



Public Health
England

Protecting and improving the nation's health

The impact of COVID-19 on London's children and young people

June 2021



Healthcare, Wellbeing and Workforce Team, PHE London

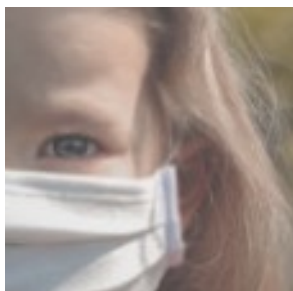
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Acknowledgements

Picture credits: Dr Marilena Korkodilos

Introduction



‘Children are not the face of this pandemic. But they risk being amongst its biggest victims’

United Nations 2020¹

Background

Whilst most children and young people (CYP) with COVID-19 rarely have severe illness, the longer term impact on education, mental wellbeing, health service provision and poverty is profound and has exposed the fragile circumstances that many children live in. These indirect effects are expected to effect disadvantaged CYP disproportionately²

Aims

This report aims to provide an overview of the key impacts of COVID-19 on CYP in London to inform partnership action to mitigate them

Methods

A rapid evidence summary of the wider impacts of COVID-19 on CYP was undertaken. The [PHE Fingertips tool](#) was used to summarise the data of the wider impacts in CYP in London. Organised by life course stage the following categories were considered:

- Impact on mortality
- Disruption to healthcare
- Reduction in prevention, detection and management of conditions
- Wider societal and economic impacts
- Wellbeing and behavioural risk factors

Wider impacts of COVID-19 on child health

Indicator	England	London
Infant mortality (2017-19) <i>Crude rate per 1,000</i>	3.9	3.4
Infants receiving a 6-8 week review (2019/20) <i>Proportion (%)</i>	85.1	75.8
MMR vaccination one dose 2 years (2019/20) <i>Proportion (%)</i>	90.6	83.6
A&E attendances 0-4 years (2018/19) <i>Crude rate per 1,000</i>	655.3	755.2
School readiness at the end of reception, aged 5 years (2018/19) <i>Proportion (%)</i>	71.8	74.1
Children receiving a free school meal (2018) <i>Proportion (%)</i>	13.5	15.6
Physically active children and young people (2019/20) <i>Proportion (%)</i>	44.9	41.9
Overweight including obese 10 to 11 year olds (2019/20) <i>Proportion (%)</i>	35.2	38.2
Under 18 conception rate (2018) <i>Crude rate per 1,000</i>	16.7	13.9
Hospital admissions for asthma <19 years (2019/20) <i>Crude rate per 100,000</i>	160.7	167.6

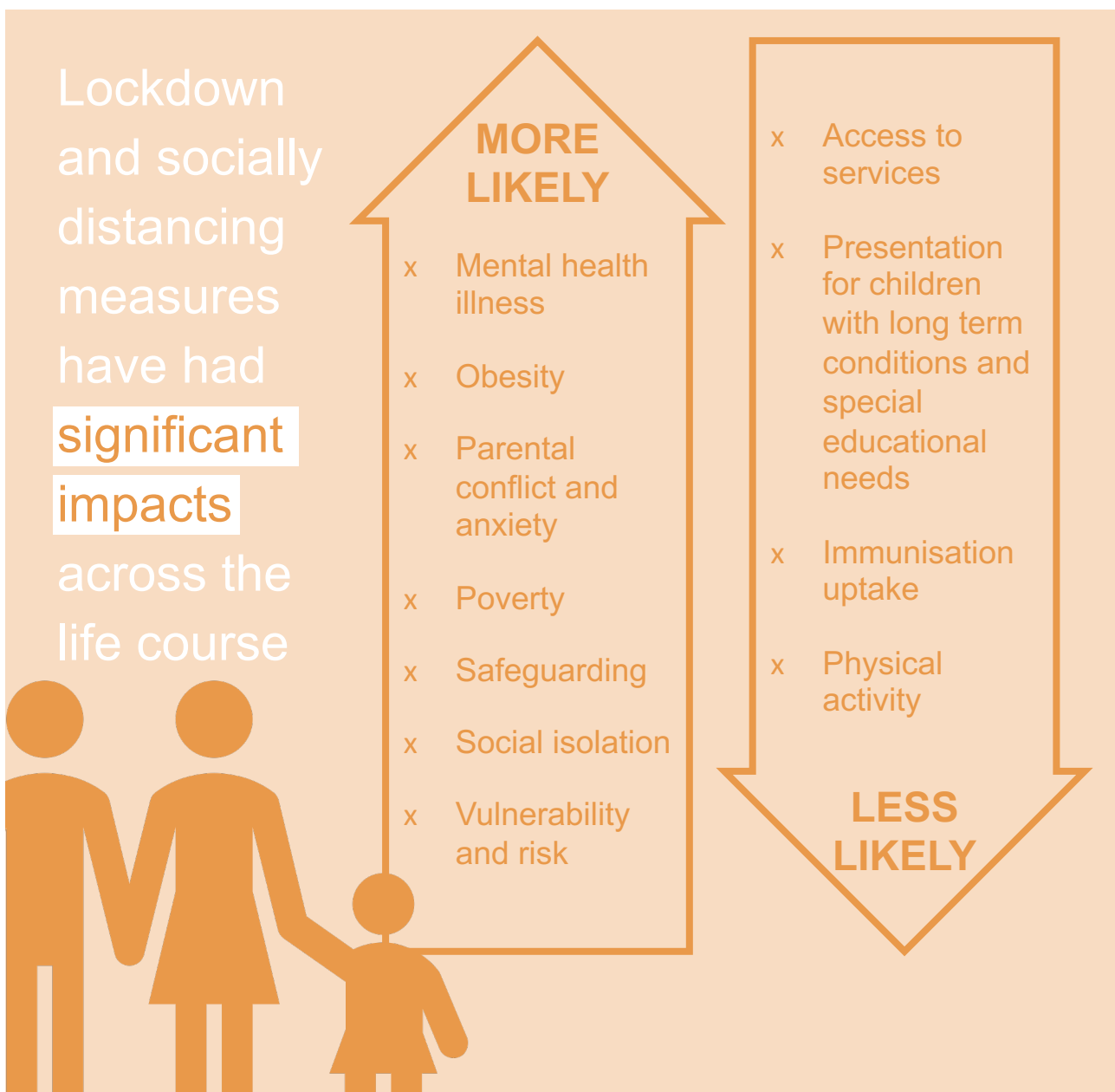
1. [United Nations \(2020\) Policy brief. The impact of COVID-19 on children](#)
 2. [Heffernon C et al. Arch Disease Child 2020;0:1-6 Priorities for the child public health response to the COVID-19 pandemic recovery in England](#)

Wider impacts of COVID-19 on child health

Dr Marilena Korkodilos

Why it is important

- Although children and young people (CYP) are generally less clinically vulnerable to COVID-19 than are adults, the wider effects of COVID-19 policies have disproportionately and negatively affected them¹
- CYP are experiencing additional harm due to social isolation, lack of protective school placements, increased anxiety and a drop in service provision from the NHS, education and social services. This is particularly true for the most vulnerable children²
- The risks to children's health, wellbeing and futures are profound^{3,4,5}



1. [Growing up in the shadow of COVID-19](#)
2. [Wider collateral damage to children in the UK because of social distancing measures designed to reduce the impact of COVID-19 in adults](#)
3. [Scottish Government \(September 2020\) COVID-19 children, young people and families evidence summary](#)
4. [United Nations \(April 2020\) The impact of COVID-19 on children](#)
5. [UNICEF \(2020\) Children in lockdown: What Coronavirus means for UK children](#)

Wider impacts of COVID-19 on child health

Dr Marilena Korkodilos

The indirect impact of the COVID-19 pandemic and the measures to curb it have had a huge impact on all aspects of children and young people's lives

"After paying my bills I have been left with about £50 a week to live on and feed my children, some weeks I have gone hungry so that they could eat"

"The services we rely on for support... were deemed non-essential and closed down for six months"

"I've got children on a Child Protection Plan who are now at home and not coming into school ... That's what's keeping me awake at night"

"While most children will be delighted to return to school, we should also remember there will be some who may have preferred learning from home"

"Lockdown has not helped with my mental health, it's emotionally draining, like I'm always tired and I've got a constant headache"

"Studying has been very difficult at home as I can't get concentrated. Feeling alone everyday"

"In lockdown instead of focusing on remote learning for my yr12 exams I was focusing on filling out DWP paperwork for my mum who lost her job due to coronavirus"



1. [CPAG \(2020\) Poverty in the pandemic update](#)
2. [APPG for SEND \(2021\) Forgotten. Left Behind. Overlooked](#)
3. [EIF \(2020\) COVID-19 and early intervention Understanding the impact, preparing for recovery](#)
4. [Children's Commissioner \(2021\) Welcoming the return to school of children after lockdown](#)
5. [Children's Commissioner \(2021\) The state of children's mental health services 2020/21](#)
6. [Children's Commissioner \(2020\) Stress among children in England during the coronavirus lockdown](#)
7. [Children's Commissioner \(2020\) Childhood in the time of COVID](#)

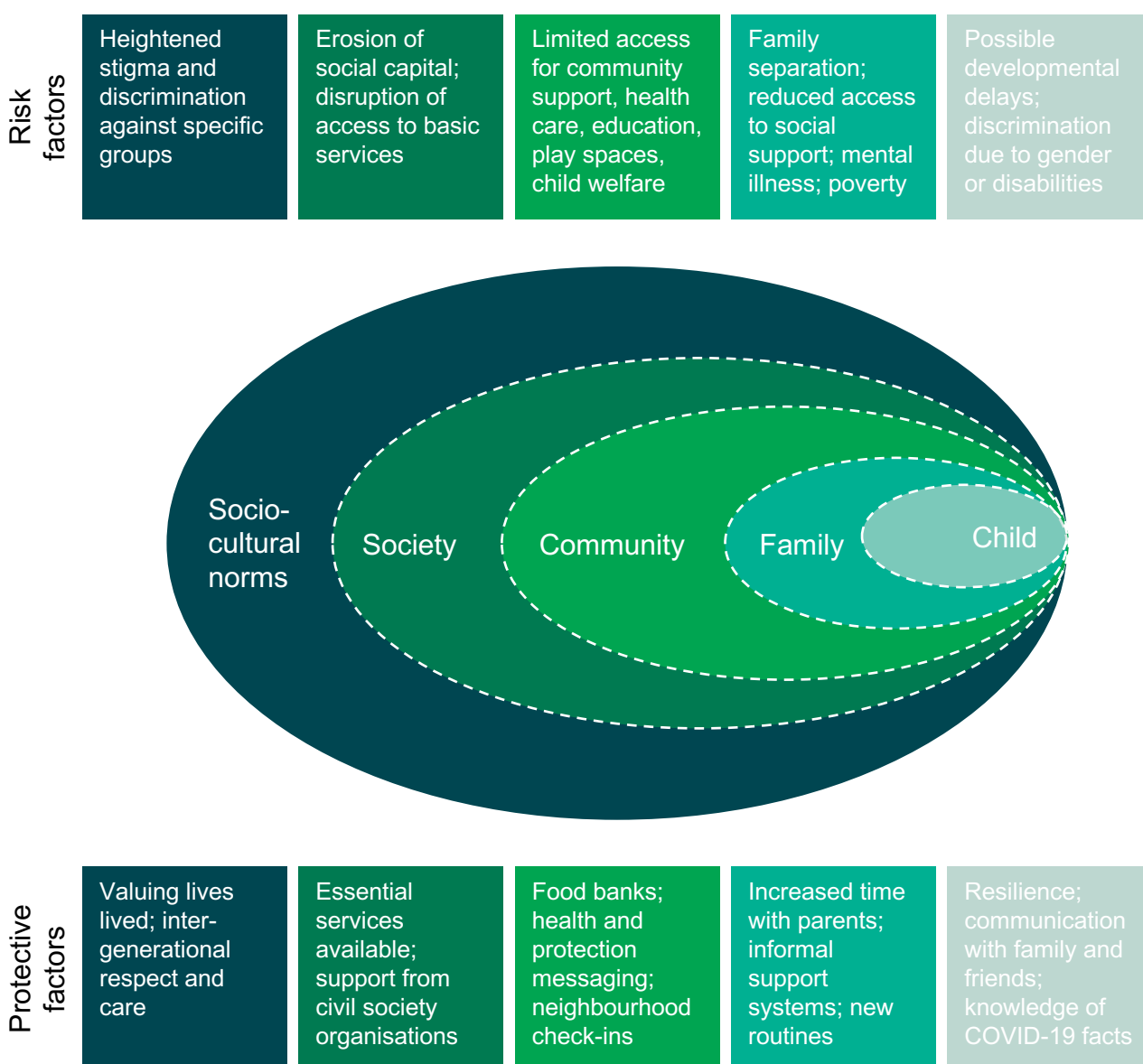
Risk and protective factors for children and young people's wellbeing

Dr Marilena Korkodilos

Risk and protective factors

The measures used to prevent and control the spread of COVID-19 have led to disruptions to families, friendships, daily routines and wider community dynamic, which have put CYP's wellbeing and development at risk.¹ Figure 1 summarises risk and protective for CYP's wellbeing

Figure 1: Socio-ecological impact of COVID-19: protective and risk factors



1. [The Alliance for child protection in humanitarian action \(2020\) technical note: Protection of children during the coronavirus pandemic \(v2\)](#)

The impact of COVID-19 on child poverty

Robert Marr, Dr Marilena Korkodilos

Definition

- Poverty is defined in different ways and there is no single, universally accepted definition. The proportion of children living in poverty can look quite different depending on the measure used¹
- A commonly used definition for poverty is people living in households with income below 60% of the median in that year. This compares the households with the lowest incomes against the rest of the population in that year¹

Why it matters

- Poverty has lifelong impacts. A child born into poverty is more likely to have a low birthweight, to die in infancy and to have poor physical and mental health as a child²
- Poverty is strongly associated with doing less well at school and with a range of social and cognitive outcomes, partly due to simply having more money to spend on children, and partly because of parental stress and anxiety³

350,000 of children in England lived in a family where someone had been forced to **skip a meal** in the last week in April 2020



Poverty in London in 2018/19

- 17.8% of children in London aged less than 16 years lived in relative poverty. This ranged from 5.6% in the City of London to 27.3% in Tower Hamlets. These are calculated before housing costs⁴
- London had the highest rates of relative poverty once housing costs were taken into account: 39% of children aged less than 16 years lived in poverty⁵



Inequalities

- Children are the most likely of all age groups to live in poverty⁶
- Poverty is unequally distributed: London's children are more likely to live in poverty if they are from a Black, Asian or minority ethnic group, if someone in the household is disabled, in a single parent family, or a large family². Poverty is also associated with household circumstances that make children more vulnerable, for example where parents have mental health or substance misuse needs⁷

References

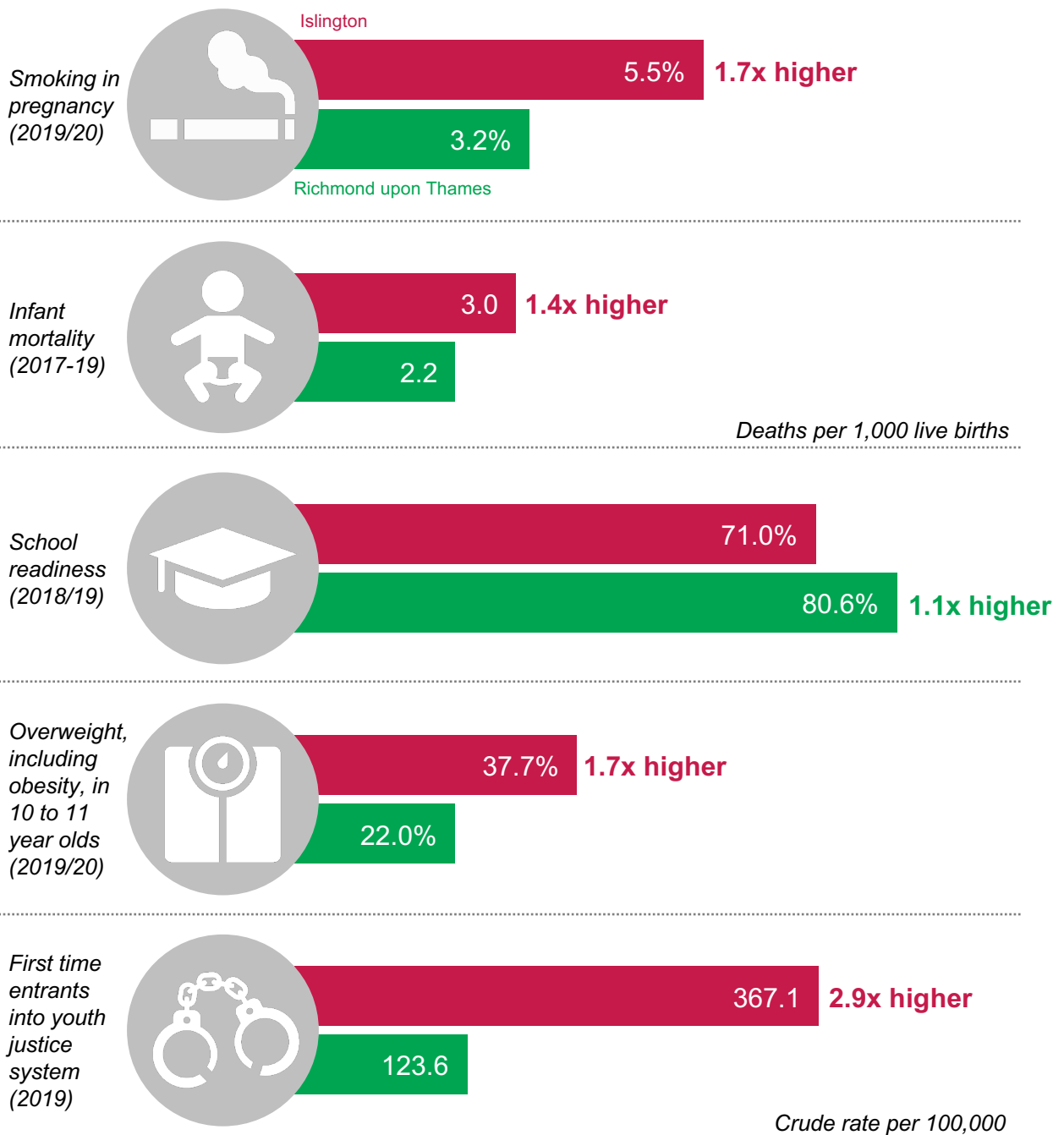
1. [UK Parliament \(2021\) Poverty in the UK: Statistics](#)
2. [Korkodilos M. BACAPH \(2021\) The health and wellbeing of children and young people in England. BACAPH](#)
3. [RCPCH \(2018\) The impact of poverty on child health](#)
4. [PHE public health profiles](#)
5. [Hirsh D and Stone J. Loughborough University \(2020\) Local indicators of child poverty after housing costs, 2018/19](#)
6. [Children's Commissioner \(2021\) Child poverty: The crisis we can't keep ignoring](#)
7. [Mental Health Foundation \(2016\) Poverty and mental health](#)

The impact of COVID-19 on child poverty

Robert Marr, Dr Marilena Korkodilos

Child poverty defines a child's life chances from before the child is even born

Comparing outcomes for CYP in **Richmond upon Thames**, which had the lowest proportion of child poverty in London before housing costs in 2018/19 (8.5%) to **Islington** which has the highest proportion of child poverty (30.6%) in London shows:



References
[PHE public health profiles](#)

The impact of COVID-19 on child poverty

Robert Marr, Dr Marilena Korkodilos

Potential impacts

- Child poverty was already increasing before the COVID-19 pandemic, as result of austerity¹
- The impacts of the COVID-19 pandemic have been harder for those in lower incomes, who have been more likely to be made redundant, lose income, be infected with (and die from) COVID-19 and less able to support children with home schooling²

Employment

- In London, out of work benefits claims have increased by 148% (274,000) and families report struggling to meet basic needs³
- Young people have been more likely than older people to lose their job (which makes poverty vastly more likely)⁴
- Young black people were three times more likely to be unemployed (41.6%) than young white people⁴

Lockdown measures

- Containment and lockdown measures have disproportionately affected low income families with young children⁵
- Over a third of low income families with children increased their spending during 2020, while 40% of high income families without children reduced theirs⁵

Benefits

- The expanded social safety net (increase of universal credit payments by £20 week) has not been enough to limit a rise in poverty for children¹
- Removing this uplift would move 300,000 children into poverty immediately¹

Food poverty

- Emergency food parcels issued by The Trussell Trust foodbanks (one of many providers, i.e. an underestimate of need) in London more than doubled from 204,000 in 2019/20 to 421,000 in 2020/21⁶
- Food parcels issued to children also more than doubled, from 75,000 in 2019/20 to 159,000 in 2020/21⁶
- 400,000 children in London have low/very low food security⁶

Long-term

- Lost learning will cause the greatest damage to the qualifications and job prospects of pupils who are already disadvantaged⁵

As a result of the pandemic, **nearly 6 in 10 families** said they are **struggling** to cover the cost of 3 or more **basic essentials**, including food, utilities, rent, travel or child-related costs



References

1. [Children's Commissioner \(2021\) Child poverty: The crisis we can't keep ignoring](#)
2. [Child Poverty Action Group \(2020\) Poverty in the pandemic](#)
3. [GLA \(2021\) London's coronavirus recovery: A robust safety net](#)
4. [The Guardian \(2021\) Black youth unemployment](#)
5. [Whitehead M. BMJ \(2021\) Poverty, health and COVID-19](#)
6. [The Trussell Trust. End of year statistics](#)

The impact of COVID-19 on child poverty

Robert Marr, Dr Marilena Korkodilos

Actions to reduce child poverty

- It is possible to reduce child poverty if there is commitment to do so. Between 1996/97 and 2011/12, the rate of relative child poverty (after housing costs) fell from 34% to 27%, the lowest level since comparable records began in the 1990s¹
- National government, local authorities, the NHS, as well as other third sector and public organisations, have a key role to play in reducing child poverty and the effects it has on children's health and wellbeing including:

Leadership

- Strong leadership and commitment to prioritising reducing inequalities and child poverty¹

Measuring poverty

- Developing a broader consensus on how to define child, building on the work of the Social Metrics Commission^{1,2}

Employment

- Increasing the availability of work³
- Increasing the wages of low-paid workers³
- Supporting people with health and social issues into work³
- Providing intensive personalised support to build individuals' employability such as building basic skills, practical support for personal circumstances (e.g. childcare, money advice) and improved matching to employer opportunities⁴



Social security

- Providing sufficient income support; the benefits system must ensure everyone is afforded the dignity of being able to afford the essentials if life doesn't go to plan¹
- Providing better support for families with children with chronic illness⁵

Household costs

- Providing affordable housing, for example working with the social housing sector to keep rents affordable
- Making public transport more affordable and accessible⁶
- Providing affordable early years childcare⁶

Address the associated health impacts of child poverty

- Offering intensive support to those experiencing, or most likely to experience problems, such as intensive health visiting, preschool education or childcare²

References

1. [Children's Commissioner \(2021\) Child poverty: The crisis we can't keep ignoring](#)
2. [Social Metrics Commission \(2020\) Measuring poverty 2020](#)
3. [Public Health Scotland \(2021\) Child poverty overview: Reducing child poverty](#)
4. [Taulbut M and MaCartnery G. Health Scotland \(2013\) The chance to work in Scotland](#)
5. [Korkodilos M. BACAPH \(2021\) The health and wellbeing of children and young people in England](#)
6. [The Scottish Government \(2018\) Every child, every chance: Tackling child poverty delivery plan 2018-22](#)

The impact of COVID-19 on pregnancy, birth and early weeks

Dr Marilena Korkodilos

Why it is important

Antenatal health determines not only the health of the newborn, but also has a major impact on adult health and disease risk¹

Potential impacts

- Pregnant women are not thought to be more susceptible to COVID-19 than the general population²
- Most pregnant women who are infected with COVID-19 will experience a mild illness. However changes to the immune system mean that pregnant women may be more vulnerable to severe infection and at increased risk of requiring admission to an intensive care unit or needing invasive ventilation^{2,3}
- A national surveillance study³ found that of pregnant women admitted to hospital in the UK with COVID-19:
 - Most women were in the late second or third trimester
 - One in 10 women needed respiratory support in a critical care setting and one in 100 died
- Pregnant women with COVID-19 are at increased risk of delivering preterm and their babies being admitted to the neonatal unit. But overall rates of spontaneous preterm births are not high. Stillbirth and neonatal death rates are low in women with suspected or confirmed COVID-19³
- The MBRRACE-UK rapid report⁴ highlighted two instances where women died by suicide, where referrals to perinatal mental health teams were refused or delayed because of restrictions related to COVID-19

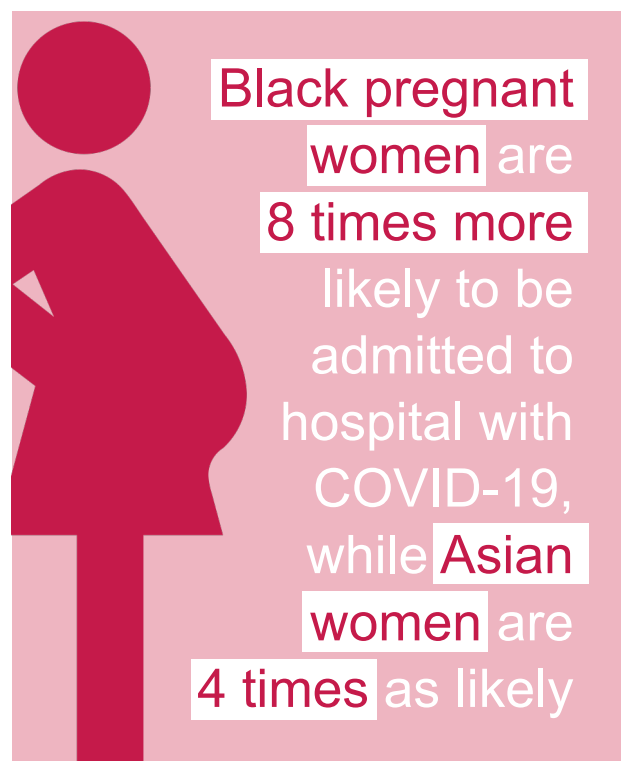
Risk factors

Pregnant women who were more likely to be admitted to hospital for COVID-19 included those:

- Aged 35 years or older
- Who had a BMI of 30 or more
- Who had pre-existing co-morbidity, such as high blood pressure and diabetes³

Inequalities

- Pregnant women from Black, Asian and minority ethnic (BAME) backgrounds or living in areas or households of increased socio-economic deprivation were more likely than other women to be admitted to hospital for COVID-19³
- The MBRRACE-UK rapid report⁴ highlighted that of the eight women who died from COVID-19 seven (88%) were from BAME groups



1. [The public health importance of antenatal care](#)
2. [RCOG guidelines \(2020\) COVID-19 infection in pregnancy](#)
3. [BMJ \(2020\) Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study](#)
4. [MBRRACE \(2020\) Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK](#)

The impact of COVID-19 on pregnancy, birth and early weeks

Dr Marilena Korkodilos

Actions to improve outcomes

Improving outcomes for pregnant women and their babies includes:

Communication

- Pregnant women should be aware of potential risks of severe COVID-19, including adverse pregnancy outcomes and should follow social distancing measures, particularly in their third trimester¹
- The perceptions and insights of local communities are key to researching lived experiences and implementing measures to address inequalities and overall health improvement²

Data collection

- Ongoing collection of data on the outcomes of infection during pregnancy to assess potential effects of COVID-19 and inform maternity services provision¹

Minimising risk for women in Black, Asian and minority ethnic groups

- Minimise the additional risk of COVID-19 for Black, Asian and minority ethnic group (BAME) women and their babies including:
 - Increasing support of at-risk pregnant women
 - Reaching out and reassuring pregnant BAME women with tailored communications
 - Discussing vitamins, supplements and nutrition in pregnancy with all women
 - Recording risk factors on maternity information systems to identify those most at risk of poor outcomes³

Maternity services should ensure that care of pregnant women is not compromised by service changes due to COVID-19

Organisation of maternity services

- Ensuring that care of pregnant and postpartum women with both physical and mental health co-morbidities is not compromised by service changes must be a priority to improve maternal and perinatal outcomes. This includes:
 - Early senior obstetric review
 - Multidisciplinary team decision making and planning for iatrogenic birth
 - Nuanced and early communication with families
 - Identifying women who need further face to face mental health support
 - Care of vulnerable women such as those subject to domestic violence must remain a priority⁴

1. [BMJ \(2020\) Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study](#)
2. [South London Maternity and Perinatal Mental Health Research and Advisory Teams \(2021\). Addressing inequities in maternal health among women living in communities of social disadvantage and ethnic diversity](#)
3. [NHS \(2020\) NHS boots support for pregnant black and ethnic minority women](#)
4. [MBRRACE \(2020\) Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK](#)

The impact of COVID-19 on infant and child deaths

Dr Marilena Korkodilos

Why it is important

- Infant, child and adolescent death rates in the UK have declined and continue to fall. However, the UK has one of the worst child mortality rates in Western Europe¹
- Too many children and young people (CYP) are still dying unnecessarily. In 2018, of all deaths among CYP aged 0 to 19 years in the UK, 35% were considered avoidable (1,720 deaths out of 4,883). Overall, avoidable deaths in children and young people made up 1% of the total number of avoidable deaths in the UK²

Potential impacts

Direct impact

- Most childhood cases of COVID-19 are mild and self-limiting with few recorded child deaths³

- During the first wave of the pandemic, between January and May 2020:
 - There were eight deaths in children with confirmed COVID-19
 - The case-fatality rate in children with COVID-19 was <0.5%
 - There was no evidence of excess child mortality³

Wider impact

- The COVID-19 pandemic is likely to increase infant and child mortality indirectly as a consequence of strained health systems, household income loss and disruptions to care-seeking and preventative interventions like vaccination⁴

Health seeking behaviours

- A BPSU snapshot survey in April 2020 found that delay in taking children to the emergency department during lockdown may have contributed to the deaths of nine children⁵

Serious incidents and harm

- Serious incident notifications involve death or serious harm to a child where abuse or neglect is known or suspected, and also deaths of children in care and children in regulated settings. Between April and September 2020 Ofsted received 285 serious incident notifications, a 27 per cent increase on the same period in 2019/20. Of these notifications, 119 related to child deaths, an increase from 89 in the same period of 2019/20⁶
- There was a 20% rise in babies being killed or harmed during the first lockdown, 64 babies were deliberately harmed in England - eight of whom died⁷



1. [RCPCH \(2014\) Why children die - research and recommendations](#)
2. [ONS \(2018\) Avoidable mortality in the UK](#)
3. [Ladhani S et al Arch Dis Child 2020 COVID-19 in children: analysis of the first pandemic peak in England](#)
4. [UNICEF \(2021\) Child mortality and COVID-19](#)
5. [BPSU \(2020\) 'snap-shot' survey - delayed presentations to hospitals](#)
6. [Ofsted \(January 2021\) Serious incident notifications](#)
7. [Ofsted \(2020\) Amanda Spielman at NCASC 2020](#)

The impact of COVID-19 on infant and child deaths

Dr Marilena Korkodilos

Deaths by suicide

- A review of likely child suicides in England during the COVID-19 pandemic raised a concerning signal that child suicide deaths may have increased during the first 56 days of lockdown in March to May 2020, but that the risk remained low and the numbers were too small to reach definitive conclusions^{1,2}
- Factors related to COVID-19 or lockdown were thought to have contributed to 12 (48%) of the 25 post-lockdown deaths. Amongst the likely suicide deaths reported after lockdown, restriction to education and other activities, disruption to care and support services, tensions at home and isolation appeared to be contributing factors¹

Road traffic fatalities

- One positive effect of the measures implemented to control the spread of COVID-19 was the reduction of traffic on both urban and interurban roads; this resulted in a marked fall in the number of traffic-related injuries and fatalities³
- Whilst data are not yet available for children for 2020, between January and June 2020, an estimated 670 people were killed in reported road accidents. This is a decrease of 21% compared to the equivalent period of 2019 (838). This decrease is statistically significant at the 95% confidence level⁴

Risk factors

- All children who died from COVID-19 in the UK had pre-existing health conditions or co-morbidities⁵
- Social deprivation has a detrimental effect across all causes of child death^{6,7}

Actions to reduce infant and child deaths

Reducing child deaths requires a combination of NHS action and actions on wider social determinants, including:

- Action to reduce child poverty through for example providing sufficient income support and affordable housing
- Optimising maternal health before during and after pregnancy
- Planning and providing environments that support CYP's safety inside and outside their homes
- Communicating with families to spot the signs of illness or failing health and providing guidance about where to access medical advice and review
- Training healthcare staff to improve the recognition of serious illness
- Tailoring approaches to improvements in mental health and reducing access to the means of suicide⁷

During the first lockdown **delays** seeking healthcare were linked to **more** child deaths than COVID-19



1. [National Child Mortality Database \(2020\) Child suicide rates during the COVID-19 pandemic in England: Real-time surveillance](#)
2. [Public Health England \(2020\) COVID-19 mental health and wellbeing surveillance report](#)
3. [ETSC \(2020\) The impact of COVID-19 lockdowns on road deaths in April 2020](#)
4. [Department for Transport \(2021\) Reported road casualties in Great Britain: provisional estimates year ending June 2020](#)
5. [Clinical characteristics of children and young people admitted to hospital with covid-19 in United Kingdom: BMJ 2020;370:m3249](#)
6. [National Child Mortality Database \(2020\) Report on deprivation announced](#)
7. [PHE \(2016\) Reducing child mortality in London](#)

The impact of COVID-19 on early years

Jennifer Beturin-Din, Dr Marilena Korkodilos

Why it is important

- Experience and development in early years are crucial to children and young people's (CYP) long-term outcomes in later life including in educational attainment, physical, mental and emotional wellbeing¹
- Access to high quality early education and childcare plays a vital role in improving the life chances of CYP and consequently in reducing health inequalities²

Potential impacts

Early years settings

- In 2019, around 78% of children aged two to four year olds in England accessed formal education or childcare³, in comparison, only 7% of parents of two to four year olds reported to have continued attending these settings throughout the first lockdown period between March and June 2020⁴
- The partial closure of early years settings is likely to have had significant implications for the wellbeing, learning and development of children including:
 - Exacerbating existing inequalities
 - Widening of the attainment gap
 - Increased risk of mental disorders and of safeguarding issues⁴

Health visiting services

- Health visiting services provide vital support to all families with babies and small children as part of the Healthy Child Programme to ensure that they get the best start in life. COVID-19 placed significant pressure on health visiting services⁵
- Health visiting teams were reduced by up to 50-70% in some areas in England due to widespread staff redeployment⁵ In London, one area reported to have redeployed 60% of their workforce. The remaining staff absorbed more caseloads and high proportion of child safeguarding work⁵

Health inequalities

- Children from disadvantaged backgrounds had less access to resources, learning and play space at home and some struggled to settle back into their early years settings as a result. Some early years providers reported deterioration in behaviour for these children⁶
- Surveys carried out by the Sutton Trust reported negative impacts on the child's physical, social and emotional development⁴. This demonstrates the risk of further widening of socioeconomic gap in early years development

Positive early experiences
improve readiness to
learn and life chances



1. [Dyson, A. et al \(2009\) Childhood development, education and health inequalities. Task group report to the strategic review of health inequalities in England post 2010 \(Marmot Review\).](#)
2. [Stewart, K. and Waldfogel, J. \(2017\) Closing gaps early: The role of early years policy in promoting social mobility in England](#)
3. [Department for Education \(2019\), Official Statistics Childcare and early years survey of parents: 2019](#)
4. [The Sutton Trust \(2020\) COVID-19 and social mobility impact brief #4: Early years](#)
5. [Conti, G. and Dow, A. \(2020\) The impacts of COVID-19 on health visiting in England first results](#)
6. [Ofsted \(2020\) COVID-19 series: Briefing on early years, November 2020](#)

The impact of COVID-19 on early years

Jennifer Beturin-Din, Dr Marilena Korkodilos

Mental health and wellbeing

- Parents/caregivers of younger children reported to be more anxious, stressed and depressed as a result of COVID-19 and lockdown¹
- This is particularly the case for those who are facing financial difficulties. Findings from the 'Babies in Lockdown' survey showed a negative correlation between income and anxiety, with 55% of respondents earning the least reporting feeling 'a lot' more anxious compared to 32% of those earning the most. A similar trend was also seen across parents of different ages, with younger parents feeling more anxious²
- Providing responsive and nurturing care which is crucial to healthy brain and emotional development during the early years period is likely to be more challenging and problematic without the usual support available³

Parents of younger children are reporting to be more **stressed, anxious** and **depressed** than parents of older children as a result of COVID-19



Increased vulnerability

- During the pandemic, there has been a notable increase in childhood poverty. In London, the number of households claiming Universal Credit increased by 53% to 830,150 between March 2020 and November 2020 with 36.7% of these households with children⁴
- This increase in financial hardships is a potential stressor that could lead to tensions, mental and emotional health issues; these conditions are linked to child maltreatment and risk of physical, emotional, and domestic abuse and neglect⁵
- Reduced capacity in health visiting services and limited face-to-face contacts (following COVID-19 restrictions) as well as limited access to early years settings raised concerns that the emerging needs and vulnerabilities of many families and children were missed including any potential safeguarding concerns⁶

1. [Co-SPACE Study \(2021\) Changes in parents/carers' ability to balance childcare and work between March 2020 to February 2021](#)
2. [Best Beginnings, Home-Start UK and the Parent-Infant Foundation \(2020\) Babies in lockdown: Listening to parents to build back better](#)
3. [NCB \(2020\) A vision for recovery: Early years recovery briefing](#)
4. [Households on universal credit dashboard](#)
5. [NSPCC evidence team \(2020\) Isolated and struggling](#)
6. [Early years recovery briefing](#)

The impact of COVID-19 on early years

Jennifer Beturin-Din, Dr Marilena Korkodilos

Actions to improve outcomes for early years

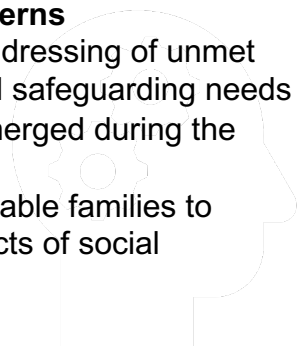
What happens in the early years of a child's life has a profound impact on the rest of their life. Actions to improve early years outcomes such as wellbeing, learning and development include:

Supporting early years provision

- Ensuring early years services are resourced to enable all families to give babies and young children the best start in life, including a fully resourced, trained and valued early years workforce¹
- Identifying and addressing missed developmental or wellbeing issues¹
- Supporting services to return to 'a full-service offer'²
- Continuing to promote and focus on the children, families and staff health and wellbeing via the Healthy Early Years London (HEYL) awards scheme³
- Considering how to utilise digital service delivery to increase reach to families in a person-centred way, whilst not compromising on the value of in-person support¹

Addressing vulnerabilities and safeguarding concerns

- Identifying and addressing of unmet mental health and safeguarding needs that may have emerged during the lockdown¹
- Supporting vulnerable families to mitigate the impacts of social distancing¹



Supporting parents and caregivers

- Ensuring that the needs of parents and caregivers of babies and young children are identified early and that they have access to appropriate support based on those needs (e.g. children's centres, parenting groups, community health professionals)⁴
- Integrating psychosocial interventions to support maternal mental health into early childhood health and development services⁵
- Supporting parents and caregivers to engage in early learning with their infants and children^{5,6}

Addressing inequalities

- Enabling access to high-quality early years education and childcare¹
- Signposting families to relevant and appropriate support in local areas such as food banks and healthy start vouchers⁷



1. [Early years recovery briefing](#)
2. [First 1001 Days Movement \(2021\) Working for babies: Lockdown lessons from local systems](#)
3. [Healthy Early Years London](#)
4. [PHE \(2021\) Health visiting and school nursing service delivery model](#)
5. [WHO \(2020\) Improving early childhood development](#)
6. [State of the nation: Understanding public attitudes to early years](#)
7. [Sustain. Improving the uptake of healthy start vouchers](#)

The impact of COVID-19 on education

Dr Marilena Korkodilos

Why it is important

- School attendance is very important for children and young people (CYP) and is critical to reduce inequality, improve life chances and enhance physical and mental health¹

School closures

- In order to reduce the spread of COVID-19, educational institutions were temporary closed. Face to face provision was provided for children of key workers and vulnerable children; remote schooling was provided for all other children¹

Timeline

20/03/20	All school and childcare facilities are closed to most children
01/06/20	Partial opening of primary schools for children in nursery, reception, Year 1 and 6
15/06/20	Partial opening of secondary schools for children in Year 10 and 12 GSCE
02/09/20	Full reopening of school and childcare facilities
05/01/21	Closure of primary and secondary schools to most children. Early years settings open as normal
08/03/21	Schools, colleges and further education settings open to all students

Potential impacts

There are significant educational, developmental and mental health harms from schools being closed, particularly for younger children, and vulnerable CYP¹, including:

Educational achievement

- Additional time out of school is detrimental for children's cognitive and academic development and their long-term productivity²
- Emerging learning problems may be missed by educational psychologist, potentially missing opportunities for early intervention²
- Progress made to narrow the attainment gap in the last decade is likely to reverse. The median estimate indicates that the gap would widen by 36%³

Wellbeing

- School closures cause deterioration in children's mental health:
 - Evidence suggests that the mental health of adolescents is particularly affected²
 - Social isolation and lack of contact with peers is likely to be particularly harmful for adolescents²
- Levels of physical activity are likely to be lower as a result of remote schooling²
- For children with special educational needs (SEN), school also provides an environment in which other interventions can be offered. These include speech and language therapy, applied behaviour analysis and social skills training. The pandemic has negatively affected these interventions⁴

1. [Scottish Government \(2020\) Report from the COVID-19 advisory sub-group on education and children's issues](#)
2. [SPI-M and DfE \(2020\) Benefits of remaining in education: Evidence and considerations](#)
3. [Impact of school closures on the attainment gap](#)
4. [House of Lords Library \(2020\) COVID-19: Impact on young people's mental health](#)

The impact of COVID-19 on education

Dr Marilena Korkodilos

Potential impacts

Inequalities

- It is very likely that the gaps in provision of remote schooling by schools and families have exacerbated existing inequalities between students from low and high socio-economic status families¹
- Compared with children from wealthier backgrounds, more disadvantaged children were disproportionately harmed by closures in the following ways:
 - Greater loss of learning time
 - Less access to online learning and educational resources
 - Less access to private tutoring and additional educational materials
 - Inequalities in the exam grading systems²
- Children with special educational needs and their families were particularly disadvantaged through school closures²
- School funding continues to benefit schools in the least disadvantaged areas the most, widening educational outcomes²
- Disadvantaged pupils are over 18 months behind their more affluent peers in attainment by age 16. The impact of the pandemic will almost certainly widen this gap¹

Families

- Schools offer an important physical space for children to have time away from home. The the negative effect of extreme financial strain on some families during lockdown, combined with family members stuck at home in close proximity has made life more challenging for children¹

Safeguarding and vulnerable children

- Vulnerable children are likely to be most affected by school closures¹
- Under normal circumstances, schools, are vital for detecting early signs of abuse and neglect. During the first lockdown there was a reduction in child protection referrals and increases in reports of domestic violence and abuse to children¹
- School closures increase children's use of the internet with potential negative consequences such as increased susceptibility to digital dependency, online abuse, bullying, and exposure to violent content and pornography¹

Economic

- In England, the total cost of the resources lost in each week of state school closure is more than £1 billion⁴



1. [SPI-M and DfE \(2020\) Benefits of remaining in education: Evidence and considerations](#)

2. [Institute of Health Equity \(2020\) Build back fairer: The COVID-19 Marmot Review](#)

3. [Centre for Economic Performance \(2020\) COVID-19 school shutdowns: What will they do to our children's education?](#)

The impact of COVID-19 on education

Dr Marilena Korkodilos

Actions to mitigate the effects of COVID-19 on education outcomes

Schools and families can support CYP in managing the transition back to school. Strategies in order to mitigate learning impacts of extended school closures include:

Education

- Re-engaging pupils with learning and settling them into school¹
- Identifying and reaching out to vulnerable children
- Making support for mitigating learning losses available to all children as schools return. These should recognise that the experiences of children during school closures can vary greatly based on their home learning environment²
- Prioritising an assessment of children's learning as schools return²
- Continuing to monitor the effectiveness of initiatives and share lessons as schools reopen²
- Recognising that catch up efforts in schools will be a 'long game' rather than a 'quick fix'¹

Tackling inequalities

- Targeting support to vulnerable and disadvantaged children, who are most likely to have lost out on education during lockdown³
- Working with social care to offer support with poverty related issues including food poverty, managing household finances, digital exclusion and signposting for support with housing and welfare, including on a self-referral or drop-in basis⁴

Schools are a **vital point of contact** for **public health** and **safeguarding** services that are **critical** to the **wellbeing** of children and families



Supporting wellbeing

- Prioritising support for children's emotional and mental health and wellbeing, including a significant focus on pastoral care and enabling every child to access counselling in school³

Addressing safeguarding concerns

- Continuing to follow the statutory safeguarding and child protection guidance, [Keeping children safe in education](#)
- Identifying, assessing and supporting children with safeguarding concerns⁴

Children with special educational needs

- Using best endeavours to secure that the special educational provision called for by the child's special educational needs is made⁵

1. [Challenges facing school and pupils in September 2020](#)
2. [How are countries planning to mitigate the learning loss as schools reopen](#)
3. [Children's Commissioner \(2020\) Childhood in the time of COVID](#)
4. [Barnados: Lessons from lockdown, supporting vulnerable children](#)
5. [School closures and SEN provision](#)

The impact of COVID-19 on safeguarding

Nicky Brown, Dr Marilena Korkodilos

Why it is important

- Safeguarding is the action that is taken to promote the welfare of children and young people (CYP) to protect them from harm¹
- Working Together to Safeguard Children 2018 states a requirement of all agencies to work together to promote the welfare of CYP¹
- Safeguarding in CYP means:
 - protecting children from abuse and maltreatment
 - preventing harm to children's health or development
 - ensuring children grow up with the provision of safe and effective care
 - taking action to enable all CYP to have the best outcomes¹



Potential impacts

The impact of COVID-19 on vulnerable children and families is significant:

- The number of children referred to children's social care services for support fell by almost a fifth between April and June 2020²
- Referrals to children's social care from 1 April to 30 June 2020 increased by 31% in a UK tertiary centre compared with data from the same period in 2018 and 2019³
- Referrals for child protection medical examinations reduced by 39.7% from 2018 to 2020 and 37.3% from 2019 to 2020 at Birmingham Community Healthcare NHS Trust⁴
- Fewer referrals were initiated by school staff in 2020, 12 (26%) compared with 36 (47%) and 38 (52%) in 2018 and 2019⁴
- During the first half of 2020-21:
 - There were 285 serious incident notifications, an increase of 27% on the same period in 2019-20
 - 35.8% of serious incidents related to children under the age of one⁵
- There were 119 serious incident notifications relating to child deaths in 2020-21, an increase from 89 in the same period of 2019/20⁵
- Between 23rd March and 23rd April 2020 ten babies were reviewed with non-accidental head injuries at Great Ormond Street, 15 times higher than the average for the same period over the previous three years (0.67 cases per month)⁶

References

1. [Her Majesty's Government \(2018\) Working together to safeguard children](#)
2. [Children's Commissioner \(2021\) Building back better](#)
3. [Archives of Diseases of Childhood \(2020\) Safeguarding in the COVID-19 pandemic: a UK tertiary children's hospital experience](#)
4. [BMJ Open \(2020\) Effect of COVID-19 lockdown on child protection medical assessments: a retrospective observational study in Birmingham, UK](#)
5. [Serious incident notifications, Part 1 \(April to September\) 2020-21 – Explore education statistics – GOV.UK \(explore-education-statistics.service.gov.uk\)](#)
6. [British Orthopaedic Association \(2020\) Non accidental injury in children in the time of the COVID-19 pandemic](#)

The impact of COVID-19 on safeguarding

Nicky Brown, Dr Marilena Korkodilos

The impact of COVID-19 on vulnerable children and families is significant¹

Increase in stressors to parents and caregivers

- Stressors include financial insecurity, alterations to routine, juggling multiple responsibilities including work, full-time childcare and care for family members who may be shielding or ill
- The exacerbation of existing stressors and introduction of additional ones could increase the risk of physical, emotional, and domestic abuse, neglect

Increase in children's vulnerabilities

- For children and young people who are already experiencing abuse or neglect by household members, confinement at home has meant prolonged exposure to potential harm and also have reduced access to trusted adults
- Increase access to social media and online resources increases the risk of grooming or other online harms

Reduction in normal protective services

- Lockdown has meant that families are having fewer interactions with the services and social institutions designed to help them and are receiving only a fraction of the support and scrutiny that would normally work together to protect their children from maltreatment

Inequalities

- Risk factors that increased CYP and their families vulnerability to abuse and neglect during the pandemic included:
 - Poverty
 - Living in temporary accommodation or having a lack of space, for example the sharing of one room
 - Being isolated due to poor support networks during lockdown
 - Lack of contact with professional support systems such as schools, health visitors and social care
 - Digital exclusion (lack of access to a computers, tablet or mobile phone) to connect with friends, family or professional networks
 - Black, Asian and minority ethnic groups
 - Refugees and asylum seekers
 - Being homeless
 - Families with a member with a disability or long term condition^{2,3}

Actions to improve outcomes for vulnerable children and young people

- Working across government and organisations towards a child protection-sensitive response to reduce vulnerability in CYP includes a systematic approach addressing three areas of intervention:
 - Primary prevention – interventions to address the root causes of vulnerability, tackling health inequalities and the wider determinants of health
 - Early intervention – interventions to support children and their families such as addressing digital exclusion and supporting positive parenting
 - Mitigation – ensuring services help to reduce the negative impact of circumstances and experiences and build resilience (tertiary prevention)⁴

References

1. [NSPCC Learning \(2020\) Social isolation and the risk of child maltreatment, in lockdown and beyond](#)
2. [Safeguarding children and families during the COVID-19 crisis \(scie.org.uk\)](#)
3. [Public Health England \(2017\) Health profile for England. Chapter 5 inequality in health](#)
4. [Public Health England \(2020\) No child left behind. A public health approach to vulnerability in childhood](#)

The impact of COVID-19 on children with special educational needs

Dan Devitt, Dr Marilena Korkodilos

Why it is important

- The challenges already faced by children and young people with special educational needs and disabilities (SEND) and the parents and carers who support them have been exacerbated by the COVID-19 pandemic¹
- A small group of CYP with SEND, specifically those with complex respiratory and neurological disorders, are clinically extremely vulnerable and at greater risk of morbidity and mortality if they contract the virus²

Potential impacts

Children with SEND have been disproportionately impacted by the pandemic. The impacts on CYP and their families include:

Reduced access to healthcare

- Reduced access to services and disruption of healthcare such as cancellation of routine rehabilitation appointments^{3,4}
- Delays for new equipment such as leg gaiters to enable physical therapy at home⁴

Reduced access to support

- Social care failures to respond effectively, such as closure of day centres and an increased reliance on family and informal carers³
- Funding stopped for normal support services without any alternatives³
- Support stopped or reduced³
- Absence of trusted key worker staff⁴

Education

- CYP with with education, health and care plans (EHCPs) had lower levels of attendance in schools than all pupils in autumn 2020⁵
- Education learning materials for CYP who were learning from home were inaccessible or inappropriate⁶
- Specialist resources and support that are available for CYP with SEND at school cannot be replicated at home⁴
- Social aspects of education were affected by the learning at home during lockdown⁴
- Delays to the ECHP process have had a detrimental effect on CYP's education⁴

Inequalities

- CYP with SEND are likely to live in socially disadvantaged households, so are less likely to have internet access and the ability to use digital materials⁶

Many disabled people and their families have felt abandoned and forgotten during the pandemic



References

1. [Kuper H et al. Wellcome Open Research \(2020\) Disability inclusive COVID-19 response](#)
2. [The Green Book \(2021\) Greenbook chapter 14 a COVID-19](#)
3. [LSE \(2021\) Disabled people and the impact of COVID-19](#)
4. [APPG for SEND \(2021\) Forgotten. Left Behind. Overlooked](#)
5. [Ofsted \(2020\) COVID-19 series briefing on local areas SEND provision November-2020](#)
6. [Children and Young People's Commissioner Scotland. The pandemic's impact on children and young people with disabilities and ASN's](#)

The impact of COVID-19 on children with special educational needs

Dan Devitt, Dr Marilena Korkodilos

Difficulties with systems of controls

- Difficulties practicing social distancing^{1,2}
- Communication problems face coverings caused for CYP who are deaf or hard of hearing¹

Mental wellbeing

- Mental health on CYP and their families has been widely impacted¹
- Impact of the sudden changes to routines on CYP with autism¹

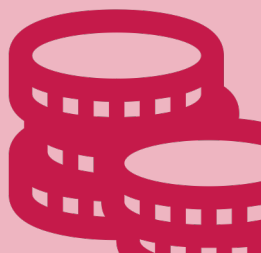
Transition to adult services

- The inability to visit new settings due to their closures impacted heavily on young people's transition¹

Inequalities

- Two in five disabled children in the UK live in poverty, around 51,000 CYP in London³
- Families with disabled children are more likely be on lower incomes due the difficulty of combining working and caring⁴
- 17% of families with disabled children go without food³
- 21% of families with disabled children go without heating³
- CYP with SEND often experience poorer health, social and education outcomes and challenges in terms of access to social, leisure, employment and training opportunities³

The annual cost of bringing up a disabled child is **3x higher** than that of a non-disabled child



School aged pupils in London with a SEN⁵

1 in 7

School aged pupils in London with an EHCP⁶

1 in 30

Actions to support children and young people with special educational needs and disabilities

Support for CYP with SEND, their parents and carers include:

Education

- Taking into account the needs and challenges of CYP with SEND when developing guidance for education settings¹
- Addressing the delays and backlog in the process of assessments for EHCPs¹

Health and social care

- Ensuring that care offers, support inputs and services are integrated and gaps in provision and barriers to access are addressed²
- Ensuring that mental health provision is fully accessible for CYP with SEND and tailored to their needs¹
- Providing practical, financial, mental health and wellbeing support to parents and carers of CYP with SEND^{1,7}

Communication

- Providing accessible information and communications in various formats^{1,7}
- Consulting, including and listening to CYP with SEND about COVID-19 responses and recovery programmes⁷

References

1. [APPG for SEND \(2021\) Forgotten. Left Behind. Overlooked](#)
2. [LSE \(2021\) Disabled people and the impact of COVID-19](#)
3. [Korkodilos M. PHE \(2017\) Disabilities in children and young people in London](#)
4. [SCOPE \(2019\) The disability price tag](#)
5. [PHE public health profiles](#)
6. [Explore education statistics. Education, health and care plans. Reporting year 2020](#)
7. [The Commonwealth. COVID-19 children and young people with disabilities global statement and recommendations](#)


The impact of COVID-19 on oral health

Dr Katherine Kaczmarczyk , Dr Huda Yusuf, Dr Marilena Korkodilos

Why it is important

- Good oral health is essential to children's physical, social, educational and psychological well being
- The impacts of poor oral health disproportionately affect the most socially disadvantaged children highlighting oral health inequalities¹
- In London 27.4% of five year olds have tooth decay and there is variation between local authorities, ranging from 42.4% in Harrow to 12.0% in Bromley²
- The prevalence of tooth decay varies by ethnic group, with decay being highest amongst 'other ethnic groups' (44.3%) and Asian/Asian British ethnic group (36.9%) five year olds²
- Tooth extraction is the most common reason for hospital admission for children aged six to 10 years, requiring dental treatment under general anaesthetic (GA)¹

The COVID-19 pandemic has meant **delays** in dental care for many families



Potential impacts

Direct impact

- From 25th March - 20th June 2020 all non-urgent dental care was paused. As a result CYP could not access routine dental care, but could access urgent dental care
- The pandemic has exacerbated existing oral health inequalities³

Reduced access to routine and preventive dental care

- Children have had long periods with limited access to routine dental care and preventative advice due to COVID-19, leading to long waiting lists⁴
- At one hospital, the carers of up to 30 children per day were contacting the emergency dental service during the first lockdown period⁵
- Due to school closures, limited access to prevention including supervised tooth brushing and fluoride varnish programmes
- For children who cannot manage treatment in the dental chair, treatment under GA is the main way their oral health is restored
 - De-prioritisation of GA services due to COVID-19 has led to prolonged episodes of pain and repeat prescriptions for antibiotics⁵
 - Untreated tooth decay can result in sleepless nights, difficulty concentrating on schoolwork and stress for parents¹
- Children requiring extensive dental treatment are more likely to fall into vulnerable groups⁶. Treatment delays mean any safeguarding concerns may be less likely to be noted due to the decrease in face-to-face contact

1. [Public Health England. Child oral health: applying All Our Health](#)
2. [Public Health England \(2020\) National Dental Epidemiology Programme for England: oral health survey of 5-year-olds 2019](#)
3. [General Dental Council \(2020\) The impacts of COVID-19](#)
4. [Letters, updates and additional guidance for dental teams](#)
5. [Paediatric dental A&E service during the COVID-19 pandemic in the Greater London area](#)
6. [Inequalities in oral health in England](#)

The impact of COVID-19 on oral health

Dr Katherine Kaczmarczyk , Dr Huda Yusuf, Dr Marilena Korkodilos

- In England, 365,000 babies were eligible for their first dental visit during the first lockdown period¹
- Health visitors and school nurses play a valuable role in giving oral health advice, especially to vulnerable families. These duties and community outreach activities have been limited²

Wider impact

- It is very likely that disruption of dental care provision has disproportionately impacted more disadvantaged children and existing health inequalities will have been widened¹
- De-prioritising dental treatment under GA has increased pressure on dental services³

Eating behaviours

- Children increased snacking of sugary food occurred in lockdown⁴, increasing their risk of tooth decay

Actions to improve children and young people's oral health

Short-term actions

- Remote consultations can be used to assess children and decide whether they need to be seen in person⁵
- Prevention remains a priority
- Children in pain should be prioritised⁵
- In primary teeth, there should be a focus on non-aerosol generating procedures (AGP) which decrease need for extractions⁵
- In adult teeth, treatment should focus on temporarily stabilising decay for six months until AGP procedure risk is reduced⁵

Long-term actions

- There must be a focus on prevention, with community-based interventions at the forefront. These include:
 - Training the wider health and social care workforce on oral health
 - Implementation of healthy food and snack policies in early years settings and schools (including water-only schools)
 - Implementation of supervised toothbrushing and fluoride varnish programmes
 - Integration of oral health into targeted home visits by health and social care workers
 - Provision of toothbrush and toothpaste packs to children under the age of five
 - Promoting access to NHS dental services
 - Supporting communities with healthy living including a well-balanced diet, decreasing sugar intake, brushing teeth⁶



1. [COVID-19 and the impact on child dental services in the UK](#)
2. [Letters, updates and additional guidance for dental teams](#)
3. [COVID-19 and community dental services: The challenges ahead](#)
4. [Sustain COVID-19 and children's food: Parents' priorities for building back better](#)
5. [Recommendations for paediatric dentistry during the recovery phase of the COVID-19 pandemic](#)
6. [Child oral health: Applying All Our Health](#)

The impact of COVID-19 on children and young people's nutrition

Sally Hudd, Dr Huda Yusuf, Dr Marilena Korkodilos

Why it is important

- Eating well is essential for physical and mental wellbeing, growth and the development of children¹
- Poor diet is now the biggest risk factor for preventable ill health including obesity, diabetes, coronary heart disease and tooth decay²
- Healthy food behaviours in childhood and teenage years can set patterns for later life²

Potential impacts

- The COVID-19 pandemic has left more people than before struggling to afford or access nutritious food. This is associated with negative health and educational outcomes that include:
 - Nutrient deficiencies
 - Increased risk of obesity
 - Increased risk of tooth decay
 - Poor mental health
 - Poor academic performance³

Food behaviours

- Eating behaviours changed during the pandemic; CYP ate more junk food and snacks, but fewer fruit and vegetables. These behaviours were more prevalent among children from more deprived households¹
- Possible reasons for changes in eating behaviour included:
 - Change of routine
 - Lack of available food
 - Using food as a coping strategy
 - Increase cost of food
 - Families buying cheaper, often less healthy food⁴

Inequalities

- Low-income families are most likely to have poor diets and experience worse health outcomes⁵
- The pandemic has exacerbated this further due to negative impacts on household income, increased use of food banks, closure of schools, skipping meals, food shortages and increases in food prices⁵
- Families with children have been significantly affected by the pandemic with 38% of households needing support from a food bank during April 2020, this is an 89% increase compared to the previous year⁶
- There was a 30% increase in demand for food banks in north west London for the last week of November 2020 to first week of December 2020, with demand highest in families⁷

1.7 million
children in the UK
experienced food
poverty in the six
months prior
to February
2021



1. [National food strategy 2020](#)
2. [Diet, nutrition and schoolchildren: An update Weichselbaum \(2014\) Nutrition Bulletin, Wiley online library](#)
3. [Food Foundation Impact of COVID FINAL.pdf \(foodfoundation.org.uk\)](#)
4. [Child Poverty Action Group \(2020\) Poverty in the pandemic](#)
5. [Renew Normal: Food in a pandemic](#)
6. [Universal Credit: Households \(arcgis.com\)](#)
7. [London local authority strategic co-ordination: sub-regional food insecurity position statement](#)

The impact of COVID-19 on children and young people's nutrition

Sally Hudd, Dr Huda Yusuf, Dr Marilena Korkodilos

Food insecurity

- Increases in food prices, lack of special offers and older children returning home created extra financial burdens on family budgets¹
- About 5.9 million adults in the UK experienced food poverty in the 6 months prior to the 9th February 2021; 1.7 million children in live in households that are food insecure²
- Food insecurity levels in May 2020 were 250% higher than pre COVID-19 levels³
- Risk factors for food insecurity include:
 - Single parents
 - Families with more than 3 children
 - Families with an adult or child with disabilities or health issues
 - Black, Asian or other minority ethnic groups³
- From March 2020 to February 2021 there was a 26% increase in London families eligible for healthy start vouchers compared to 16% for England⁴

Free school meals

- Free School Meals (FSM) have been shown to result in improved:
 - Nutritional value of children's lunchtime meals
 - School attendance, concentration and academic performance⁵
- The proportion of children eligible for FSM rose from 17.3% in January 2020 to 19.7% in October 2020. This means that 1.63 million out of 8.2 million state school pupils are now in receipt of free lunches, an increase from 1.44million in January 2020. 302,400 of those 1.63 million pupils have become eligible for FSM meals since the first national COVID-19 lockdown was announced⁶



Actions to improve children and young people's nutrition

Actions to improve CYP's nutrition and protect children from food poverty include:

Leadership

- Tackle the underlying causes of food poverty through a comprehensive anti-poverty strategy⁷

Improve access to support

- Identify CYP eligible for FSM and ensure they are registered
- Improve uptake of healthy start vouchers
- Improve access to healthy, affordable food⁸

Communication

- Provide information to parents or caregivers about healthy eating, healthy weight and healthy cooking to support healthy choices⁸

References

1. [Child Poverty Action Group \(2020\) Poverty in the pandemic](#)
2. [House of Commons \(2021\) Covid-19 and the issues of security in food supply](#)
3. [Bright Harbour \(2020\) The lived experience of food insecurity under COVID-19](#)
4. [www.healthystart.nhs.uk](#) [personal communication]
5. [Food for Life \(2020\) Protecting vulnerable children's diets](#)
6. [Explore Education Statistics \(2021\) Free school meals: Autumn term 2020/21](#)
7. [Children's Commissioner \(2021\) Child poverty: the crisis we can't keep ignoring](#)
8. [NNEDPRO \(2021\) Child malnutrition and COVID-19 in the UK](#)

The impact of COVID-19 on children and young people's physical activity

Emma Blair, Dr Marilena Korkodilos

Why it is important

- Regular physical activity has cumulative health benefits for children that include:
 - Improved bone health and development
 - Improved cardiovascular fitness
 - Maintaining a healthy weight
 - Positive mental health and wellbeing outcomes¹
- Physical activity also contributes to a wider range of social benefits for individuals and communities, throughout the life stage¹
- Current guidelines state that children and young people (CYP) should engage with an average of 60 minutes of physical activity per day each week¹

Potential impacts

- The COVID-19 pandemic resulted in school closures, the pausing of recreational sports and athletics activities which removed physical activity routines for CYP, disrupting the amount and type of activity undertaken by CYP²
- The most popular way to stay active during periods of local and national lockdown included walking, cycling and fitness activities³

COVID-19 has had a **huge impact** on children's physical activity levels



Physical activity levels

- 7% of children aged 7 to 16 years reported being not active during the national lockdown⁴
- 41.9% of London's CYP were physically active in 2019/20, which is worse when compared to England (44.9%)⁵
- There was a 2.3% decrease in the number of active CYP between May to July 2020 compared to 2019⁶
- When children returned to school in September 2020, 75% teachers surveyed by the Youth Sport Trust reported noticeable low levels of physical fitness among their pupils²

Inequalities

- Certain groups were more affected than others during the pandemic:
 - Boys in years 5 to 6 (aged 9 to 11)
 - Black, Asian and minority ethnic group CYP
 - CYP from most affluent background had the largest decrease in activity levels although activity levels for CYP from the least affluent background remains lower⁶
- Over one third of CYP reported that they have had less chance to be active as they are not at school²
- CYP from poorer families are more likely to rely on school playgrounds for exercise and are less likely to have access to space or additional resources to support mental or physical well-being³
- 61% of clinically vulnerable CYP, including those with a disability, reported a reduction in physical activity levels for June to July 2020. Reasons included shielding, lack of access to facilities and lack of equipment⁷

1. [UK Chief Medical Officers' physical activity guidelines \(2019\)](#)
2. [Youth Sport Trust \(2020\) The impact of COVID-19 restrictions on children and young people](#)
3. [Sport England \(2021\) Active lives children and young people survey academic year 2019-20](#)
4. [Sport England \(2020\) Children's experience of physical activity](#)
5. [PHE Fingertips data](#)
6. [Sport England \(2021\) Active lives children and young people survey academic year 2019-20 COVID-19 report](#)
7. [Theis N et al Disability and Health Journal \(2021\) The effects of COVID-19 restrictions on physical activity and mental health of children and young adults with physical and/or intellectual disabilities](#)

The impact of COVID-19 on children and young people's physical activity

Emma Blair, Dr Marilena Korkodilos

Attitudes to physical activity

The social component of physical activity is a key factor in CYP's enjoyment of being active:

- 37% of children aged six to 15 years said in June 2020 that they see sport and physical education as more important now than before the first national lockdown¹
- Despite restrictions easing between May and July 2020, some CYP reported less enjoyment from taking part in physical activity, feeling less confident and less competent as they returned to activities they had not been able to do, which may explain delay in returning or dropping out²
- Activity levels increased by 2.4% for girls from mid-May to late-July compared to summer 2019. Teenage girls also reported an increase in enjoying taking part²

Restricted opportunities

- The Youth Support Trust survey in September 2020 found that 22% of Key Stage 3 and 26% of Key Stage 4 teachers are delivering less or no physical education compared to before the pandemic¹
- Logistical issues relating to the implementation of COVID-19 guidance was reported as a key barrier and concern for secondary schools¹
- Opportunities to be active were restricted in the 2021 lockdown; indoor and outdoor facilities remained closed and the timing of the lockdown coincided with colder, darker months^{3,4}

Wider wellbeing

- It is important for CYP's wellbeing that there are as many opportunities to be physically active as possible²
- CYP aged six to 15 years who were least active in the summer term of 2020 were more likely to feel lonely²

Actions to improve physical activity in children and young people

Actions to improve CYP's activity levels include:

Leadership

- Partnership working to re-engage and promote physical activity amongst CYP and remove the barriers particularly for those who were disproportionately affected (e.g. Black, Asian and minority ethnic group CYP, those from low socioeconomic backgrounds, CYP with physical and learning disabilities)⁵
- Promoting the investment of funding to develop PE and sports activities⁶
- Delivering infrastructure change to support active travel/cycling ways/walk ways⁷

Improve access to support

- Addressing the physical activity needs of the most vulnerable⁸
- Promoting alternative physical activity opportunities (e.g. online classes)⁹

Communication

- Use of digital platforms to help schools to safely offer 30 active minutes in a COVID-19 secure environment⁹

1. [Youth Sport Trust \(2020\) Returning to school after COVID restrictions: The view from PE and school leads](#)
2. [Sport England \(2021\) Active lives children and young people survey academic year 2019-20 COVID-19 report](#)
3. [Sport England \(April 2021\) Understanding the impact of COVID-19](#)
4. [Prime Minister Announces National Lockdown - Government News](#)
5. [PHE \(2021\) Understanding and addressing inequalities in physical activity](#)
6. [Department for Education \(2021\) PE and sport premium for primary schools](#)
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The impact of COVID-19 on children and young people's mental health

Dan Devitt, Dr Marilena Korkodilos

Why it is important

- Mental health illnesses are a leading cause of health-related disabilities in children and young people (CYP) and can have adverse and long-lasting effects¹
- Poor mental health and wellbeing is a significant contributory factor to poor education, health and social care outcomes including poor physical health, reduced educational attainment, and relationships alongside increased risks of smoking, substance and alcohol misuse, involvement with youth justice services, increased risk of self-harm, eating disorders and suicide ideation²

Potential impacts

- Although CYP have generally coped well, some CYP have experienced greater negative impacts on their mental health and wellbeing. This includes girls, young carers, CYP from poorer households, CYP with pre-existing mental health needs, CYP in black and minority ethnic groups^{3,4}

1 in 10 children aged 5 to 16 years in London have a **probable mental disorder**



Wellbeing

England's Mental Health of Children and Young People (MHCYP) survey⁵ found:

- A 48% increase in probable mental health problems reported in 5 to 16 year olds in England: 2017 (10.8%), 2020 (16.0%)
- Young women had the highest prevalence of probable mental health problems (27.2%)
- 1 in 10 (5.4% of children and 13.8% of young people) often or always felt lonely
- 21.6% of children and 29.0% of young people with probable mental health problems had no adult at school or work to whom they could turn during lockdown

Changes to education provision

- From the return to school in September 2020 up until January 2021, there has been some decline in CYP's wellbeing. Common reasons for anxiety, as reported by secondary students, include keeping up with schoolwork, uncertainty over the future, getting good grades in exams or being worried that exams may be cancelled³
- The return to school in September 2020 has had a positive impact on some CYP's mental health and wellbeing, particularly primary school children and pupils where English was an additional language³

Behavioural difficulties

- Behavioural and restless/attentional difficulties have increased throughout the pandemic up until February 2021, particularly for primary school children (4 to 10 years old)³

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The impact of COVID-19 on children and young people's mental health

Dan Devitt, Dr Marilena Korkodilos

Disabilities

- Mental health of CYP with disabilities has been impacted by the pandemic. Anxiety was frequently reported¹

Eating disorders

- The national referral statistics for eating disorders in England show a doubling in the number of urgent referrals during 2020 and a smaller increase in non-urgent referrals²

Self harm and suicide

- The incidence of self-harm recorded in primary care was substantially lower than expected for 10-17 year olds in April 2020 but returned to pre-pandemic levels by September 2020²
- There were concerns that child suicide deaths may have increased from 23rd March to 17th May 2020, although the numbers (25 deaths) were too low to be definitive^{2,3}. Contributing factors that were reported included restriction to education and other activities, disruption to care and support services, tensions at home and isolation³
- The incidence of child suicide has returned to pre-pandemic levels²

Health service usage

The Royal College of Psychiatrists' analysis⁴ found:

- 80,226 more CYP were referred to mental health services between April and December 2020, up by 28% on 2019 to 372,438
- 600,628 more treatment sessions were given to CYP, up by a fifth on 2019 to 3.58 million
- 18,269 CYP needed urgent or emergency crisis care, an increase of 18% on 2019

Actions to support children and young people's mental health

Focusing on mental health throughout the life course is needed to support CYP including:

Leadership

- Addressing the socioeconomic drivers of poor mental health⁵

Improve access to support

- Ensuring improvements to the availability and quality of mental health services are provided to CYP⁶
- Ensuring that all mental health provision is fully accessible for CYP with disabilities and tailored to their needs⁷

Engage and collaborate

- Working across local health and social care partners to improve CYP's mental health services⁶
- Ensuring the views of CYP are used to inform policy, research and practice⁸

Schools

- Mental Health Support Teams (MHSTs), provide a model of integrated mental health care across schools and the NHS, allow CYP to access a graduated range of support⁸

Schools are **vital** to meeting the mental health needs of children and young people



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The impact of COVID-19 on young people's sexual health

Dan Devitt, Dr Marilena Korkodilos

Why it is important

- Sexual health promotion and the provision of sexual and reproductive health and HIV services make an important contribution to both individual and population health¹
- Sexually transmitted infections (STIs) are a major public health concern, which may seriously impact the health and wellbeing of affected individuals, as well as being costly to healthcare services. If left undiagnosed and untreated, common STIs can cause a range of complications and long-term health problems, from adverse pregnancy outcomes to neonatal and infant infections, and cardiovascular and neurological damage²

Potential impacts

COVID-19 has highlighted how difficult it can be for young people to get the quality sexual and reproductive education and health care they deserve:

Remote education

- Relationships, Sex and Health Education (RSHE) providers were unable to deliver sessions so some young people will have over a year without any school-based education on critical topics such as healthy relationships, consent and looking after their sexual health³
- The closure of schools meant that the Free Period Products scheme was no longer available at school and a relatively small number of schools signed up³

Access to services

- The pandemic response led to a re-prioritisation and disruption in provision of, and patient access to, sexual health services (SHS):
 - From January to June in 2020, there was a 30% reduction in tests for chlamydia, gonorrhoea and syphilis at SHS compared to the same period in 2019
 - The number of bacterial STI and HIV tests in SHS declined sharply between January and April 2020, by 71% for STIs and 77% for HIV
 - The proportion of bacterial STI and HIV tests accessed via internet services has increased substantially since April 2020⁴
 - There was a disproportionately larger reduction in attendances at a SHS in London in young people aged less than 18 years compared with those aged 18 and over during the weeks preceding and following lockdown in March 2020⁵

We currently have **very little evidence** on the impact of the impact of lockdowns and isolation on sexual health and pregnancy in young people aged less than 18 years



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The impact of COVID-19 on young people's sexual health

Dan Devitt, Dr Marilena Korkodilos

Health inequalities

- Lockdown disproportionately impacted on young women's access to contraception, 18% of 19 year olds were not able to access their usual contraception¹
- Young people with vulnerabilities such as mental health concerns, learning disability and language barriers may struggle with navigating new ways of accessing sexual healthcare, aggravated by the interruption of their usual professional carer support²
- Online services and postal delivery of STI tests may deter young people with the lack of a private postal address¹
- The closure of smaller clinics and poor transport connections affect young people reliant on public transport¹

Barriers for accessing services

Barriers for young people accessing SHS include:

- Service changes e.g. cessation of walk in services, closing of outreach provision, changes to clinic opening times
- Limited access to public transport
- Concern around COVID-19 exposure
- Fear of judgement by adults if they have not adhered to social distancing guidance
- Remote methods of managing patients may present problems of confidentiality and privacy for young people living at home
- Limited access to online devices, lack of credit/data on mobile phones and a poor household internet connection
- Young people may experience greater difficulty in finding, accessing and engaging with relevant online sexual health information^{2,3}

1 in 34

number of young people aged 15 to 24 year in London attending specialist and non-specialist sexual health services diagnosed with chlamydia in 2019

Actions to support young people's sexual health

Health promotion

Prevention is key to achieving good sexual health outcomes and requires a whole systems approach, including:

- Schools: relationships and sex education
- NHS: opportunistic testing and treatment
- Local authorities: testing and treatment pathways⁴

Sexual health services

Provision of SHS remains essential throughout the COVID-19 pandemic irrespective of the COVID-19 restrictions in place:

- Local services should adopt a flexible, realistic approach, adapting provision according to capacity as well as local prevalence of COVID-19 and risk of transmission⁵
- SHS should continue to prioritise young people under 18 years, LGBTQ young people and young people with disabilities⁵
- Examples of innovative service provision connecting with young people safely and confidentially include dedicated phone lines, texting of advice or appointments, prioritising calls and using trusted social media platforms²

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The impact of COVID-19 on children and young people's access to health services

Gina Zelent, Dr Marilena Korkodilos

Why it is important

- Access to healthcare is important throughout childhood to promote health and identify and treat health problems
- The disruption to health services and reduced capacity to treat people for conditions other than COVID-19 is likely to have affected the health of CYP¹

Potential impacts

Community care

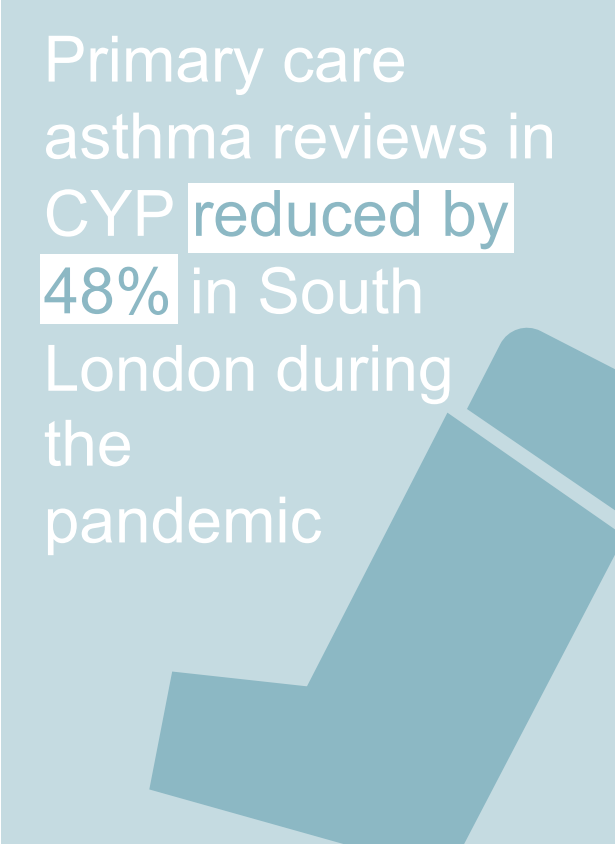
- During the COVID-19 pandemic, the widespread redeployment of health visiting staff meant local teams reduced in size and individual health visitor's case loads increased. With face-to-face contacts and home visits also limited, the needs of many children may have been missed, including:
 - Children in homes at risk of domestic violence and abuse
 - Needs on the child's growth, development and special educational needs and disabilities
 - Breastfeeding²

Screening

- The health visiting workforce also support the delivery of the antenatal and newborn screening programme. Reduced home visits during the pandemic resulted in coverage of newborn hearing screening in East London reducing from 99% to 87%
- The programme was also affected by the closure of audiology departments during the first wave. In North West London the proportion of screened babies experiencing a delay in a follow up hearing assessment increased from 5% to 37%³

Primary care

- A reduction in GP consultations since the start of the COVID-19 pandemic has led to concerns about the care of people with long-term health conditions, and the potential for delayed diagnoses⁴
- Fourteen weeks after the first lockdown GP consultation rates were 50% lower in CYP aged less than 18 years compared to consultation rates for this group in 2016-2019⁴
- There are fewer GPs per head of need adjusted population in deprived areas than in affluent areas. During the pandemic, practices in deprived areas were more likely to withdraw from face-to-face consultations⁵. If CYP in deprived areas had difficulty accessing care, this could have widened existing inequalities in health outcomes



Primary care asthma reviews in CYP reduced by 48% in South London during the pandemic

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The impact of COVID-19 on children and young people's access to health services

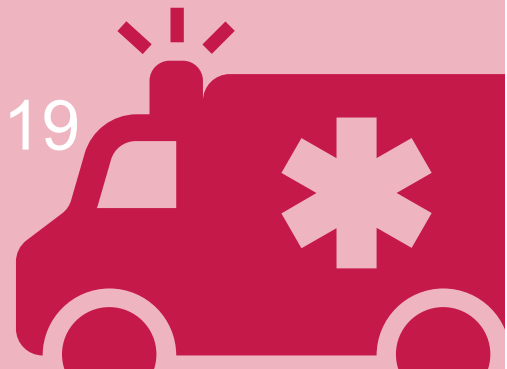
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Secondary care

The impact of the COVID-19 pandemic on CYP's secondary care use has been significant:

- In a RCPCH survey of clinical leads between April and July 2020:
 - Overall, children's presentation to most health services dropped during lockdown
 - Many respondents were worried about the children they weren't seeing
 - Delayed presentations were reported, the top being delayed presentation of diabetes, safeguarding concerns, mental health issues and sepsis¹
- Disruptions to planned outpatient visits, operations or healthcare have prompted anxiety for families and may have led to increased morbidity for some children²
- A BPSU snapshot survey in April 2020 found:
 - Late presentations during labour resulting in adverse maternal/neonatal outcomes
 - Early hospital discharges after birth due to COVID-19 before feeding had been established resulting in infants returning with feeding difficulties and severe dehydration
 - Delay in taking children to the emergency department during lockdown may have contributed to the deaths of nine children³
- 200,000 CYP in England were identified as Clinically Extremely Vulnerable (CEV)⁴. In April 2020, A&E attendances for CEV people under the age of 30 were 66% lower than in April 2019⁵. It is likely that CEV CYP have experienced particular challenges in access to health and care services

A&E visits by CYP during the pandemic were **62% lower** than the same period in 2019



Actions to restore health services for children and young people

A whole-system approach is needed to restore CYP's health services including:

- Strategic leadership for CYP to deliver integrated children's health services with responsibility for sustaining the provision of CYP's health services
- Recovering the paediatric workforce needed across community and primary care, urgent and emergency care and inpatient services
- Ensuring the impact on CYP's health is assessed as part of the recovery
- Embedding and accelerating digital change and ensuring that digital technologies do not widen inequalities and safeguarding risks are mitigated^{6,7}

References

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2. [The indirect impact of COVID-19 on child health](#)
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The impact of COVID-19 on vaccination uptake

Dr Marilena Korkodilos

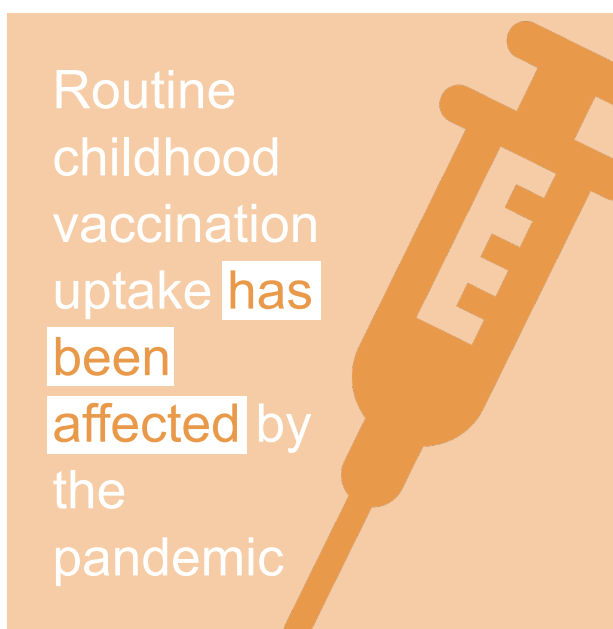
Why it is important

- Immunisation is vital in protecting children from serious disease and death from infections such as pertussis, diphtheria, measles, meningitis and pneumonia¹
- It is important to maintain the best possible vaccine uptake to prevent a resurgence of these infections¹
- Many vaccine preventable diseases are more infectious than COVID-19, for example measles is around six times more infectious¹

Cost effectiveness

Childhood vaccines are cost effective:

- The benefit-cost ratio for the MMR immunisation program was about 14:1 in the USA in 1983²
- The total cost of the 2012-13 measles outbreak in Merseyside (£4.4 million) was more than twenty times the cost of the vaccinations that could have prevented it³



Inequalities

- Vaccine uptake is lower in:
 - Deprived populations
 - Black, Asian and minority ethnic groups
 - CYP with learning disabilities
 - Lone parent families
 - Large families⁴
- It is vital that these pre-existing inequalities do not widen as a consequence of the COVID-19 pandemic

Potential impacts

- The number of MMR (measles, mumps, and rubella) vaccines delivered in England dropped by 20% during the first three weeks of the lockdown⁵
- There was a substantial decrease in children receiving routine childhood immunisations in 2020 compared to 2019. Since April 2020, fewer infants have completed the full course of three Hexavalent vaccines by six months of age and fewer children have received MMR1 by 18 months of age⁶
- In 2021, overall vaccination counts for Hexavalent and MMR vaccine remain lower at 4.9% and 8.7% lower on week 13 in 2021 compared to week 13 in 2019. However, vaccination counts were 8.5% and 29.9% higher during week 13 in 2021 compared to week 13 in 2020, respectively⁶
- As physical distancing and lockdown measures change throughout the course of the pandemic, it is possible that there may be further impact on primary immunisations⁶

References

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3. [Vaccine \(2016\) The economic cost of measles](#)
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6. [PHE \(2021\) Impact of COVID-19 on vaccination counts to week 13 in 2021](#)

The impact of COVID-19 on vaccination uptake

Dr Marilena Korkodilos

Barriers to vaccination

- The COVID-19 pandemic has increased missed opportunities for routine vaccination uptake in CYP due to:
 - Lack of clarity around whether vaccination services were operating as usual
 - Parental difficulties in organising vaccination appointments
 - Parental concerns about contracting COVID-19 while attending general practice¹

Vaccine uptake

- There was a substantial decrease in children receiving routine childhood immunisations in 2020 compared to 2019. Since April 2020, fewer infants have completed the full course of 3 Hexavalent vaccines by 6 months of age, and fewer children have received MMR1 by 18 months of age²

Diphtheria, tetanus, pertussis, Haemophilus influenzae type B, polio and hepatitis B (DTaP/IPV/Hib/HepB) vaccine

- The proportion of one year olds vaccinated with the hexavalent DTaP/IPV/Hib/HepB in 2019/20 was lower in London (88.6%) than other parts of the country³

Measles, mumps, rubella (MMR) vaccine

- The proportion of two year olds vaccinated with MMR in 2019/20 was lower in London (83.6%) than other parts of the country³

Actions to improve vaccination uptake

Improving vaccination uptake requires focused effort from all those involved in delivering these programmes across the healthcare system, including:

- Ensuring adequate funding to deliver fully resourced immunisation services and developing a comprehensive commissioning approach
- Widening access to ensure that vaccinations are delivered at accessible locations and creating mobile teams to deliver vaccinations to CYP who cannot attend clinics
- Targeting populations with lower uptake
- Improving data collection and reporting to monitor attendance and uptake
- Staff engagement and training to promote uptake
- Developing effective communication to raise public awareness, encourage vaccination uptake and respond to concerns such as sending vaccination reminders and messages in printed media and social media^{4,5}



References

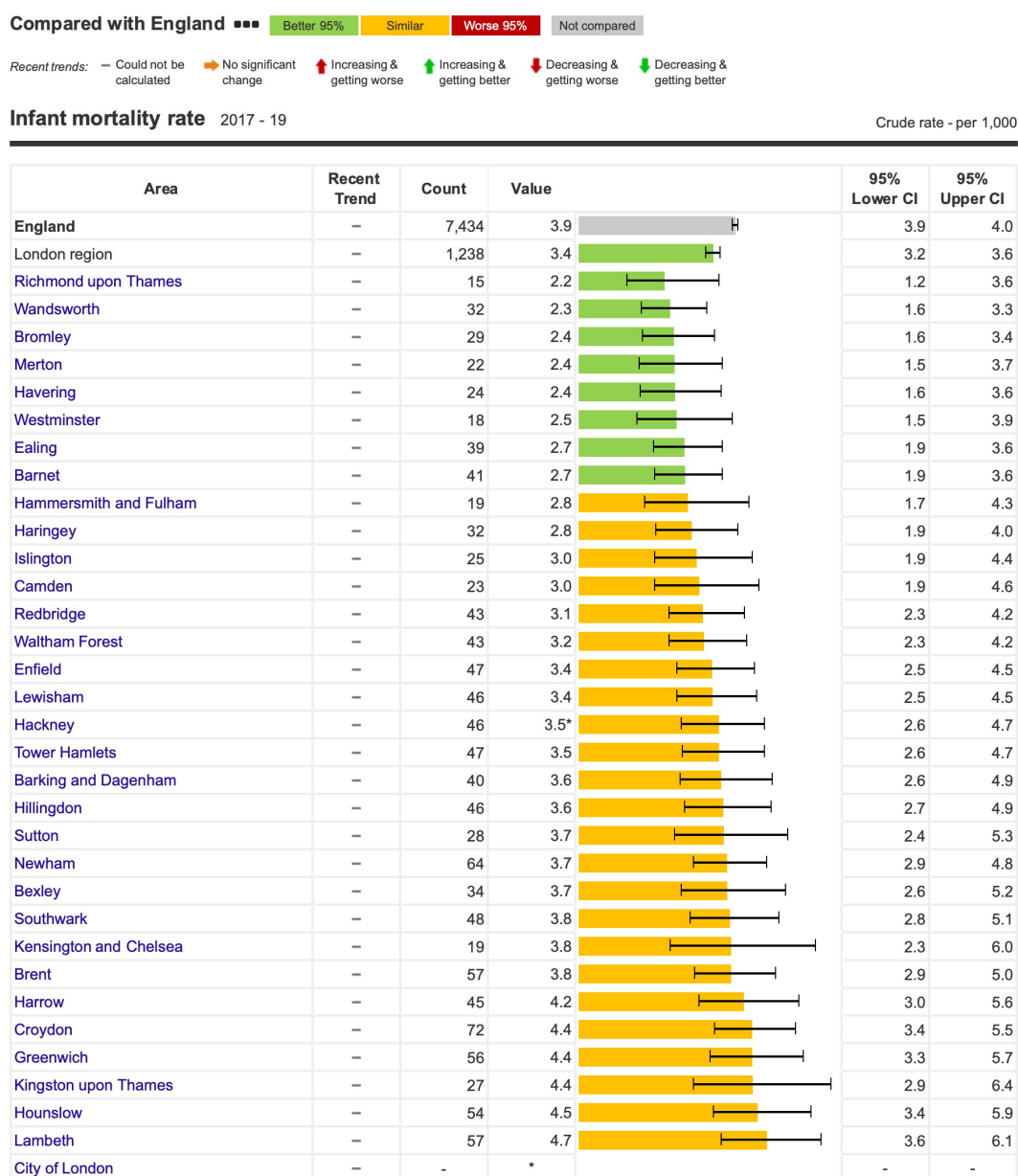
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5. [BMA Action to improve immunisation coverage rates across the UK](#)

Appendix 1: Wider impacts of COVID-19 on child health, London data

Infant mortality

Dr Marilena Korkodilos

- Infant mortality is considered a good indicator of both maternal and newborn health and care¹
- The Department of Health and Social Care has ambition is to halve the number of stillbirths and neonatal deaths in England by 2030²
- In 2017-19, 1,238 babies in London did not live to see their first birthday, about eight babies every week³
- The infant mortality rate was 2.1 times higher in Lambeth (4.7 per 1,000) compared to Richmond upon Thames (2.2 per 1,000)³

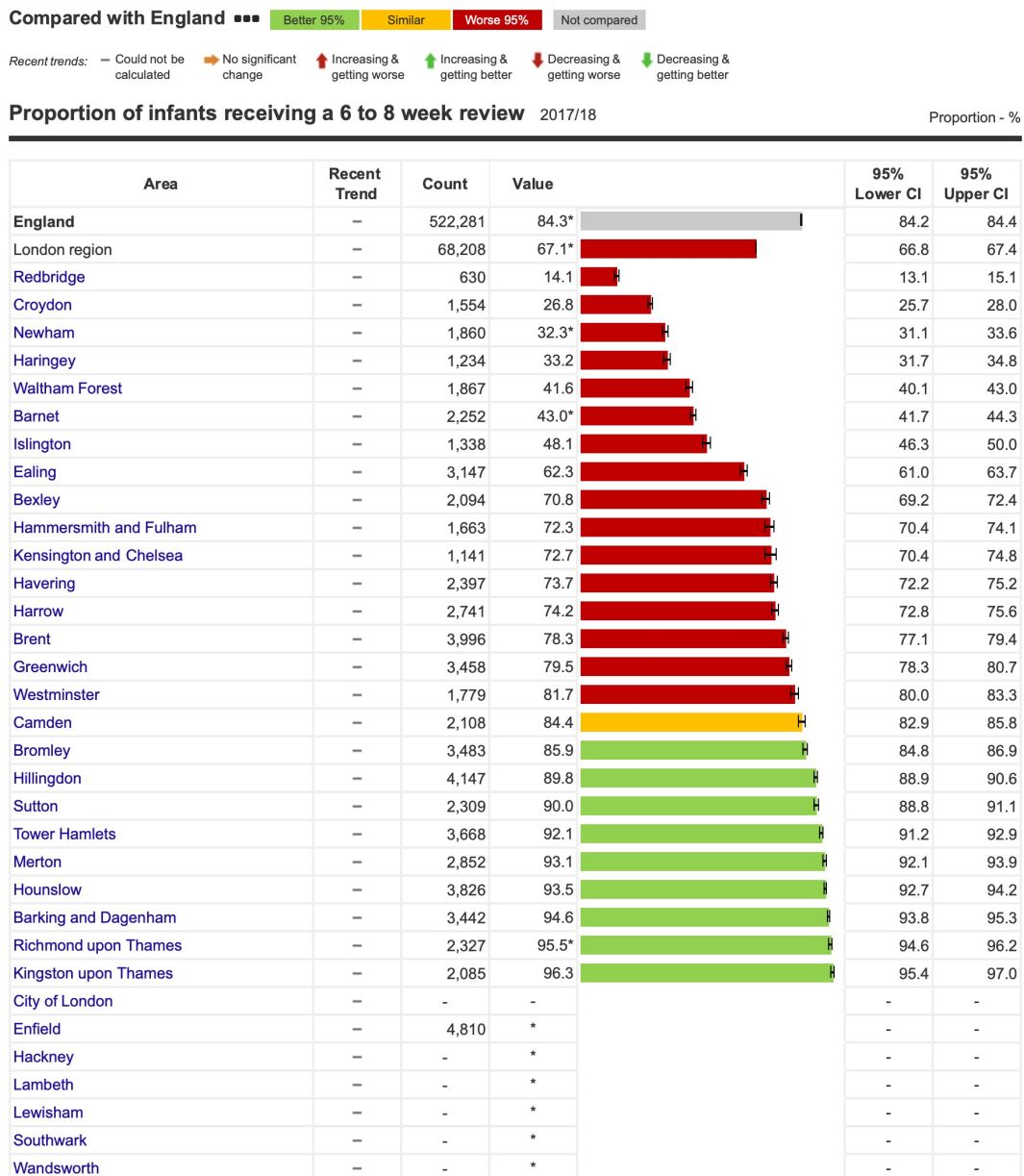


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2. [DHSC \(2015\) New ambition to halve rate of stillbirths and infant deaths](#)
3. [PHE child and maternal health profiles](#)

Infants receiving a 6 to 8 week review

Dr Marilena Korkodilos

- All babies should have a routine physical exam between 6 to 8 weeks¹
- The review is an opportunity for support with breastfeeding if required, allows an assessment of the mother's mental health and reinforces the discussions and messages from the new birth visit¹
- It is an opportunity to ensure the mother has had a six-week postnatal check, and to remind the parents about vaccinations for their baby¹
- Support to the mother around receiving benefits she is entitled to can be discussed and offered¹
- In 2017/18, 67.1% of babies in London received a 6 to 8 week review²,
- The proportion of babies that received a review was 6.8 times higher in Kingston upon Thames (96.3%) compared to Redbridge (14.1%)²



1. [Department of Health \(2009\) Healthy child programme](#)
 2. [PHE \(2020\) Child and maternal health profiles](#)

MMR vaccination one dose in children aged 2 years

Dr Marilena Korkodilos

- Immunisation is vital in protecting children from serious disease and death from infections¹
- The number of MMR (measles, mumps, and rubella) vaccines delivered in England dropped by 20% during the first three weeks of the lockdown²
- Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases³
- Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise³
- Just over eight in 10 two year olds in London received one dose of MMR in 2019/20³
- The proportion of two year olds who were vaccinated was 1.2 times higher in Bromley (90.7%) compared to Hackney (77.1%)

Benchmarked against goal ■■■ <90% 90% to 95% ≥95% Not applicable

Recent trends: — Could not be calculated ➔ No significant change

Population vaccination coverage - MMR for one dose (2 years old) 2019/20 Proportion - %

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↓	589,306	90.6	90.5	90.7
London region	↓	103,128	83.6	83.4	83.8
Hackney	↓	3,196	77.1	75.8	78.3
Kensington and Chelsea	↑	1,804	77.2	75.4	78.8
Enfield	↓	3,581	79.2	78.0	80.4
Camden	↓	2,068	79.7	78.1	81.2
Brent	↓	3,923	79.9	78.8	81.0
Westminster	↑	1,596	80.2	78.4	81.9
Islington	↓	2,182	80.8	79.3	82.3
Hammersmith and Fulham	↑	1,907	80.8	79.2	82.4
Haringey	↓	3,009	80.9	79.6	82.1
Redbridge	↓	3,848	81.6	80.5	82.7
Lambeth	↓	3,587	82.0	80.9	83.1
Croydon	➔	4,374	82.1	81.0	83.1
Newham	↓	4,878	82.5	81.5	83.5
Barking and Dagenham	↓	3,066	82.6	81.4	83.8
Merton	↓	2,208	83.2	81.7	84.6
Waltham Forest	➔	3,599	83.3	82.1	84.3
Barnet	➔	4,514	83.4	82.4	84.3
Harrow	↓	2,939	83.4	82.1	84.6
Ealing	➔	4,501	83.8	82.8	84.8
Lewisham	↓	3,992	84.8	83.8	85.8
Wandsworth	➔	3,958	84.9	83.9	85.9
Hounslow	➔	3,626	85.1	84.0	86.1
Bexley	➔	2,711	85.4	84.1	86.6
Southwark	➔	3,338	85.7	84.6	86.8
Hillingdon	↑	3,710	86.3	85.2	87.3
Tower Hamlets	↓	3,601	86.3	85.2	87.3
Kingston upon Thames	↓	2,098	87.0	85.6	88.3
Richmond upon Thames	➔	2,198	88.0	86.6	89.2
Greenwich	↑	3,895	88.0	87.0	88.9
Havering	↓	3,059	88.3	87.1	89.3
Sutton	➔	2,162	89.7	88.5	90.9
Bromley	➔	4,000	90.7	89.8	91.5
City of London	—	-	*	-	-

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 3. [PHE \(2020\) Child and maternal health profiles](#)

A&E attendances in children aged 0 to 4 years

Dr Marilena Korkodilos

- Children and young people are more frequent users of A&E than adults¹
- A&E attendances in children aged 0-4 years are often preventable¹
- Whilst emergency admissions for children and young people continued to increase over the past 10 years, there was a decrease in attendance during lockdown^{1,2}
- In 2018/19, 465,085 children aged 0 to 4 years in London attended A&E³
- A&E attendances were 2.6 times higher in Hounslow (1,168.8 per 1,000) compared to Bromley (456.0 per 1,000)³

Compared with England ■■■ Better 95% ■ Similar ■ Worse 95% ■ Not compared

Recent trends: — Could not be calculated ■ No significant change ■ Increasing & getting worse ■ Increasing & getting better ■ Decreasing & getting worse ■ Decreasing & getting better

A&E attendances (0-4 years) 2018/19 Crude rate - per 1,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	2,193,044	655.3	654.4	656.1
London region	↑	465,085	755.2	753.0	757.3
Bromley	→	9,830	456.0	447.0	465.1
Bexley	↓	7,990	499.7	488.9	510.9
Greenwich	↓	11,350	517.0	507.5	526.6
Havering	→	9,755	561.6	550.5	572.9
Wandsworth	↑	13,810	631.3	620.9	642.0
Redbridge	↑	14,560	640.2	629.7	650.6
Hackney	→	13,320	641.6*	630.7	652.5
Lambeth	↑	12,485	649.8	638.4	661.2
Kingston upon Thames	↑	7,370	652.7	637.9	667.8
Camden	↑	9,250	658.9	645.5	672.4
Merton	↑	9,970	664.9	652.1	678.2
Barking and Dagenham	→	13,220	677.3	665.8	688.9
Tower Hamlets	↑	15,515	698.6	687.7	709.7
Sutton	↑	10,145	737.6	723.4	752.2
Islington	↑	9,730	741.2	726.7	756.3
Haringey	→	13,825	743.8	731.4	756.3
Waltham Forest	↑	16,385	751.5	740.0	763.0
Southwark	↑	15,710	766.3	754.5	778.5
Westminster	↑	10,660	778.6	763.7	793.3
Lewisham	↑	17,170	787.1	775.4	799.0
Harrow	↓	14,040	791.2	778.3	804.5
Brent	→	19,645	799.2	788.1	810.5
Barnet	→	21,475	810.0	799.3	821.0
Newham	↑	23,240	822.5	812.0	833.1
Ealing	↑	20,775	844.5	833.1	856.1
Richmond upon Thames	↑	10,665	844.8	828.7	860.8
Hillingdon	↓	19,180	852.9	840.9	865.1
Kensington and Chelsea	↑	7,220	878.0	858.1	898.8
Hammersmith and Fulham	↑	10,320	905.0	887.7	922.8
Enfield	↑	22,355	919.2	907.2	931.3
Croydon	↑	30,310	1,083.5	1,071.3	1,095.7
Hounslow	↑	23,800	1,168.8	1,154.0	1,183.8
City of London	-	-	*	-	-

1. [The Nuffield Trust \(2017\) Emergency hospital care children and young people](#)
2. [RCPC \(2020\) The impact of COVID-19 on child health services](#)
3. [PHE wider impacts of COVID-19 on health](#)

School readiness at the end of reception

Dr Marilena Korkodilos

- School readiness at age five has a strong impact on future educational attainment and life chances¹
- In a YouGov survey, on average early years and primary school teachers report that 43% of pupils arriving at their school are not school ready²
- In 2018/19, 74,797 five year olds living in London achieved a good level of development at the end of Reception³
- One in four children aged five years in London was not school ready³
- The proportion of children aged 5 years who achieved a good level of development at the end of Reception was 1.2 times higher in the City of London (85.1%) compared to Hackney (69.6%)³

Compared with England ■■■ Better 95% Similar Worse 95% Not compared

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↓ Increasing & getting better ↘ Decreasing & getting worse ↙ Decreasing & getting better

School readiness: percentage of children achieving a good level of development at the end of Reception 2018/19 Proportion - %

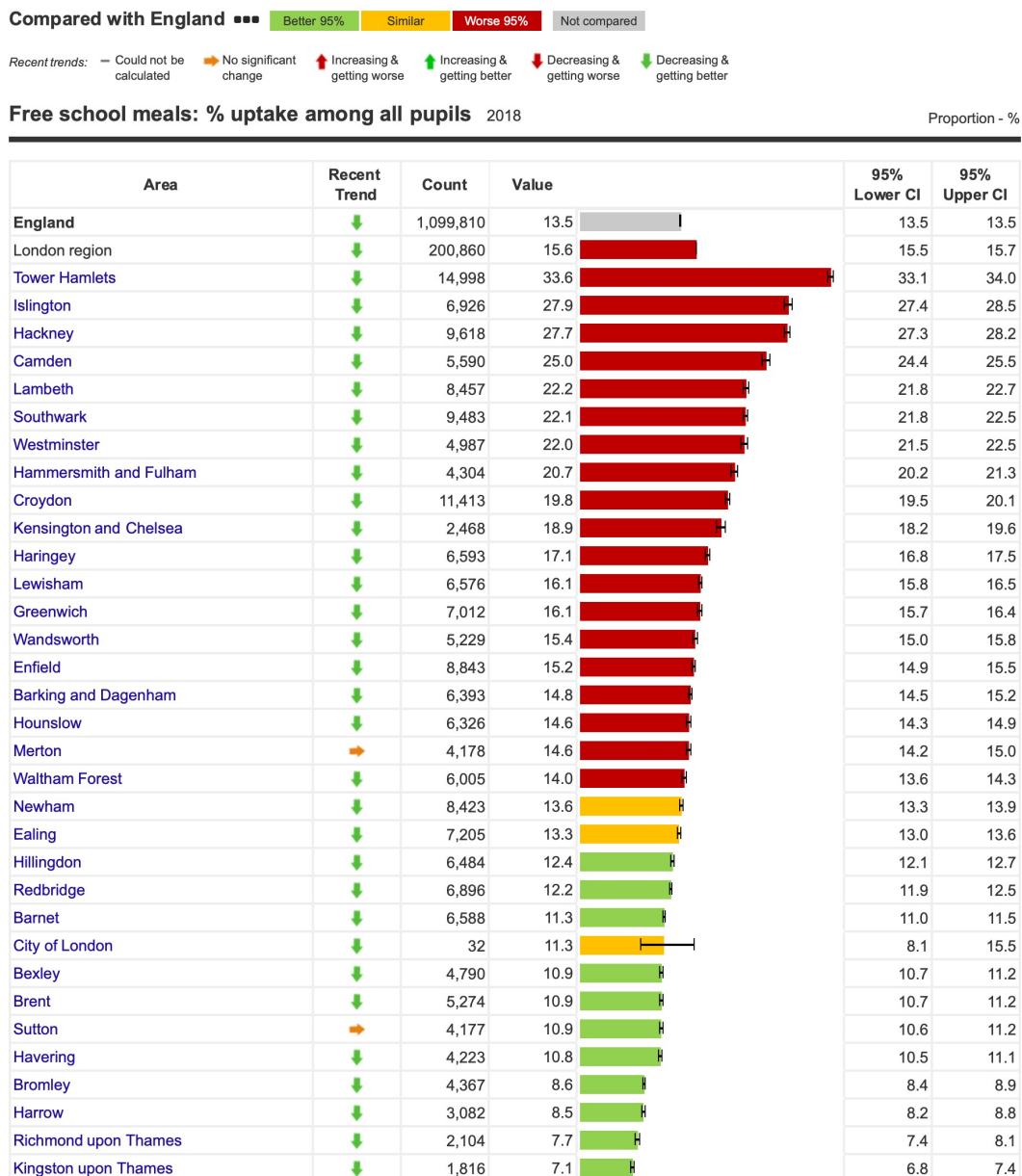
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	458,847	71.8	71.7	71.9
London region	↑	74,797	74.1	73.8	74.3
Hackney	→	2,036	69.6	67.9	71.2
Enfield	↑	3,010	69.7	68.3	71.0
Tower Hamlets	↑	2,427	69.9	68.3	71.4
Kensington and Chelsea	→	743	70.0	67.2	72.7
Westminster	↑	906	70.6	68.1	73.0
Ealing	→	3,127	70.9	69.5	72.2
Islington	↑	1,373	71.0	69.0	73.0
Lambeth	↑	2,219	71.5	69.9	73.0
Havering	→	2,289	71.7	70.1	73.2
Brent	↑	2,724	71.8	70.4	73.2
Barking and Dagenham	↑	2,486	72.4	70.9	73.9
Camden	↑	1,146	72.8	70.6	74.9
Hammersmith and Fulham	↑	1,110	73.2	70.9	75.3
Sutton	↑	1,794	73.3	71.5	75.0
Hounslow	↑	2,497	73.8	72.3	75.2
Southwark	↑	2,484	74.1	72.6	75.6
Barnet	↑	3,222	74.3	73.0	75.6
Haringey	↑	2,247	74.6	73.0	76.1
Croydon	↑	3,503	74.6	73.3	75.8
Hillingdon	↑	3,016	74.7	73.4	76.0
Harrow	↑	2,317	75.0	73.4	76.5
Merton	↑	1,776	75.5	73.7	77.2
Redbridge	↑	3,193	75.6	74.3	76.8
Kingston upon Thames	→	1,506	75.9	73.9	77.7
Newham	↑	3,585	75.9	74.6	77.1
Wandsworth	↑	2,336	76.3	74.7	77.7
Lewisham	→	2,712	76.4	75.0	77.8
Waltham Forest	↑	2,672	76.4	75.0	77.8
Bexley	→	2,391	76.7	75.1	78.1
Greenwich	→	2,811	77.9	76.5	79.2
Bromley	↑	3,093	78.2	76.9	79.4
Richmond upon Thames	↑	2,006	80.6	79.0	82.1
City of London	→	40	85.1	72.3	92.6

1. [PHE \(2015\) Improving school readiness. Creating a better start for London](#)
2. [YouGov \(2020\) Kindred2 - School readiness](#)
3. [PHE Fingertips \(2020\) Wider impacts of COVID-19 on health](#)

Children receiving a free school meal

Dr Marilena Korkodilos

- Free school meals (FSM) are a key source of nutrition for deprived children and improve attendance, concentration and academic performance¹
- COVID-19 has caused a sharp rise in food insecurity. 14% of parents or guardians experienced food insecurity between March and August 2020. Four million people including 2.3 million children live in these households¹
- COVID-19 has increased the demand for FSM²; this is not reflected in currently available routine data
- In 2018, 200,860 school aged children in London were eligible for a FSM³
- The proportion of school aged children who were eligible for free school meals was 4.7 times higher in Tower Hamlets (33.6%) compared to Kingston upon Thames (7.1%)³

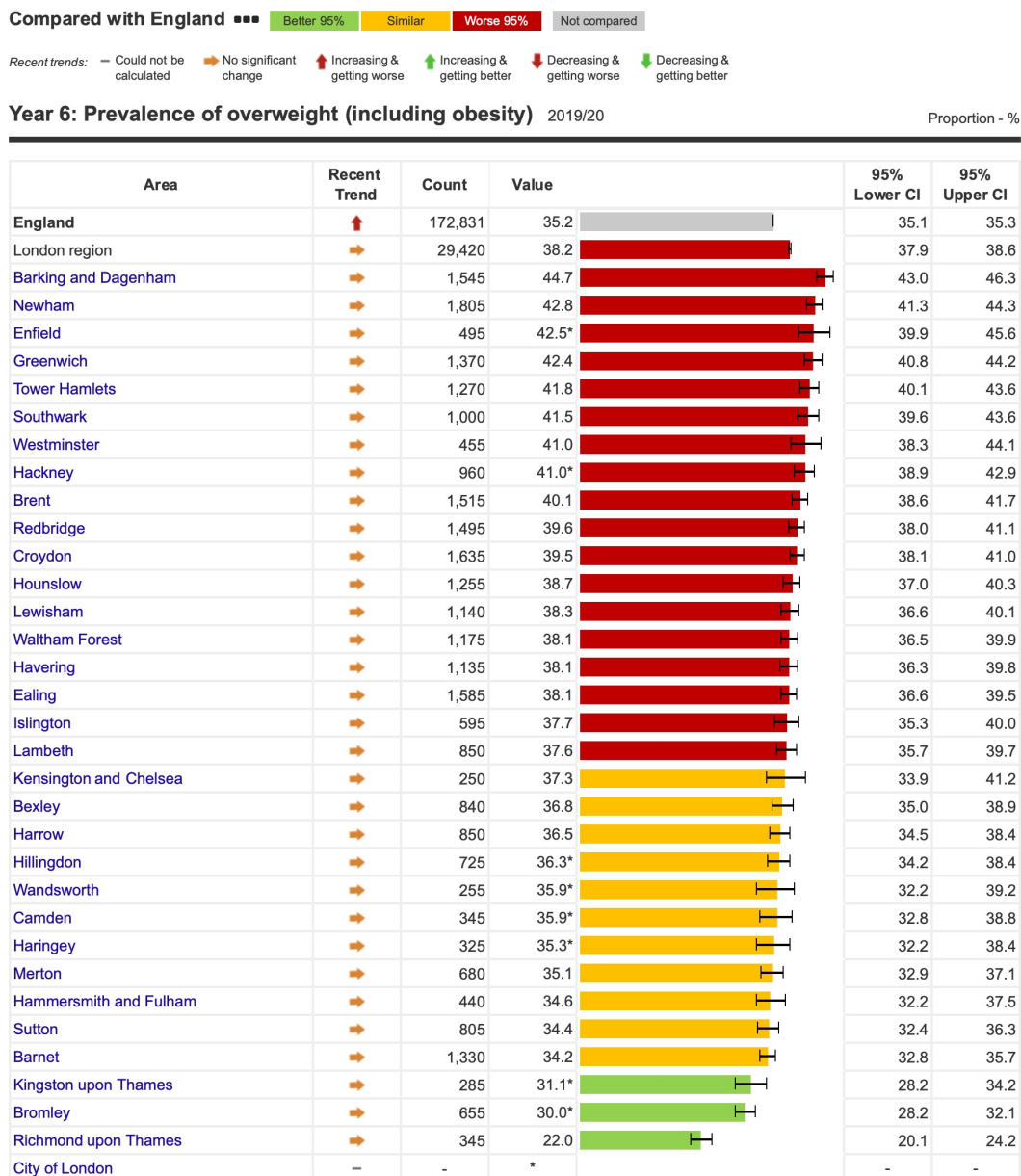


- [Food for Life \(October 2020\) Protecting vulnerable children's diets](#)
- [Food Foundation \(October 2020\) Demand for free school meals rises sharply as the economic impact of COVID-19 on families bites](#)
- [PHE Fingertips \(2020\) Wider impacts of COVID-19 on health](#)

Overweight (including obese) 10 to 11 year olds

Dr Marilena Korkodilos

- Childhood obesity is one of the biggest public health challenges facing the UK¹
- Being overweight or obese in childhood has profound impacts on the health and life chances of children¹
- Disrupted family routines, sleep dysregulation, reduced physical activity, increased screen time, increased access to unhealthy snacks, and less consistent access to appropriately portioned meals through school as a consequence of the COVID-19 pandemic may lead to increased child obesity²
- In 2019/20 about two in five 10 to 11 year olds in London were overweight or obese³
- The proportion of 10-11 year olds who were overweight or obese was 2.0 times higher in Barking and Dagenham (44.7%) compared to Richmond upon Thames (22.0%)³

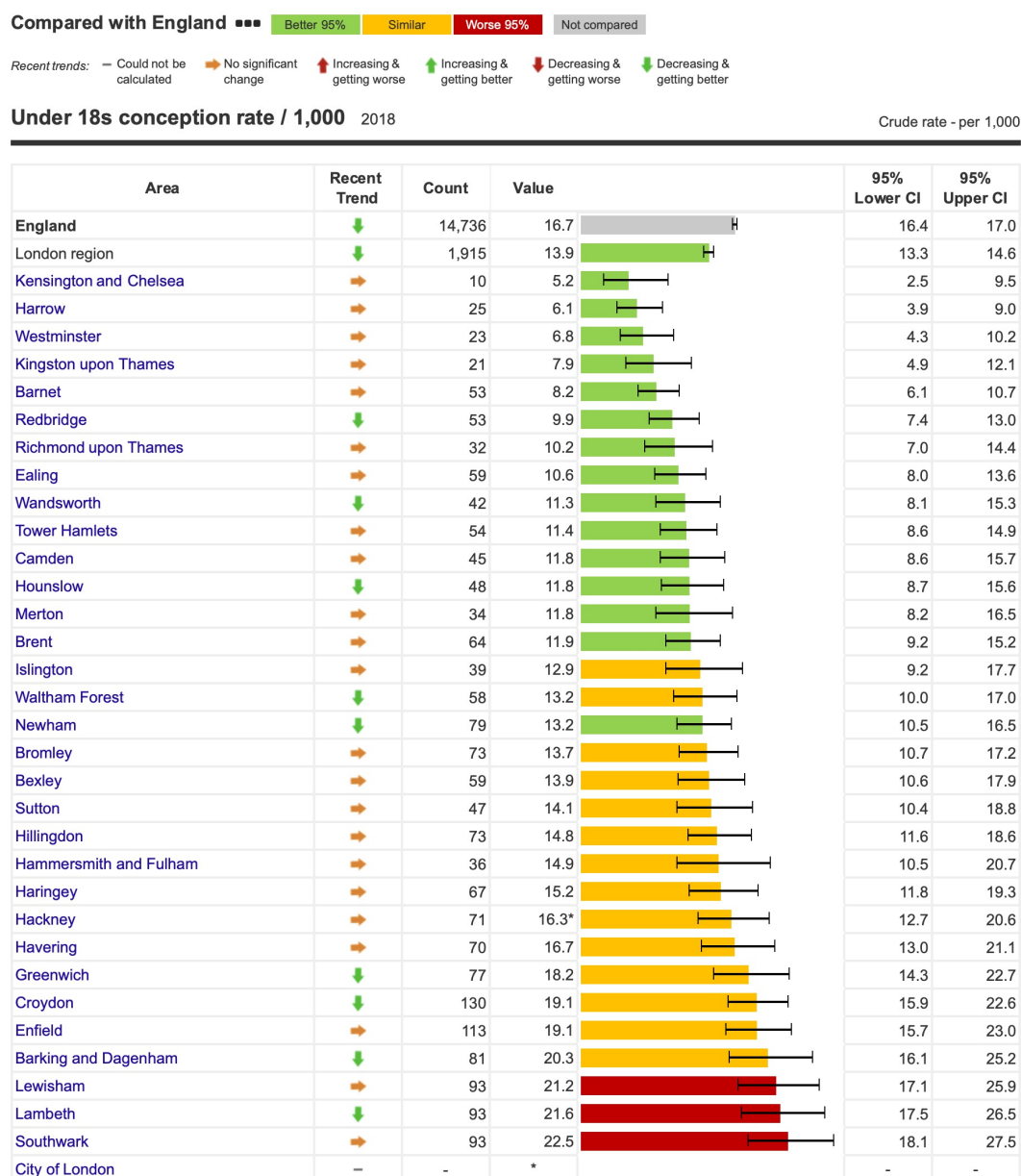


1. [Korkodilos M. BACAPH \(2021\) The health and wellbeing of children and young people in England](#)
2. [Jensenn P et al. Paediatrics \(2021\) COVID-19 and changes in child obesity](#)
3. [PHE Fingertips \(2020\) Wider impacts of COVID-19 on health](#)

Teenage pregnancies

Dr Marilena Korkodilos

- Although the teenage pregnancy rate has reduced it still remains higher than a number of other western European countries. About 75% of teenage pregnancies are unplanned and half 46.6 end in abortion¹
- Teenage pregnancy is associated with poorer outcomes for both young parents and their children. These include living in poverty, higher risk of mental health problems in mothers and higher risk of infant mortality and lower breastfeeding rates in babies born to teenage mothers compared to older mothers^{1,2}
- In 2018, about 1 in 70 girls aged less than 18 years in London became pregnant³
- The rate of teenage pregnancies was 4.3 times higher in Southwark (22.5 per 1,000) compared to Kensington and Chelsea (5.2 per 1,000)³

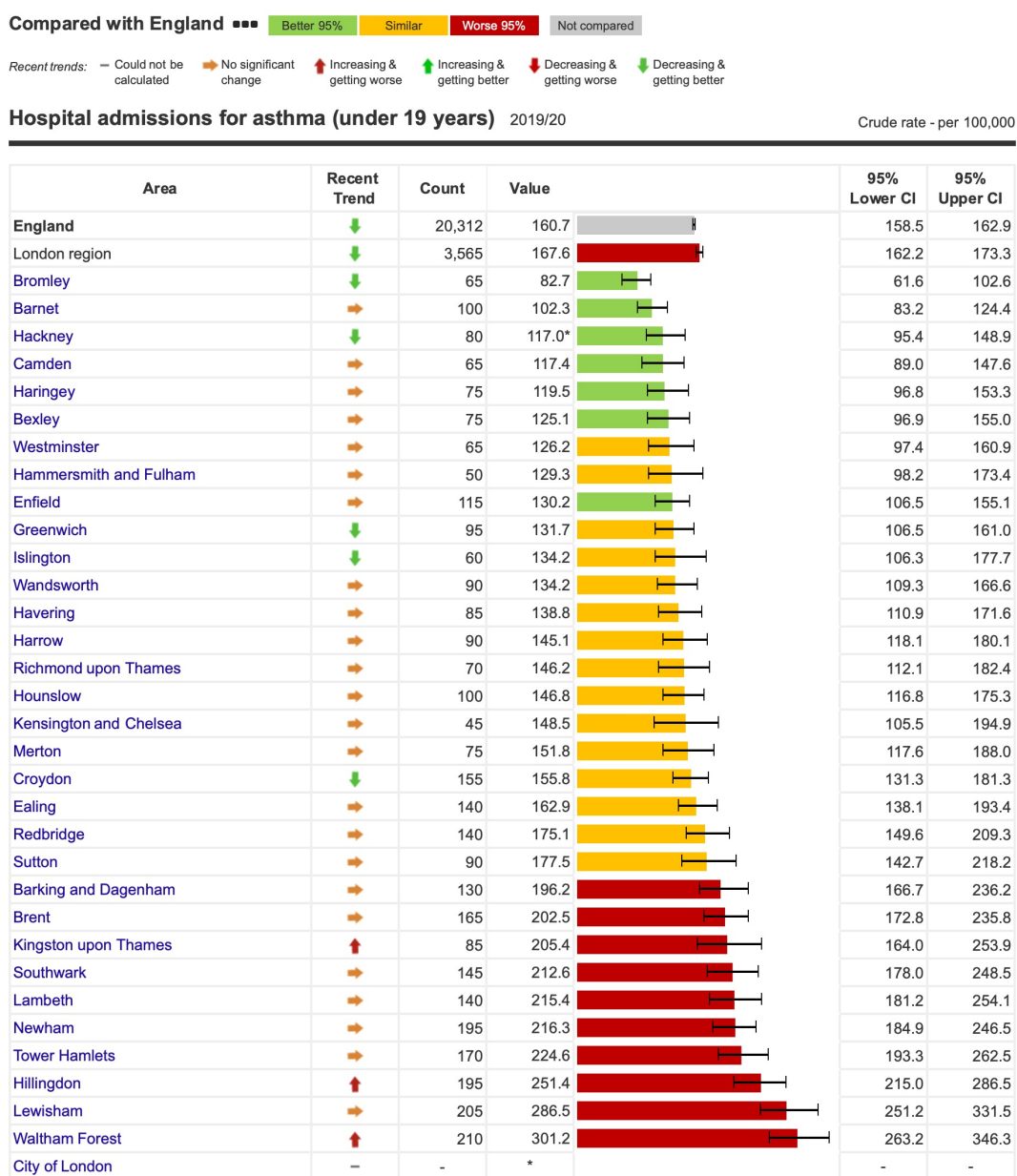


1. [Korkodilos M. BACAPH \(2021\) The health and wellbeing of children and young people in England](#)
2. [Nuffield Trust \(2021\) Teenage pregnancy](#)
3. [PHE Fingertips \(2020\) Wider impacts of COVID-19 on health](#)

Hospital admissions for asthma in children less than 19 years

Dr Marilena Korkodilos

- Asthma is the most common long term medical condition in children and is the most common reason for urgent hospital admissions in children¹
- About 1 in 11 children are receiving treatment for asthma, that's about 200,000 children in London²
- In 2019/20, 3,565 children and young people aged under 19 years in London were admitted to hospital for asthma³
- Hospital admissions were 3.6 times higher in Waltham Forest (301.2 per 1,000,000) compared to Bromley (82.7 per 1,000,000)³



1. [NHS England \(2019\) Childhood asthma](#)
2. [Asthma UK \(2019\) Asthma facts and statistics](#)
3. [PHE wider impacts of COVID-19 on health](#)