



Community & Children's Services Committee

Public information-only reports

19. **HOUSING REVENUE ACCOUNT - HOUSING PORTFOLIO** (Pages 3 - 6)
20. **WATER RATES REBATE** (Pages 7 - 10)
21. **CHILDREN AND COVID-19: ANNUAL DIRECTOR OF PUBLIC HEALTH REPORT (2020/21)** (Pages 11 - 56)
22. **SCHOOL ADMISSIONS** (Pages 57 - 66)

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Committee(s): Housing Management and Almshouses Sub (Community and Children's Services) Committee	Dated: 26/05/2022
Subject: Housing Revenue Account – Housing Portfolio	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	1, 2, 12
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain's Department?	N/A
Report of: Director of Community and Children's Services	For Information
Report author: Paul Murtagh Assistant Director Barbican & Property Services	

Summary

The purpose of this report is to provide Members with information relating to the make-up of the City of London Corporation's (the Corporation) Housing Revenue Account (HRA) housing portfolio including, breakdown of stock, voids, and the current waiting list.

Recommendations

Members are asked to note the contents of this report.

Main Report

Background

1. At its meeting on 25 April 2022, members of the Community and Children's Services Committee (C&CS) requested that information be provided on the current make-up of the Corporation's HRA housing portfolio including, breakdown of stock, voids, and the current waiting list. This will help members, especially those members new to the Committee, better understand the implications of housing related reports, in particular, those relating to finance, budgets, major works and the new housing delivery programme.
2. It was agreed that the report would be presented to this meeting of the Housing Management & Almshouses Sub Committee and then subsequently, shared with C&CS for information.

Considerations

Housing Stock

3. The Corporation has two social housing estates within the Square Mile and, ten other social housing estates located within six different London Boroughs as set out below:
 - Golden Lane Estate – Square Mile
 - Middlesex Street Estate – Square Mile
 - Avondale Estate – Southwark
 - Southbank Estate – Southwark
 - Horace Jones Estate – Southwark
 - Sydenham Hill Estate – Lewisham
 - Holloway Estate – Islington
 - Isleden House – Islington
 - York Way Estate – Islington
 - Dron House – Tower Hamlets
 - William Blake Estate - Lambeth
 - Windsor House – Hackney

4. The make-up of the Corporation's social housing estates is set out in the table below:

Estate	Total Rented	Leaseholders	Guest Flats	Total Managed
Avondale Estate	548	115	0	663
Dron House	44	36	0	80
Golden Lane Estate	284	273	6	563
Holloway Estate	94	100	0	194
Isleden House	70	7	0	77
Sydenham Hill	34	53	0	87
Middlesex Street Estate	167	67	2	236
Southwark Estates	277	134	0	411
William Blake Estate	70	56	0	126
Windsor House Estate	72	32	0	104
York Way Estate	207	68	0	275
Totals:	1867	941	8	2816

5. In addition to the above, the Housing Management Team also manages 32 units at Spitalfields however, these do not form part of the HRA and are funded and managed outside of the HRA.

Housing Register

6. There are currently 714 people registered on the Corporation's Housing Register. The list currently comprises 522 external applicants and 192 households who are seeking to transfer to an alternative home. The homes in highest demand are two-bedroom properties, with 197 households requiring one.

Void properties

7. There are currently 27 void properties across the Corporation's social housing portfolio. This figure includes properties at all stages of the voids process, from those where a tenancy has been terminated but, works are yet to commence and, properties which have been let but await a tenancy commencement date.
8. When a property becomes void, it is advertised via the choice-based lettings system and the applicant with the highest number of points will be invited to view it. Most homes are successfully let at the first viewing. Some homes are let via the management transfer process and will not be made available for general bidding, however this is confined to very urgent cases of which, there are relatively few each year.
9. In general terms, the average turnaround time from when a property becomes void to when it is subsequently ready to let, is around 25 days for routine voids. However, if a property becomes void and, is scheduled to have major works undertaken (kitchens, bathrooms, new heating etc), the property will not be advertised for re-letting until the major works are completed.
10. The Corporation is currently undertaking a detailed review of its void processes to see if there is anything that can be done to reduce the average turnaround time thereby, helping reduce the length of time applicants on our Housing Register must wait for a new home.

Appendices

None

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Committee: Housing Management and Almshouses Sub-Committee	Dated: 26/05/2022
Subject: Water Charge Rebates Update	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	Y/N
Report of: Director of Community and Children's Services	For Information
Report author: Liam Gillespie, Head of Housing Management	

Summary

In February 2022, Members approved the repayment of an element of weekly water charges paid by secure tenants of the Corporation, from 2005-2019. The rebate amounted to approximately £1.4m and was credited to rent accounts for current and former tenants in March 2022.

This paper is intended to update Members on progress in relation to this project.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. Until March 2019, the City Corporation, in common with many other social landlords, had an agreement with Thames Water to collect water charges on its behalf, in return for a 'commission' and a further discount relating to empty properties. Tenants paid weekly water charges as an element of their rent. The Corporation's agreement ended in March 2019.
2. This type of arrangement was successfully challenged in court by tenants of two London Boroughs, with the Court of Appeal finding in October 2020 that such

agreements were contrary to the Water Resale Order of 2001 (as amended), which prohibits “water resellers” from making profit on water services. Some Boroughs therefore chose to make repayments back to April 2001, or a later date depending on the terms of their specific agreement with Thames Water.

3. The Corporation’s own arrangements with Thames Water began in 1996 and ended in March 2019. After considering the implications for the Corporation following legal advice on the issue, Members approved the repayment of charges from April 2005 to March 2019. Members opted to automatically rebate sums from 2005, rather than 2001, as neither the Corporation, nor Thames Water, holds information relating to charges before 2005.
4. Members did however decide that the Corporation would consider claims from tenants for the period 2001 – 2005, subject to them being validated.
5. The rebates were equivalent to 19.56% of charges paid by tenants and interest was payable on the amounts rebated.
6. The rebate was credited to tenants’ rent accounts at the end of March 2022, a total of £1,410,757.85.
7. Of that sum, £1,002,861.34 related to current tenants and leaseholders who purchased their homes via Right to Buy.
8. To carry out the work connected to the rebates, and deal with enquiries and claims, a small team of staff was set up consisting of a Team Leader and three officers. The Team Leader is a permanent staff member on secondment, and the team members were recruited through an agency.
9. All eligible tenants were written to regarding the rebate in March 2022 and a detailed Q&A was enclosed, with similar information being placed on a dedicated web page. This letter was followed by a more detailed communication in April, which informed eligible tenants of the amounts due to them, broken down by year, plus some detail about the method of calculation of the rebate for the period 2005 – 2019.
10. Since that time, the Water Rebates Team has dealt with many enquiries from both current and former tenants, by telephone, post and via the dedicated email address (waterclaim@cityoflondon.gov.uk).
11. Most enquiries are from current tenants wishing to claim back a credit on their rent account.

Current Position

12. At the time of writing:

- 66 credit refunds have been paid, totalling £37,667.75

- 177 refund claims are pending (this includes claim forms received without the required supporting evidence, through to fully verified claims sent to Chamberlain's for payment to be raised)
 - 42 claims have been received from former tenants
 - 95 claims have been received for the 2001-5 period
13. A significant amount of former tenant arrears will be written off by the credits applied to the rent accounts of tenants who left owing rent, or court costs.
14. The application of the rebate to rent accounts had a noticeable effect on overall rent arrears for current tenants:
- At year end, arrears stood at £286,949.56
 - Following the application of the rebate, this figure reduced to £192,823.73., the lowest arrears figure since 2015/16
 - The number of households in serious arrears (eight weeks or more) fell from 100 to 77
 - The percentage of households in arrears of any kind fell significantly, from 39% to 25%
15. Officers are processing refund claims as quickly as possible, and claimants have been advised that the process may take up to 30 days. This is the standard time for a credit refund to be processed from a rent account.
16. Most claims have been processed within this time, however some have exceeded this timescale. This is partly due to the volume of claims. Additionally, the Chamberlain's Department has necessary checks and processes to carry out before payments can be made. It should be noted that this work is being taken on by a small team in the Chamberlain's Department without the help of additional resources.
17. Some claims have been delayed due to their complexity. Several claims have been received which relate to deceased tenants' accounts, which of course necessitate further investigation and the requirement to provide additional evidence to support the claim.
18. A small number of tenants have been able to provide evidence of their water charges for the period 2001-2005, having kept copies of old rent letters or statements. These claims will be paid as normal. In cases where this information is not available, officers are making a calculation based on the 2005 figure to arrive at a reasonable settlement figure.

Corporate & Strategic Implications

Strategic Implications

19. The water charge rebate supports our Housing Strategy outcome of "well-managed estates where people are happy and proud to live".

20. The decision to refund the money to residents has also addressed a key risk to the HRA from potential litigation.

Conclusion

21. The rebate of a proportion of water charges due to our Secure tenants was carried out in March 2022, amounting to approximately £1.4m. The project has made significant progress and the team dealing with the project is now concentrating on processing claims for credit refunds.

22. Officers are considering claims for the 2001-5 period, for which no information is held, however a reasonable settlement figure will be calculated.

Appendices

- None

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Committee(s): Community and Children Services Committee: for information	Dated: 8 th June 2022
Subject: Children and Covid-19: Annual director of public health report (2020/21)	Public
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1, 2, 3 and 4
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	£ n/a
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain’s Department?	n/a
Report of: Dr Sandra Husbands	For Information
Report author: Sara Bainbridge and Chris Lovitt, Public Health	

Summary

Each year, the director of public health is required to publish a report on “*the health of the people in the area of the local authority*”. For 2020/21, the report concerns children and Covid-19. The director of public health annual report (DPHAR) was published in May 2022 and has already been considered by the City of Health and Wellbeing Board. Community and Children’s Service Committee (CCS) is requested to consider and respond to the recommendations within the report. The focus of the 2021/22 report is yet to be confirmed.

Recommendation(s)

The CCS is requested to note and comment on i) the recommendations within the DPHAR and ii) suggest stakeholders who should receive the report.

Main Report

Background

1. The annual report from the Director of Public Health provides an opportunity to assess the local population’s health and, as appropriate, make recommendations to address identified need.¹
2. The report for 2020/21 was delayed due to the need to respond to the Covid pandemic but has now been finalised. It is due to be published online in April 2022.

¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/860515/directors-of-public-health-in-local-government-roles-responsibilities-and-context.pdf

3. This year, the report considers the wider impacts of the pandemic on the health of children and young people. It shows the breadth of effects that the pandemic has had, and that there is a gradient of impact.
4. The report was developed in liaison with stakeholders in both the City of London and Hackney, and informed by desk research. It was discussed by DLT and the Children's Senior Management Team in September 2021. A draft was also reviewed in February and March 2022 by colleagues from the Department of Community and Children's Services and considered by the City of London Health and Wellbeing Board in May 2022.
5. The report uses data and analysis that has been collated in the recently published 0-19 needs assessment. It goes into more detail about six issues which have impacted children during the pandemic:
 - a. Poverty and deprivation
 - b. Mental health
 - c. Childhood immunisation
 - d. Weight and physical activity
 - e. Early years
 - f. Access to healthcare
6. There are four broad areas where the report makes recommendations:
 - a. Controlling Covid-19 and preventing illness through vaccination. Improving all vaccination uptake and tailoring for children in specific groups is vital.
 - b. Catching up on what's been missed in education and healthcare - in an equitable way. Getting education and healthcare services back on track will be key.
 - c. Addressing obesity by supporting children and young people to eat healthily and move more, and making sure children and young people can access mental health support are both essential.
 - d. Closing the gaps: reducing child poverty must be a priority for all.
7. The DPHAR will be published online in April 2022 and shared directly with stakeholders.

Current Position

8. The CCS and HWB are requested to suggest any stakeholders who should be sent the report directly.
9. Responses to the recommendations from partners across the City of London and Hackney are likely to arise through ongoing work.

Key Data

10. In 2020, 3101 children and young people aged between 0 and 24 years old were estimated to live in the City of London. The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. For the City of London, this proportion is 7.1%, equal to

65 children.²

11. As of February 2022, 642 cases of Covid-19 had been reported in the City of London population aged 0 to 25.

12. In 2020, 2.9% of primary school pupils in the City of London had social, emotional and mental health needs.

Background Paper: Director of Public Health report - children & Covid

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²

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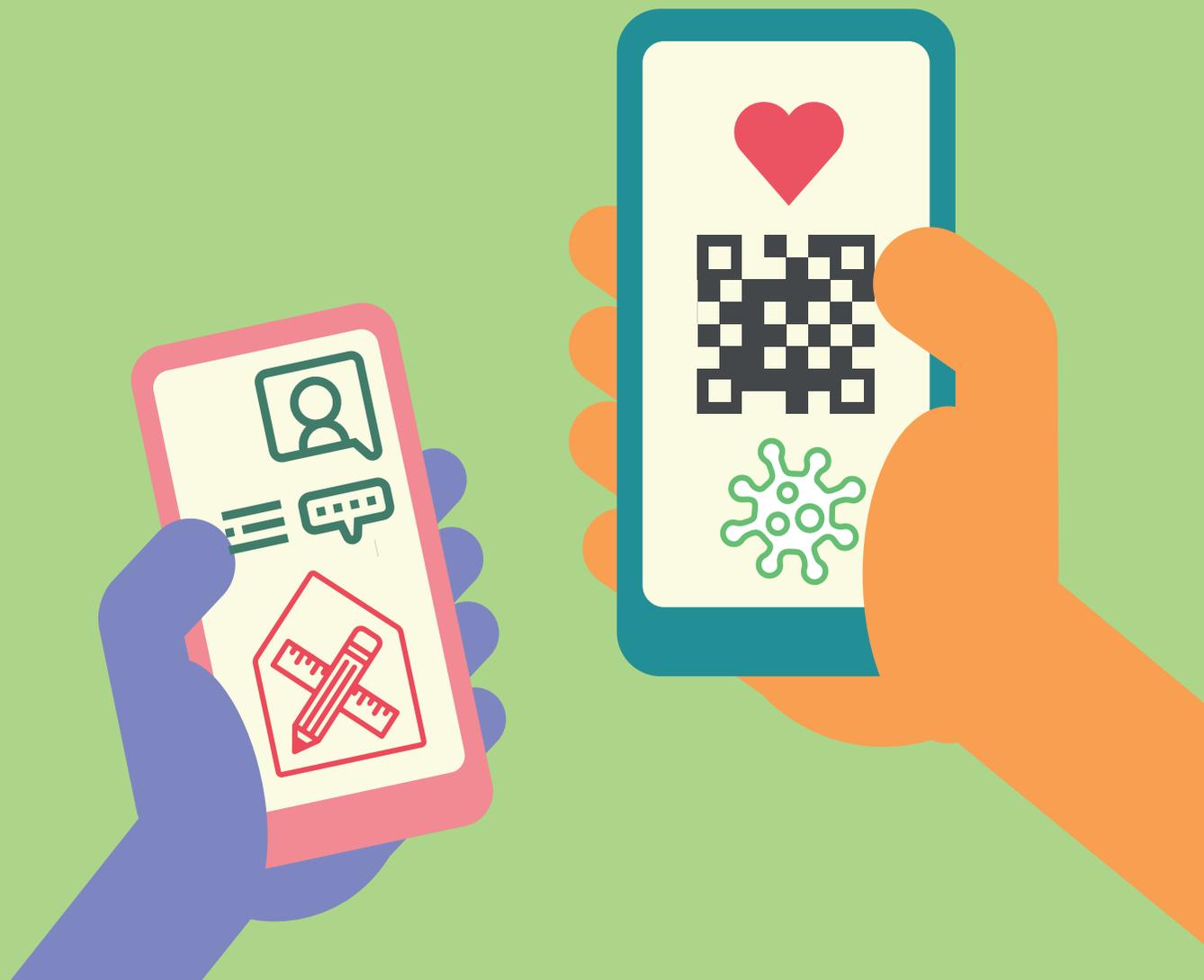
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Children, young people and COVID-19 in the City of London and Hackney

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Annual report of the Director of Public Health for City and Hackney

2020/21



Foreword

This year my annual report is focused on children and the impact that the COVID-19 pandemic has had on them. Hackney and the City of London have young populations – three of every ten people who live in this area are under 25 years old. Each one of these local children and young people are unique. But many of them have faced shared challenges during the last two years.

The impact of COVID-19 has been felt by everyone, and no two experiences will be the same. The diversity of Hackney and the City of London is a huge asset – but we must acknowledge that this also means there are inequalities. Some children and young people may be more vulnerable to harm, and this has to be tackled.

This pandemic has had consequences – both directly and indirectly. By zooming in on key areas of concern that are impacting on the health of children and young people who live here, this report aims to highlight where actions are needed in response to the impact of the pandemic. There will be other issues that have been important to people and there are other

attempts at capturing these and tackling them, both in Hackney and the City and further afield.

There will be children and young people in Hackney and the City of London who have experienced trauma over the last two years. For some, this may have been the result of the pandemic and the circumstances they or their families found themselves in. For others, trauma has resulted from failings: including child Q, whose experience has come to light since this report was drafted. The role of safeguarding has therefore been hugely important, and we must recognise and address the impact that trauma has, and will have, on the children and young people who live here.

As we continue into 2022, with the publication of our children and young people's needs assessment, and the development of a public health's children's strategy on the horizon, now is the time to ensure we all reflect on the pandemic and ensure we – and our partners – are strongly positioned to take steps for tomorrow.

This report looks back on what has happened and makes high level recommendations for what needs to happen now – it is intended to be used by those who work with and for children and young people across this part of London. Next steps must be taken with the involvement of children and young people so their voices and views are heard and acted on.



A handwritten signature in black ink, appearing to read 'Dr Sandra Husbands'.

Dr Sandra Husbands
Director of Public Health for City and Hackney

Executive summary and recommendations

The COVID-19 pandemic has had a significant impact on all parts of the population, and this includes children and young people who live in Hackney and the City of London. Thousands of children in the area have had COVID-19¹, but this report explores the wider impacts of the pandemic on children and young people and their health. It shows the breadth of effects that the pandemic has had, and that there is a gradient of impact. Children and young people living in more deprived communities within Hackney and the City have experienced the greatest impact, given their pre-existing vulnerabilities to poor health due to the inequalities they experience. As we know from the work of Professor Michael Marmot, giving every child the best start in life is a fundamental building block to reduce health inequalities and enable more people to live a healthy, fulfilling life². It is therefore vital that action is taken to ensure the impacts of the pandemic do not lead to even wider inequality.

The pandemic has not ended – at the time of writing, there were still over a 100 children each week testing positive for COVID-19 in Hackney and the City³. Vaccination for children is on offer. But as the country makes decisions on what to do next, these must include actions to reduce the impact of COVID-19 on our children and young people.

As we know from the work of Professor Michael Marmot, giving every child the best start in life is a fundamental building block to reduce health inequalities and enable more people to live a healthy, fulfilling life.

It is therefore vital that action is taken to ensure the impacts of the pandemic do not lead to even wider inequality.



Recommendations

As Director of Public Health, I recommend five areas of action to help address the impacts of COVID-19 on children and young people:

1 As the pandemic still has the potential to disrupt crucial services for children (such as education and healthcare) and affect children directly, it is still important to control COVID-19 and prevent illness through vaccination.

Continued, proportionate efforts to reduce transmission of COVID-19 are a first step. Cases of the virus still cause illness and disruption – some of which can impact children, whether directly, or by impacting on the services they need from care-givers, educators or healthcare professionals.

Public health efforts around infection prevention and control, such as good ventilation, can be maintained.

>

>

Other measures (such as supporting people to stay home if they're unwell) are proportionate, evidence based and sensible. 'Living with Covid' does not mean we need to give up all forms of defence. Our other defence – the development of safe and effective COVID-19 vaccines has been an enormous asset, and I encourage people to take up that offer.

2

This opportunity must be taken to strengthen and improve our vaccination uptake from all immunisations. The value and importance of childhood immunisations for all infectious diseases should be recognised. Our vulnerability to infectious disease has been highlighted and so ensuring children and young people benefit from immunisations of all kinds is crucial.

3

To reduce inequalities that could have been widened by the pandemic, it is vital that catching up on what's been missed in education and healthcare should be approached in an equitable way.

Getting education and healthcare services back on track will be key. As noted in my report, education, early years and healthcare services for children and young people have been disrupted from their normal provision since the start of the pandemic. Many are already trying to catch up with delayed or disrupted provision, but this will need to continue and be implemented as quickly as possible. Taking into account inequalities will be important, so children and young people who have the most need are turned to first.

4

New needs have arisen as a result of the pandemic, and these should be recognised and addressed. The impact of the pandemic has not just seen a build up of work that had to be delayed – in some cases it has created new or exacerbated existing needs. This includes:

- Addressing obesity by supporting children and young people to eat healthily and move more. Interventions and system-wide efforts that can help children and young people (and their families) maintain a healthy weight will be vital.
- Making sure children and young people can access mental health support are essential, especially in the context of those who may have been impacted by trauma. Those planning and paying for mental health services in Hackney and the City of London must ensure there is adequate provision of the right support that can be accessed in a timely way. This may include improving equitable access to Child and Adolescent Mental Health Services through schools.



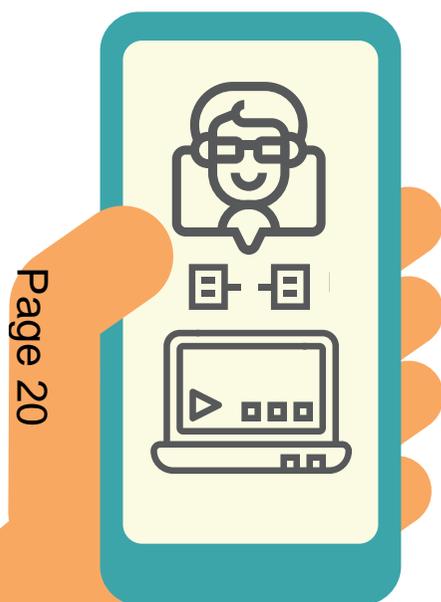
5

Closing the gaps: reducing child poverty must be a priority for all. Many impacts of the pandemic have worsened existing inequalities that were already on a poor trajectory – such as increasing child poverty. Partners in Hackney and the City of London must continue using evidence-based efforts to tackle poverty due to its far-reaching implications for children’s health.



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Background

The COVID-19 pandemic has had a huge array of impacts on everyone in Hackney and the City of London. Children and young people are no exception. Since March 2020, the pandemic has had direct and indirect consequences on those under 25 years of age. The direct impact can be counted. There have been 20,315 cases of COVID-19 reported among populations aged 0 to 25 in Hackney and the City of London as of 20 Feb 2022: 19,673 in Hackney and 642 in the City of London.⁴ Most children and young people fortunately do not experience severe illness as a result of a COVID-19 infection.

But the ramifications of COVID-19 go beyond getting a positive test. This report examines the impact of the pandemic on children and young people in this part of London, ranging from some immediate consequences such as the closure of schools on children's mental health or their weight, to ongoing issues like levels of childhood immunisation.

Health and wellbeing can be influenced by many different things. There is a relationship between a person and the factors that can impact their health. Every person's health will

be influenced by different factors which may overlap. Everything from an individual child's diet or levels of physical activity, to the broader social, economic, cultural and environmental conditions where they live will affect a child's health.

Children and young people are at the beginning of their lives. Things that affect them now often have long lasting effects. It's also true that children and young people need to be given the best start in life in order to address differences in health, education and life chances. Health inequalities are not inevitable but action needs to be taken as early as possible to ensure persistent inter generational inequalities do not continue.

With the COVID-19 pandemic ongoing into 2022, some consequences are still to be felt. But for children and young people in Hackney and the City of London, it is never too early to start considering what can be done now to tackle the inequalities, poor health and their determinants that have been worsened by COVID-19.

There have been **20,315 cases** of COVID-19 reported among populations aged 0 to 25 in Hackney and the City of London as of 20 Feb 2022.

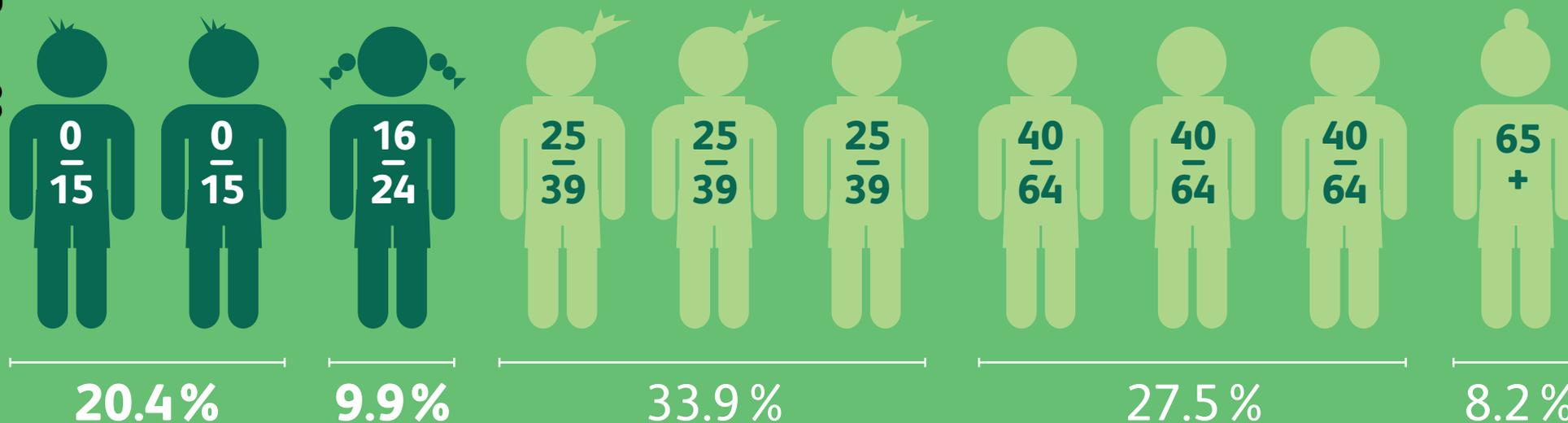
Who are children and young people in Hackney and the City of London?

In 2020, just over 88,000 children and young people (aged 0–24) were estimated to live in Hackney and the City of London: 85,339 in Hackney and 3101 in the City of London⁵.

This is about 30 % of the overall population. Since March 2020 they, along with their families, have been living through the COVID-19 pandemic.

Ages of population in Hackney and the City of London⁶

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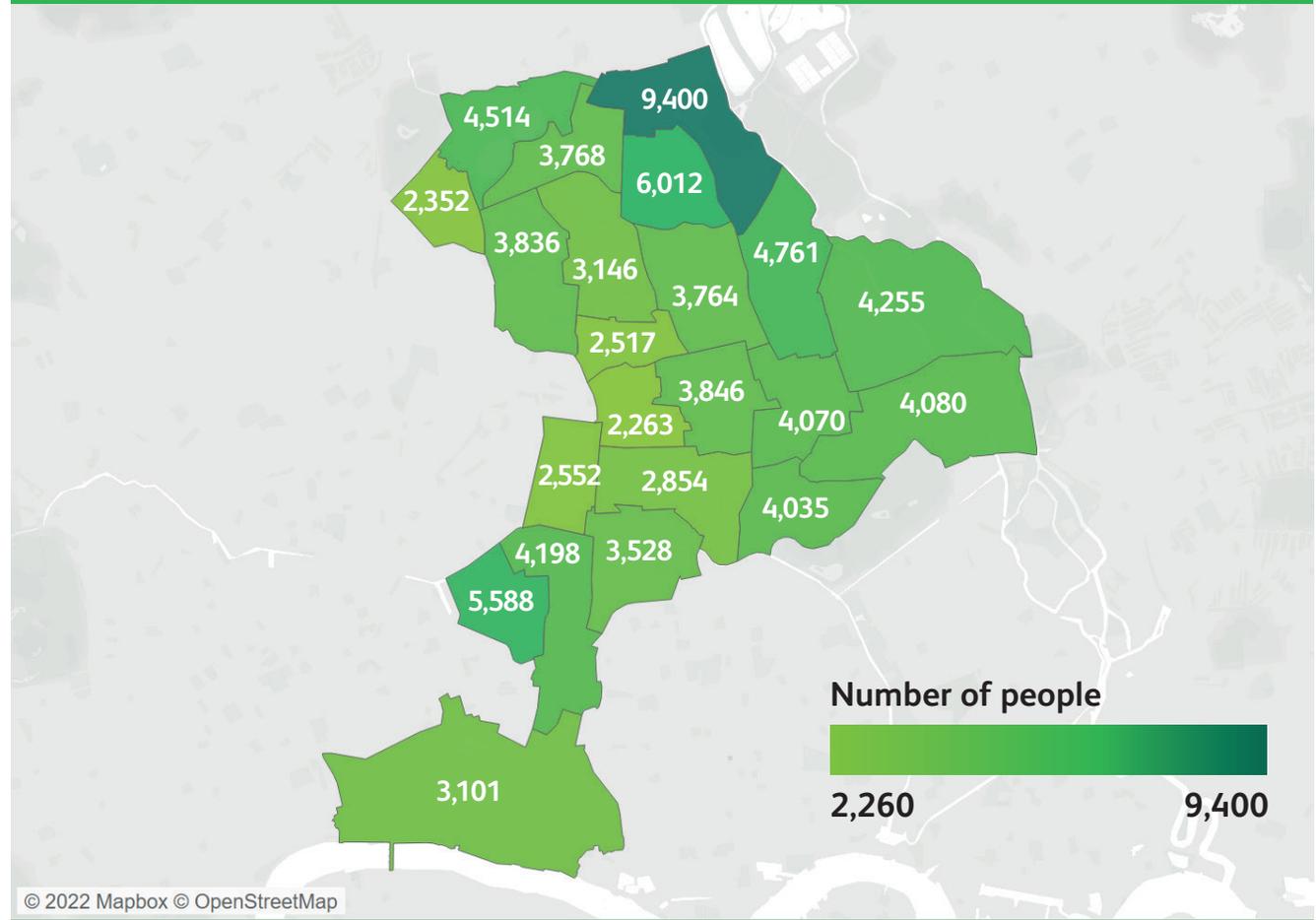
Where do these children and young people live?

The highest numbers of people under the age of 25 in the borough live in the north, with the highest numbers seen in Springfield (9,400) and Cazenove (6,012).

These wards have a significant number of Charedi residents. Charedi families have larger numbers of children in comparison with other communities, leading to an increase in child population and higher population density in the north of the borough.⁷

In contrast, far fewer young people live in Brownwood (2,352) and the City of London (3,101).

Population under 25 years old by area (wards or local authority) Hackney and the City, 2020



Source: ONS 2020 mid-year population.

What do we know about the children and young people who live in in Hackney and the City of London: Specific communities

Ethnicity and cultural communities⁸

Hackney and the City of London are ethnically and culturally diverse places.

This graphic shows a breakdown of those with 'white British' ethnicity and other ethnicities for those aged 0–24 years old in Hackney, City of London and London.

In Hackney 58% of children aged 5–19 and 50% of children aged 0–4 have ethnicity which is described as 'non-white'. In the City of London, these proportions are 55% and 52% respectively. This is similar to London averages, although overall London has a larger percentage of children aged 0–4 and young people aged 20–24 from a non-white background than Hackney and the City of London. There is also a relatively large population of white non-British residents in both Hackney and the City of London.

Although these graphs suggest that ethnic diversity is similar across the City of London to Hackney, the majority of the City is not very



diverse with the exception of Portsoken ward, which has a large Bangladeshi community.

Within Hackney and the City of London there are several populations with culturally specific needs.

Source: GLA housing-led ethnic group projections 2016-based.

Charedi community

Hackney has one of the largest groups of Charedi or Orthodox Jewish people in Europe, established in the 1920s in the Stamford Hill area. The Charedi community represents 7 % of Hackney’s total population, and over 22 % of the child population. Although we do not have detailed data about the age distribution among Charedi children and young people, it is known that the Charedi community is young and rapidly growing, with around half of the population under the age of 19.

Turkish Community

There is also a large Turkish community (representing at least 4.5 % of Hackney’s residents), mainly concentrated in the Borough’s south, east and central parts.

Bangladeshi Community

There is a large Bangladeshi community in the Portsoken Ward of the City of London.

Other Communities

A range of other distinct communities, many numbering over 1,000 residents, include the Chinese, Somali, Kurdish and Vietnamese.



Afghan Community

The City of London has recently welcomed a number of families from Afghanistan as part of a resettlement programme. The government,

City of London Corporation and local health services are supporting families from Afghanistan who have been housed temporarily in the City in 2021.

What languages do children and young people speak?

Hackney is one of the most diverse areas in the country, with nearly 90 different first languages spoken.¹⁰ Of the 56 % of records for which the language was known, approximately 80 % of children and young people aged 0–25 registered with a GP in Hackney and the City spoke English as their main language; the second most spoken groups of languages as a primary language were ‘languages spoken in mainland Europe’ (5 %) and Kurdish or Turkish (4.6 %). This data does not include children not registered with a GP, who may be more likely to be non-English speakers, and does not capture what second languages are spoken.

Many children and young people from the Orthodox Jewish community will speak Yiddish as their first or second language – estimates suggest over half (55 %) speak Yiddish at home as a first language and approximately 35 % speak English at home with Yiddish as their second language. Education in independent Orthodox Jewish schools is partly conducted in Yiddish in some schools, particularly boys’ schooling.¹¹

The 2011 census showed that in Hackney, 70 % of households were English language households (where all adults stated their

main language as English); 12 % were mixed households where English and other languages were both main languages and 14 % were households where English was not a main language.¹² The top ten languages spoken in Hackney and the City according to the 2011 census are listed in the table below.¹³

Please note this may have changed in the last decade but we do not yet have results from the 2021 census.



Hackney		City of London	
English	75.9 %	English	82.9 %
Turkish	4.5 %	French	2.2 %
Polish	1.7 %	Spanish	1.8 %
Spanish	1.5 %	Bengali	1.6 %
French	1.4 %	German	1.2 %
Yiddish	1.3 %	Italian	1.1 %
Bengali	1.3 %	Greek	0.8 %
Portuguese	1.2 %	Chinese (not Mandarin or Cantonese)	0.7 %
Gujarati	0.8 %	Portuguese	0.7 %
German	0.7 %	Japanese	0.6 %

Children with special educational needs and disabilities

Special Educational Needs and Disabilities (SEND) is a term referring to children who may have communication and interaction issues; cognition and learning difficulties; social, emotional and mental health difficulties; and sensory or physical needs.

Local authorities have legal duties to identify and assess the special educational needs (SEN) of children and young people for whom they are responsible. Among pupils on SEN support, speech, language and communications needs are the most common type of need, and of those with an education health and care plan (EHCP), Autistic Spectrum Disorder remains the most common primary type of need of pupils.

In the City and Hackney, it is recognised that pupils with SEND have a significant need for high quality teaching and are entitled to provision that supports achievement and enjoyment of school. During the pandemic children with SEND were seriously affected in both their care and education, as the services that families relied on, particularly speech and language services, were unavailable.

The proportion of children and young people of school age who have special educational needs was 18.5 % in Hackney (in 2018).¹⁴ The number of children and young people receiving SEN support in City of London schools has declined by 20 % between 2017 (290) to 2021 (259). These numbers include children who are not resident in the City of London. Overall, the proportion of children and young people in City of London Schools on SEN support has declined from 12.3 % in 2017 to 9.6 % in 2020.¹⁵

Trends nationally show an increasing number of children with EHCPs. This may be due to increasing awareness and identification.

- The number of children with EHCPs¹⁶ in Hackney has increased by approximately 49 % in 5 years to around 2,800.
- The City of London has seen the number of children for whom it maintains an EHCP increase from eight in 2015 to 20 in July 2021. This is approximately 0.6 % of the population of resident children and young people aged 0–25 years and is below the England average of 3.7 %.¹⁷

The number of children with an education health and care plan has increased by approximately **49%** in Hackney and in the City by **250%** over 5 years.

Deprivation, income and housing

Hackney is one of the most socio-economically deprived areas in England: in 2019 it had a deprivation score of 32.5 which was the 18th worst in England. In contrast, the City of London is 26th best, with a score of 14.7.¹⁸ The Income Deprivation Affecting Children Index (IDACI) measures the proportion of all children aged 0 to 15 living in income deprived families. For Hackney just under a quarter of the population (24.9%), or nearly 14,000 children fell into this category when it was last measured in 2019. For the City of London, this proportion is 7.1%, equal to 65 children.¹⁹

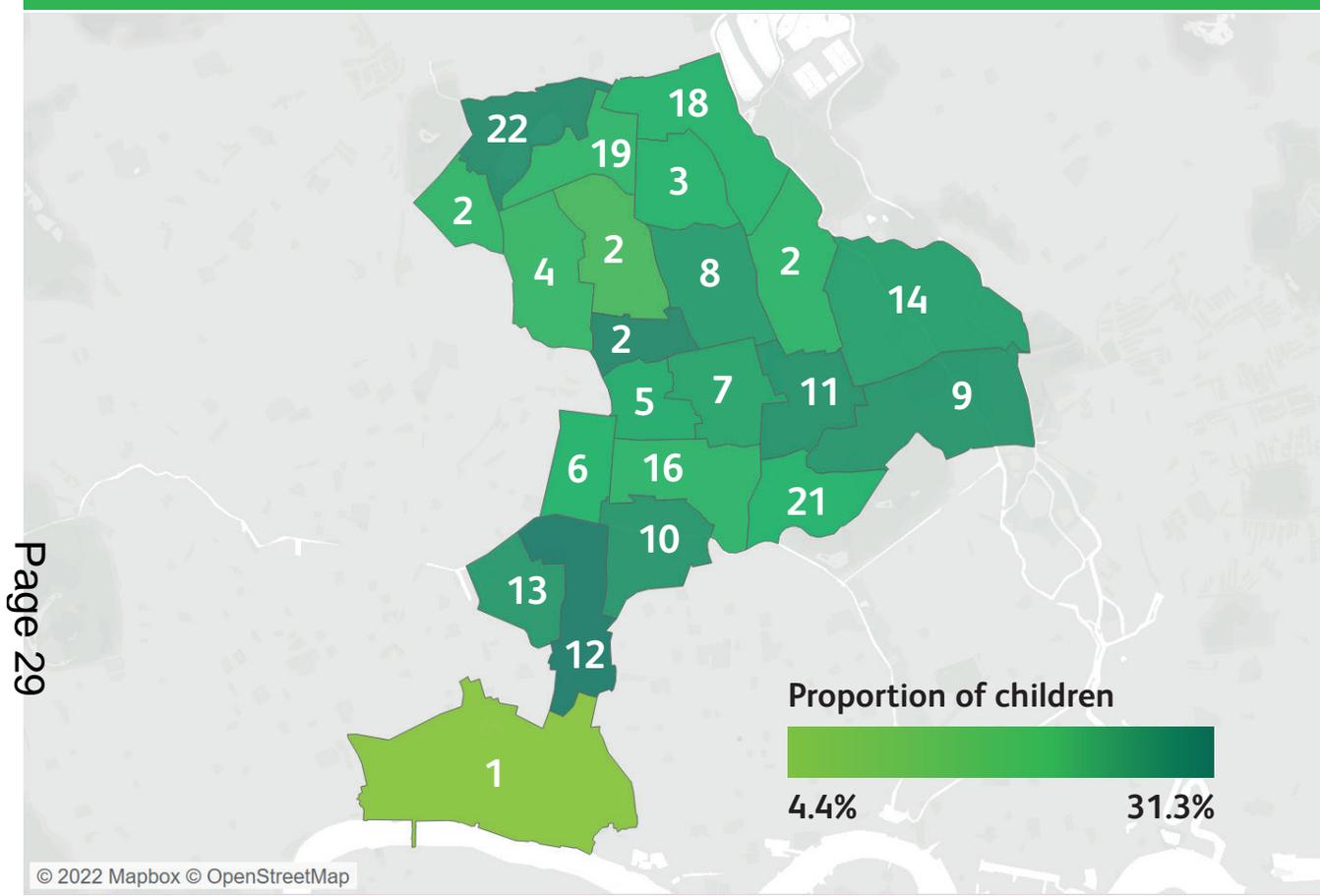
Deprivation is closely linked to child mortality for every measured increase in deprivation, there is an increase in risk of child mortality.²⁰ More than 700 child deaths could be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived. The child mortality rate for 1–17 years old in Hackney and the City in 2018–20 was 8.9 per 100,000 population, similar to London (9.8) and England (10.3) averages.²¹ A number of factors contribute to the likelihood of a child in London to be living in poverty. These include being from a

minority background, having a large family and living in a single-parent family.²² A child born into poverty is more likely to have a low birth-weight, to die in infancy and to have poor physical and mental health. These children are also more likely to do worse at school.²³

Deprivation is closely linked to child mortality: more than **700 child deaths** could be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived.



Proportion of children in relative low income families by area (ward or local authority), Hackney and the City, 2020



Source: Department for Work and Pensions, 2020

# on map	Area (ward or local authority)	Proportion of children
1	City of London	4.4%
20	Stoke Newington	14.4%
4	Clissold	17.4%
2	Brownswood	18.6%
19	Stamford Hill West	18.9%
16	London Fields	19.3%
15	Lea Bridge	19.6%
18	Springfield	20.8%
3	Cazenove	21.0%
6	De Beauvoir	21.3%
21	Victoria	21.6%
5	Dalston	22.7%
7	Hackney Central	23.8%
14	King's Park	24.8%
8	Hackney Downs	25.5%
13	Hoxton West	26.2%
10	Haggerston	26.7%
9	Hackney Wick	26.8%
11	Homerton	27.5%
22	Woodberry Down	28.3%
17	Shacklewell	29.0%
12	Hoxton East and Shoreditch	31.3%

Income

Income is an important determinant of health, being essential for purchasing the necessities of everyday life, such as food, heating and housing. Eligibility for free school meals can be one indicator of low income. In Hackney, the proportion of all school age pupils taking up free school meals in 2018 was 27.7 % and in the City of London 11.3 % (for London overall the level was 15.6 %).²⁴ It should be noted that this measure for the City of London is based on the level of free school meal eligibility at its one maintained state school, which is attended by many pupils who do not live in the City of London.

Housing

The risk of ill-health or disability during childhood and early adulthood is increased by 25 % by living in poor housing conditions.²⁵ In addition there is an increased risk of meningitis, asthma and poor growth, alongside mental health and behavioural problems. According to a report from 2020, 61 % of teachers had seen children who live in poor quality or overcrowded housing in the past 12 months.²⁶

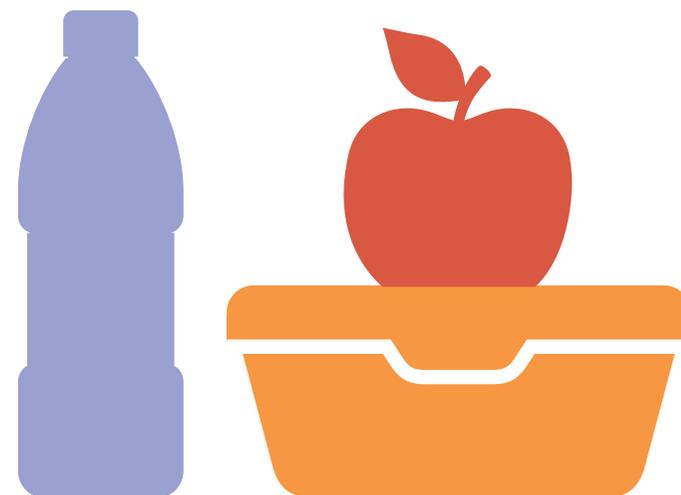
There is an increased risk in experiencing respiratory problems, such as coughing and wheezing, for children who live in overcrowded

conditions. In addition, physical conditions in the home are associated with almost half of all childhood accidents. In 2011, there were 15.6 % overcrowded households in Hackney and 7.5 % in the City.²⁷

Both proportions were higher than the England average of 4.8 %. Hackney was also higher compared to London (11.6 %) but the City had a lower level of overcrowded households in comparison to Greater London.

A review of the evidence linking fuel poverty and health indicates cold conditions and fuel poverty has a significant effect on the mental health of adults and young people, children's respiratory health, as well as infant weight gain and susceptibility to illness. Reported problems with the homes cited in Hackney are mainly associated with cold, mould and damp, and overcrowding was a major concern in both the City and Hackney.²⁸

Eligibility for free school meals can be one indicator of low income: the proportion of all school age pupils taking up free school meals in 2018 was **11.3%** in the City of London and **27.7%** in Hackney.



Children in care and looked after children

In 2021 there were 69 children in care per 10,000 in City & Hackney²⁹ which compares similarly to the England average, but is above the average rate in London.

- 78 % of looked after children (LAC) are placed out of borough.
- 45 % of LAC are of black ethnicity and are overrepresented in comparison to children of white ethnicity who are underrepresented.

The majority of the City of London's looked after children are unaccompanied asylum seeking children.

Page 31 Young carers

Young carers are children and young people who are the main carers of a relative with a long-term illness or disability. In Hackney, 1.21 % of children aged 0–15 years old provided unpaid care in 2011, which was significantly more than London (1.07 %) and England (1.11 %). In the City of London, this corresponded to 1.45 % of children 0–15 years old.³⁰ Hackney's estimated number of young carers supported by the local authority was 250 in 2019/20, at a rate of 5.7 per 1,000

5–17 year olds. There were no young carers recorded as being supported by the City of London.³¹

In the older age group (16–24 years old) the percentage of young people providing unpaid care³² in 2011 was 6.3 % in Hackney, also significantly more than London (5.4 %) and England (4.8 %). The City of London had 3.4 % young people aged 16–24 years old providing unpaid care. Unfortunately this information is old and new data from Census 2021 are due to be published later in 2022 and 2023.

In 2021 there were **69 children in care per 10,000.**



What happened in 2020 and 2021 to children and young people during the COVID-19 pandemic?



20 March: Schools closed, except for children of key workers or vulnerable children

22 March: First national lockdown ordered.

11 May: Phased 're-opening' plan allows for more children to attend schools and paid childcare

14 May: Department for Education publishes infection control guidance.



August 2020: Issues with exam results and approach to examinations

1 October: schools now have a legal duty to provide remote education for children unable to attend school due to COVID-19 and provision of 100,000 additional laptops.

21 October: Labour motion to extend free school meals over school holidays until Easter defeated in House of Commons.

December 2020: Tier restrictions in place.

30 December: Delays to the reopening of schools in areas with the highest infection rates announced.

2020

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03 — 04 — 05 — 06 — 08 — 09 — 10 — 11 — 12



7 April: Department for Education financial support put in place for schools up to the end of the summer term, including to support free school meals for eligible children who are not attending school.

1 June: Schools begin phased reopening: from 1 June 2020 with some children able to return to school (and more children returned on 15 June).

17 June: Government extends voucher scheme for children on free school meals during the summer holidays.

19 June: Government announces £1bn COVID-19 catch up fund for children in England.

1 September: Schools and colleges in England start to reopen.



5 November: New four-week national lockdown comes into force, including school closures (with some exceptions).

8 November: Government announces a new £170m Covid Winter Grant Scheme and extends the Holiday Activities and Food programme to cover Easter, summer and Christmas in 2021.

01 — 03 — 06 — 08 — 09 — 10 — 12



January 2021: No return to face-to-face teaching after school break due to third lockdown.

COVID-19 VACCINATION POP UP CLINIC

- For anyone aged 18+
- Walk-in on the day or secure your place at: hackney.gov.uk/coronavirus-vaccine
- First and second dose Pfizer

Shahana Begum, Practice Nurse at Whitson Road Surgery

Hackney Central Pop up clinic

- Saturday 10 July 9am–7pm
- Sunday 11 July 9am–7pm

Second doses take place 8 weeks after the first dose. The vaccine will reduce the chance of you becoming seriously ill from COVID-19, which can be deadly.

Get your second dose for maximum protection

June 2021: 18–25 year olds invited to be vaccinated.

September 2021: JCVI do not recommend vaccinating children 12–15.

4 steps for COVID-19 wellbeing

- Stay home**
If you feel unwell stay at home and take a PCR test
- Stay safe**
Hands, face, space, ventilate to stop the spread of the virus
- Get vaccinated**
Get your COVID-19 and flu vaccinations
- Get tested**
Take regular rapid tests

These 4 steps will help keep you and those around you safe

December 2021: High level of cases of COVID-19 in children, some school mitigation measures available in guidance.

SURGE TESTING HERE

Protect your friends and family

March 2021: Schools reopening.



August 2021: 16 and 17 year olds in England offered COVID-19 vaccine.

COVID-19 VACCINE POP UP CLINIC

Pfizer vaccine
For anyone aged 16+
Wednesday 13 October
10am–4pm

Dr Chou, GP at the Neaman Practice

For first doses and second doses 8 weeks after the first. There will be medical professionals available to answer any questions you may have on the vaccine. The vaccine will reduce the chance of you becoming seriously ill from COVID-19, which can be deadly.

Find out more at: nhs.uk/coronavirus or call 119

Where: City Wellbeing Centre, 75–77 Middlesex Street, E1 7DN

Get the COVID-19 vaccine – help keep London safe

October 2021: Vaccinating children 12–15 commences.

COVID-19 VACCINATION POP UP CLINIC

Tuesday 15 February
10am to 3pm

Turkish Cypriot Community Association
628–630 Green Lanes, N11 0SD

- For anyone aged 12+
- Pfizer 1st, 2nd and booster doses
- No ID or NHS number is required
- Walk-in or book via 020 8356 3111

Get your COVID-19 vaccine and help Keep London Safe

COVID-19 VACCINATION POP UP CLINIC

Friday 18 February
11am to 4pm

- For anyone aged 12+
- Pfizer 1st, 2nd and booster doses
- No ID or NHS number is required
- Walk-in or book via 020 8356 3111

Dr Shabana Begum, Practice Nurse at Whitson Road Surgery

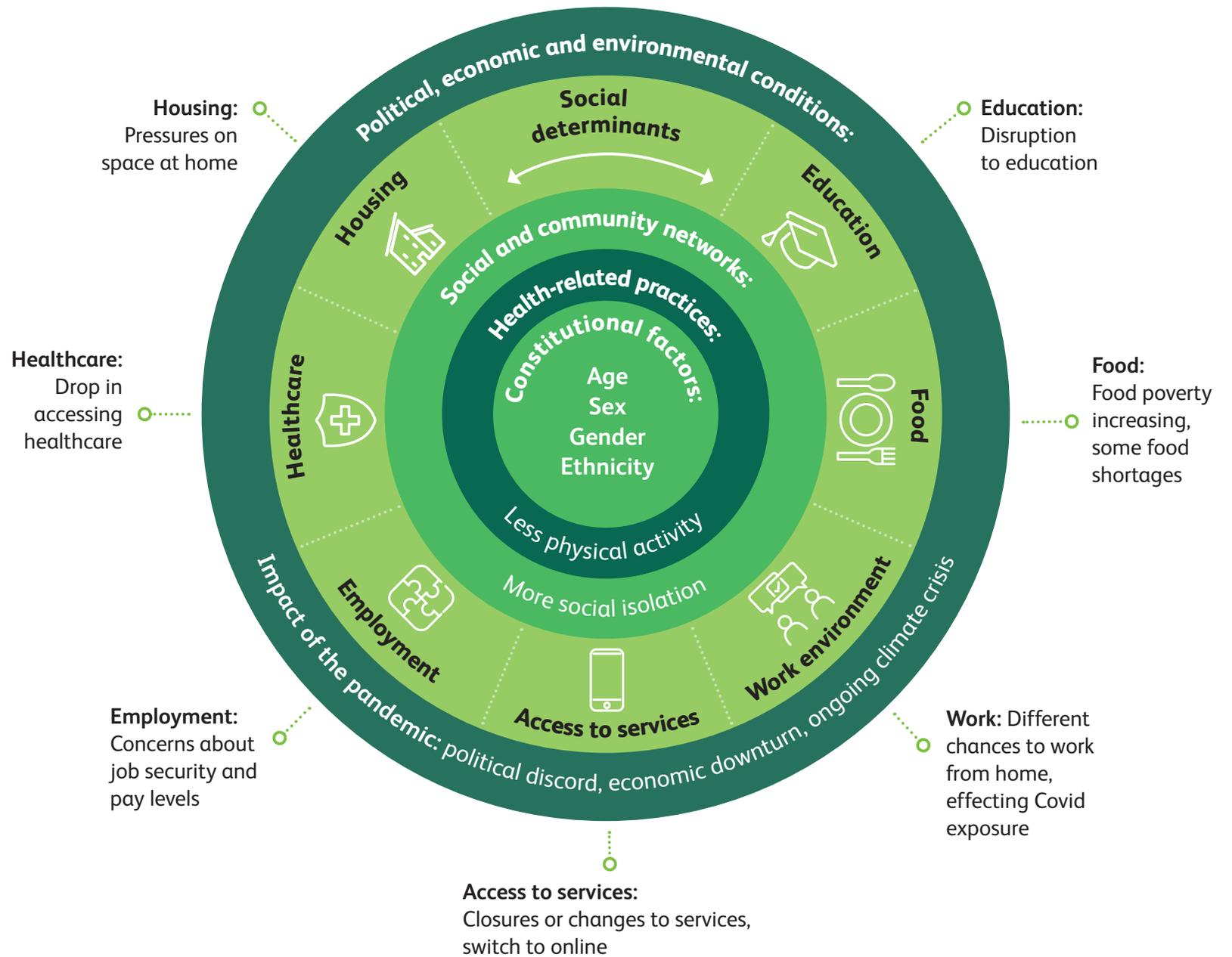
Medical professionals will be available to answer any questions you may have about the vaccine. The vaccine will reduce the chance of you becoming seriously ill from COVID-19, which can be deadly. For COVID-19 information and support visit: hackney.gov.uk/coronavirus-support

Where: Hakevi Centre, 31–33 Dabston Lane, E8 3DF

Get your COVID-19 vaccine and help Keep London Safe

Zoom out:

a wide array of issues that have impacted on children's health during the pandemic



Zoom in:

6 things we are going to examine in more detail

- Page 35
1. Poverty and deprivation
 2. Mental health
 3. Childhood immunisations
 4. Weight and physical activity
 5. Early years
 6. Access to healthcare



1. Poverty and deprivation

Why is child poverty an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

Deprivation has impacts on children’s health. Child poverty and deprivation were already impacting thousands of children in Hackney and the City of London, and the economic and social implications of the pandemic has worsened levels of poverty – for instance, due to a family member losing a job or income from a zero hours contract.

In London, out of work benefits claims have increased by 148 % (274,000) and families report struggling to meet basic needs. Young adults have been more likely than older adults to lose their jobs. Young black people were three times more likely to be unemployed than young white people. The impacts of the COVID-19 pandemic have been worse for those in lower incomes, who have been more likely to lose their jobs and their income, catch (and die from) COVID-19 and less able to support children with homeschooling.³⁵

Lockdown measures

Measures to reduce transmission of COVID-19, such as ‘lockdown’ restrictions, have disproportionately affected low income families with young children.

One example of the impact on low income families was through disruption to education and the consequences of digital poverty. As many schools moved to provide lessons at home, households without internet access, sufficient data/bandwidth or a limited number of suitable devices meant that children often missed out on the ability to continue their education.

“It’s difficult to initiate discussions about health when many of our parents are concerned about basic issues such as housing, employment and poverty.”

Headteacher

Although steps were taken to distribute laptops, there was a huge amount of disruption to learning.

Limited space in households – in some cases linked to overcrowding – also meant that children and young people would not have suitable space to continue their education.

Benefits

During the pandemic, there has been a notable increase in childhood poverty. In London, the number of households receiving Universal Credit payment has nearly doubled, from 369,413 households in March 2020 to 691,893 in November 2021. 44.5% of these households have children.³⁶ The temporary expanded social safety net (an increase of universal credit payments by £20 a week) was not enough to avert a rise in poverty for children. This uplift has since been removed, which was predicted to move 300,000 children into poverty nationally.³⁷

Food poverty

Emergency food parcels issued by Trussell Trust foodbanks (one of many providers) to children in London more than doubled from from 75,000 in 2019/20 to 159,000 in 2020/21.

For Hackney specifically, food parcels issued to children by the Trussell Trust appeared to peak in 2020 (see graph overleaf).³⁹ It may be that other sources of food support were found in 2021.

In 2020, a food poverty network was established in Hackney in response to the pandemic and has grown to include over 60 partners.⁴⁰ A survey sent to organisations in the network reported over 380,000 food parcels and cooked meals were delivered between March 2020 and April 2021.⁴¹ This is likely to be an underestimate as not all organisations responded to the survey.

For some specific parts of the community, this was tailored support: for example, funding was split between 12 Orthodox Jewish organisations and largely in place of the free school meal funding from central government, which Charedi Independent school pupils are not eligible for.

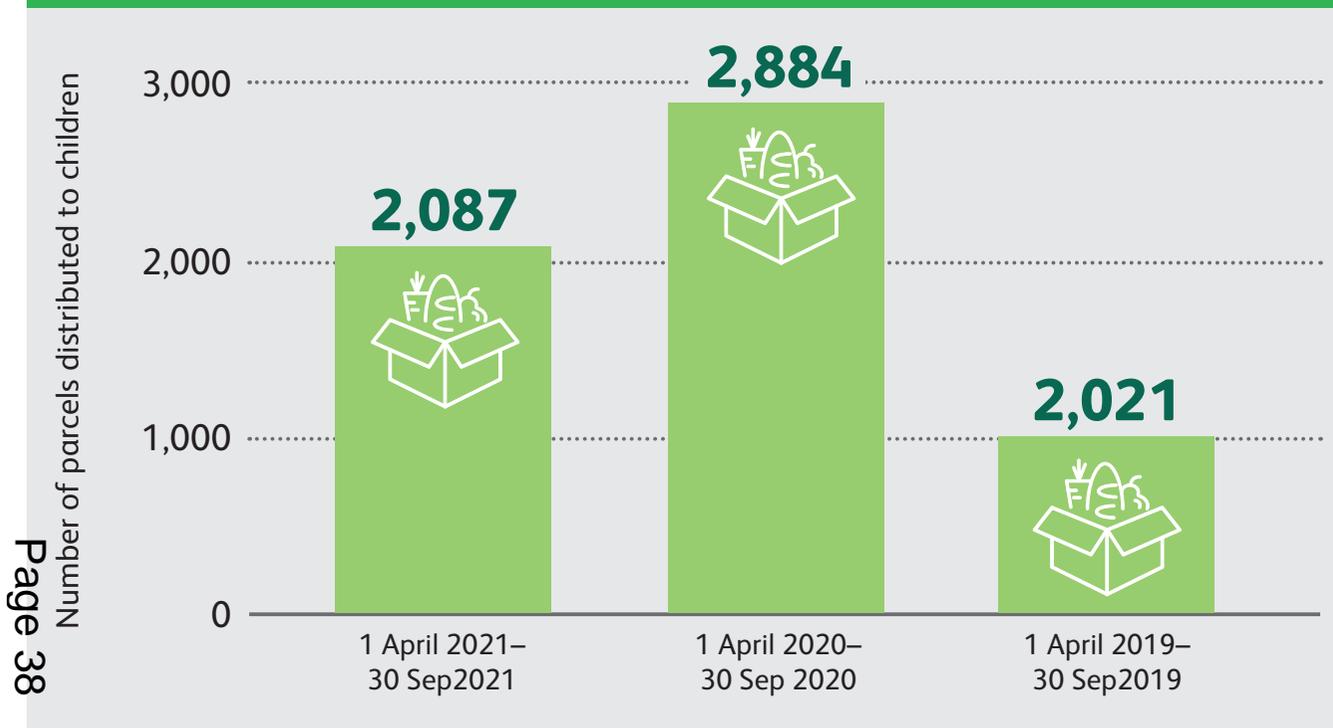
In the City of London, the First Love Foundation (FLF) has been supporting vulnerable families since 2020. From June 1st 2021 to February 28th 2022 the FLF fed a total of 16 City of London residents. Four of these 16 people were children. Covid support funding (later named household support funding) included provision of food vouchers and food parcels.

The level of need due to food poverty impacting children in the City of London is not clear. A service was established during the pandemic but had no eligibility criteria and current usage of a commissioned foodbank within the City is low. This work will need to be carefully evaluated to ensure it has achieved positive and cost-effective outcomes.

During the pandemic, there has been a notable increase in childhood poverty.

In London, the number of households receiving Universal Credit payment has nearly doubled, from **369,413** households in March 2020 to **691,893** in November 2021.

Number of Trussell Trust parcels distributed to children in Hackney (in 2019, 2020 and 2021)



The resulting financial hardship is expected to contribute to family tensions, as well as psychological and emotional distress. These are factors that can be associated with child maltreatment and neglect, including physical, emotional and domestic abuse. The disproportionate impact of the pandemic on low income families and those from culturally and ethnically diverse backgrounds, must be addressed in recovery plans and service provision so that the long term consequences for children are reduced.

Long-term

Lost learning will cause the greatest damage to the education and employment outcomes of pupils who are already disadvantaged. ‘Catch up’ efforts for education are still a concern, and this is ongoing as schooling continues to be disrupted due to ongoing cases of COVID-19.

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.⁴² The increasing cost of living has been well-documented and impact is increasing.

2. Mental health

Why is mental health an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

Mental health illnesses are a leading cause of poor health in children and young people (CYP) and can have detrimental and long-lasting effects. Poor mental health is a significant contributory factor to poor education, health and social care outcomes including poor physical health, reduced educational attainment, alongside increased risk of smoking, substance and alcohol misuse, involvement with youth justice services, increased risk of self-harm, eating disorders and suicide ideation.⁴³

In 2020, in Hackney, 3.2 % of school pupils had social, emotional and mental health needs (higher than London (2.5 %) and England (2.7 %)). In the City, 2.9 % of primary school pupils had social, emotional and mental health needs.⁴⁴

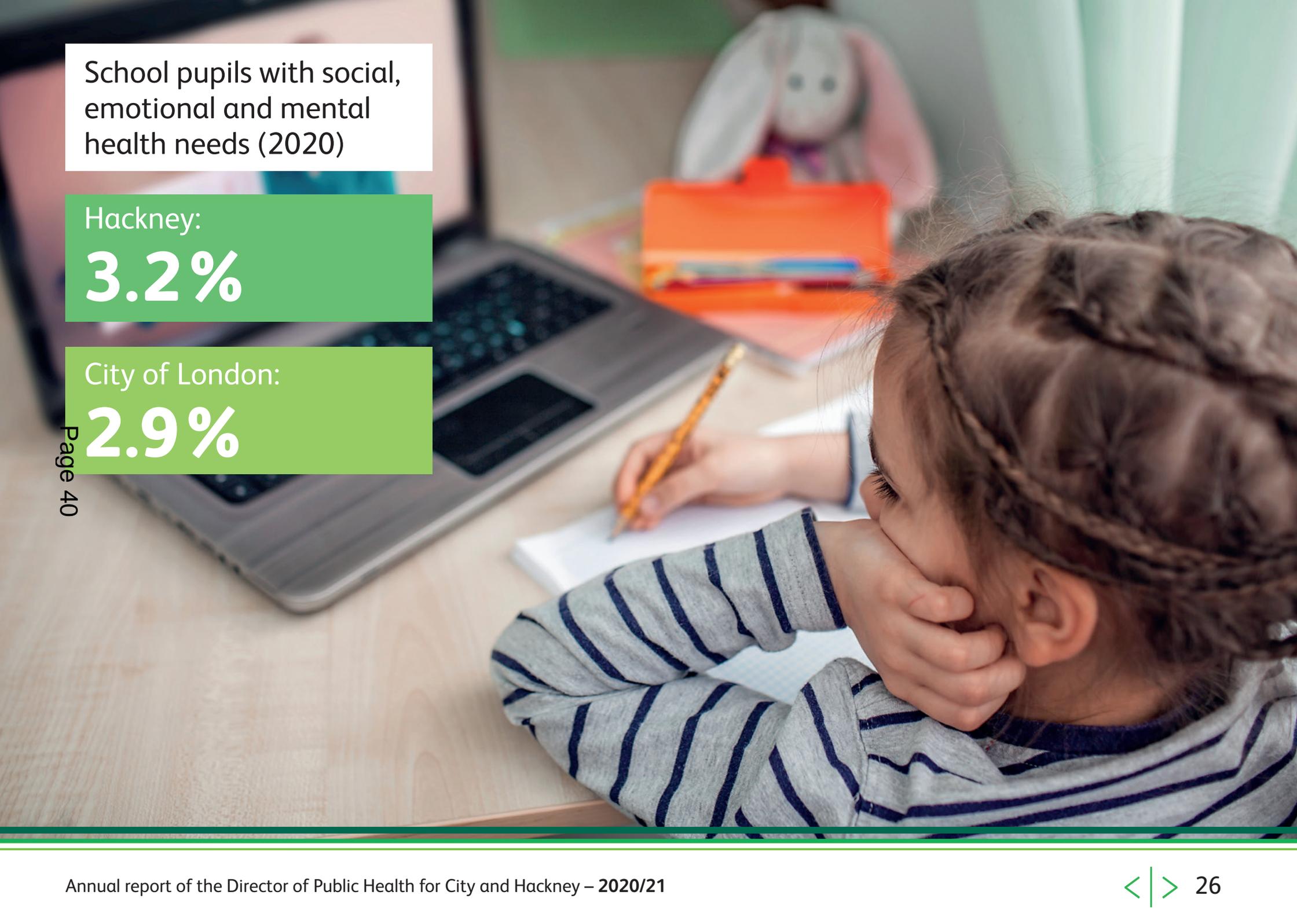
There were 2,929 Wellbeing and Mental Health in Schools (WAMHS) activities conducted in City and Hackney schools in 2020/21. Across City and Hackney CCG in 2020/21, 4.6 % of children (under 18 years old) have been referred to Child and Adolescent Mental Health Services (CAMHS).⁴⁵

There is an unequal impact of mental ill-health – some CYP have experienced greater negative impacts on their mental health and wellbeing. This includes girls, young carers, CYP from poorer households, CYP with preexisting mental health needs, CYP from black and other minority ethnic groups.⁴⁶ The percentage of looked after children whose emotional wellbeing is a cause for concern was 34.4 % in Hackney in 2019/2020 (there was no data available for the City of London).⁴⁷ This was similar to London and England and there were no significant changes in the last five available years.

“The key health issues for the (Hackney) Youth Parliament are mostly around mental health. It’s interesting because general health (other health issues) don’t come up.

When I say to them, oh do you think we should talk about broader health issues?

They’re like, no, we want to talk about mental health... it always goes back to mental health.”



School pupils with social,
emotional and mental
health needs (2020)

Hackney:

3.2%

City of London:

2.9%

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How COVID-19 impacted on the mental health of children during the pandemic?

The pandemic has had a significant impact on children and young people's mental health. They have had to cope with disruption to their education, as well as cope with bereavement, social isolation and lockdown restrictions.

The pandemic has worsened existing mental health and wellbeing problems among young people. There has been unprecedented levels of demand for emotional health and wellbeing, and mental health support across North East London, and in City and Hackney.

A local survey of children and young people in City and Hackney found that nearly half of the respondents felt that their mental health had stayed the same, 39% had felt it had got worse while 14% felt it had improved: but it should be noted this was a small and unrepresentative sample.⁴⁸

Educational disruption

Changing attendance to school and disruption to education has impacted on wellbeing. Although exceptions were made (for example, children of key workers and children deemed vulnerable were able to attend school, and in the second and third lockdowns independent

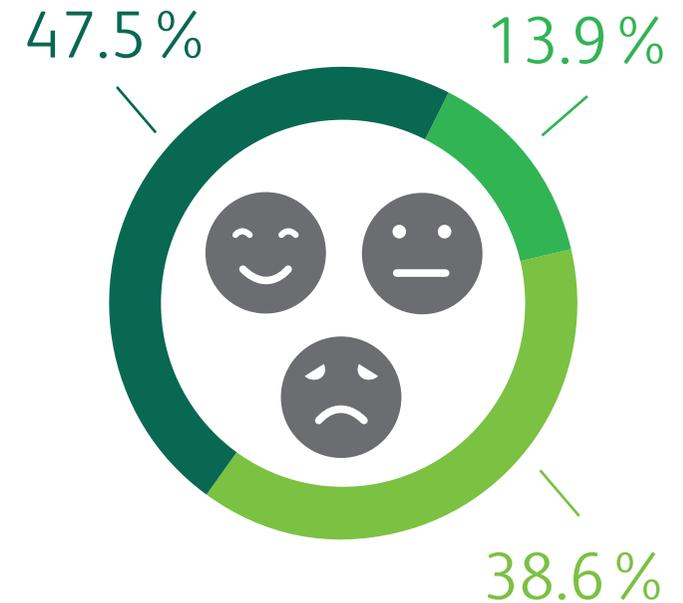
Charedi schools remained open in line with Department for Education guidelines which stated that if pupils did not have a quiet place to study or no remote access online they could remain open) school closures caused disruption for many children.

Going back to school in September 2020 had a positive impact on some CYP's mental health and wellbeing, particularly primary school children and pupils who spoke English as an additional language. Behavioural and difficulties with attention have increased throughout the pandemic up until February 2021, particularly for primary school children (4 to 10 years old).⁵⁰

Locally, the pandemic has led to an accumulation of a waiting list for autism assessments owing to a reduction in face-to-face services in CAMHS and the ability to observe children and young people in school settings or similar as part of the assessment process.⁵¹

National evidence shows that the COVID-19 pandemic has led to a sharp increase in numbers of young people with eating disorders and this has been anecdotally reported for CYP in the City of London and Hackney too.

Perceived impact of the COVID-19 pandemic on participants' mental health



- 47.5% said 'stayed about the same'
- 13.9% said 'improved'
- 38.6% said 'got worse'

3. Childhood immunisations

Why are immunisations an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

After clean water, immunisation is one of the most effective public health interventions. It protects children and others against serious infectious diseases and reduces community transmission.

The routine childhood immunisation programme provides early protection against vaccine-preventable infections from 8 weeks of age, with boosters offered at 12 months and before starting primary school.⁵² Further vaccines are scheduled in adolescence to tackle diseases such as cervical cancer (via the Human Papillomavirus (HPV) vaccine) and meningitis, as well as boosters against tetanus, diphtheria and polio.

Vaccine uptake tends to be lower in more deprived populations, black, Asian and minority ethnic groups, CYP with learning disabilities, lone parent families and large families.⁵³ It is vital that these pre-existing inequalities do not widen as a consequence of the COVID-19 pandemic. There are also inequalities existing for the Charedi community and looked after children.

How COVID-19 impacted on childhood immunisations?

Possibly due to disruptions in normal use of healthcare (and for older age groups, children not attending school in person) since the start of the COVID-19 pandemic, there has nationally been a significant drop in the numbers of children being vaccinated at the right time. For example, the number of MMR (measles, mumps, and rubella) vaccines delivered in England dropped by 20% during the first three weeks of the lockdown in March/April 2020.⁵⁴

Reasons behind this decrease may have been due to a lack of clarity around whether vaccination services were operating as usual, parental difficulties in organising vaccination appointments, or parental concerns about contracting COVID-19 while attending a healthcare setting. With less social interaction, cases of infectious disease may have been less likely and therefore parents may have perceived there to be lower risks to their children.

This decrease has been seen in Hackney and the City of London and has exacerbated pre-existing low rates of immunisation coverage, which puts many children at risk.

In 2020/21, 63.7% of children in Hackney had received two doses of the measles, mumps and rubella vaccine (MMR) by age 5.⁵⁵



“Our low immunisation rates have continued for too long.”

There does not appear to be data on this coverage specifically to the City of London population, but at the primary care network level, Shoreditch Park and City (which includes all of the City of London) had a level of 72.7%.

These levels are below the World Health Organization’s (WHO) target of 95% needed to achieve and sustain measles elimination.

The Neaman Practice (the only GP practice located in the City) has recorded that 97.5% of registered children becoming 5 in 2020/21 had their MMR first and second doses.

School-based immunisation includes vaccination against human papillomavirus (HPV) (given at ages 12 and 13); and at age 14 the MenACWY vaccine and the 3-in-1 booster against tetanus, diphtheria and polio. HPV is a cause of cervical and other cancers. HPV vaccine coverage has declined from a high of 97.1 % in 2015/16; HPV vaccination coverage for one dose in girls was 77.6 %, and 70.1 % in boys in City & Hackney. The MenACWY vaccination protects against 4 strains of the meningococcal bacteria – A, C, W and Y – which cause meningitis and blood poisoning. In 2019/20 (the last year data was available) the 14–15 year old population coverage for MenACWY in Hackney was 22.2 %, and there is no data available for the City of London.⁵⁶

School-based immunisation is not offered in independent schools, which includes faith-based Charedi schools that educate 22 % of the children in Hackney. Due to low immunisation levels in the Charedi community, work in 2016–18 using the WHO’s Tailoring Immunisation Programme model was instigated.⁵⁷ This involved working with the Charedi community to address barriers experienced or perceived by parents, and any concerns about vaccination.

Vaccination coverage for childhood schedule (%),the City and Hackney, 2020/21

Primary care network	DTaP/IPV/Hib/HepB at 12 months	DTaP/IPC/Hib at 24 months	MMR at 24 months	MMR (1 dose) at 5 years	MMR (2 doses) at 5 years
Woodberry Wetlands	77.2	83.8	77.1	88.4	71.8
Clissold Park	89.0	93.9	90.6	90.1	86.1
Hackney Marshes	84.9	91.0	80.2	90.4	74.5
Well Street Common	84.2	90.5	82.8	84.3	63.9
London Fields	86.8	91.1	80.5	86.9	61.9
Shoreditch Park & City	88.8	87.2	79.8	90.6	72.7
Springfield Park	33.7	53.0	51.5	81.4	52.3
Hackney Downs	54.2	67.3	60.8	81.5	61.0
Hackney and the City of London	68.9	77.7	71.5	85.8	65.5

Source: Clinical Effectiveness Group dashboard, 2021

Continuing recommendations include a nurse role within Hatzola (a Jewish emergency medical response charity that also provides an ambulance service) who is involved in immunisation and a vaccination clinic offer at a local children’s centre.

Children in Care immunisations

Looked after children are at higher risk of missing out on routine childhood immunisations. The proportion immunised in Hackney in 2020 was 58 % which is significantly lower than the London and England averages and has steadily declined over the last 5 years.

4. Weight and physical activity

Why are weight and physical activity issues during the COVID-19 pandemic for children and young people in Hackney and the City of London?

Overweight or obese children are more likely to experience bullying, stigmatisation and low self-esteem, while the physical health effects have a profound impact on overall morbidity and mortality. It is estimated that obesity-related conditions cost the NHS £6.1 billion per year, with the total cost to society estimated to be around £27 billion per year.⁵⁸

Childhood and young adulthood are a good time to establish healthy routines and habits. It is important to consider the wider environment in which the opportunities for healthy lifestyles exist and to not view health behaviours solely as individual choices. The environment and system that children and young people live in has been increasingly obesogenic for a number of years.

Recommended levels of moderate-to-vigorous physical activity for children aged 5 to 18 is an average of at least 60 minutes per day across the week.⁵⁹ Regular physical activity and being a healthy weight have huge health benefits for children.

These include:

- Improved bone health and development
- Improved cardiovascular fitness
- Positive mental health and wellbeing outcomes
- Social benefits

Prior to the pandemic, 41.9% of London's CYP were physically active in 2019/20, which is worse when compared to England (44.9%).⁶⁰

Excess weight among reception children in Hackney and the City is above the London average. Severe obesity among this age group is however significantly higher than the proportion among statistical neighbours and London and England averages.⁶¹

- The proportion of children in Hackney and the City who are overweight, obese or severely obese are much higher in year 6 pupils than reception pupils. Hackney and the City has the highest proportion of severe obesity in this age group, of any statistical neighbour.
- In reception and year 6 pupils, children of black ethnicity have the highest proportion of obesity.

In both age groups, proportions are also highest among those living in the most deprived areas.

“The implementation of a whole system approach is really, really, important. It won't work without that – no single intervention, even a tier two is going to solve the problem.”

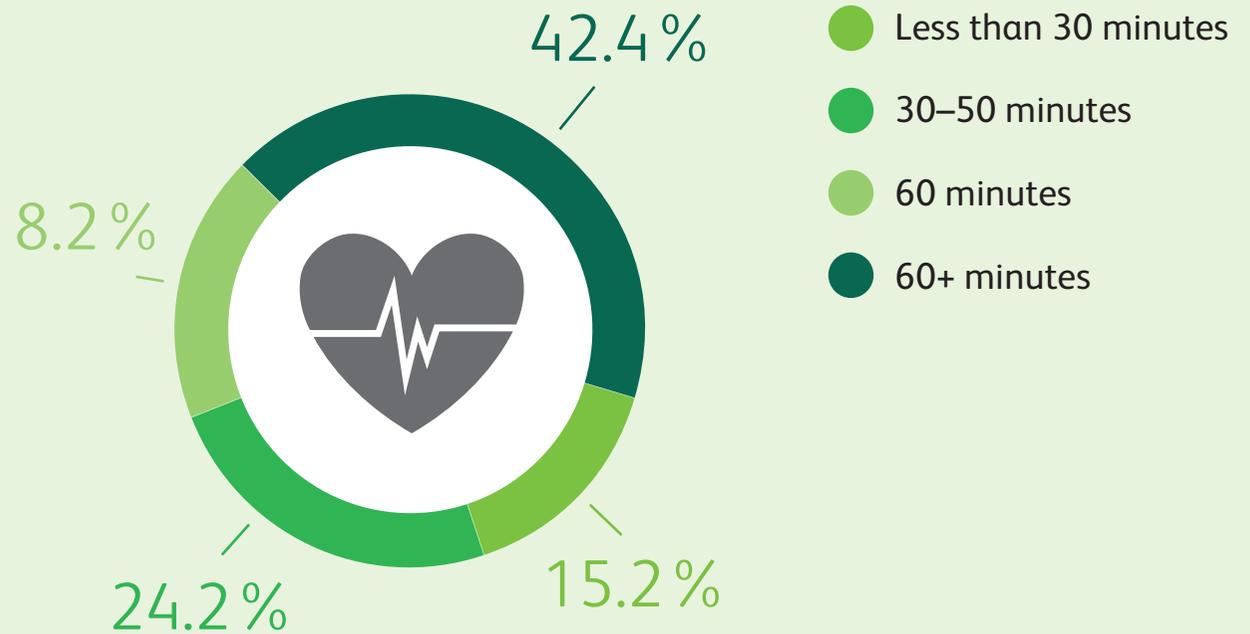
How has COVID-19 impacted on children and young people, their weight and levels of physical activity?

There has been a record rise in children classed as overweight or obese during the COVID-19 pandemic. Obesity levels in England have risen dramatically among reception-age children during the COVID-19 pandemic, from 9.9% in 2019/20 to 14.4% in 2020/21 (and for London, from 10.0% to 15.3%).⁶²

School closures and the pausing of recreational sports and athletics activities during the pandemic have disrupted or removed physical activity routines, including the chance for active travel. This disrupted the amount and type of activity undertaken by CYP and their families. A survey was sent in the winter of 2021⁶³ and of the children responding to this survey, 5 (15%) participants shared that they did less than 30 minutes of physical activity per day.

For London in the academic year 2020–21, the Active Lives survey found that over half of children were not reaching this recommended level.⁶⁴

Amount of time spent doing physical activity per day (including at school):



Physical activity levels in London

- 7% of children aged 7 to 16 years reported being not active during the national lockdown.⁶⁵
- There were fewer active CYP between May to July 2020 compared to 2019.⁶⁶
- When children returned to school in September 2020, 75% teachers surveyed by the Youth Sport Trust had noticed low levels of physical fitness among their pupils.⁶⁷

Levels of activity, Academic Year 2020–21



London region

% Levels of activity:

- Less active: less than an average of 30 minutes a day
- Fairly active: an average of 30–59 minutes a day
- Active: an average of 60+ minutes a day

Inequalities

Certain groups were more impacted than others during the pandemic:

- Boys aged 9 to 11 years old
- CYP from black, Asian and other minority ethnic groups
- CYP from the most affluent background had the largest decrease in activity levels, but importantly activity levels for CYP from the least affluent background remains lower⁶⁸
- Over one third of CYP reported that they had less chances to be active when they were not at school⁶⁹
- CYP from poorer families were 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 wellbeing⁷⁰
- 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 equipment.⁷¹

5. Early years

Why are early years an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

A child's early years have an important effect on the outcomes in their later life. This can include how well they do in education, as well as their physical, mental and emotional wellbeing.⁷² High quality early education and childcare in their formative years contributes to reducing health inequalities.⁷³

Health visitors are tasked with doing five 'mandated reviews' that start in pregnancy and finish when a child is aged between two and two and a half.⁷⁴ Hackney Children's Centres (previously known as Sure Start Centres) focus on supporting children before they start school. The City of London has 1 Children's Centre and Hackney currently has 20.

What was the impact of the COVID-19 pandemic on early years interventions?

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 and widening of the 'attainment gap'
- Increased risk of safeguarding concerns going unrecognised.

Early years settings

In 2019, around 78 % of children aged two

to four year olds in England accessed formal education or childcare.⁷⁵ This dropped hugely during the first lockdown. 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 2020).⁷⁶



As early years settings were closed, one impact of the pandemic was that children from disadvantaged backgrounds had less access to resources, learning and play space. National figures suggest that there were reductions in children aged two to four receiving funded early education (e.g. nursery places) in the term ending July 2021.⁷⁷

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 services.

Public Health England examined the impact of COVID-19 on health visiting (and school nursing) in London, with a focus on the first lockdown in 2020. Their survey found that 76 % of all respondents reported that during the lockdown members of the team had been redeployed to areas outside health visiting and school nursing.⁷⁸ Despite this 97 % of respondents continued to undertake health assessments during this time.

The City and Hackney health visiting service report the following metrics:

Health Visitor Service Delivery Metrics (Experimental Statistics), Hackney and the City of London, 2020/21			
Metric	City & Hackney	London*	England*
Number of mothers who received a first face-to-face antenatal contact with a health visitor at 28 weeks or above	87	26,862	229,959
New Birth Visits (NBVs) completed within 14 days (%)	95.4 %	94.3 %	88.0 %
New Birth Visits (NBVs) completed after 14 days (%)	3.7 %	3.9 %	9.7 %
6 to 8 week reviews completed (%)	56.1 %	75.0 %	80.2 %
12-month development reviews completed by the time the child turned 12 months (%)	80.7 %	52.7 %	66.3 %
Percentage of 12-month development reviews completed by the time the child turned 15 months	90.7 %	67.6 %	76.1 %
Percentage of 2 to 2½ year reviews completed	87.2 %	63.3 %	71.5 %

6. Access to healthcare

Why is access to healthcare an issue during the COVID-19 pandemic for children and young people in Hackney and the City of London?

Being able to access healthcare and routine check-ups can have an impact on children and young people – this can include dental care for oral health, as well as auditory and hearing checks.

Good oral health is essential to children's physical, social, educational and psychological well being. The impact of poor oral health disproportionately affects the most socially disadvantaged children. Although generally oral health in England is improving, the 2019 oral health survey of 5 year olds⁷⁹ showed that 28 % of all five year olds in the City and Hackney with visually obvious tooth decay (higher than the national average). Hackney and the City also have higher rates of hospital admissions for tooth decay amongst 0–5 year-olds compared to the England average.

Among Charedi school children in Hackney, data from 2017–18 showed that twice as many children had tooth decay compared to the Hackney average. The Charedi Needs Assessment undertaken in 2018, identified that 4 in 10 children from the Charedi community had incisor decay compared to 1 in 10 in Hackney. Qualitative research has shown that one of the main barriers to good oral health for this community is access to reliable information and advice, with many people reliant on health information distributed through family and friends, and a limited understanding of dietary risk factors.

Access to healthcare is important throughout childhood to promote health as well as identifying and treating health problems. The disruption to healthcare and reduced capacity to treat people for conditions other than COVID-19 is likely to have affected the health of CYP. This includes not being able to access routine hearing checks (part of newborn hearing screening) or get specialist hearing assessments. Other serious physical health issues require engagement with primary care and subsequent referral to hospital – this too has been impacted.



What was the impact of the COVID-19 pandemic on children's access to healthcare?

The number of City and Hackney CYP aged 0–19 who accessed dental care in the 12 months prior to 2019–20 and 2020–21 showed 41 % accessed dental care in the 12 months prior to 2019–20, which dropped to 14.6 % the following year (during the pandemic).⁸⁰

Of the City and Hackney looked after children, 69 % had a dental check in 2019–20 however during 2020–21 this percentage dropped during quarters 2 and 3 due to the impact of COVID-19, to 30 % and 15 % respectively, before increasing to 53 % in quarter 4.⁸¹

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.⁸²

At the beginning of the pandemic there was a huge reduction in referrals from GPs to hospital care for children and young people – possibly as a result of people wanting not to add pressure to the NHS by being reluctant to come forward. A 79 % drop in urgent GP referrals was seen in April 2020. There have, since then, been high levels of demand for primary care.

The waiting list for planned paediatric hospital care grew by 22 % in seven months (between April and November 2021), leaving 300,465 in England children and young people waiting for their care. Waiting times targets have been missed – including for 16 % of under 16 year olds with urgent suspected cancer referrals, who have not seen a specialist within the stipulated 2 weeks.⁸³

Early intervention and treatment is especially important for young people, so difficulties accessing timely healthcare can have long term consequences.

41% accessed dental care in the 12 months prior to 2019–20, which dropped to **14.6%** in 2020–21.

Conclusion

Children and young people in Hackney and the City of London have lived through or been born into the COVID-19 pandemic – and will continue to do so, feeling its impact for many years to come. The challenges and issues that this has created, or made worse, will be seen in a range of ways, as this annual report has sought to demonstrate.

Given the long-lasting implications for our children and young people, it is hugely important that steps are taken to make sure no one is left behind as the world attempts to adjust to the ongoing presence of COVID-19.

This comes at a time of other threats: the climate emergency and increasing cost of living will add to pressures felt by children and their families.

But public health is, by its nature, a discipline and community of optimists as we seek to prevent harm and grow health. We will continue to find ways to meet the needs of children and young people in Hackney and the City of London.

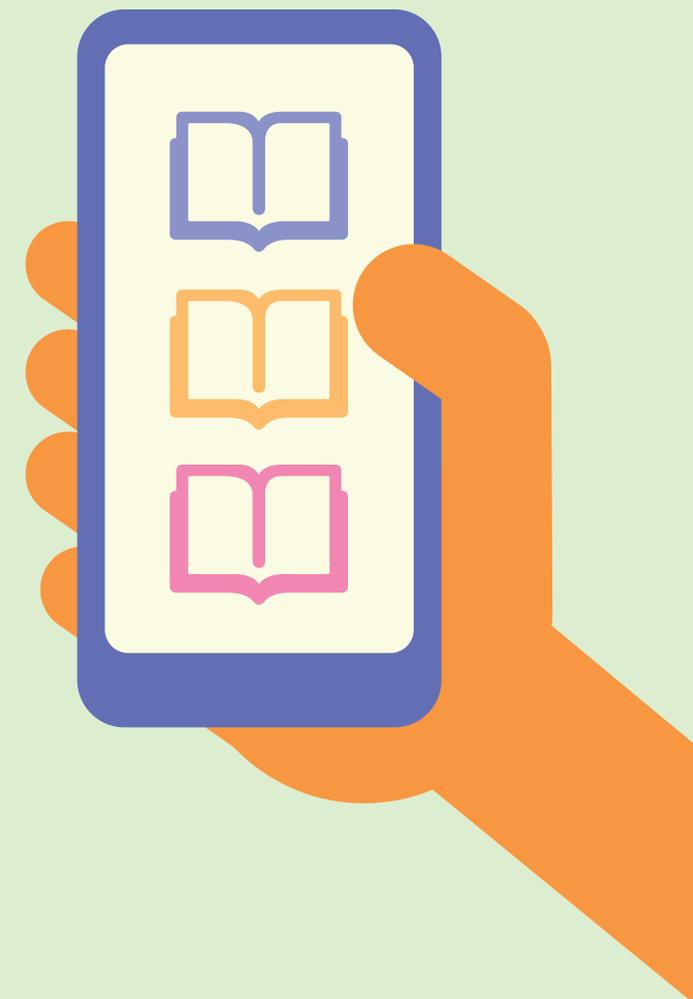


We are also collaborators – and will need the ongoing commitment and dedication from all those involved to make sure the pandemic’s impact on children and young people are mitigated against.

Our recommendations include actions for ourselves, which we will be implementing through our 0–25 needs assessment and recommissioning process in 2022 onwards. We hope others will ensure they are likewise taking steps for children and young people.

Further reading and relevant background

- [Health needs assessment for the population aged 0 to 19 in City of London and Hackney](#)
 - [The impact of COVID-19 on London's children and young people June 2021](#)
 - [Policy Brief: The Impact of COVID-19 on children](#)
 - [Children's perspectives and experiences of the COVID-19 pandemic and UK public health measures – Thompson, 2021](#)
 - [Pandemic babies: how COVID-19 has affected child development](#)
 - [Children of the Pandemic](#)
 - [Coronavirus and schools](#)
 - [COVID-19 Policy Tracker](#)
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- [Wider Impacts of COVID-19 on Health – OHID](#)
 - [Rebuilding a better Hackney](#)
 - [Understanding the Impact of COVID-19 on Health Visiting and School Nursing services during the first wave of lockdown in London](#)



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59. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf
60. [Physical Activity – Data – OHID](#)
61. <https://fingertips.phe.org.uk/search/obesity#page/1/gid/1/pat/6/ati/402/are/E09000012/iid/20601/age/200/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>
62. <https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2020-21-school-year>

There is some need to be careful when interpreting data, as fewer children have had their height and weight measured by the National Child Measurement Programme, which measures the height and weight of children in reception and year 6. This meant that in 2019/2020 the number of children measured was under 75% of the number measured in previous years.
63. Between 3rd November and 3rd December 2021, a short survey titled “You Are What You Eat” was sent to children and young people aged 11+ who lived in or attended school in Hackney and the City of London. The survey was co-produced with Hackney Healthwatch Children and Young People Representatives and CVS members. 33 young people completed the survey; 19 participants identified as female and 14 male. All of the respondents were in secondary school and were aged between 11 and 17 years old.
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Committee	Dated:
Community and Children’s Services Grand Committee	8 th June 2022
Subject: School Admissions Update	Main report is Public <u>Appendix A is Non-Public</u> <u>Appendix B is Non-Public</u>
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	Contributing to a flourishing society Support a thriving economy Shape understanding environments.
Does this proposal require extra revenue and/or capital spending?	No
What is the source of Funding?	The Dedicated Schools Grant – High Needs Block
Has this Funding Source been agreed with the Chamberlain’s Department?	Yes
Report of: Andrew Carter, Director of Community and Children’s Services	For Information
Report author: Theresa Shortland, Head of Service – Education and Early Years	

Summary

The purpose of this report is to inform Members of the allocation of primary and secondary school places to City of London pupils for the academic year 2022/23.

The City of London has complied with the statutory duty to co-ordinate school applications as part of the cross-borough, Pan-London Admissions Scheme process.

All children whose parents applied on time for a school place for entry in September 2022 received a place on national offer day.

The report also includes a section on the administration and allocation of school places to the Afghan children who arrived in the City of London in early September 2021.

Recommendation

Members are asked to:

- Note the points raised in the report.

Main Report

Background

1. The City of London has a statutory duty to ensure that sufficient school places are available within the area for every child of school age whose parents wish them to attend school. There is only one maintained primary school in the area – The Aldgate School. City of London residents also apply for school places at schools in neighbouring boroughs.
2. The School Admissions Code (the Code) has been issued under Section 84 of the School Standards and Framework Act 1998 (SSFA 1998). This Code came into force on 19 December 2014.
3. The Code applies to admissions for all maintained schools in England. It sets out how school applications are processed. It is the responsibility of admission authorities to ensure that admission arrangements are compliant with this Code. Where a school is the admission authority, this responsibility falls to the governing body or Academy Trust for that school.
4. Regulations 26 to 32 and Schedule 2 of the School Admissions Regulations 2012 require local authorities to co-ordinate school applications and ensure that cross-borough processes are compatible with each other. The City of London is part of the Pan-London Admissions Scheme process, where all 33 London local authorities and Surrey County Council have reciprocal admissions processes.
5. The governing body is the admissions authority for The Aldgate School. This means that the governors set the admissions policy for the school and make the decisions about which pupils are allocated places and admitted to the school. The pupil admission places for The Aldgate School is 30 for each year group.

Current Position

City of London Afghan Families

6. In early September 2021, the City of London welcomed more than 600 Afghan people (including 300 children and young people) into two bridging hotels to support the Home Office's Afghan Citizen Resettlement Scheme. Staff within the Education and Early Years Service were immediately mobilised and efforts began to provide a playroom in one of the hotels to host a number of play sessions and play equipment available to the children whilst settling into their new and unfamiliar environment.

7. During this time, the Education and Early Years Service began to identify the children of statutory school age. Simultaneously, the virtual school established the City Learning Centre in Bonhill Street to accommodate all the children from years 1 to 11 and to provide access to education, including basic Maths and English for Speakers of Other Languages (ESOL) classes. The centre was operational from 27 September for one month until the start of the October 2021 half term. All Reception age children were accommodated at the hotel in the playroom
8. It was acknowledged early on that the learning centre wasn't a long-term and sustainable solution, and it was agreed that the best place for children to receive an education was in a school setting. As a result, the Education and Early Years' Service led on discussions with a number of bordering local authorities and the City of London Academies Trust to identify suitable and available places for children from Reception age through to Year 11.
9. The Service allocated school places for more than 200 children of statutory school age. Reaching out to our neighbours for support resulted in all these children being offered a school place at one of 16 schools (four secondary and 12 primary) by the school census date of 7 October 2021 (please see reference to Appendix B – a list of schools where our Afghan children attend). Following the half-term break, during the week of 1 November 2021, all the children started at their new schools.
10. The Education and Early Years' Service then led on the coordination of secondary school applications for all of the Afghan children currently in Year 6. This was later followed with identical support for children transitioning from early years into primary education. The Education and Early Years Service successfully supported a total of 27 primary and secondary applications, which resulted in 100% of primary applications receiving a first preference offer (14 children). For the secondary school cohort 79% secondary received 1st preference (11 children), 7% received 4th preference (1 child), 14% received an allocated place (2 children).
11. Following the successful allocation of school places for the Afghan children, the Education and Early Years Service continued to work collaboratively to support families by providing funding for school uniforms, organising backpacks for the secondary school pupils and laptops, as well as organising travel training using the 'Safe Routes to School' guidance.
12. The Education and Early Years Service continues to work directly with the schools the Afghan children attend and has made payments to these schools from the Afghan Education Grant. The service also continues to work with families to ensure that children are actively attending school and have access to education. This includes collecting school attendance information so that any persistence absence is addressed.
13. We are also responsible for ensuring that any Afghan children with an identified special educational need or disability are supported and receive any specialist support. For children who move out of the City of London into permanent accommodation, all the safeguarding procedures are followed and children missing education (CME) teams in the local authorities where these children are moving to

are contacted and instructed to find school places if required (i.e. if the family is moving too far away to access the child's current school).

Primary School Places

14. The deadline for applications for a primary school place for entry in September 2022 was 15 January 2022. Offers for school places were confirmed on 19 April 2022.
15. When parents make their application for a primary school place, they can apply to a maximum of six schools in order of preference. They only receive one offer, which is based on their order of preference and is the highest preference offer that can be allocated. Table 1 illustrates the primary school place offers for City of London pupils offered on 19 April 2022.

Table 1. Primary school place offers for City of London pupils, 19 April 2022			
SCHOOL	Total number of children offered a place at each school	Place offered – 1st preference offer	Place offered – other preference offer
Christopher Hatton Primary School	1	0	1 (second)
City of London Primary Academy Islington (COLPAI)	9	8	1 (second)
English Martyrs Roman Catholic Primary School	1	1	0
Moreland Primary School	1	1	0
Prior Weston Primary School and Children's Centre	3	3	0
Randal Cremer Primary School	1	1	0
Redriff Primary School	2	1	0
Sebright School	1	1	0
St Clement Danes CofE Primary School	1	1	0
The Aldgate School	14	14	0
Total	34	31	2

16. There were 34 applications received by the closing date (15 January 2022) for primary school places in the City of London. In April 2022, primary school pupils were allocated places. Of City of London pupils, 94% (32 children) received their first preference, 6% (2 children) received their second preference, therefore, all children were allocated a school place. In comparison, in 2021, 28 applications were received, 89% (25 children) of primary-aged pupils got their first preference and 11% (3 children) received other preferences.
17. The increase in numbers making applications for school places in 2022 is due to the arrival of the Afghan refugee children in September 2021. At the time of the January deadline there were 13 children of primary school age in Year 6 living in the bridging

hotels. Without the Afghan population the City of London would have received 21 school applications, the lowest number of primary school applications since the primary co-ordination process began in 2010.

18. There has been a steady increase in the number of children being offered places at The Aldgate School and COLPAI since COLPAI opened in 2017 (see Table 2). Both schools are rated Outstanding by Ofsted, and both are part of The City of London family of schools.
19. Last year 86% of children living in the City were offered places at the Aldgate school or COLPAI; this year it has dropped to 65%, which is mainly due to the increase in the number of Afghan children applying to a school attended by their older siblings following their arrival to the City of London in September 2021.

Table 2: Officers at Aldgate and COLPAI		
Year	Offers at The Aldgate School	Offers at COLPAI
2017	6	6
2018	10	8
2019	6	9
2020	11	12
2021	10	14
2022	14	9

20. In 2022, The Aldgate School was oversubscribed. The school received 81 school applications for places. The governing body met during February 2022 to process all applications and allocate places at the school for entry in September 2022 in line with their oversubscription criteria. Both The Aldgate School and COLPAI received significantly more first-preference applications than places available.

Secondary School Places

21. The deadline for applications for a secondary school place for entry in September 2022 was 31 October 2021. Offers for secondary school places were confirmed on 1 March 2022.
22. When parents make their application for a secondary school place, they can apply to a maximum of six schools and mark them in order of preference. They receive only one offer, which is based on their order of preference and is the highest preference offer that can be allocated. Table 3 illustrates the secondary school place offers for City of London pupils on 1 March 2022.

Table 3: Secondary school place offers for City of London pupils, 1 March 2022			
SCHOOL	Total number of children offered a place at each school	Place offered – 1st preference offer	Place offered – (other preference offer)
Beacon High School	8	4	4 (allocated)

Bishop Challoner Catholic Collegiate Girls School	1	0	1 (second)
Central Foundation Boys' School	6	5	1 (second)
City of London Academy - Islington	3	2	1 (second)
City of London Academy Highbury Grove	1	1	0
Hackney New School	6	6	0
Mulberry School for Girls	1	1	0
Sacred Heart High School	1	1	0
Saint Thomas More Language College	1	1	0
Stepney All Saints School	1	1	0
St George's Catholic School	1	1	0
Saint Thomas More Language College	1	0	1 (second)
The London Oratory School	1	1	0
The St Marylebone CE School	1	1	0
Wapping High School	1	0	1 (fourth)
Total	34	25	9

23. There were 34 applications received for secondary school places in the City of London by the closing date of 31 October 2021. On 1st March 2022, 74% (25 children) of City of London secondary-aged pupils got their first preference and 15% (5 children) received other preferences; 12% (4 Children) received an allocated offer. In 2021 There were 23 applications received for secondary school places; 74% (17 children) of those secondary-aged pupils received their first preference, 22% (5 children) received other preferences and 4% received an allocated offer, which equated to one child.

24. The increase in numbers making applications for school places in 2022 is due to the arrival of the Afghan refugee children in September 2021. 14 children of secondary school age are currently living in the bridging hotels and it is a remarkable achievement that the percentage of first preferences has been maintained this year. Beacon High and Waterside Academy were the top choices for our Afghan families, which is not surprising as these are the schools that the majority of pupils were allocated to in October 2021. Central Foundation Boys School was the top choice for City resident applicants.

25. Of the four children who were allocated places, two applicants had listed unrealistic schools. Two were Afghan children who applied to the City of London Academy Southwark. After discussions with the City of London Academy Southwark the school has agreed to offer these two children school places upon confirmation of interest,

without the need to go to appeal. If these two pupils had been accepted through the usual route our first preferences would be 80%.

Secondary Admission Appeals

26. Due to the ongoing nature of the COVID-19 pandemic and the social distance rules, temporary regulations (The School Admissions (England) (Coronavirus) (Appeals Arrangements) (Amendment) Regulations 2020) and accompanying guidance were introduced in April 2020 giving admission authorities, local authorities and admission appeal panels more flexibility when dealing with appeals. The temporary regulations were due to expire on 31 January 2021, but extended to 30 September 2021, then further extended until September 2022.
27. The main changes to this extension of regulations include the following:
- a. Appeals can continue should one of the three appeals panel members withdraw from the hearing.
 - b. Appeal hearings can be heard by telephone or video conference
 - c. Appeals can be decided on the basis of written submissions only
 - d. The statutory timescales have been amended.

The temporary regulations and guidance *only* apply where it is not reasonably practicable to comply with the School Admission Appeals Code for a reason relating to the incidence or transmission of COVID-19.

City resident children

18. As of 31 March 2022, we have identified 394 City of London resident children of statutory school age (Appendix A). We know of 76 schools that City of London pupils currently attend. A summary of the data held on the schools attended by City of London resident children indicates that:
- 134 of these children attend schools within the City of London local area. This includes the independent schools.
 - 191 of these children attend schools in the immediate neighbouring boroughs (Camden, Hackney, Islington, Southwark, Tower Hamlets, Westminster).
 - 23 City of London children attend schools in an additional nine London boroughs and four home counties.
 - Fewer than five children are being electively home educated.
 - There are 19 children with Education, Health and Care Plans.
19. London Councils produces '*Do the Maths*' an annual report that details the pressures facing the school places planning system in London. It can be difficult to forecast the levels of cross-border pupil mobility as they fluctuate for a number of reasons. The most recent report from 2020 (*Do the Maths 2020*) can be accessed on the London Councils website: <https://www.londoncouncils.gov.uk/our-key-themes/children-and-young-people/education-and-school-places/do-maths-2020>)
20. As the City of London has one maintained primary school in the local area, a shortfall of places for primary school is not a current concern. The Aldgate School remains

very popular and oversubscribed for school admissions. The demand for secondary places has also not had any current impact on City pupils. The choice of secondary schools is largely within neighbouring areas, and an increase in those interested in City-sponsored schools has increased. City-sponsored schools continue to offer priority places to City resident children.

Corporate & Strategic Implications

28. Strategic implications – Corporate outcome: Contribute to a flourishing society by ensuring that people have equal opportunities to enrich their lives and reach their full potential
29. Resource implications – There is an Admissions and Attendance Manager who oversees the operational admissions function within the local authority. The School Admissions Services is a commissioned service, which is currently being delivered by Islington Borough Council.
30. Financial implications – There is a cost associated with the school admissions service and access to the Pan-London Admissions Scheme.
31. Legal implications – There is a statutory duty to ensure that the City of London co-ordinates all school applications at standard transition points.
32. Risk implications – The City of London has sufficient school places for Primary aged children. There has been a reduction in school places across London in recent years but this has not been an issue for City of London families. Children continue to apply to a wide range of schools primarily in neighbouring areas but also further afield.
33. Equalities implications – All children have the right to a school place. If a child is not offered a school place, then our service will allocate a place at a school within reasonable distance.
34. Climate implications – n/a
35. Security implications – n/a

Conclusion

36. The City of London has complied with the statutory duty to co-ordinate school applications as part of the cross-borough, Pan-London Admissions Scheme process. All children and young people who applied for a school place for entry in September 2022 have been offered school places, and therefore the City of London has fulfilled its statutory duty.

Appendices (Non-Public)

- Appendix A – Schools List – April 2022
- Appendix B – Schools List (Afghan Children) May 2022

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