



Office for Health
Improvement
& Disparities

A graphic showing five green stylized human figures of varying heights (representing children and adults) holding hands in a line. The background is a light green gradient.

The impact of COVID-19 on children and young people in the East Midlands

October 2022

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Introduction

What has happened, what we know and next steps

The outbreak, spread and response to Covid-19 from March 2020 has impacted on everyone and all aspects of life. While children and young people (CYP) of all ages have been diagnosed with COVID-19, symptoms are generally mild and severe illness is rare.¹ However, the wider impact of the pandemic on their education, mental and physical wellbeing, access to services and life circumstances has been profound. Schools were closed, expected health care appointments did not take place, and children's mental health deteriorated. There is evidence that children were disproportionately affected² with some having been more vulnerable than others to the effects of the pandemic, particularly those with pre-existing vulnerabilities.²

In July 2022 life for babies, children and young people seems to be largely back to normal. The country is now focussing on system wide recovery and responding to the long-lasting impacts of the pandemic. Early identification, intervention and prompt treatment are particularly important for children and young people, as poor health in childhood can have lifelong consequences.

This report presents a broad overview of the impacts of the pandemic on babies, children, and young people, highlighting the longer-term and ongoing areas of concern. This report does not encompass everything. Evidence of many of the impacts of the pandemic on babies, children and young people are still emerging and many are yet unknown.

Alongside a collection of literature on the effect of the pandemic this report presents data from the indicators of child and maternal health and wellbeing from the Office of Health Improvement and Disparities (OHID) Fingertips and the Wider Impacts of COVID-19 on Health tool (WICH). Many of these indicators are derived from pre-pandemic data (2019/20) and are included as a baseline from which to measure ongoing impact. More data is expected to become available over time. The report includes national data and regional data where available.

The aim of the report

This report is not an endpoint but a beginning to give those involved in planning, making decisions, and working with babies, children and young people an overview and a starting point for prioritising effort.

Next steps

It is expected that the report will be built upon with a series of focussed briefings on babies, children and young people which can help local partners to work together on monitoring and improving their outcomes.

Acknowledgements

The report has used a report by the London region of Public Health England in 2021 as a template. Thanks go to the original authors of that publication from healthcare public health, dental public health and Wellbeing and Workforce Teams, which had large contributions from Dr Marilena Korkodilos, Robert Marr, Jennifer Beturin-Din, Nicky Brown, Dan Devitt, Dr Katherine Kaczmarczyk, Dr Huda Yusuf, Sally Hudd, Emma Blair and Gina Zelent.

This report has been localised and updated for the East Midlands` region by Christine Nolan, Dr Frances Mason, Tammy Coles, Elizabeth Adamson and Zachary Gleisner from the Health and Wellbeing and Local Knowledge and Intelligence Teams in the Office for Health Improvement and Disparities (OHID) Midlands. Contributions and advice on updating and localisation came from other members of the Midlands Health and Wellbeing team, the Local Knowledge and Intelligence Team, The UK Health Security Agency (UKHSA) sexual health team, the Healthcare Public Health and Dental Public Health teams and a number of commissioning colleagues in NHS England and NHS Improvement Midlands. Many thanks to all those who gave advice and guidance.

Introduction

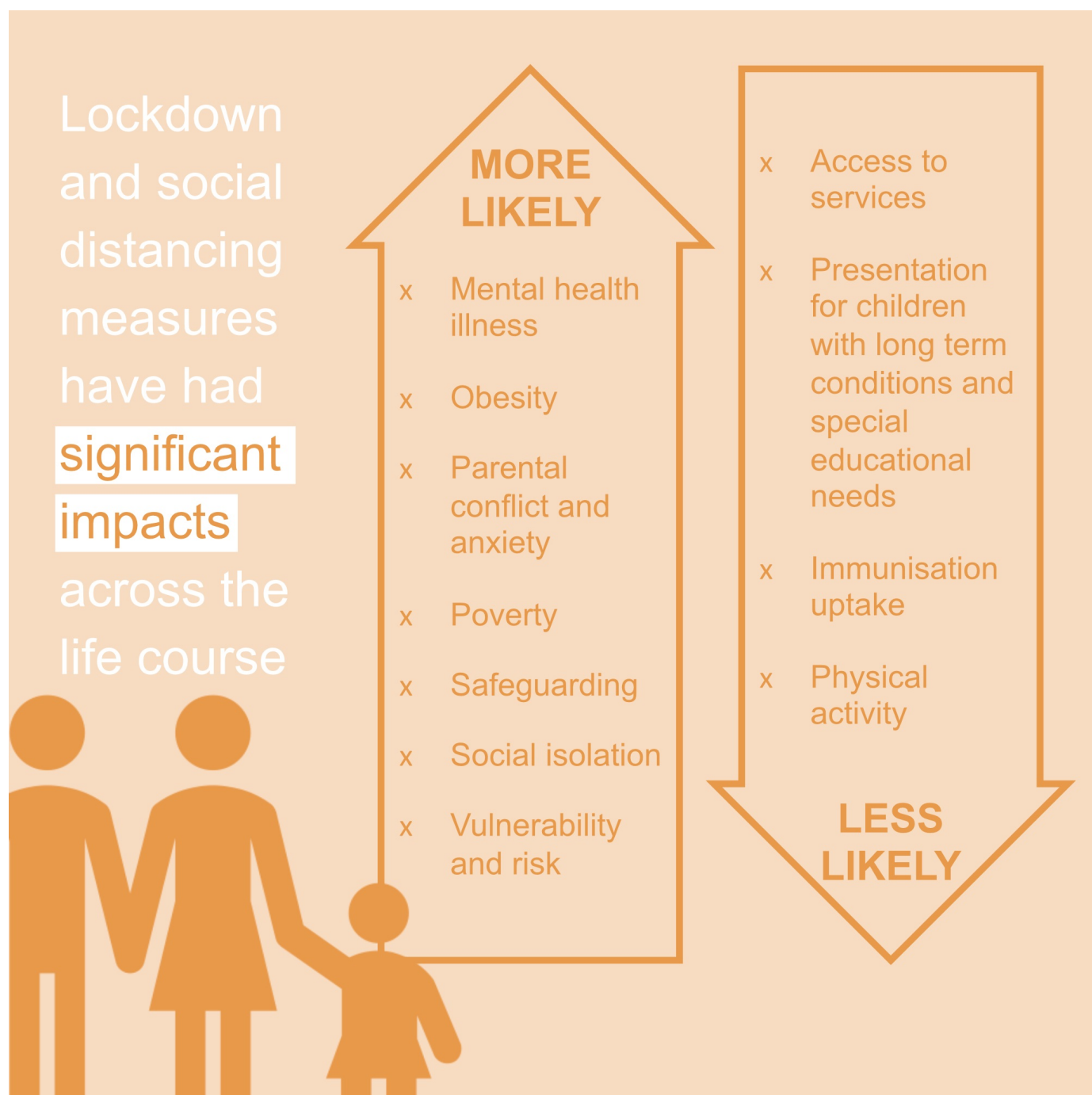
Children and young people in the East Midlands - A snapshot

Indicator	England	East Midlands
Infant mortality (2018 - 20) <i>Crude rate per 1,000</i>	3.9	4.2
Smoking status at time of delivery (2020/21) <i>Crude rate per 1,000</i>	9.6	12.6
Overweight including obese 10-11 year olds (2019/20) <i>Proportion (%)</i>	35.2	34.9
School readiness at the end of Reception aged 5 years (2018/19) <i>Proportion (%)</i>	71.8	70.3
MMR vaccination one dose 2 years (2020/21) <i>Proportion (%)</i>	90.3	92.4
Children with one or more decayed, missing or filled teeth (2016/17) <i>Proportion (%)</i>	23.3	25.1
16-17 year olds not in education, employment or training (NEET) (2020) <i>Crude rate per 1,000</i>	5.5	6.2
Under 18 conception rate (2020) <i>Crude rate per 1,000</i>	13.0	12.5
First time entrants to the youth justice system (2021) <i>Crude rate per 100,000</i>	146.9	155.4
Hospital admissions as a result of self-harm (10-24 years) (2020/21) <i>Directly standardised rate per 100,000</i>	421.9	411.4
Physically active children and young people (2020/21) <i>Proportion (%)</i>	44.6	44.9

The wider impacts of COVID-19 on child health

Why it matters

- Although CYP are generally less clinically vulnerable to COVID-19 than adults, the wider effects of COVID-19 have disproportionately and negatively affected them¹
- CYP have experienced additional harm due to social isolation; lack of protective school placements; increased anxiety and poor mental health; and a reduction/change to access to healthcare from the NHS, education and social services during the pandemic. These additional harms were particularly experienced by the most vulnerable children in our society²
- The risks to children's health, wellbeing and futures are profound and, for some children, lifelong^{3,4,5}



References

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The wider impacts of COVID-19 on child health

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"

"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"

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

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

"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"

"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"



References

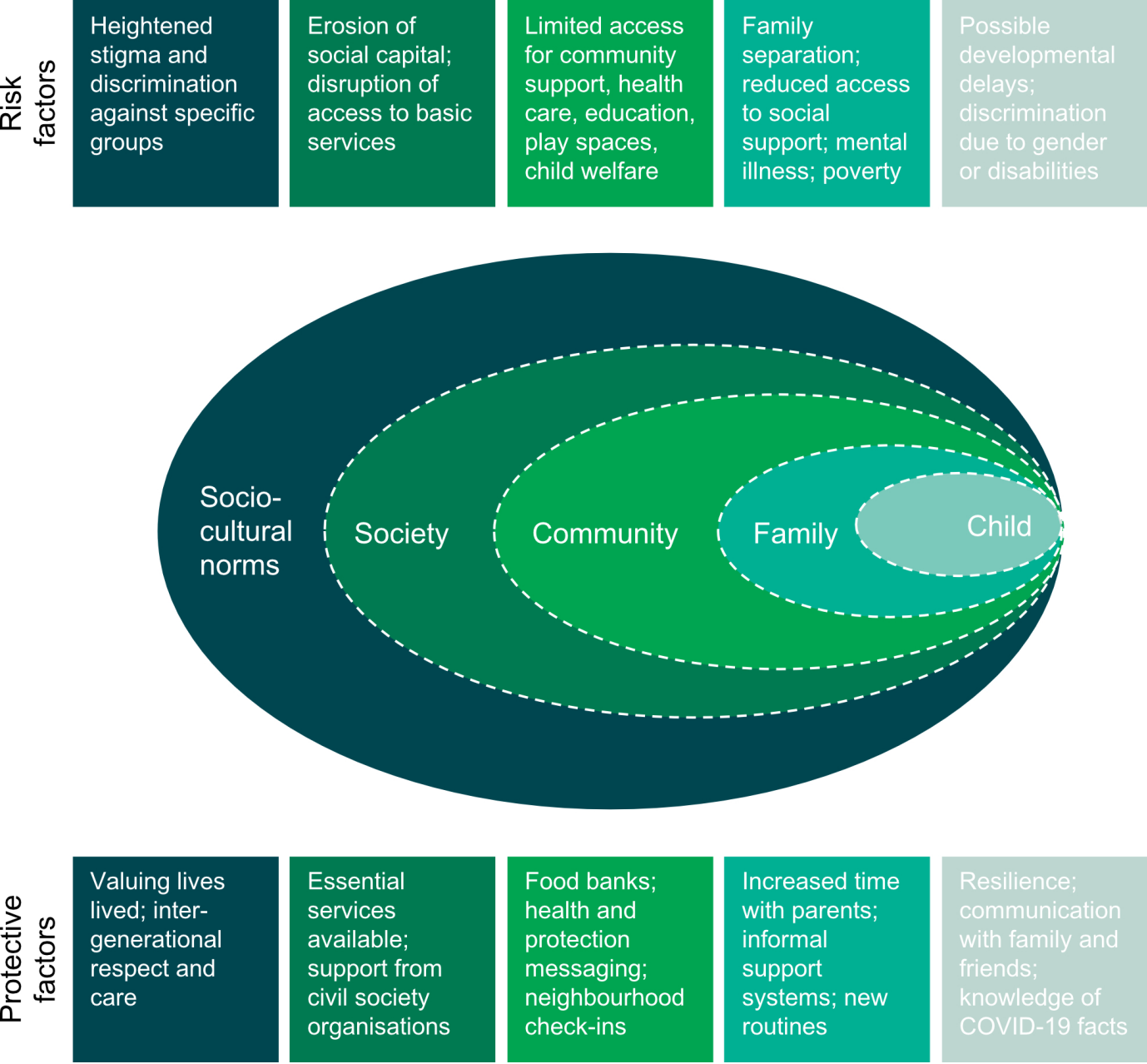
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Risk and protective factors for children and young people’s wellbeing

Risk and protective factors

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

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



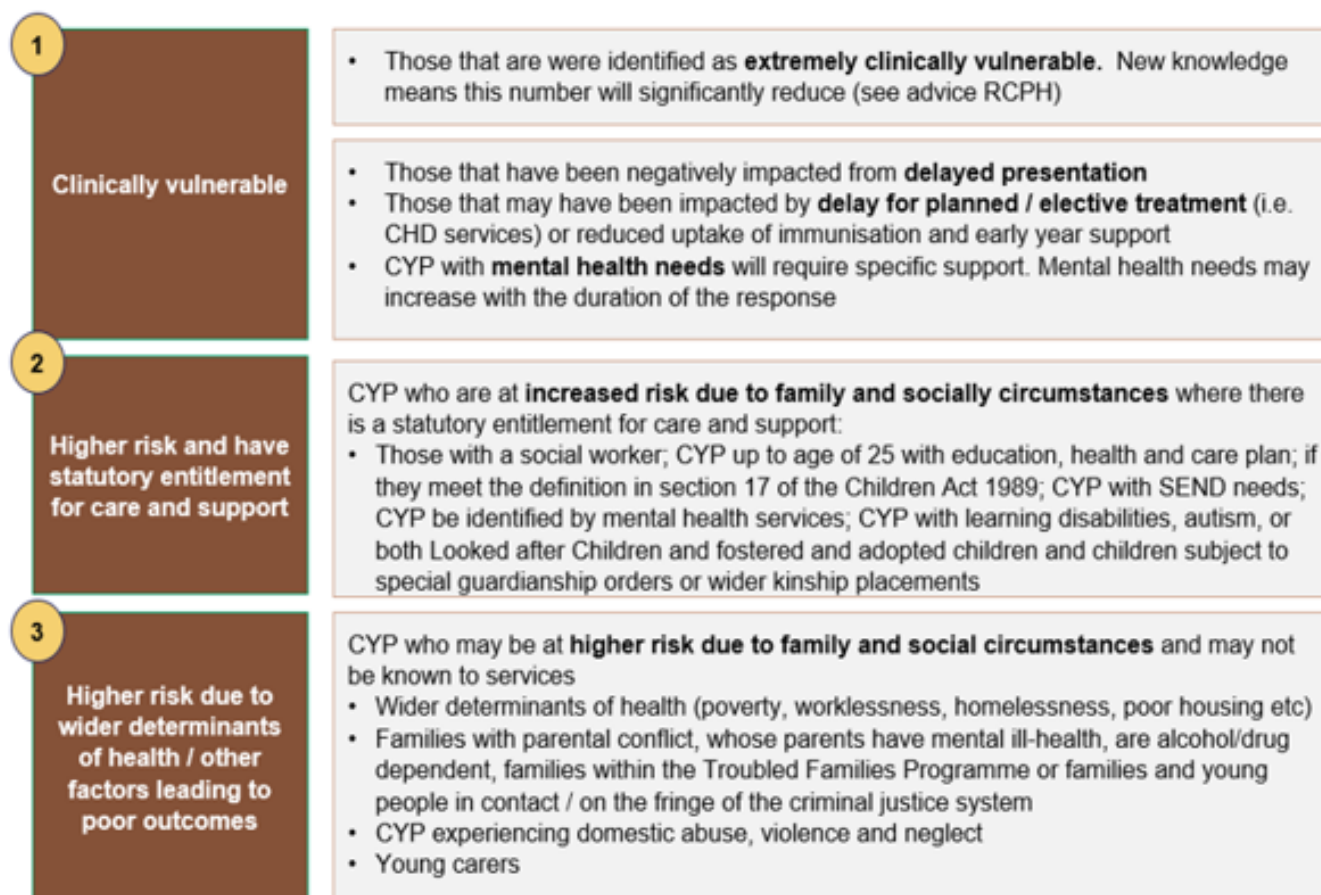
Vulnerability in Children and Young People

Prior to the onset of the COVID-19 pandemic in the UK, CYP with vulnerabilities were experiencing poorer health outcomes than those without. The wider impact of the pandemic is likely to have exacerbated these vulnerabilities and increased the number of children experiencing vulnerabilities, either temporarily or in the longer term.

In 2020, Public Health England, NHS England and partners developed a framework¹ for vulnerability to support 'child and young person-centred recovery' from COVID-19 across 3 broad groups:

1. **Clinically vulnerable:** Children who are clinically vulnerable to COVID-19 due to underlying health conditions or those children for who the pandemic has delayed or curtailed their access to health services.
2. **Higher risk and have statutory entitlement for care and support:** Children and families who are at increased risk due to family and social circumstances where there is a statutory entitlement for care and support (education, health and care plan and those with a social worker)
3. **Higher risk due to wider determinants of health / other factors leading to poor outcomes:** Children who at a higher risk due to being negatively impacted through wider determinants of health and/or family and social circumstances.

Importantly, these groups are not discrete and CYP may be in more than one group. Furthermore, CYP not previously identified as vulnerable may have become so, as the economic and social impacts of the pandemic have been felt in the family setting.



The impact of COVID-19 on child poverty

Definition

- Poverty is defined in different ways and there is no perfect definition. The proportion of children living in poverty can look quite different depending on the measure used¹
- A commonly used definition for absolute poverty is people living in households with income below 60% of the (inflation-adjusted) median in some base year, usually 2010/11.¹

Why it matters

- 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 has lifelong impacts. Poverty is strongly associated with doing less well at school and with a range of social and cognitive poorer outcomes, partly due to families having less money to spend on children, and partly because of parental stress and anxiety.³ Poverty is associated with poor housing, poor employment opportunities and shorter lives, with more years spent in disability.⁴

Click on the infographics to be taken to the data source



Child poverty in the East

Midlands in 2020/21

- 12.3% of children in the East Midlands aged less than 16 years lived in absolute poverty in the three years to 2020/21, better than the England average. This ranged from 8.9% in Leicestershire to 22% in Leicester. These are calculated before housing costs⁵

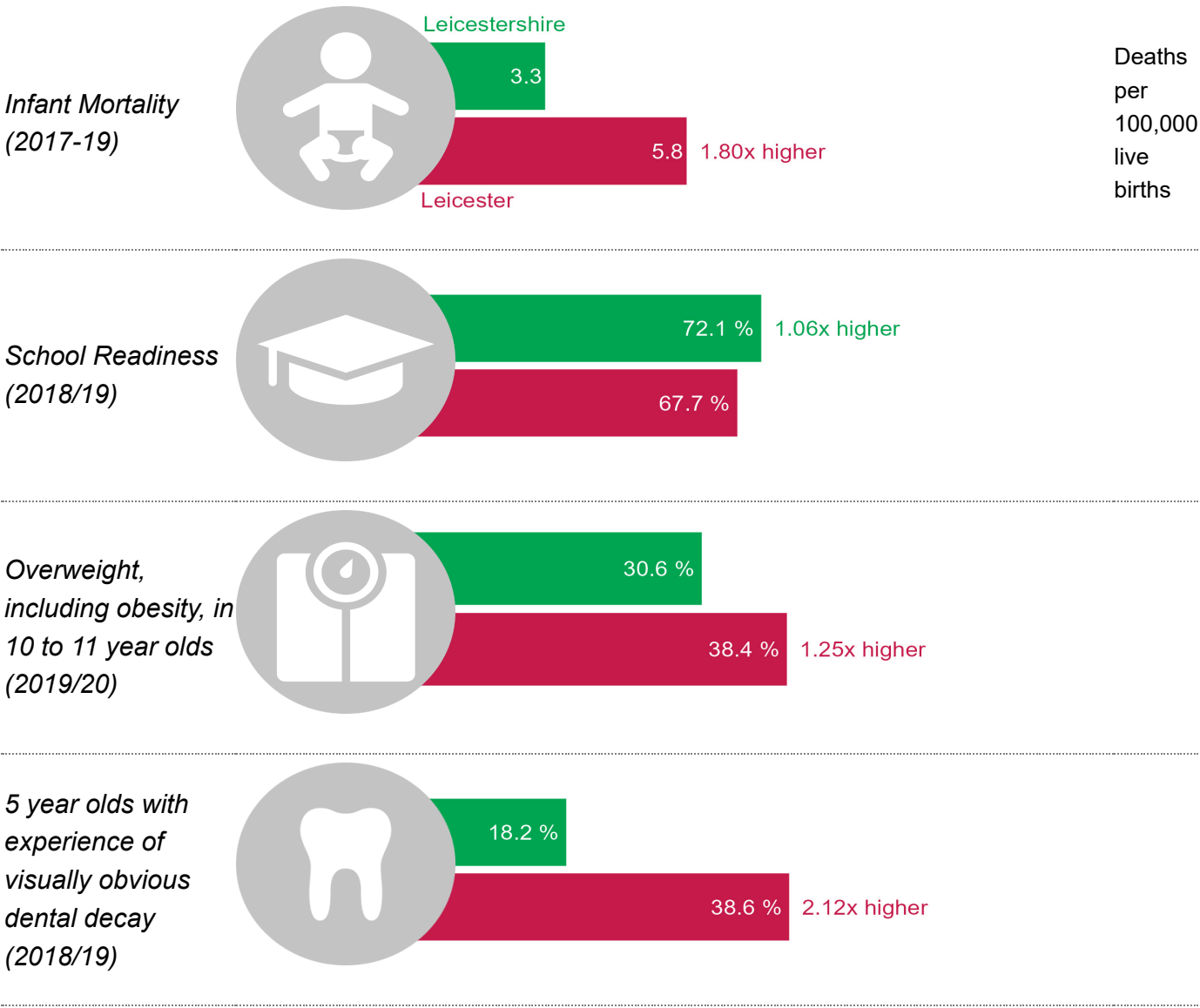


Inequalities

- Children are the most likely of all age groups to live in poverty⁶
- Poverty is unequally distributed; a higher percentage of children from households where the head of the household is from an ethnic minority background are in the lowest quintile for disposable household income. This is also the case if someone in the household is disabled, the child is in a single parent or large family (3 or more children).⁷
- Poverty is also associated with household circumstances that make children more vulnerable, for example where parents have mental health or substance misuse needs.⁸

Child poverty and outcomes for children and young people across the East Midlands going into the pandemic

The charts below compare pre-pandemic outcomes for CYP in Leicestershire (which had the second lowest proportion of child poverty in the East Midlands before housing costs in 2020/21 (8.9%)) to Leicester (which had the highest proportion of child poverty (22%) in the East Midlands). Rutland, which had the lowest proportion in the region, has limited data for the below indicators due to small sample size.



The impact of COVID-19 on child poverty in the East Midlands

The impact of COVID-19

- Prior to the pandemic, 17.4% of children in England were living in absolute low-income families.¹
- The impacts of the COVID-19 pandemic have been harder for those in lower income brackets, 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

- The employment rate of young people declined the most compared with other age groups in the early stages of the pandemic.³

Lockdown measures

- Lockdown measures disproportionately affected low income families with young children⁴
- Over a third of low income families with children increased their spending during 2020, while 40% of high income families without children reduced theirs⁴

Benefits

- During the pandemic, the expanded social safety net (increase of universal credit payments by £20 week) may have prevented a rise in poverty for children in 2020/21. This was withdrawn in October 2021¹
- During the pandemic, there has been an increase in households claiming universal credit. In the East Midlands, the number of households claiming Universal Credit increased by 11.1% to 268,491 between March 2020 and November 2020 with 46.1% of these households with children⁵
- In the Midlands as a whole (East and West), the number of households claiming Universal Credit increased by 80% to 819,485 between March 2020 and May 2021 - nearly half of which had children⁵

Food poverty

- Emergency food parcels issued by The Trussell Trust foodbanks (one of many providers and therefore an underestimate of need) in the East Midlands increased 1.4 times from 101,788 in 2019/20 to 138,767 in 2020/21. This decreased to 126,877 in 2021/22⁵
- Food parcels issued to children also increased 1.4 times, from 39,285 in 2019/20 to 54,074 in 2020/21, decreasing to 46,381 in 2021/22⁵
- 11% of households with children in the UK 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 disadvantaged⁴

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



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

Why it matters

Antenatal health determines not only the health of the newborn, but also impacts adult health and disease risk¹

The impact of COVID-19

- Pregnant women are at a higher risk of becoming seriously ill as a result of COVID-19 infection²
- Alterations to the immune system during pregnancy 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^{3,4}
- A national surveillance study in 2020⁴ 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-19⁴
- The MBRRACE-UK rapid report⁵ 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

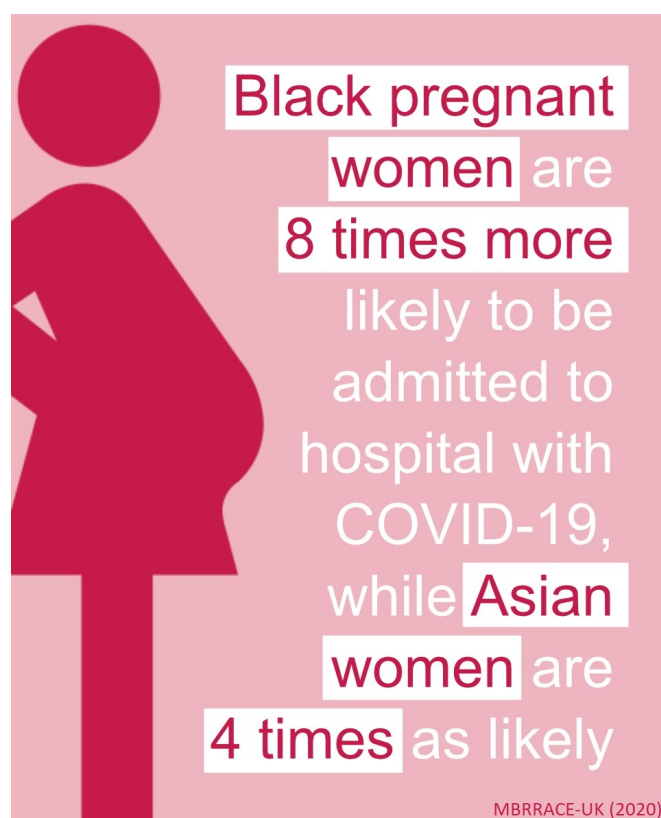
Risk factors for COVID-19 admission

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 diabetes⁴

Inequalities

- Pregnant women from ethnic minority 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-19⁴
- The MBRRACE-UK rapid report⁵ highlighted that of the eight women who died from COVID-19 seven (88%) were from ethnic minority backgrounds



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The impact of COVID-19 on infant and child deaths

Why it matters

- 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 CYP are still dying unnecessarily. In 2019, of all deaths among CYP aged 0 to 19 years in the UK, 33.7% were considered avoidable (1,590 deaths out of 4,717) with an age-standardised mortality rate of 10.5 deaths per 100,000. Overall, avoidable deaths in CYP made up 1% of the total number of avoidable deaths in the UK²

The impact of COVID-19 on infant and child deaths

Direct impact

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

- Between March 2020 and February 2021:
 - There were 25 deaths in children and young people due to SARS-CoV-2 infection (mortality rate, two per million), 16 of which had 2 or more comorbidities³
 - The case-fatality rate in children with COVID-19 was <0.1%³
 - There was no evidence of excess child mortality⁴

Wider impact

- The COVID-19 pandemic may have increased infant and child mortality indirectly as a consequence of strained health systems, household income loss and disruptions to care-seeking and preventative interventions like vaccination⁵

Health seeking behaviours

- A British Paediatric Surveillance Unit (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 children⁶

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 across England, a 27% 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 2019/20⁷
- Nationally, there was a 20% rise in babies being killed or harmed during the first lockdown. Sixty-four babies were deliberately harmed in England - eight of whom died⁸



The impact of COVID-19 on infant and child deaths

Deaths by suicide

- A review of 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 fatalities during lockdowns³
- In 2020 (including a total of 4 months of national lockdowns - April to June and November), there were an estimated 1,460 people killed in reported road accidents. This is a decrease of 22% compared to the equivalent period of 2019. This decrease is statistically significant at the 95% confidence level. In contrast, child fatalities (aged 0-16) increased in 2020 compared to 2019 (52 vs. 49 child fatalities, respectively)⁴

Risk factors

- Social deprivation has a detrimental effect across all causes of child death^{6,7}
- The most common modifiable factors recorded by CDOPs for all child death reviews in order of frequency were⁸:
 1. Smoking by a parent or carer
 2. Quality of service delivery
 3. Unsafe sleeping arrangements
 4. Substance and/or alcohol misuse by a parent or carer
 5. Maternal obesity during pregnancy
 6. Challenges with access to services

7. Poor communication and information sharing
8. Domestic abuse
9. Poor home environment
10. Consanguinity (parents are known blood relatives to each other)
11. Mental health condition in a parent or carer

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



References

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The impact of COVID-19 on the early years

Why it matters

- Experience and development in the early years are crucial to CYP's long-term outcomes in later life including in educational attainment, physical, mental and emotional wellbeing
- Access to high quality early education and childcare plays a vital role in improving the life chances of CYP and consequently in reducing health inequalities.² There is good evidence of children's learning and development in the early years having been affected by the pandemic.³

The impact of COVID-19 on the early years

Early years settings

- In 2019, around 78% of children aged two to four years old in England accessed formal education or childcare.⁴ Comparatively, only 7% of parents of two to four years old reported to have continued attending these settings. Lower attendance at early years settings continued throughout 2020 and 2021. In January 2022, attendance at setting was at around 84% of the expected level⁵
- The pandemic may have harmed the financial viability of some early years settings, and thus availability of early education for some children. In 2020, a third of early years settings were worried that financial problems might mean they would have to close. Between August 2020 and March 2021, the number of registered childminders in England reduced by 1800 (a 5% reduction), continuing an existing downward trend.⁶

- The reduced attendance at early years settings is likely to have had 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 issues⁵

Health visiting services

- Health visiting services provide vital support to all families with babies and small children as part of the Healthy Child Programme⁷ to ensure that they get the best start in life. COVID-19 placed significant pressure on health visiting services⁸
- At some points in the pandemic, health visiting teams were reduced by up to 50-70% in some areas in England due to widespread staff redeployment.⁸ Across both the East and West Midlands, several local health authorities reported they redeployed 20% to 30% of their health visiting workforce. The remaining staff experienced higher caseloads and a significant proportion of child safeguarding work⁸

Health inequalities

- During the pandemic, 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 disadvantaged children⁹
- Surveys carried out by the Sutton Trust reported negative impacts on the child's physical, social and emotional development¹⁰

Positive early experiences
improve readiness to
learn and life chances



References

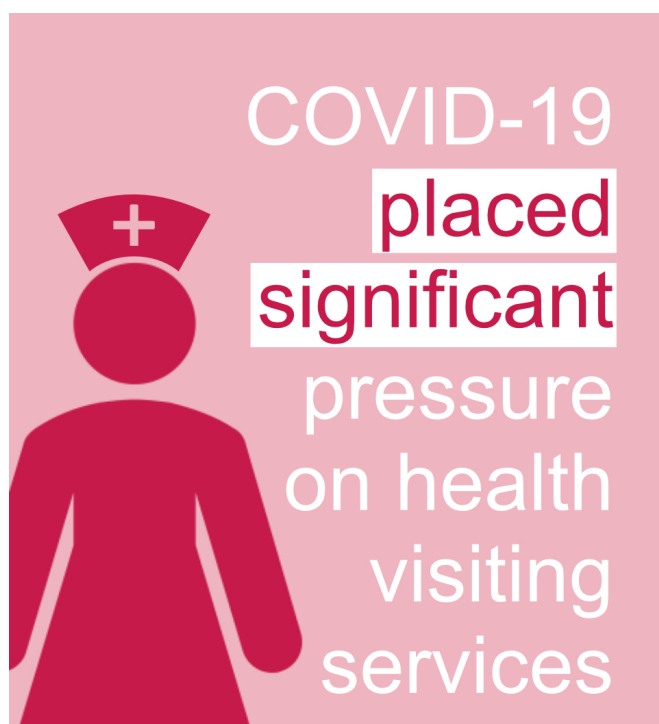
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The impact of COVID-19 on the early years

Mental health and wellbeing

- Parents/caregivers of younger children reported experiencing more anxiety, stress and depression as a result of COVID-19 and lockdown¹
- This was particularly the case for those who were 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 reporting 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 have been more challenging and problematic without the usual support available³



Increased vulnerability

- An increase in financial hardship is a potential stressor that could lead to tensions, mental and emotional health issues; these conditions are linked to an increased risk of physical, emotional, and domestic abuse and neglect⁴
- Reduced capacity in health visiting services and limited face-to-face contacts (following COVID-19 restrictions) coupled with limited access to early years settings may have resulted in emerging needs and vulnerabilities of families and children being missed during the pandemic⁵

The impact of COVID-19 on children and young people in educational settings

Why it matters

- School attendance is very important for 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 closed at different times during the pandemic. 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

The impact of COVID-19 on CYP in educational settings

There are significant educational, developmental and mental health impacts caused by school closures, particularly for younger and more vulnerable CYP,¹ including:

Educational achievement

- Time out of school has a detrimental effect on children's cognitive and academic development and their long-term productivity²
- Emergent learning problems may be missed, potentially missing opportunities for early intervention²
- Progress made to narrow the attainment gap in the last decade could reverse. The median estimate indicates that the gap could 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 interventions such as speech and language therapy or occupational therapy

The impact of COVID-19 on children and young people in educational settings

The impact of COVID-19

Inequalities

- The unequal provision of remote schooling for children has exacerbated existing inequalities for students across socio-economic groups¹
- Compared with children from more affluent backgrounds, children from disadvantaged backgrounds were disproportionately affected by school 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 resources
 - Inequalities in the exam grading systems by the use of teacher assessed grades²
- Children with special educational needs and their families were particularly disadvantaged through school closures²

Families

- Schools offer an important physical space for children to have time away from home. The financial insecurity of some families during lockdown, combined with family members all at home in close proximity has made life more challenging for some 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 an increase in reports of domestic violence and abuse to children¹
- School closures may have increased children's use of the internet which is associated with some negative consequences such as: increased susceptibility to digital dependency; online abuse; bullying; exposure to violent content and pornography¹



The impact of COVID-19 on safeguarding

Why it matters

- Safeguarding is the action that is taken to promote the welfare of 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. Local safeguarding partnerships (including local authorities, health and police) provide a local framework that makes arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs and working together to share information.
- 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

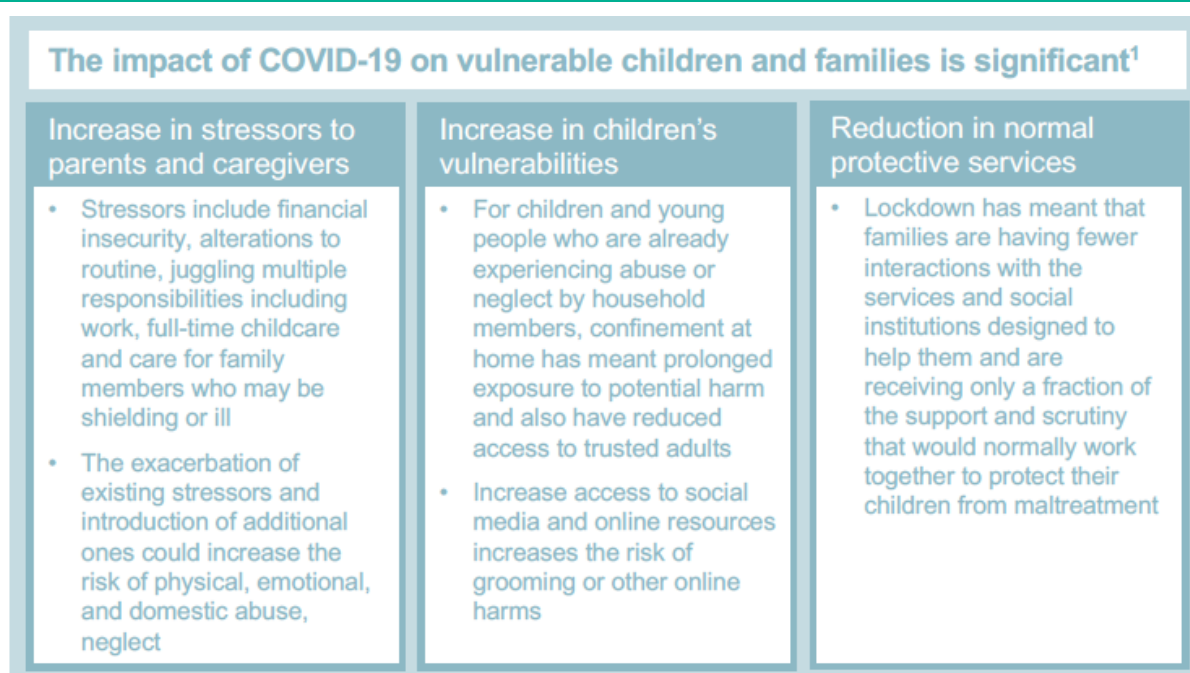


The impact of COVID-19 on safeguarding

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

- The pandemic put specific pressures on the social care sector and exacerbated existing pressures²
- The number of children referred to children's social care services for support fell by almost a fifth between April and June 2020³
- 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 2019⁴
- 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 Trust⁵
- Fewer referrals were initiated by school staff in 2020, 12 (26%) compared with 36 (47%) and 38 (52%) in 2018 and 2019⁵
- 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 one⁶
- There were 119 serious incident notifications relating to child deaths in 2020-21, an increase from 89 in the same period of 2019/20⁶
- 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)⁷

The impact of COVID-19 on safeguarding



Inequalities

- Risk factors that increased CYP and their families' vulnerability to abuse and neglect during the pandemic included^{2,3}:
 - Poverty
 - Living in temporary accommodation or having a lack of space, for example the sharing of one room (multiple occupancy)
 - 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
 - Ethnic minority backgrounds
 - Refugees and asylum seekers
 - Being homeless
 - Families with a disability or long term condition

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

Why it matters

- The challenges already faced by CYP 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

The impact of COVID-19 on CYP with SEND

Children with SEND may have been disproportionately impacted by the pandemic. The impacts for some CYP at some points in the pandemic may have included:

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 being unable 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

- In October 2021, CYP with education, health and care plans (EHCPs) continued to have lower levels of attendance in primary and secondary schools compared to their peers, especially for pupils with SEND who attend special schools⁵
- Education learning materials for CYP who were learning from home were inaccessible or inappropriate⁶
- Some of the specialist resources and support that are available for CYP with SEND at school could not be replicated at home⁴
- Social aspects of education were affected by the learning at home during lockdown⁴
- Delays to the EHCP process may have had a detrimental effect on CYP's education⁴

Inequalities

- CYP with SEND are more likely to live in 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



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

Difficulties with systems of control

- Difficulties practicing social distancing^{1,2}
- Communication problems associated with the use of face coverings experienced by CYP who are deaf or hard of hearing¹

Mental wellbeing

- The mental health of CYP and their families has been 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

- Families with disabled children are more likely be on lower incomes due the difficulty of combining working and caring³

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



England. Scope (2019)

References

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3. SCOPE (2019) 'The disability price tag'

The impact of COVID-19 on oral health

Why it matters

- Good oral health is essential to children's physical, social, educational and psychological wellbeing
- The impacts of poor oral health disproportionately affect the most socially disadvantaged children highlighting oral health inequalities¹
- In 2019, in the East Midlands, 24.7% of five year olds had tooth decay and there is variation between local authorities, ranging from 38.6% in Leicester to 17.1% in Derbyshire²
- The prevalence of tooth decay varies by ethnic group, with experience of decay being highest amongst five year olds from 'other ethnic groups' (44.3%) and the Asian/Asian British ethnic group (36.9%)²
- Tooth extraction is the most common reason for hospital admission for children aged six to 10 years.¹

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

The impact of COVID-19 on CYP oral health

- 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 preventative dental care

- Children have had long periods with limited access to routine dental care and preventative advice due to COVID-19, increasing the risk of dental disease⁴
- The COVID-19 pandemic has resulted in fewer children in the East and West Midlands being seen by dental professionals. The percentage of child population seen across the Midlands in the year to 31 March 2020 was 58.6%. In the year to 31 March 2021, this had dropped to 22.2%. Data suggests that the largest drop in access seems to have been within the 0-4 age group which in the year to March 2021 was well below 50% of the year to March 2020 figure. From a low point in 31 March 2021 the percentage of child population seen in the Midlands in the previous 12 months to December 2021 has recovered to 42.7% of the child population⁵
- Due to school closures, there was 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
 - Untreated tooth decay can result in sleepless nights, difficulty concentrating on schoolwork and increased stress for parents¹
- Reduced face-to-face contact also made identifying any safeguarding concerns more difficult.

The impact of COVID-19 on oral health

- Health visitors and school nurses play a valuable role in giving oral health advice, especially to vulnerable families. These duties and community outreach activities were limited at some points during the pandemic²

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 lockdown,⁴ increasing their risk of tooth decay



References

1. BMJ (2020) 'COVID-19 and the impact on child dental services in the UK'
2. NHS England (2022) 'Letters, updates and additional guidance for dental teams'
3. BMJ (2020) 'COVID-19 and community dental services: The challenges ahead'
4. Sustain (2021) 'COVID-19 and children's food: Parents' priorities for building back better'

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

Why it matters

- 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
- The National Child measurement Programme (NCMP) annual report published on 16 November 2021³ shows the largest increases in childhood obesity prevalence across the country since the programme's inception in 2006/07. Obesity rates in both Reception-aged and Year 6 school children increased by around 4.5 percentage points between 2019-20 and 2020-21, this is the highest annual rise since the NCMP began in 2006/07, the previous highest rise was less than 1 percentage point.

The impact of COVID-19 on CYP's nutrition

- The COVID-19 pandemic 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 performance⁴

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 food⁵

Inequalities

- Low-income families are most likely to have poor diets and experience worse health outcomes⁶
- The pandemic 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 prices⁶
- 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 year⁷

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



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

- Mid-year statistics from the Trussell Trust show a 24.5% rise (N=56,387) in the number of food parcels given in the East Midlands from April - September 2021 compared with the same period in 2019 (N=45,283), a slight reduction on 2020 figures (N=66,181)⁸

Food insecurity

- Increases in food prices, lack of special offers and older children returning home created extra financial burdens on family budgets¹
- About 2.2 million households in the UK experienced food insecurity in 2019/20^{2,3}, with roughly 1.4 million children living in households that were food insecure^{2,4}
- Food insecurity levels in May 2020 were 250% higher than pre COVID-19 levels⁵
- The proportion of households that are food insecure is increased among:
 - Single parents
 - Families with more than 3 children
 - Families with an adult or child with disabilities or health issues
 - Black or other minority ethnic groups²

Free school meals

- 19.7% of pupils were eligible for free school meals at October 2020. This was an increase from 17.3% in January 2020. This amounts to 1.63 million children, an increase from 1.44 million in January 2020. Of those 1.63 million, 302,400 have become eligible for free school meals since the first national COVID-19 lockdown was announced. Over the same period in 2019, prior to the pandemic, 208,500 children became eligible for free school meals⁶



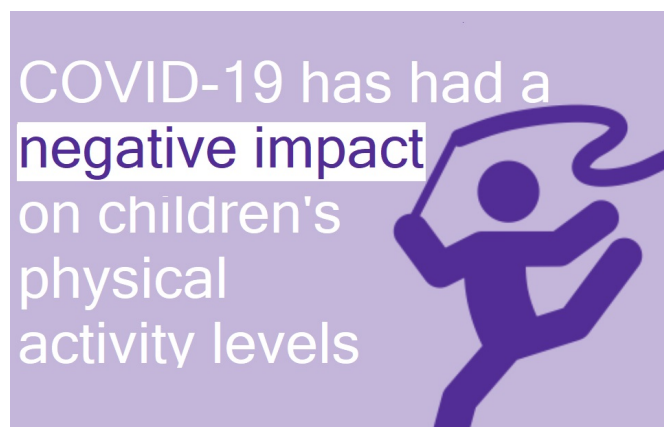
The impact of COVID-19 on children and young people's physical activity

Why it matters

- 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 CYP should engage with an average of 60 minutes of physical activity per day each week¹

The impact of COVID-19 on CYP physical activity

- The COVID-19 pandemic resulted in school closures, and thus 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



Physical activity levels

- 7% of children aged 7 to 16 years in England reported being physically inactive during the first national lockdown (March - June 2020)⁴
- 44.9% of CYP in the East Midlands were physically active in 2020/21, which is similar than the England average (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% of teachers across England 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)
 - CYP from ethnic minority backgrounds
 - 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 had less chance to be active as they were not at school²
- CYP from low income 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 wellbeing³
- 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

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

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 saw 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

Restricted opportunities

- The Youth Support Trust survey in September 2020 found that 22% of Key Stage 3 and 26% of Key Stage 4 teachers delivered 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}

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

Why it matters

- Mental health illnesses are a leading cause of health-related disabilities in 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

The impact of COVID-19 on CYP's mental health

- Some CYP have experienced greater negative impacts on their mental health and wellbeing. These groups include: girls; young carers; CYP from poorer households; CYP with pre-existing mental health needs; CYP with SEND and neurodevelopmental conditions; and CYP from black and minority ethnic groups^{3,4}



Wellbeing

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

- A 48% increase in probable mental health conditions 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 conditions had no adult at school or work to whom they could turn during lockdown

Parents and carers reported that, on average, children's and young people's emotional difficulties decreased during 2021 as Covid-19 related restrictions eased. However, some groups continued to show elevated emotional difficulties despite eased restrictions: CYP living in low income households, and those with Special Educational Needs or neurodevelopmental disorders⁶. The mental wellbeing of children is often impacted by that of their families. As adults struggled with their mental wellbeing and mental health in the pandemic^{7,8} this is likely to have had an impact on children and young people.

Behavioural difficulties

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

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

Disabilities

- The mental health of CYP with disabilities was 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 between 23rd March to 17th May 2020, although the numbers (25 deaths) were too low to be definitive.^{2,3} Contributing factors reported included restriction to education and other activities, disruption to care and support services, tensions at home and isolation³

Health service use

In 2021, 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

The pandemic has led to an unprecedented and ongoing demand for mental health services for children and young people most notably for eating disorders.⁵

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



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

Why it matters

- Sexual health education and the provision of sexual and reproductive health services make an important contribution to both individual and populations' health¹
- Sexually transmitted infections (STIs) are a major public health concern, which impact the health and wellbeing of 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
- Young people aged 15-24 experience the highest diagnosis rates of the most common STIs³

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

COVID-19 has highlighted how difficult it can be for young people to access Relationships, Sex and Health Education (RSHE) and healthcare:

Remote education

- Relationships, Sex and Health Education (RSHE) providers were unable to deliver sessions so some young people experienced over a year without any school-based education on critical topics such as healthy relationships, consent and looking after their sexual health⁴
- There is evidence to suggest that during the pandemic, young people may have experienced greater difficulty, or hesitated to use, online services and testing⁵
- The closure of schools meant that the Free Period Products scheme was no longer available at schools and a relatively small number of schools signed up⁴
- The combination of lack of access to RSHE and delay in sexual debut due to lockdown periods could have implications for some young people's sexual wellbeing, leaving them vulnerable to adverse circumstances⁶

Access to services

- Young people have been disproportionately impacted by service disruption and have experienced difficulties in accessing sexual health services, free condoms, and contraception.⁵ The pandemic response led to a reprioritisation and disruption in provision of, and patient access to, sexual health services (SHS):
 - In England, 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
 - Nationally, 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
 - Compared to 2019, the number of new STI diagnoses in 2020 among young people aged 15 to 24 years in England decreased by 34%⁷
 - The proportion of bacterial STI and HIV tests accessed via internet services has increased substantially since April 2020⁷
 - Internet testing for chlamydia increased by 50.4% in the East Midlands in 2020.⁸ However, there is evidence to suggest that, during the pandemic, young people may have experienced greater difficulty, or hesitated to use, online services and testing.⁵
 - There was a disproportionately larger reduction across the country in attendances at a SHS in young people aged less than 18 years compared with those aged 18 and over during the weeks preceding and following lockdown in March 2020⁹

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9. Thompson-Glover F and others. BMJ Sexually Transmitted Infections (2020) 'COVID-19 and young people's sexual health'

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

Health inequalities

- Lockdown disproportionately impacted on young women's access to contraception in England, 18% of 19 year olds were not able to access their usual contraception⁴
- The closure of smaller clinics and poor transport connections affect young people reliant on public transport⁴
- Young people with vulnerabilities such as mental health concerns, learning disabilities and language barriers may struggle with navigating new ways of accessing sexual healthcare, exacerbated by the interruption of their usual professional carer support¹
- Young people who identify as part of the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community, particularly trans and non-binary young people, are at a higher risk of experiencing depression, anxiety, substance misuse and suicide compared to heterosexual and cisgender populations. Covid-19 is likely to have exacerbated these inequalities.^{2,3}
- Online services and postal delivery of STI tests may deter young people with the lack of a private postal address⁴

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^{1,5}

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

Why it matters

- 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 CYP for conditions other than COVID-19 is likely to have affected the health of young people both directly¹ and as the children of those parents or carers who are affected
- The delivery plan for tackling the Covid 19 backlog of elective care acknowledged key challenges facing elective recovery such as growing waiting lists and capacity issues and the negative impact on patients including CYP
- Long waits before accessing planned care can have lifelong consequences on the development of children and young people. Long waits have an impact on their ability to access education and live full and active lives exacerbating existing inequalities

The impact of COVID-19 on CYP's access to health services

Community care

- The pandemic has exacerbated pressures on community services. NHSEI data from January 2022 estimates that nationally there were over 900000 children and adults waiting as part of the community services backlog. For community CYP services the most significant waits nationally were in speech and language therapy, community paediatrics, occupational therapy, physiotherapy and neuro-developmental assessments for those with suspected autism and ADHD²
- During the COVID-19 pandemic, the redeployment and reprioritisation of some community services staff meant that some local teams reduced in size and individual case loads increased.

- For health visitors face-to-face contacts and home visits were also limited at some points in the pandemic meaning the needs of many children may have been missed, including:
 - The identification of children in homes at risk of domestic violence and abuse
 - The identification of children with growth, development and special educational needs and disabilities
 - Opportunities to support breastfeeding³

Primary care

- Primary care services provide the first point of contact in the healthcare system acting as the front door of the NHS for CYP and their families. In the early months of the pandemic the number of CYP seen by GPs fell rapidly alongside a large decrease in referrals to hospital care.⁴ NHS appointment data has showed a recovery in appointments however face to face appointments are still at a lower level than before the pandemic. The impact of different appointment modes for CYP is not yet known

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

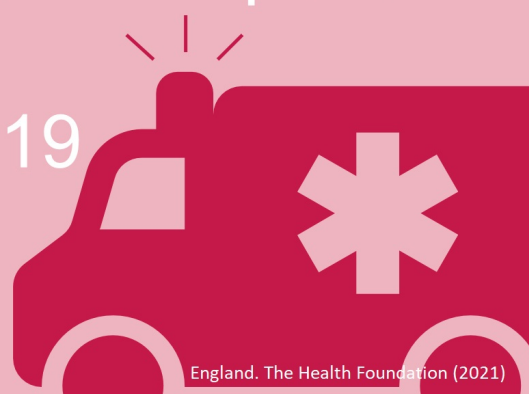
Secondary care

The impact of the Covid 19 pandemic on CYPs secondary care use was significant particularly at the start of the pandemic:

- In a Royal College of Paediatrics and Child Health (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 resulted 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 2019.⁵ It is likely that CEV CYP experienced particular challenges in access to health and care services
- During the various lockdowns, the availability and delivery of secondary care services was reduced for specific groups of CYP, increasing the existing inequalities in place. For example, those with disabilities⁶, SEND⁷ and other additional needs^{8,9}.

- The NHS delivery plan for tackling the covid 19 backlog of elective care (2022) outlines the ongoing challenges in CYP elective care. Elective activity data suggests that CYP elective activity from the start of the pandemic to April 2022 was behind elective activity for adults with CYP waiting lists increasing at a faster rate than for adults.

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



England. The Health Foundation (2021)

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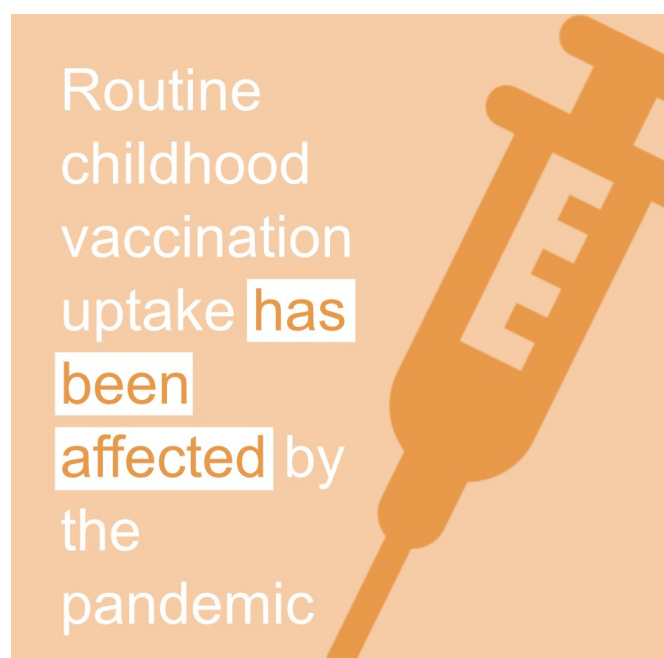
The impact of COVID-19 on vaccination uptake

Why it matters

- 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

Inequalities

- Vaccine uptake is lower in:
 - Deprived populations
 - Ethnic minority groups
 - CYP with learning disabilities
 - Lone parent families
 - Large families⁴



The impact of COVID-19 on vaccination

- 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. Across the country, 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, in England, overall vaccination counts for Hexavalent and MMR vaccine remained 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
- The pandemic led to reduced uptake. This tended to be more marginal and short lived for GP delivered immunisations compared to school delivered immunisations
- Only 54.4% of boys and 59.2% of girls got the priming dose of HPV vaccine in 2019/20 compared with a rate of 88% in girls the previous academic year⁷. The routine school aged vaccination was offered in 2020/21 with an offer to catch up on cohorts which had missed out. Although coverage increased significantly in 2020/21 from the previous year it is still not back up to pre-pandemic levels⁸

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4. PHE (2021) 'National Immunisation Programme: health equity audit'
5. BMJ (2020) 'Routine vaccination during the COVID-19 response'
6. PHE (2021) 'Impact of COVID-19 on vaccination counts to week 13 in 2021'
7. Public Health England (2020) 'HPV vaccination coverage in adolescent females and males in England: 2019 to 2020'
8. UK Health Security Agency (Dec 2021) 'HPV vaccination coverage in adolescent females and males in England: 2020 to 2021'

The impact of COVID-19 on vaccination uptake

Barriers to vaccination

- The COVID-19 pandemic may have led to missed opportunities for routine vaccination uptake in CYP due to:
 - Lack of clarity around whether vaccination services were operating as usual. When schools were closed less convenient community settings were offered
 - Parental difficulties in organising vaccination appointments
 - Parental concerns about contracting COVID-19 while attending general practice¹



References

1. PLOS (2020) 'Parents' and guardians' views and experiences of accessing routine vaccinations during the COVID-19 pandemic'
2. PHE (2021) 'Impact of COVID-19 on childhood vaccination counts to week 4 in 2021, and vaccine coverage to December 2020 in England: interim analyses'
3. OHID public health profiles

Appendix 1: Fingertips data for the East Midlands

Infant Mortality

- Infant mortality is considered an important indicator of both maternal and newborn health and care¹
- The Department of Health and Social Care's ambition is to halve the number of stillbirths and neonatal deaths in England by 2030²
- In 2018 - 20, 607 babies in the East Midlands did not live to see their first birthday, about 5.5 babies every week³
- The infant mortality rate was 2.3 times higher in Nottingham (6.1 per 1,000) compared to Lincolnshire (2.6 per 1,000)³



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

Infant mortality rate 2018 - 20

Crude rate - per 1,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	7,111	3.9		3.8	4.0
East Midlands region	—	607	4.2		3.8	4.5
Nottingham	—	68	6.1		4.7	7.7
Leicester	—	80	5.8		4.6	7.3
Derby	—	50	5.5		4.1	7.3
Nottinghamshire	—	101	4.3		3.5	5.2
West Northamptonshire	—	58	4.2		3.2	5.4
Derbyshire	—	88	4.0		3.2	5.0
North Northamptonshire	—	40	3.5		2.5	4.7
Rutland	—	3	3.4		0.7	10.0
Leicestershire	—	65	3.3		2.5	4.1
Lincolnshire	—	54	2.6		2.0	3.5

References

1. PHE (2015) 'Reducing infant mortality: an evidence based review'
2. DHSC (2015) 'New ambition to halve rate of stillbirths and infant deaths'
3. OHID child and maternal health profiles

Infants receiving a 6 to 8 week review

- 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
- From 2020/21, 85.8% of babies in the East Midlands received a 6 to 8 week review²
- The proportion of babies that received a review was 1.3 times higher in Derby (98.8%) compared to Leicestershire (75.1%)²



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

Proportion of infants receiving a 6 to 8 week review 2020/21

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	449,298	80.2*		80.1	80.4
East Midlands region	—	39,126	85.8		85.4	86.1
Derby	—	2,830	98.8		98.3	99.1
Nottinghamshire	—	6,826	90.7		90.1	91.4
Lincolnshire	—	5,928	90.4		89.7	91.1
Nottingham	—	2,484	78.0		76.5	79.4
Derbyshire	—	5,203	77.2		76.2	78.2
Rutland	—	214	76.4		71.1	81.0
Leicester	—	3,264	75.1		73.8	76.3
Leicestershire	—	4,813	75.1		74.0	76.1
North Northamptonshire	—	-	-		-	-
West Northamptonshire	—	-	-		-	-

References

1. Department of Health (2009) 'Healthy child programme'
2. OHID child and maternal health profiles

MMR Vaccination one dose in children aged 2 years

- 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 20% during the first 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
- 92.4% of two year olds in the East Midlands received one dose of MMR in 2020/21³
- The proportion of 2 year olds who were vaccinated was 1.1 times higher in Leicestershire (96.1%) compared to Nottingham (87.3%)³

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

Population vaccination coverage - MMR for one dose (2 years old) New data 2020/21

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬇	569,675	90.3	<div style="width: 90.3%;"></div>	90.2	90.4
East Midlands region	⬇	46,731	92.4	<div style="width: 92.4%;"></div>	92.1	92.6
Leicestershire	➔	7,120	96.1	<div style="width: 96.1%;"></div>	95.6	96.5
Derbyshire	⬇	7,105	95.2	<div style="width: 95.2%;"></div>	94.7	95.7
Nottinghamshire	➔	7,474	92.9	<div style="width: 92.9%;"></div>	92.3	93.4
Lincolnshire	⬇	6,350	90.5	<div style="width: 90.5%;"></div>	89.8	91.2
Leicester	⬇	4,112	89.8	<div style="width: 89.8%;"></div>	88.9	90.7
Derby	➔	3,107	89.2	<div style="width: 89.2%;"></div>	88.1	90.2
Nottingham	➔	3,398	87.3	<div style="width: 87.3%;"></div>	86.2	88.3
North Northamptonshire	—	-	*		-	-
Rutland	—	-	*		-	-
West Northamptonshire	—	-	*		-	-

References

1. NICE (2020) 'Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19'
2. BMJ (2020) 'Routine vaccination during the COVID-19 pandemic'
3. OHID child and maternal health profiles

A&E Attendances in children aged 0 to 4 years

- CYP 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 CYP continued to increase over the past 10 years, there was a decrease in attendance during lockdown^{1,2}
- In 2019/20, 166,435 children aged 0 to 4 years in the East Midlands attended A&E³
- A&E attendances were 1.9 times higher in Nottingham (740.4 per 1,000) compared to Rutland (397.6 per 1,000)³



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) 2019/20

Crude rate - per 1,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬆	2,177,170	659.8		658.9	660.7
East Midlands region	⬆	166,435	616.8		613.9	619.8
North Northamptonshire	—	20,925	981.5		968.2	994.9
Nottingham	—	15,055	740.4		728.6	752.3
Derby	➡	11,025	675.5		663.1	688.4
Derbyshire	⬆	25,035	627.0		619.3	634.8
Lincolnshire	⬇	23,435	601.1		593.5	608.9
Leicestershire	➡	21,175	571.9		564.3	579.7
Nottinghamshire	—	24,100	545.6		538.8	552.6
Leicester	⬇	13,050	533.8		524.7	543.0
West Northamptonshire	—	11,890	467.5		459.1	476.0
Rutland	➡	740	397.6		368.5	426.2

References

1. The Nuffield Trust (2017) 'Emergency hospital care - children and young people'
2. RCPCH (2020) 'The impact of COVID-19 on child health services'
3. OHID wider impacts of COVID-19 on health

School readiness at the end of reception

- School readiness at age five has a strong impact on future educational attainment and life choices¹
- 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, 38,343 five year olds living in the East Midlands achieved a good level of development at the end of Reception³
- 29.7% of children aged five years in the East Midlands were 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 Rutland (77.8%) compared to Nottingham (66.9%)³



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
East Midlands region	↑	38,343	70.3		69.9	70.7
Rutland	➡	305	77.8		73.4	81.6
Leicestershire	↑	5,539	72.1		71.1	73.1
Derbyshire	➡	5,800	70.8		69.8	71.8
Derby	↑	2,303	70.7		69.1	72.2
Nottinghamshire	↑	6,585	70.5		69.6	71.4
Lincolnshire	➡	5,539	69.6		68.6	70.6
Leicester	↑	3,185	67.7		66.4	69.0
Nottingham	↑	2,502	66.9		65.4	68.4
North Northamptonshire	—	-	-		-	-
West Northamptonshire	—	-	-		-	-

References

1. PHE (2015) 'Improving school readiness. Creating a better start for London'
2. YouGov (2020) 'Kindred² - School readiness'
3. OHID wider impacts of COVID-19 on health

Children receiving a free school meal

- 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 currently in available routine data
- In 2018, 84,826 school aged children in the East Midlands were eligible for a FSM³
- The proportion of school aged children eligible for free school meals was 4.9 times higher in Nottingham (22.9%) compared to Rutland (4.7%)³



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

Free school meals: % uptake among all pupils (School age) 2018

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬇	1,099,810	13.5	<div style="width: 13.5%;"></div>	13.5	13.5
East Midlands region	⬇	84,826	12.2	<div style="width: 12.2%;"></div>	12.1	12.2
Nottingham	⬇	10,483	22.9	<div style="width: 22.9%;"></div>	22.6	23.3
Derby	⬇	6,824	15.8	<div style="width: 15.8%;"></div>	15.5	16.2
Leicester	⬇	8,712	15.6	<div style="width: 15.6%;"></div>	15.3	15.9
Derbyshire	⬇	13,638	12.7	<div style="width: 12.7%;"></div>	12.5	12.9
Lincolnshire	⬆	13,205	12.5	<div style="width: 12.5%;"></div>	12.3	12.7
Nottinghamshire	⬇	13,692	11.4	<div style="width: 11.4%;"></div>	11.2	11.6
Leicestershire	⬇	7,353	7.6	<div style="width: 7.6%;"></div>	7.4	7.7
Rutland	➡	262	4.7	<div style="width: 4.7%;"></div>	4.2	5.3
North Northamptonshire	—	-	-		-	-
West Northamptonshire	—	-	-		-	-

References

- 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'
- OHID wider impacts of COVID-19 on health

Overweight (including obese) Children and Young People

- 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
- The data in this report have highlighted the significant challenges some families and carers have experienced during the pandemic
- The National Child measurement Programme (NCMP) annual report published on 16 November 2021³ shows the largest increases in childhood obesity prevalence across the country since the programme's inception in 2006/07. Obesity rates in
- In 2019/20, about 2 in five 10 to 11 year olds in the East Midlands were overweight or obese³
- The proportion of 10-11 year olds who were overweight or obese was 4.9 times higher in Nottingham (22.9%) compared to Rutland (4.7%)³
- For children with severe obesity, the Midlands has some of the worst rates. Children in the most deprived parts of the region are more than twice as likely to be obese as their peers living in the richest areas³



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

Reception: Prevalence of overweight (including obesity) 2019/20

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬆	91,723	23.0		22.8	23.1
East Midlands region	➡	8,410	22.0		21.6	22.5
Lincolnshire	⬆	1,680	25.6		24.6	26.7
Nottingham	➡	875	25.2		23.8	26.7
Rutland	➡	75	23.1		18.1	27.1
Nottinghamshire	➡	1,435	22.0*		21.0	23.0
Derby	➡	445	21.5*		19.8	23.4
Derbyshire	➡	1,000	21.4*		20.2	22.6
Leicester	➡	850	19.4		18.3	20.6
Leicestershire	⬇	1,265	19.0		18.1	20.0
North Northamptonshire	—	-	-		-	-
West Northamptonshire	—	-	-		-	-

Year 6: Prevalence of overweight (including obesity) 2019/20

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬆	172,831	35.2		35.1	35.3
East Midlands region	⬆	14,185	34.9		34.4	35.3
Nottingham	➡	1,435	40.8		39.2	42.4
Derby	➡	1,245	38.9		37.2	40.6
Leicester	➡	1,760	38.4		37.0	39.8
Lincolnshire	➡	2,445	36.4		35.2	37.5
North Northamptonshire	➡	560	34.4*		32.1	36.7
Nottinghamshire	⬆	2,220	33.8		32.7	34.9
Derbyshire	➡	1,675	32.8*		31.5	34.1
Leicestershire	➡	2,020	30.6		29.5	31.7
West Northamptonshire	➡	745	30.5*		28.7	32.3
Rutland	➡	85	26.6		22.0	31.7

References

1. Korkodilos M. BACAPH (2021) 'The health and wellbeing of children and young people in England'
2. Jenssen P et al. Paediatrics (2021) 'COVID-19 and changed in child obesity'
3. OHID wider impacts of COVID-19 on health

Teenage pregnancies

- 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, higher risk of infant mortality and lower breastfeeding rates in babies born to teenage mothers compares to older mothers^{1,2}
- In 2020, 12.5% of girls aged less than 18 years in the East Midlands became pregnant³
- The rate of teenage pregnancies was 3.4 times higher in Nottingham (19.3%) compared to Rutland (5.7%)³



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

Under 18s conception rate / 1,000 2020

Crude rate - per 1,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬇	11,878	13.0	<div><div></div></div>	12.8	13.2
East Midlands region	⬇	969	12.5	<div><div></div></div>	11.7	13.3
Nottingham	➡	93	19.3	<div><div></div></div>	15.6	23.7
Derby	⬇	67	15.3	<div><div></div></div>	11.9	19.4
Lincolnshire	⬇	162	14.1	<div><div></div></div>	12.0	16.4
North Northamptonshire	⬇	83	13.7	<div><div></div></div>	10.9	17.0
Nottinghamshire	⬇	168	13.0	<div><div></div></div>	11.1	15.1
Leicester	⬇	70	11.4	<div><div></div></div>	8.9	14.5
Leicestershire	➡	124	10.8	<div><div></div></div>	9.0	12.8
Derbyshire	⬇	129	10.3	<div><div></div></div>	8.6	12.2
West Northamptonshire	⬇	68	9.9	<div><div></div></div>	7.7	12.6
Rutland	➡	5	5.7	<div><div></div></div>	1.9	13.3

References

- Korkodilos M. BACAPH (2021) 'The health and wellbeing of children and young people in England'
- Nuffield Trust (2021) 'Teenage pregnancy'
- OHID wider impacts of COVID-19 on health

Hospital admissions for asthma in children aged less than 19 years

- 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 asthma²
- In 2020/21, 600 CYP aged under 19 years in the East Midlands were admitted to hospital for asthma³
- Hospital admissions were 2 times higher in Leicester (84.6 per 100,000) compared to Nottinghamshire (42.4 per 100,000)³



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

Hospital admissions for asthma (under 19 years) 2020/21

Crude rate - per 100,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬇	9,425	74.2		72.7	75.7
East Midlands region	⬇	600	56.6		51.9	61.1
Leicester	➡	75	84.6		67.6	107.3
Lincolnshire	⬇	105	67.7		56.6	83.4
West Northamptonshire	—	60	61.7		48.0	80.6
Nottingham	—	45	60.6		46.5	84.2
Derbyshire	⬇	95	58.4		47.8	72.1
Derby	⬇	35	55.8		36.2	73.8
North Northamptonshire	—	40	47.6		33.0	63.4
Leicestershire	➡	65	43.0		32.0	53.3
Nottinghamshire	—	75	42.4		32.4	51.9
Rutland	—	-	*		-	-

References

- NHS England (2019) 'Childhood asthma'
- Asthma UK (2019) 'Asthma facts and statistics'
- OHID wider impacts of COVID-19 on health

Vulnerable Children and Young People - Overview

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Children in care	2021	67	64	108	58	74	49	46	66	99	59	43
Average Attainment 8 score of children in care	2020	21.4	21.5	*	24.8	22.9	24.3	16.6	24.0	17.9	20.9	*
Looked after children aged <5: Rate per 10,000 population aged <5	2017/18	34.9	35.9	65.0	36.6	41.8	24.8	30.8	42.0	36.0	28.7	*
Looked after children aged 10-15	2021	76.9*	71.2	119.0	61.6	89.6	51.1	48.4	78.8	124.0	64.6	48.0
Percentage of looked after children whose emotional wellbeing is a cause for concern	2020/21	36.8	40.8	42.3	53.7	37.3	38.1	48.4	28.2	43.5	41.1	60.0
Children providing unpaid care (aged 0-15)	2011	1.11	1.13*	1.13	1.09	1.14	0.94	1.49	1.02	1.23	1.10	0.90
Children providing 20+ hours/week of unpaid care (aged 0-15)	2011	0.21	-	0.22	0.17	0.26	0.17	0.27	0.15	0.26	0.19	0.04
Under 16s conception rate / 1,000	2020	2.0	2.1	2.8	1.8	1.7*	2.4	2.1	-	4.4	2.5	*
Under 18s conception rate / 1,000	2020	13.0	12.5	15.3	10.3	11.4	10.8	14.1	-	19.3	13.0	5.7
Teenage mothers	2020/21	0.6	0.7	0.9	0.6	0.7	0.5	0.7	0.4	0.8	0.8	0.0
First time entrants to the youth justice system New data	2021	146.9	155.4	248.9	95.3	188.2	106.7	106.0	172.4	446.9	124.5	*
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs)	2020/21	2.6	2.4	5.1	1.8*	4.3	1.7*	2.4*	-	5.5	1.2*	1.2
Hospital admissions as a result of self-harm (10-24 years)	2020/21	421.9	411.4	364.7	576.9	196.0	245.9	354.0	686.9	309.4	459.7	309.9
Hospital admissions as a result of self-harm (10-14 yrs)	2020/21	213.0	174.4	232.3	309.6	43.5	96.0	153.5	221.3	132.9	152.0	*
Hospital admissions as a result of self-harm (15-19 yrs)	2020/21	652.6	599.6	501.2	789.5	272.3	376.9	565.2	960.0	417.2	671.6	401.8
Hospital admissions as a result of self-harm (20-24 yrs)	2020/21	401.8	455.5	354.8	631.3	264.5	267.7	346.8	856.2	381.3	558.4	*
Young people providing unpaid care (aged 16-24)	2011	4.8	4.7*	5.1	5.4	5.3	4.1	4.6	4.5	3.9	4.9	3.6
Young people providing 20+ hours/week of unpaid care (aged 16-24)	2011	1.3	1.2*	1.6	1.3	1.4	0.9	1.3	1.1	1.2	1.3	0.5
Children on child protection plans: Rate per 10,000 children <18	2020/21	41.4	46.1	77.1	57.9	46.6	34.8	25.0	41.8	86.3	41.4	10.2

Appendix 2: Geographical Boundaries

The East Midlands is made up of ten local authorities: Derby, Derbyshire, Leicester, Leicestershire, Lincolnshire, North Northamptonshire, West Northamptonshire, Nottingham, Nottinghamshire, and Rutland. In April 2021, North Northamptonshire and West Northamptonshire were formed when Northamptonshire County Council was transformed into two new unitary authorities.

