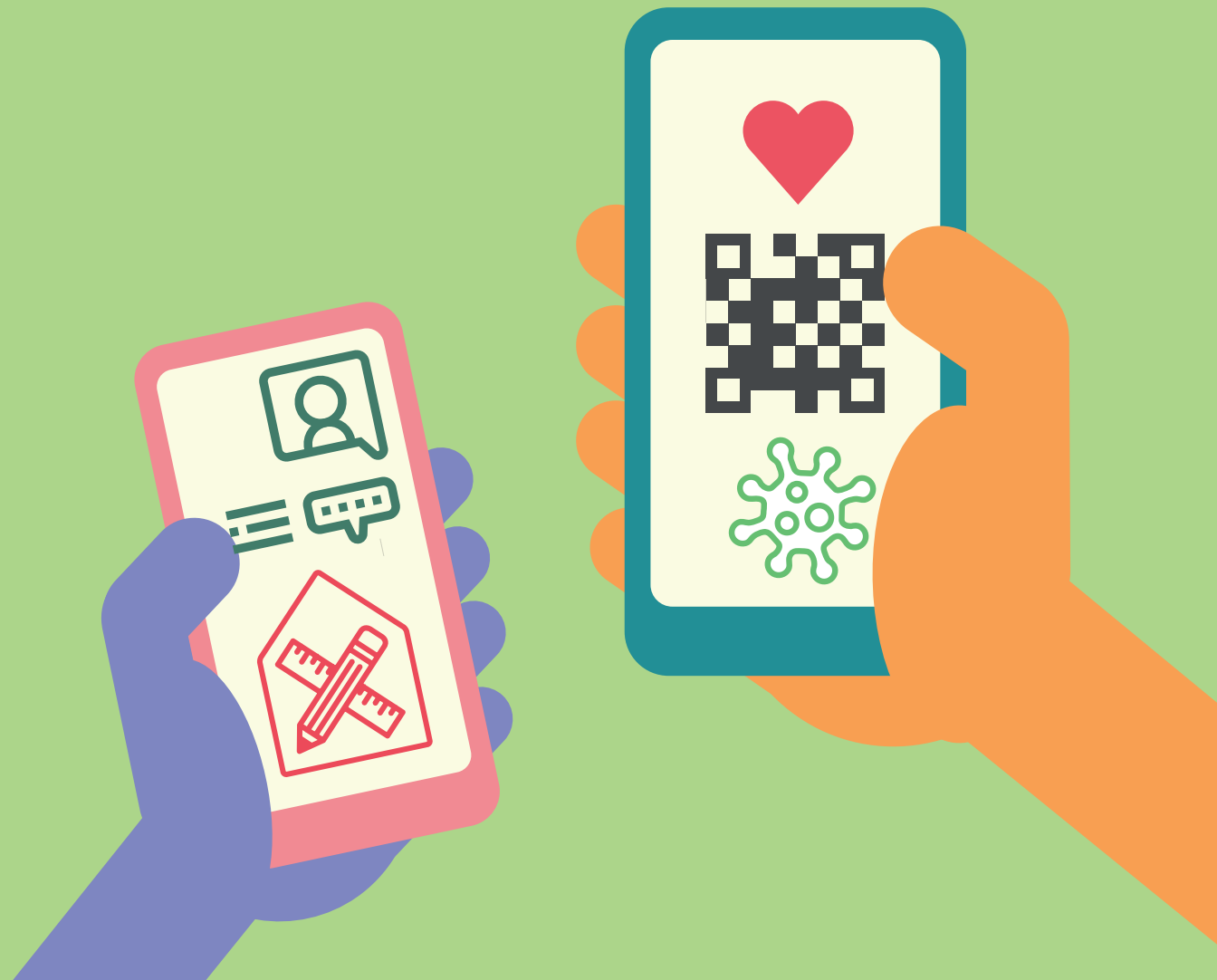


Children, young people and COVID-19 in the City of London and Hackney

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 results 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 dark 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.

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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:

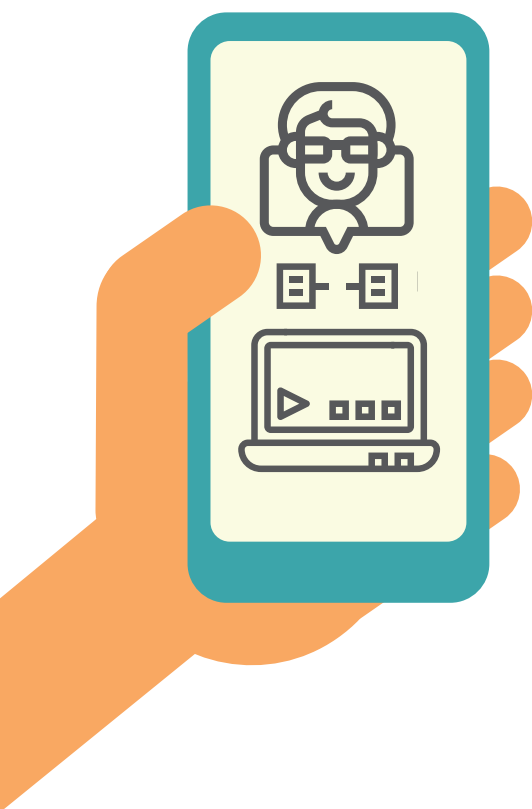
- Addressing obesity by supporting children and young people to eat healthily and move more. Interventions and system-wide efforts that can help children and young people (and their families) maintain a healthy weight will be vital.
- Making sure children and young people can access mental health support 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.

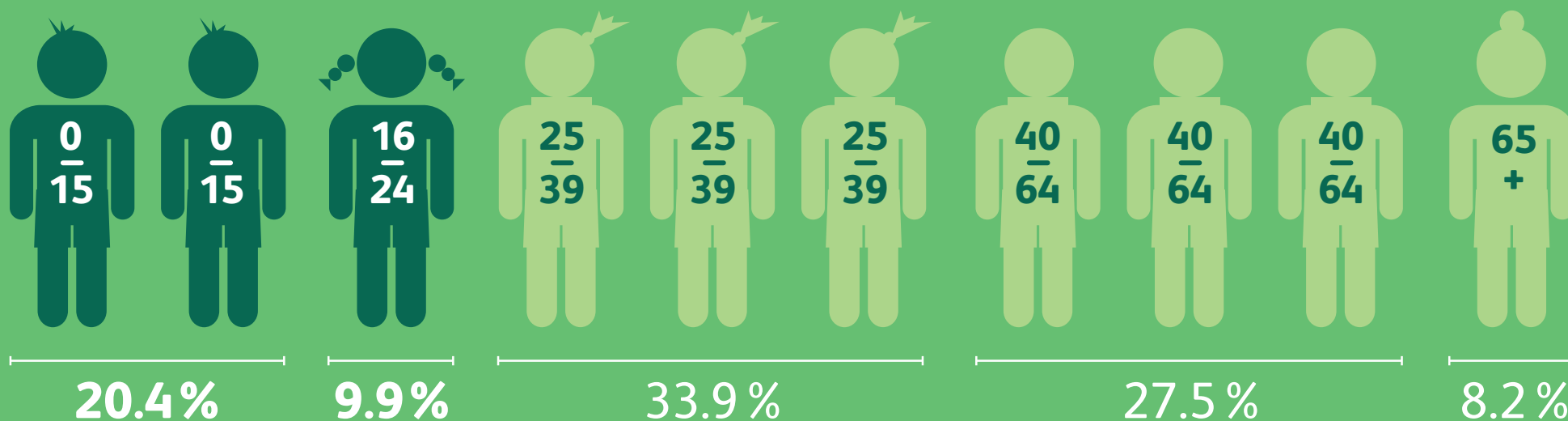
There have been **20,315 cases** of COVID-19 reported among populations aged 0 to 25 in Hackney and the City of London as of 20 Feb 2022.

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

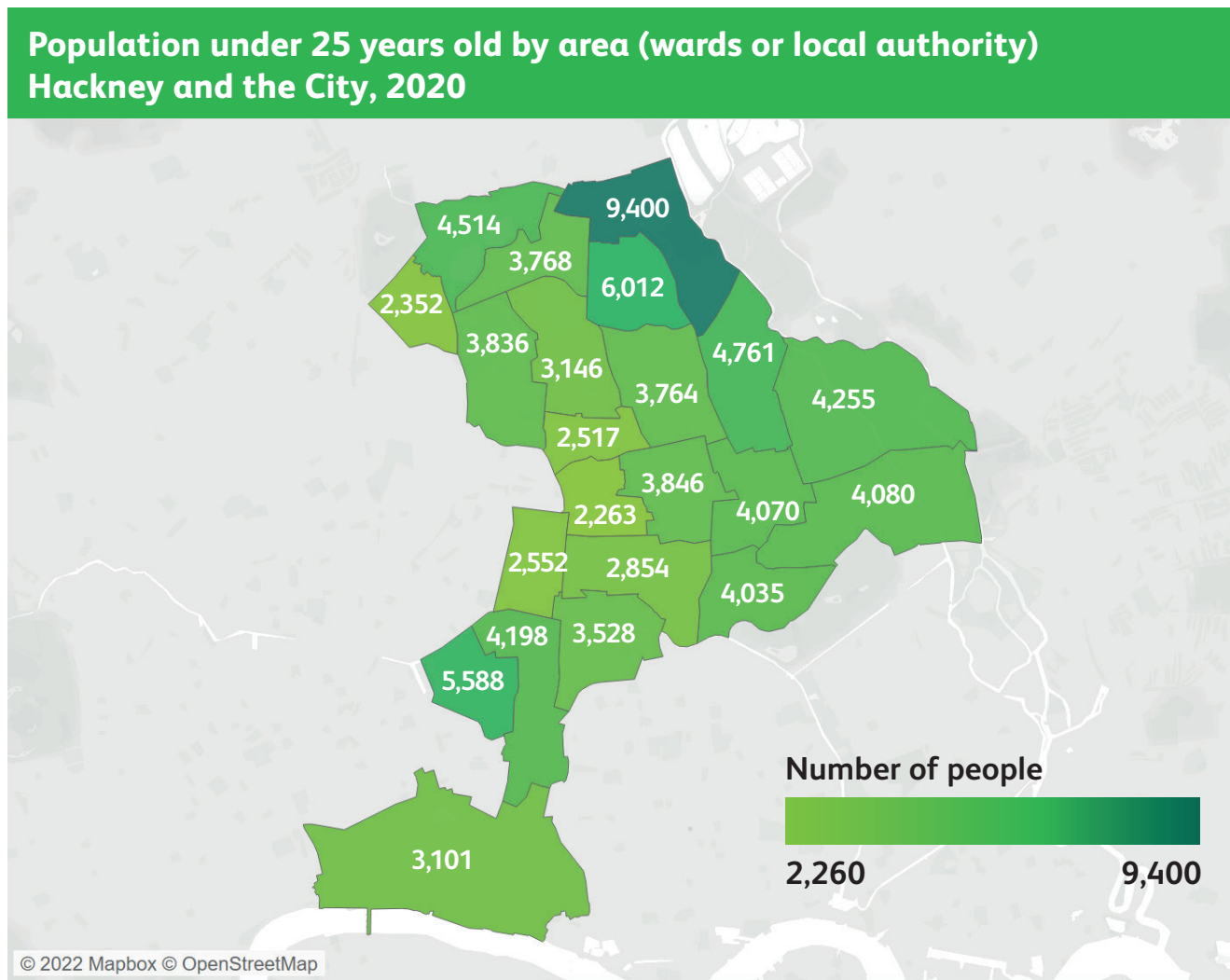


Where do these children and young people live?

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).



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

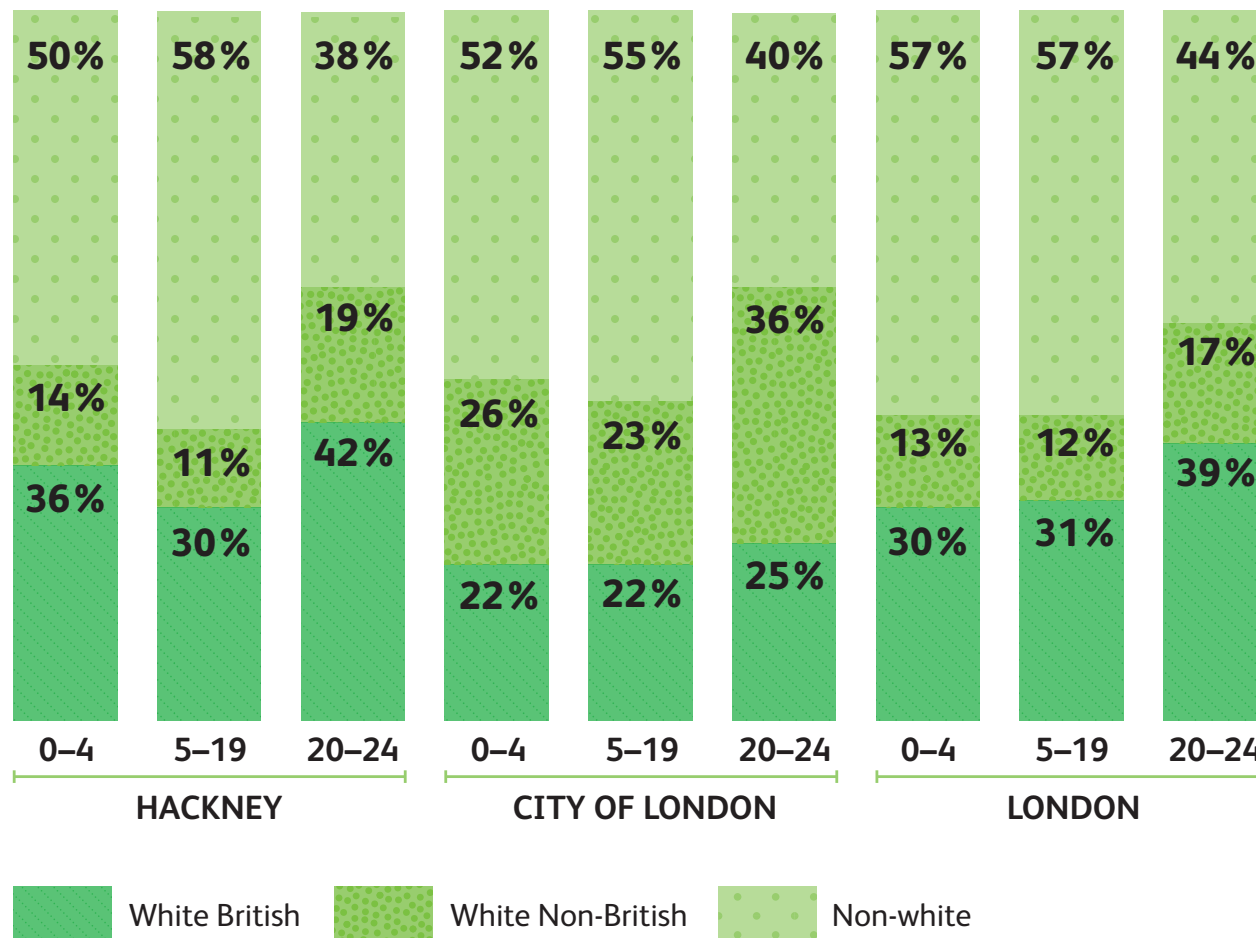
Ethnicity and cultural communities⁸

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

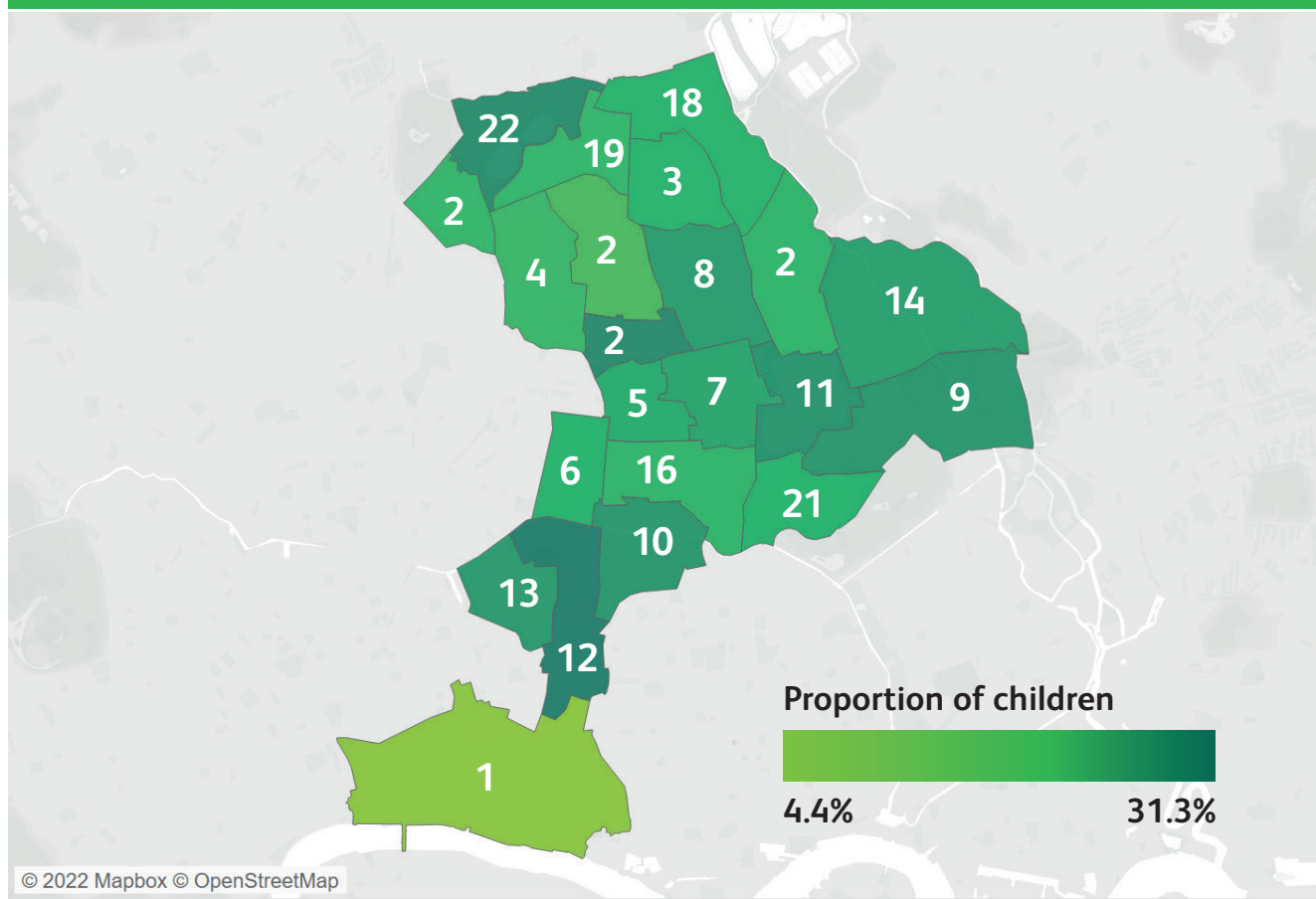
Deprivation is closely linked to child mortality – for every measured increase in deprivation, there is an increase in risk of child mortality.²⁰ More than 700 child deaths could be avoided if children living in the most deprived areas had the same mortality risk as those living in the least deprived. 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

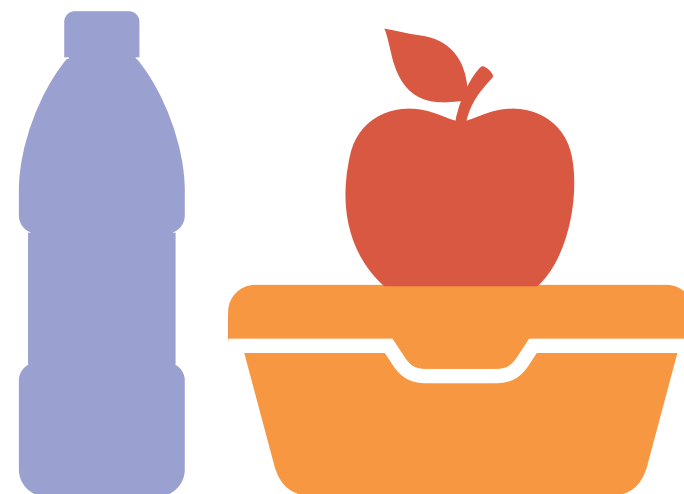
There is an increased risk in experiencing respiratory problems, such as coughing and wheezing, for children who live in overcrowded

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.

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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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).

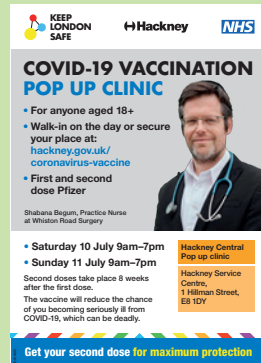
8 November: Government announces a new £170m Covid Winter Grant Scheme and extends the Holiday Activities and Food programme to cover Easter, summer and Christmas in 2021.

2021

01 — 03 — 06 — 08 — 09 — 10 — 12



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



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

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



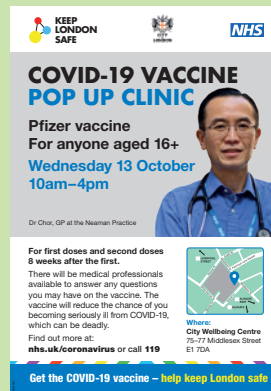
December 2021: High level of cases of COVID-19 in children, some school mitigation measures available in guidance.



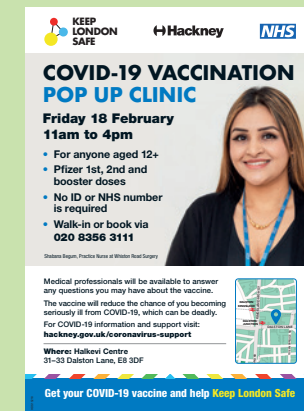
March 2021: Schools reopening.



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

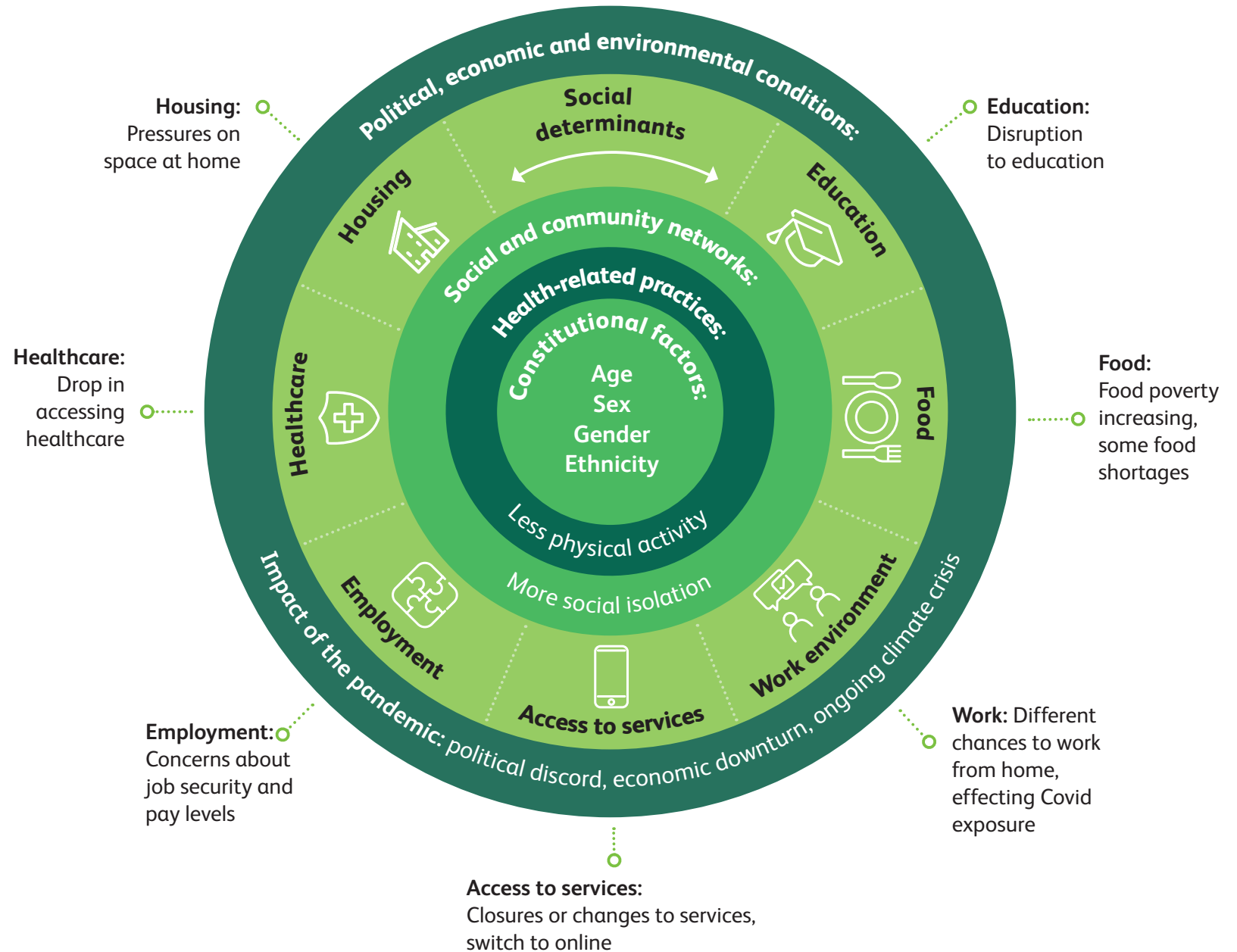


October 2021: Vaccinating children 12–15 commences.



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

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 limit 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 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.

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.

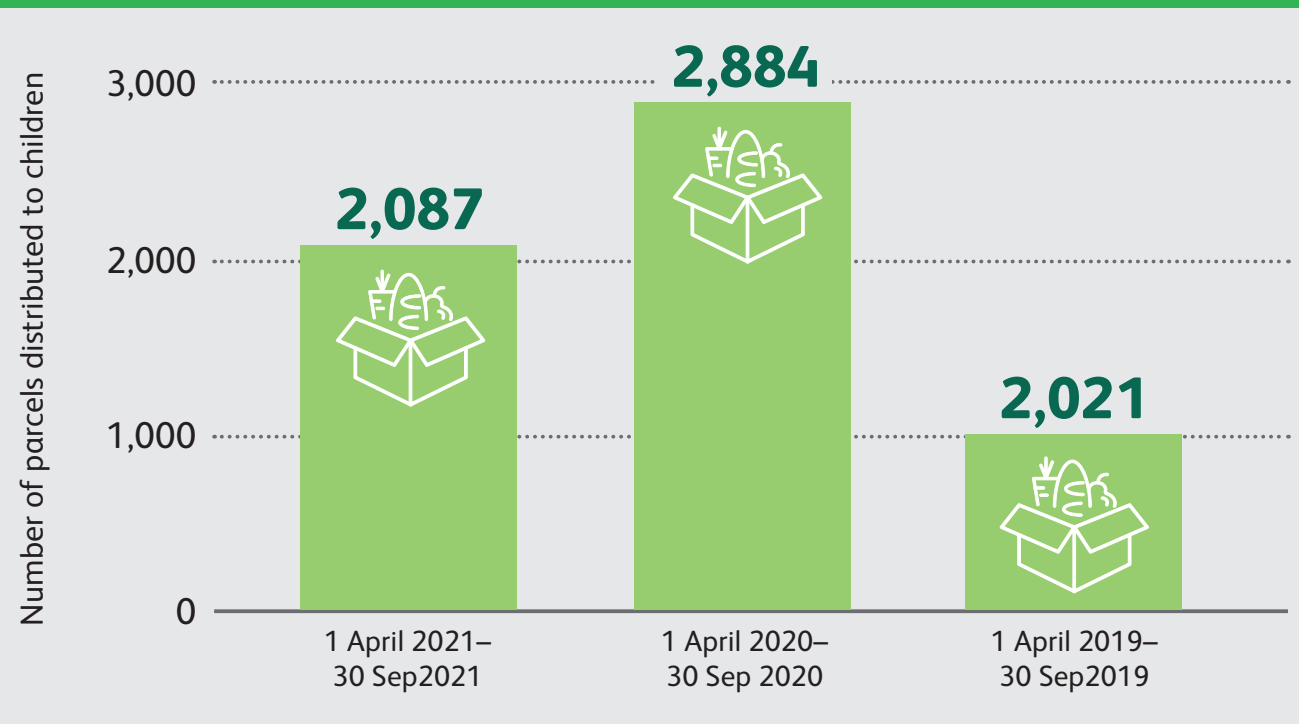
Covid support funding (later named household support funding) included provision of food vouchers and food parcels. For some specific parts of the community, this was tailored support: for example, funding was split between 12 Orthodox Jewish organisations and largely in place of the free school meal funding from central government, which Charedi Independent school pupils are not eligible for.

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

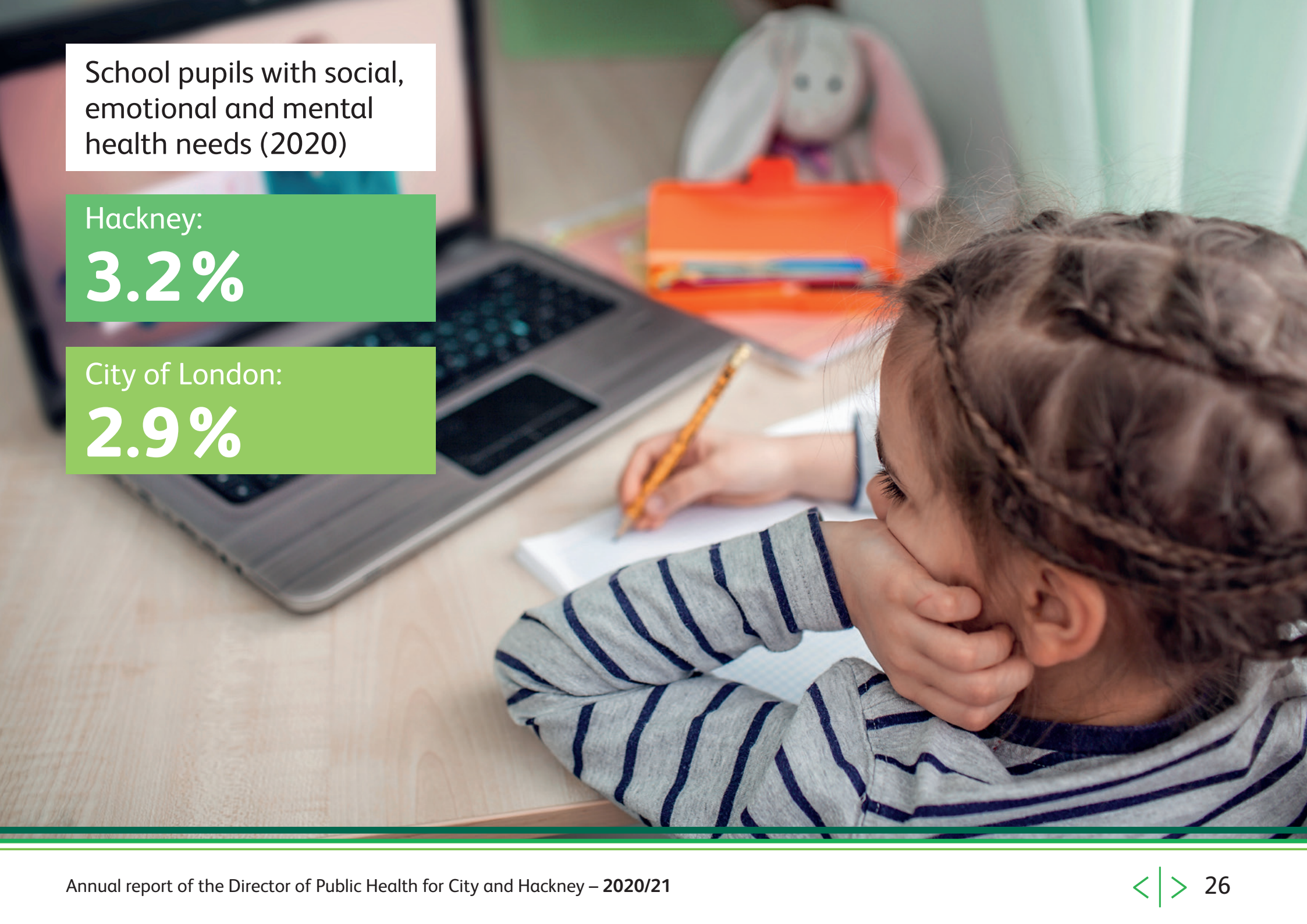
There were 2,929 Wellbeing and Mental Health in Schools (WAMHS) activities conducted in City and Hackney schools in 2020/21. Across City and Hackney CCG in 2020/21, 4.6 % of children (under 18 years old) have been referred to Child and Adolescent Mental Health Services (CAMHS).⁴⁵

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%

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

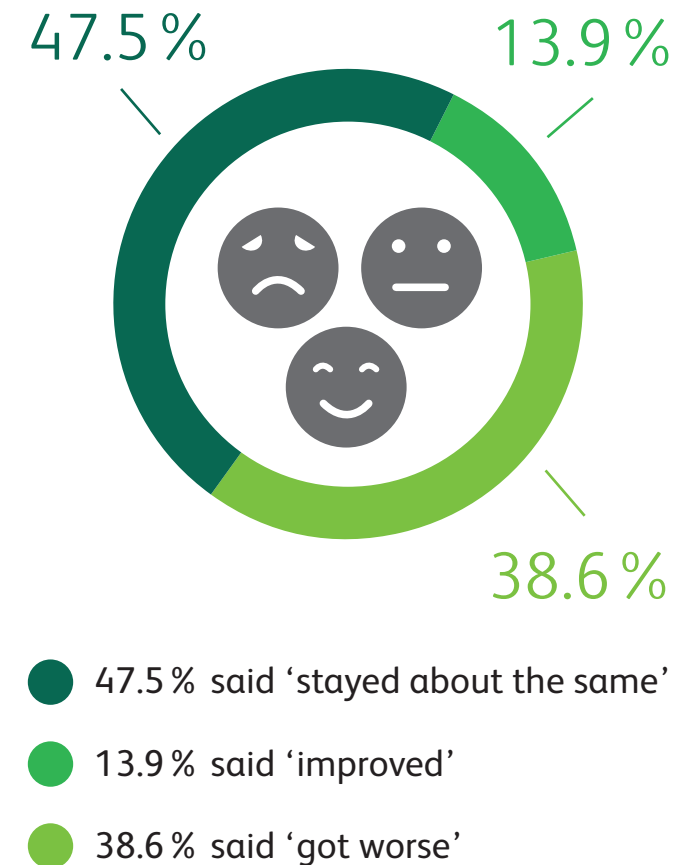
Charedi schools remained open in line with Department for Education guidelines which stated that if pupils did not have a quiet place to study or no remote access online they could remain open) school closures caused disruption for many children.

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



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.



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

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

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 82.2 %, 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.”

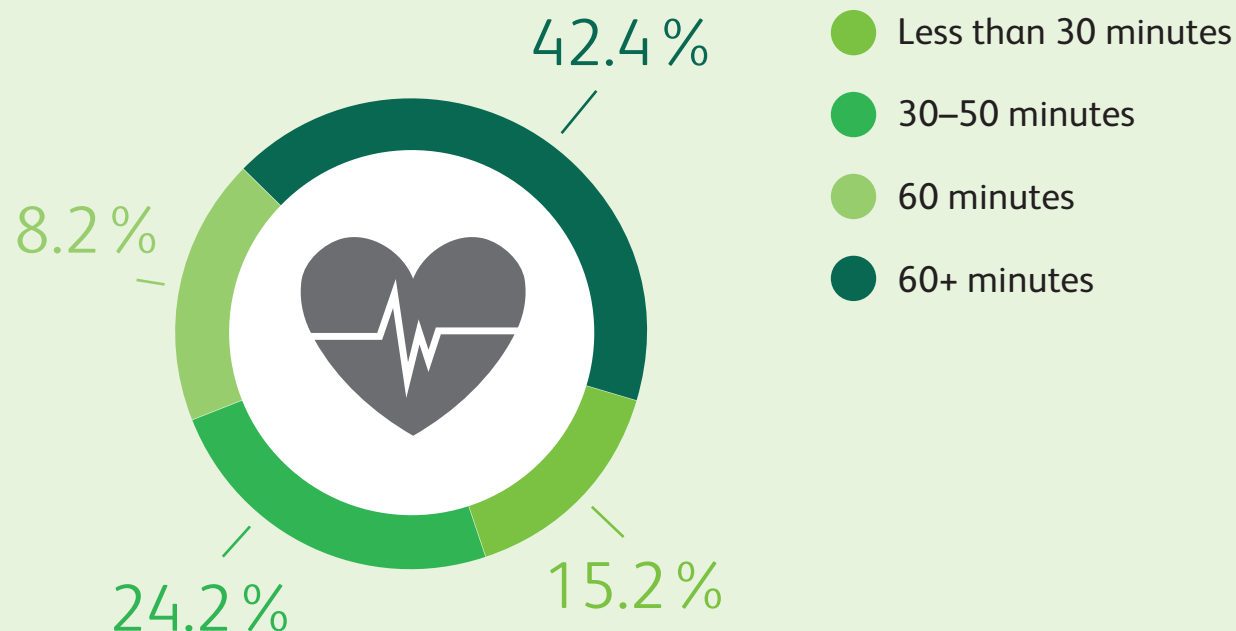
How has COVID-19 impacted on children and young people, their weight and levels of physical activity?

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

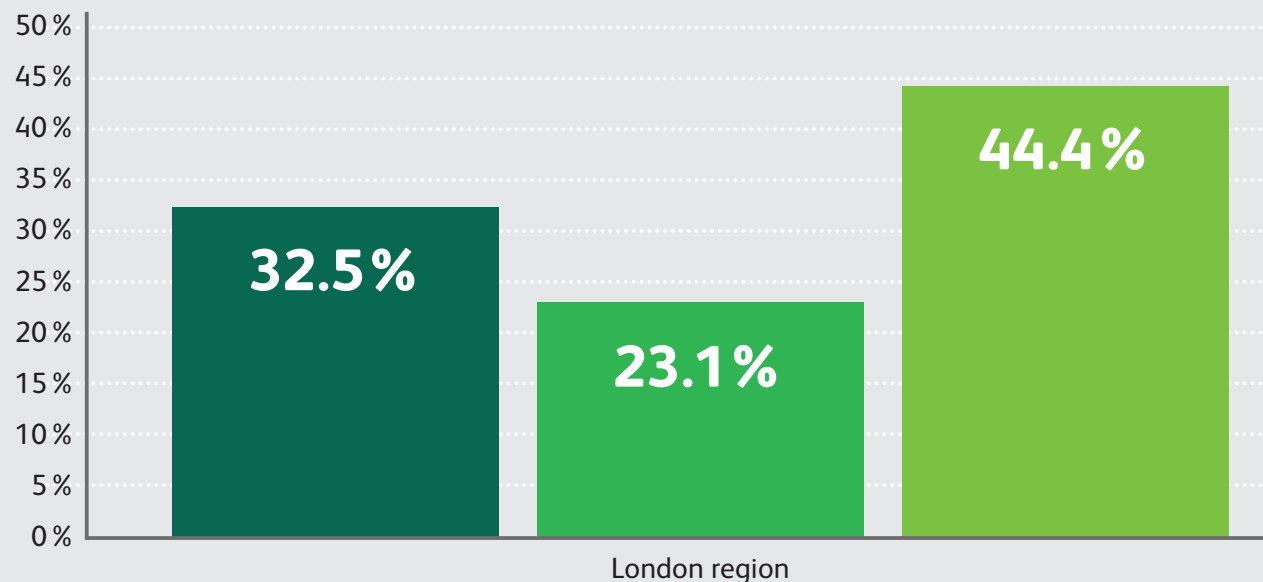
Amount of time spent doing physical activity per day (including at school):



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



% 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
- 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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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.
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