, the dynamics of doctor emigration from Ireland. Ireland must begin to prioritise doctor retention and return by developing a coherent policy response to the underlying drivers of emigration.

Emergency Ambulance Service Calls For COVID-19 During The Pandemic First Wave

Mark Kingston[1], Fiona Bell[2], Mike Brady[3], Alan Watkins[4], Edward Duncan[5], Helen Snooks[4], Bridie Evans[4], Theresa Foster[6], John Gallenders[7], Niro Siriwardena[8], Robert Harris-Mayes[7], Ronan Lyons[4], Robert Spaight[9], Andy Newton[10], Alison Porter[4], Tom Quinn[11], Andy Rosser[12]
[1]Swansea University Medical School, [2]Yorkshire Ambulance Service, [3]Welsh Ambulance Service, [4]Swansea University, [5]Stirling University, [6]East of England Ambulance Service, [7]Patient/Public Contributor, [8]East Midlands Ambulance Service/University of Lincoln, [9]East Midlands Ambulance Service, [10]Independent, [11]Kingston and St George's University, [12]West Midlands Ambulance Service

Presenting Author: Mark Kingston

Background: COVID-19 presents huge challenges to ambulance services' management of emergency calls, with effects on call volumes, staff absences and additional triage processes. Our objective was to describe fluctuations in the volume and pattern of emergency ambulance services calls categorised as suspected COVID-19; numbers attended for face to face assessment and conveyance to the Emergency Department (ED).

Method: Collection of routine ambulance service data for all 13 UK ambulance services. 22-week period between February and July 2020. Data requested via email, with telephone follow-up, to Chief Executives and research leads.

Results: We received data from 12 services. Weekly volumes of all emergency calls varied widely between services and across the study period, with a UK peak at week 7 showing an increase of 13.1% above baseline across all services combined, varying between -0.5% to +31.4%. All services ended the study period with a lower call volume than at baseline, with an overall decrease of 14.6%, varying between 3.7% and 25.5%. The total volume of calls coded as suspected COVID-19 across the 22-week study period was 604146. 13.5% of all 999 calls in this period, with considerable variation across services, from 3.7% to 25.7%. In the weeks with the highest call volume by service, the range of 999 calls coded as suspected COVID-19 was 11.4% to 44.5%. Overall, ambulances were dispatched to between 59.0% and 100.0% of patients coded with suspected COVID-19. Conveyance rates for these calls ranged from 32.0% to 53.9%.

Implications: Variation in call volumes was unprecedented, characterised by sharp peaks as suspected COVID-19 cases emerged, and troughs as COVID-19 calls levelled out, but calls for other reasons decreased. Prehospital outcomes varied between UK emergency ambulance services and over time during the 2020 COVID-19 pandemic. We urgently need to understand reasons for variation, and the safety and effectiveness of triage strategies and models in order to inform care during further waves of this and future pandemics.

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Global Health Partnerships in Covid-19: Challenges and Successes of Maintaining Community Health and Social Education Programmes in Rural Kenya.

Lucy Obolensky[1], James Lyon Taylor[2], Ronald O'Koth[3]
[1]Plymouth University Peninsula Medical School, [2]Marlborough College / Atlas Foundation, [3]Future Health Africa

Presenting Author: Lucy Obolensky

Background: Since 2011 Future Health Africa (website) has been working with rural communities in Kenya to deliver health and social education programmes (Team Talk Project). These have seen increased numbers of girls in school, improved self-esteem and a shift in behavioural practice such as female circumcision. Covid-19 has demonstrated huge challenges for rural communities: the closing of schools no longer provides safe spaces for girls, and loss of income has forced families to marry off their daughters in exchange for livestock. Both these factors have led to a rise in teenage pregnancies in the communities.

We trialled delivery of a modified programme though a single Kenyan faculty with virtual support.

Method: Smart phone technology, such as Whatsapp, was circulated to communities in order to evaluate the desire for continuation of Team Talk during the pandemic and the results were highly positive.

The Kenyan Lead for Team Talk used the same technology to disseminate information to the dispersed nomadic communities informing them of locations and times of the project. Programmes are now held in open spaces, run by a single Kenyan faculty with the additional use of live and pre-recorded interaction with other Kenyan and UK faculties including community education specialists. Initial evaluation was undertaken through questionnaires and direct interviewing with project participants and community members. Teachers (who are not at schools) were consulted via phone and messaging.

Results: Evaluation of the modified programme demonstrate that young people and elders in the communities value health and education programmes and would like the project to continue despite the pandemic. Logistical challenges have been overcome through empowering Kenyan Faculty to work individually, working with groups of communities to access open spaces for projects and utilising pre-existing rural communication networks. Comments from evaluation of young people participating in October 2020 include:

“We need Team Talk as these are people you do not fear and can express yourself freely and talk to them”

“On Team Talk I have learnt to be courageous in front of people I have feared and not to fear them”.

Areas that young people would like Team Talk to develop include:

“Responding to peer pressure”; “How to help a friend who has been married early”; “How we can progress to fulfil our dreams in the future”.

Conclusion: Analysis suggests that it is now more important than pre-pandemic to deliver Global Health projects in rural communities and that, with a modified approach and digital support, programmes can still be delivered effectively. The success of projects like Team Talk is dictated by the ability of its leaders to be adaptable. The Covid-19 pandemic is seeing a different trajectory in Sub-Saharan Africa to that of Europe, yet the economic implications are just as drastic. Keeping girls in school and maintaining confidence and self-esteem to stand up for their rights is of paramount importance to their future. The impact of the pandemic will be felt by these communities, with many missing school for a whole year. More than ever education is valued and the children on Team Talk have benefited from the support and education during the latter stages of 2020.