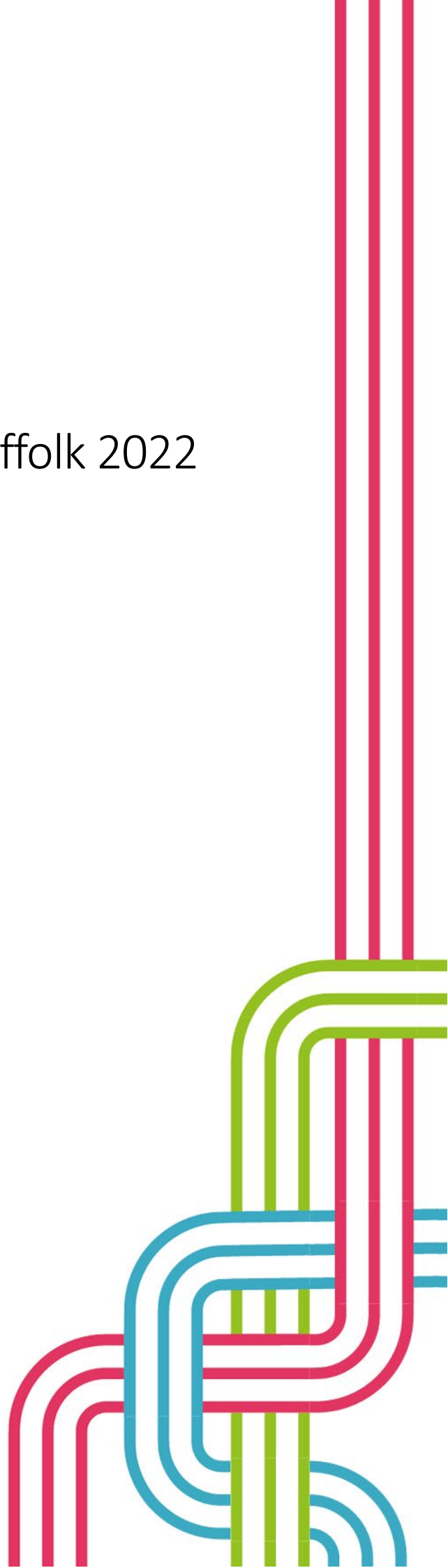


The State of Children in Suffolk 2022

The impact of COVID-19



The impact of COVID-19

Key points

1. The most recent data at the time of writing (20 April 2022) gave a COVID-19 case rate in 0-19 year olds in Suffolk of 105.05 per 100,000. The highest case rate in the past 52 weeks was in January 2022: 2,414.34 per 100,000. At 22 April 2022, in Suffolk, 62.6% pupils aged 12-15 years, 74.7% 16-17 year olds and 80.7% 18-24 year olds had received at least one dose of a COVID-19 vaccine.¹
2. COVID-19 and the measures to control it have had short-term impacts on children and young people, including reduced contact with friends and wider family, and limited access to support such as children's centres and social workers. Many families also experienced increased stress due to financial pressures.
3. National studies suggest children and young people may have experienced sleep disruption, decreases in physical exercise, increases in the amount of "unhealthy" (processed) foods consumed, and poorer mental health. These changes can have impacts into adulthood.
4. The Department for Education reported that, in autumn 2021/22, primary school pupils had lost around 0.8 months in reading and secondary school pupils had lost around 2.4 months in reading when compared to similar pupils at the start of 2019/20.
5. COVID-19's medium and long term impacts will take years to appear in the data. Even information on the immediate impact in Suffolk is limited as services and data collection (including health visits, child assessments, educational testing, survey work) were disrupted.
6. Children and young people from vulnerable backgrounds appear to have been further disadvantaged during the pandemic experiencing increased food insecurity, and a widened educational attainment gap.
7. Although England as a whole saw a fall in referrals to Children's Social Services during the first year of the pandemic, rates increased in Suffolk.
8. Young people's emotional wellbeing worsened during the pandemic.
9. In December 2020, 92.3% of Suffolk young people (aged 16 and 17) were in education or training (part of an increasing trend since 2018). By December 2021, over a quarter (26.6%) of 16-19 year olds in Suffolk were unemployed, compared to only 5.9% 20-24 year olds.

What is COVID-19?

Coronavirus (COVID-19) was first identified in the Chinese city of Wuhan, in December 2019,^{2,3} and was declared a pandemic by the World Health Organization on 11th March 2020.⁴ It is usually a mild illness in children.⁵

Although 10 times less likely than adults to have been hospitalised with the virus, the health of children and young people has been affected by the pandemic and control measures as has their access to health care services.⁶

Why is the impact of COVID-19 important in Suffolk?

The impacts of the COVID-19 pandemic will be felt and experienced by all age groups in the short, medium and long term (figure 1).⁷ Virtually every aspect of people's lives have been impacted by the

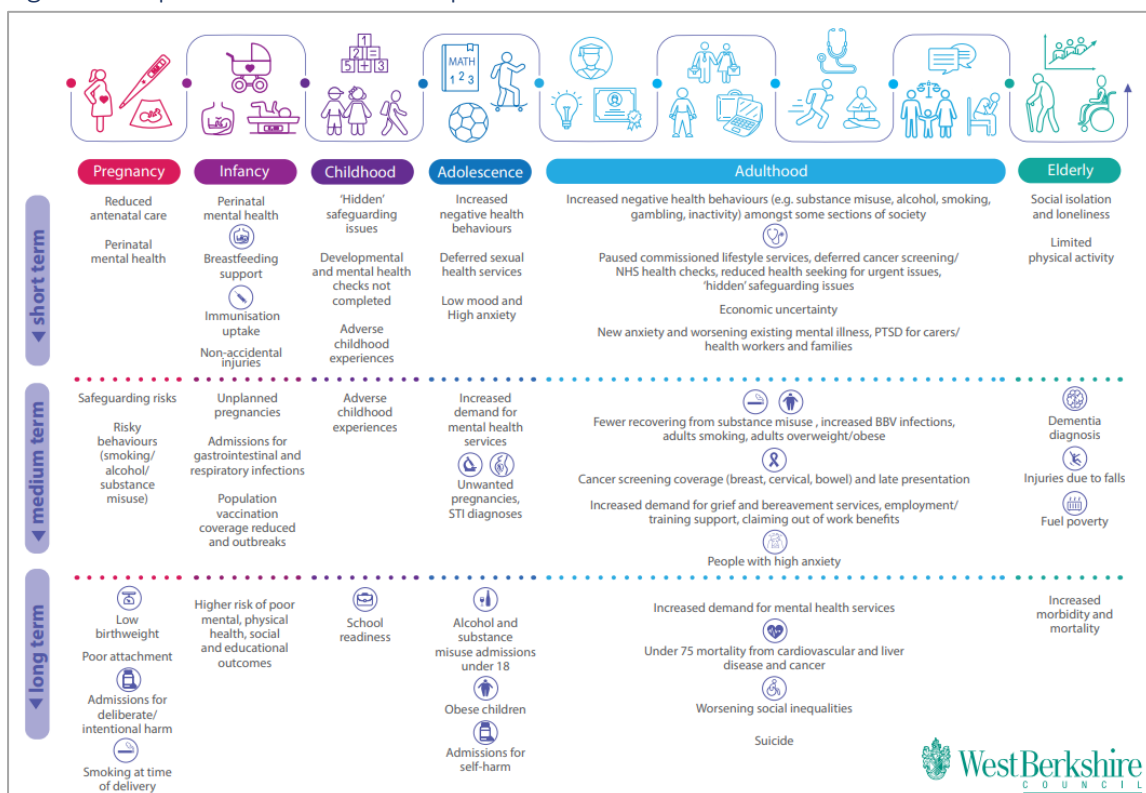
pandemic, including: family, friends and communities, money and resources, education and skills, environment, transport, food, access to health and social care, individual health behaviours, general and physical health, and mental health and wellbeing.⁸ The impacts of COVID-19 have not been felt equally, and the consequences of the pandemic have impacted some groups, communities and places more than others.^{8,9}

For some children and young people living in Suffolk, the opportunity to spend more time at home with their family will have been a positive experience. For others it may have involved loneliness, bereavement, financial hardship, neglect, or abuse.

Some children and young people who already required extra support or were living in challenging situations, such as those in poverty, need or care, faced particular hardships during the pandemic.¹⁰ These children and young people often lost or had limited access to sources of support such as schools, children’s centres, health visitors, networks of family and friends, home visits from social workers. Their families may have faced financial and social pressures, affected by the national lockdowns.

The Local Government Association has measured the impact of COVID-19 on council services and across the life course using the West Berkshire model (Figure 1).⁷ The following report uses this model to consider the impact of the pandemic on children and young people in Suffolk.

Figure 1: Impacts of the COVID-19 pandemic across the life course



Source: West Berkshire Council⁷

○ Symbol indicates PHOF indicator¹¹

This report looks at the impacts of COVID-19 on children and young people in Suffolk. The information presented should be used to help inform the provision of care and support, and to improve outcomes for those impacted by the pandemic. It should also be used to help reduce differences in health outcomes between those who have the best and poorest health.

Data available to explore the impact of COVID-19

As the COVID-19 pandemic progresses in the UK, more data examining its impact continues to be collected. Much of this data is only available at a national level, so it is not always possible to show the direct impact of the COVID-19 pandemic on children and young people in Suffolk. Where possible, data from local surveys and routinely available national sources have been used to supplement these other sources of data.

Impact on services

Visitor restriction in hospitals and maternity units meant many women were unable to have their birth partner with them for antenatal appointments and, in some cases, had to give birth alone. Visiting restrictions in neonatal units also reduced parental contact with babies. New parents missed vital support from health visitors, baby classes, and support groups.^{12,13}

The pandemic led to temporary and permanent closures of early childhood education and care settings.¹⁴ In Suffolk, several early years settings closed permanently but others opened and, overall, the number of places available remained fairly static.¹⁵

During the pandemic (September/October 2021), the number of social workers employed by councils, and the number of council social work jobs, fell nationally. Around one in ten (11%) who worked in local authority child and family social work in summer 2019 had left by September – December 2020. Most (73%) felt work-related stress had increased due to COVID-19.¹⁶

Schooling was severely disrupted during the COVID-19 pandemic:

- March 2020 – schools in England were closed to most children, remaining open for children of essential workers and children who may need extra support
- Summer term 2020 – some pupils were encouraged to return to in-person schooling
- August/September 2020 – most pupils returned to in-person schooling
- January 2021 – primary and secondary schools and colleges closed to most pupils (open for children who may need extra support and children of essential workers), special schools and alternative provision remained open
- March 2021 – all pupils began returning to schools

National testing and examinations for pupils in primary school (Key Stage 2), secondary school (Key Stage 4) and sixth form and college students (Key Stage 5) were cancelled due to the lockdowns in the 2019/20 and 2020/21 academic years. As a consequence, it is not possible to directly explore how attainment levels have changed over the past couple of years. Nevertheless, evidence from a range of sources highlight the wide ranging impacts the pandemic has had upon children and young people in education.

Research from the Education Endowment Foundation notes that the attainment gap between disadvantaged children and their peers since 2011 is likely to have widened as a result of school closures in the 2019/20 academic year.¹⁷ The National Tutoring Programme (NTP), designed to help pupils catch-up missed schooling, had only reached 61.4% of its target number of schools in the East of England by March 2021.¹⁸ In Suffolk during lockdowns, over 1,300 computers and 4G devices were provided to disadvantaged children through Children's and Young People's Services or Department for Education funding, with hundreds more provided via schools and communities.¹⁹

Suffolk's Education and Children Services Scrutiny Committee reported in March 2022 that "all agreed that behaviours had been exacerbated by COVID. In Suffolk, schools are reporting increased numbers of children with eating disorders and anxiety, with little resilience and interest in school. Increasingly lockdowns, bubbles, class isolation, and staff illness and isolations have undermined good attendance."²⁰ Lockdowns also affected safeguarding as children were less visible to services.²¹

Children and young people with special educational needs are likely to have missed or had reduced education, and to have lost essential services such as physiotherapy or speech and language support, and experienced long waiting times for assessment and treatment.²² In Suffolk in the calendar year 2020 (latest data available), the number of new education, health and care (EHC) plans created fell for the first time since 2015, although requests for EHC plans also fell.^{23,24}

In Suffolk in 2020, fewer requests for Education, Health and Care Needs Assessments were received than in 2019 as a result of COVID-19 lockdowns; 2021 requests appear to be broadly in line with 2019.¹⁵ Delays in processing have been caused as observations in school settings could not take place due to COVID-19 closures, and continuing difficulties in recruiting staff.^{15,20}

The Suffolk Safeguarding Partnership's Appreciative Inquiry into the Impact of COVID on Safeguarding in Suffolk reported that "audits by Suffolk County Council's Children and Young People's Service of support for children in need and children needing protection showed no drop in quality."²¹ The latest figures for Suffolk for children in care (2021) show no significant change over recent years, and a significantly lower (better) rate than England (62 per 10,000 children aged under 18 compared to 67). The number of children with child protection plans had also not significantly changed (498 in 2020/21, 32.6 per 10,000 children under 18 compared to 41.4 per 10,000 in England). More information is in the Children who may need extra support chapter of the [State of Children in Suffolk](#), including findings that "many young people have really increased their participation in meetings such as child in care reviews, as they feel safer and more able to communicate online."²¹

Mental health services experienced increased demand during the pandemic, for example the Suffolk Safeguarding Partnership reported that an audit carried out in mid-2021 found that "many hadn't received any updates or any contact during the average 8 to 10 month waiting period for the Emotional Well-being Hub."²¹ Norfolk and Suffolk NHS Foundation Trust had agreed a plan to reduce waiting lists of 2,000 plus with the Suffolk Safeguarding Board.²¹ By December 2021 only 44% of contacts with the Children's Emotional Wellbeing Hub were discharged within ten days (target), with an average wait under 60 days (the CQC have published concerns about data quality).^{25,26} For more information, see the mental health chapter of the [State of Children in Suffolk](#).

What is the local picture?

Pregnancy

As reported above (impact on services), measures to control COVID-19 had adverse consequences for expectant women, such as having to attend antenatal appointments alone, or even give birth alone.^{21,27} Increased anxiety (linked to COVID-19 and to changes in services and support) may affect the development of the unborn child and increase birth trauma for the mother.¹² Visiting restrictions in neonatal units may have also affected parents.

Services and support such as health visiting, parenting classes, and support groups also stopped or changed during the pandemic, leaving parents feeling isolated and unsupported. Some teams in Suffolk were managing with less than half their staff.²¹ Although some offerings moved online,

online cannot replace the practical support which would have been available through in-person visits by health visitors, friends and family or through interaction with other new parents.^{12,13}

In 2020/21, 550 people were in contact with specialist perinatal mental health community services in Suffolk. This indicator was introduced in 2019/20, when there were 450 people in contact; any variation, including the 22.2% increase, may be due to a rise in demand or to changes in data collection, so should be interpreted with caution.²⁸ For more information, see the mental health chapter of the [State of Children in Suffolk](#).

Smoking status at time of delivery in Suffolk was statistically significantly better (lower) in 2020/21 compared to 2019/20, and also significantly better than England (see the physical health chapter of the [State of Children in Suffolk](#)).

The percentage of term babies that had a low birth weight in Suffolk in the calendar year 2020 was significantly lower (better) than 2019, and also significantly better than England (see the physical health chapter of the [State of Children in Suffolk](#)).

Infancy and early years

Early childhood experiences shape later life outcomes, such as educational attainment, social and emotional development, work outcomes and income, short and long-term health and wellbeing, and life expectancy.²⁹

There are an estimated 47,500³⁰ children aged 0-5 living in Suffolk. The pandemic and control measures disproportionately impacted children who may need extra support (sometimes referred to as vulnerable children):³¹

- low income families are at greater risk of food insecurity, and may have to rely on cheaper processed food, which is low in nutritional value and may contribute to increased rates of obesity.
- children from more deprived areas are also at greater risk of having unmet oral health needs and low childhood vaccination rates.
- children living in flats, more typically found in deprived neighbourhoods, are at greater risk of sleep problems and physical inactivity, which may amplify adverse outcomes.

More information about local children who may need extra support can be found in the [State of Children in Suffolk](#) on the Healthy Suffolk website.³²

An Early Intervention Foundation review³¹ found that physical development in children (aged 0-5) is likely to have been negatively impacted by the pandemic in seven key areas:

- physical activity and sedentary behaviour
- changes in diet (increases in processed foods, sweets, and salty snacks)
- vitamin deficiency
- food insecurity
- breastfeeding (also in the West Berkshire model)
- oral health
- vaccination rates (also in the West Berkshire model)
- sleep

The Physical health chapter of the [State of Children in Suffolk](#) has more detail on some of these factors: not all have indicators available at a local level, and some have not yet been updated with data obtained during the pandemic.

- Breastfeeding prevalence at 6-8 weeks after birth in 2020/21 continued to be statistically significantly higher (better) than England (49.6% compared to 47.6%). Data was not published for Suffolk for 2019/20.
- In the academic year 2019/20, Suffolk appeared to have a lower (better than England) percentage of five year olds with experience of visually obvious dental decay, and with decayed, missing or filled teeth, however the pandemic meant some data was missing on three year olds.
- Suffolk vaccine coverage in immunisations for children aged five and younger showed no significant change between 2020/21 and 2019/20, although England as a whole saw a significant decrease ([Childhood immunisation](#)).

The West Berkshire model identifies the following short and medium term impacts in infancy:

- Perinatal mental health (see previous section on pregnancy)
- Breast feeding support (see above)
- Immunisation uptake (see above)
- Non-accidental injuries – hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 in Suffolk in 2020/21 were not significantly higher than 2019/20, however the rate was significantly worse than England (they had been statistically similar to England in 2019/20) (see also the Feeling Safe chapter of the [State of Children in Suffolk](#))
- Unplanned pregnancies. In 2020, the number of live births and the total fertility rate fell in England and Suffolk, continuing five year trends.^{33,34} However, provisional national data for 2021 suggests an increase in live births in England compared to 2020, although still lower than 2019.³⁵

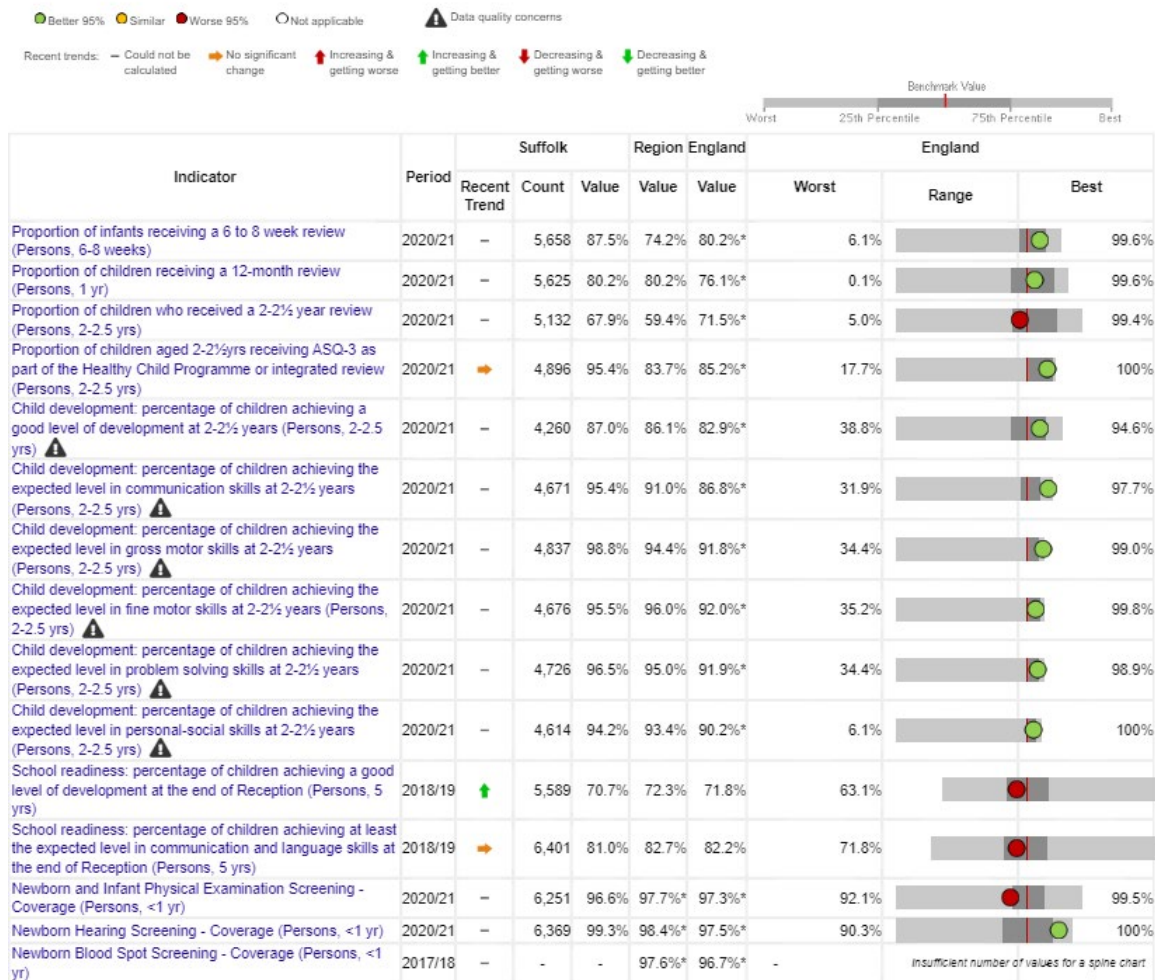
West Berkshire identifies a long term risk of “poor mental health, physical health, social and education outcomes.” It is too soon to measure the long term impact, while short term impacts show a mixed picture.

As part of the Healthy Child Programme,³⁶ all new born babies and young children (up to the age of five), along with their families, are visited by health visitors to assess the babies and child’s physical, emotional and social needs, as well as the needs of mothers and the wider family.

- In 2020/21, the proportions of new birth visits completed within 14 days remained significantly worse (lower) than England.
- The proportion of Suffolk infants receiving a six to eight week review fell (worsened) significantly but remains significantly higher (better) than England (2020/21 data).
- The percentage of Suffolk children receiving a 12 month review fell significantly between 2019/20 and 2020/21: 80.2% children received a review in 2020/21, significantly higher (better) than England.
- The percentage of Suffolk children receiving aged 2-2.5 who received a development review fell significantly between 2019/20 and 2020/21 (from 82.8% to 67.9%), moving from significantly better than England to significantly worse (lower). A significantly higher percentage of Suffolk children who were reviewed achieved the expected levels of development than in England as a whole.

- England percentages also fell significantly for these four indicators between 2019/20 and 20/21 (Figure 2).³⁷
- These indicators, and school readiness indicators, will need to be monitored over coming years to establish trends and impact.

Figure 2: Childhood development indicators, Suffolk



Source: Office for Health Improvement and Disparities, Child and Maternal Health Profile (Fingertips)³⁷

Home-Start UK reported in 2021 that 64% of respondents reported their baby had become more clingy in the past year, and almost half (47%) said their baby was crying more or having more tantrums.³⁸

Childhood and primary school children

The West Berkshire model identified three short and medium term impacts in “childhood”.⁷

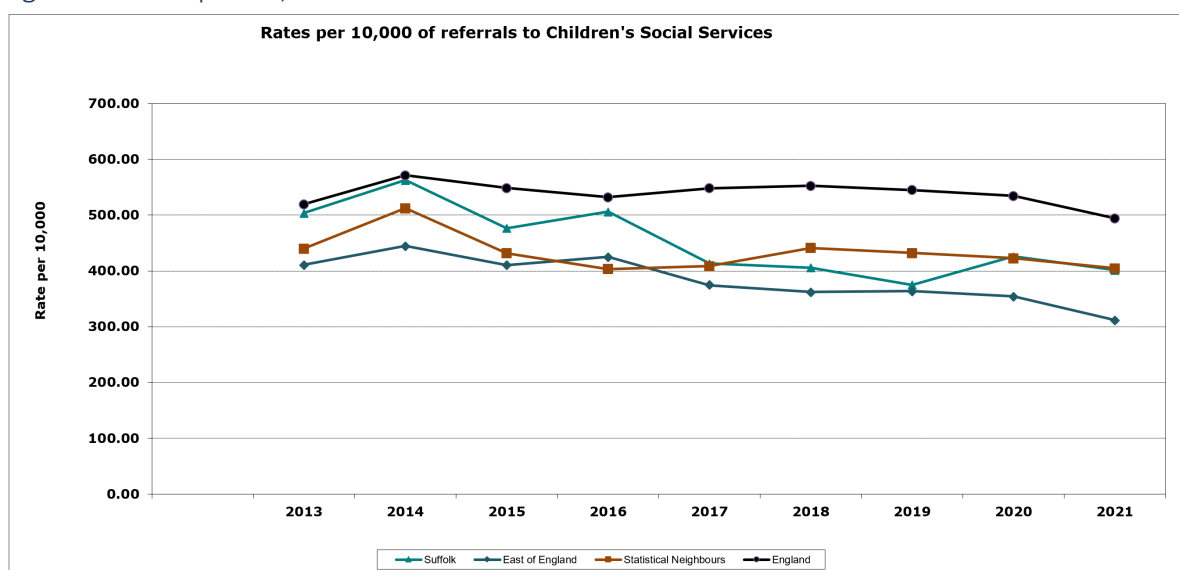
1. Longer term impact on school readiness

It is not possible to measure the impact on school readiness during the pandemic (Figure 2) as data collection was cancelled for 2019/2020 and 2020/202; the indicators will need to be monitored to measure longer-term impacts. However, anecdotal evidence from the Suffolk Safeguarding Partnership found that: “schools reported that children were not as ready to start school or to transition from one school to another as they were pre-Covid and that

many children had become less resilient.”²¹

2. Developmental and mental health checks not completed (Figure 2)
See earlier for the Healthy Child Programme measures.
2020 assessments for key stages 1 and 2 were cancelled due to COVID-19.
Developmental and mental health checks for children who are looked after by local authorities are monitored by the Department for Education and checks for patients with learning disabilities (aged 14-24) are recorded by the NHS (see later). In Suffolk the percentage of children looked after (of any age) who had health checks increased from 84% in 2019 to 92% in 2020 and 94% in 2021 (England increased from 90% in 2019 and 2020 to 91% in 2021).³⁹
3. Adverse childhood experiences
Adverse childhood experiences may be caused by abuse, neglect, or household dysfunction.⁴⁰ They are considered in more detail in the [State of Suffolk: How we develop](#), and the [State of Children in Suffolk](#) chapters on children who may need extra support, and feeling safe.
4. “Hidden” safeguarding issues (see also the [State of Children in Suffolk](#) chapters on children who may need extra support, and feeling safe)
By definition, “hidden” issues may not be spotted or reported. During lockdowns “every attempt was made to restrict the impact of Covid on safeguarding.”²¹
More children may have been exposed to domestic abuse.⁴¹ The NSPCC reported an increase in helpline calls in 2020.⁴² In Suffolk, the rate of domestic abuse-related incidents and crimes in 2021 was 20 per 1,000 population (15,299 incidents and crimes), compared to 16 per 1,000 in 2020 (12,207), however this may be due to improved recording.⁴³
Referrals to Children’s Social Services in Suffolk increased in the first year of the pandemic (from 374.5 per 10,000 in the year ending March 2019 to 425.7 in 2020, and 401.6 in 2021), compared to falling rates in England as a whole (from 544.55 in 2019 to 534.8 in 2020 and 494.3 in 2021) (Figure 3).^{9,39}

Figure 3: Rates per 10,000 of referrals to Children’s Social Services



The Department for Education reported that, in autumn 2021/22, primary school pupils had lost around 0.8 months in reading (compared to similar pupils at the start of 2019/20) and 1.9 months in mathematics. Primary school pupils from disadvantaged backgrounds (eligible for free school meals) were around 0.9 months behind their peers in reading, and 0.6 months behind in mathematics.⁴⁴

Adolescence and secondary school pupils

The Department for Education reported that in autumn 2021/22, secondary school pupils had lost around 2.4 months in reading compared to similar pupils at the start of 2019/20 (estimates were not available for mathematics). Pupils from disadvantaged backgrounds (eligible for free school meals) were around 1.5 months behind their peers.⁴⁴

The West Berkshire model identified three short term, three medium term, and three long term impacts in adolescence.⁷

Short term

1. Increased negative health behaviours

Data is not available at county level since the pandemic for drug or alcohol misuse in young people. However, national data suggests that the continuing decline in smoking prevalence in 18-21 year olds has levelled off or slightly increased since 2019.⁴⁵ My Health, Our Future (2021) defined self-harm as “when someone hurts their body on purpose. They might do this by cutting or burning their skin, punching or hitting things, poisoning themselves with tablets or other dangerous substances, using drugs and alcohol too much, not eating enough or eating too much”, and reported that 9% respondents currently self-harm, an increase since 2019.⁴⁶ For more information, see the mental health chapter of the [State of Children in Suffolk](#). The OECD expressed concern that children spent increased time using screens during the pandemic, which is likely to have increased exposure to alcohol advertising, which increases the probability of children experimenting with alcohol,⁴⁷ so the impact of the pandemic may not show for some time.

2. Deferred sexual health services

The rate of under 25s (male or female) attending specialist contraceptive services fell significantly in Suffolk between 2019 and 2020 (calendar years). Rates for females were lower than England for all Suffolk lower tier local authorities (Mid Suffolk had the lowest rate 23.9 per 1,000 compared to 79.9 in East Suffolk, and 97.6 in England). Rates are lower for males, so that data was suppressed for Babergh, Mid Suffolk and West Suffolk, while the other lower tier local authorities are lower than England (England rate 13.0 per 1,000 compared to 2.5 for East Suffolk and 1.9 for Ipswich).⁴⁸

3. Low mood and high anxiety

Healthwatch Suffolk reported that, in 2021 (compared to 2019), children and young people’s wellbeing and self-esteem had fallen, while self-harm and online bullying had increased, with students from “multi-ethnic communities” and those identifying as LGBT*Q+ particularly affected.⁴⁶ For more information, see the mental health chapter of the [State of Children in Suffolk](#).

Medium term

1. Increased demand for mental health services

In 2020/21, the number of children and young people in contact with children and young people’s mental health services, and under 18s in contact with secondary mental health services appeared to increase. However, NHS Digital explain that variations may be due to data quality or changes in service provision, not just levels of mental illness.^{28,49} The Suffolk Emotional Well-being Hub had waits during the pandemic of 8-10 months.²¹ For more information, see the mental health chapter of the [State of Children in Suffolk](#). The percentage of school children who have Special Education Needs (SEN) and are identified as having a primary need of social, emotional and mental health needs has increased in Suffolk since 2019, but 2021 figures remained significantly lower than England.⁵⁰

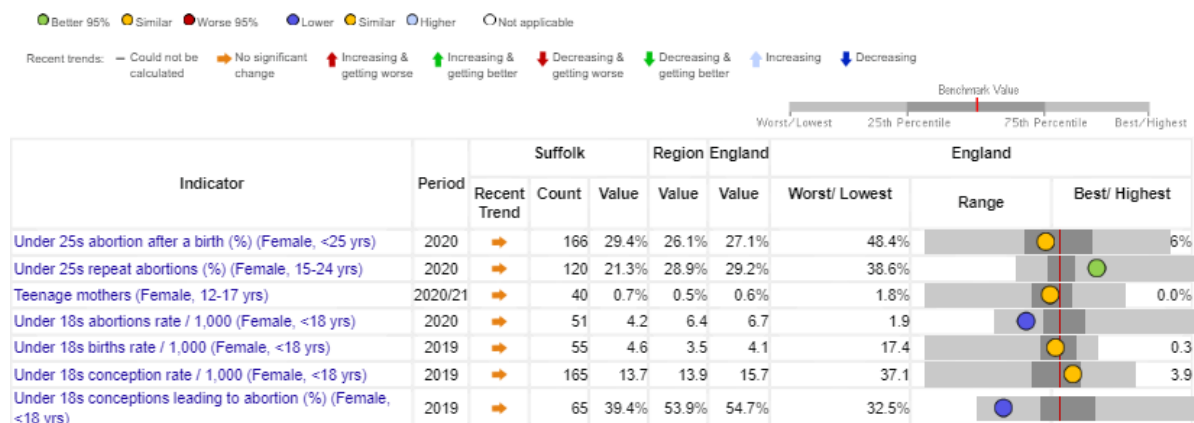
2. Sexually Transmitted Infections (STIs) diagnoses

The chlamydia detection rate in young people aged 15-24 increased (improved) in 2020, but remained below target: screening rates remained significantly better than England.⁴⁸ For more information, see the physical health chapter of the [State of Children in Suffolk](#).

3. Unwanted pregnancies in adolescence

The West Berkshire model suggests the pandemic might increase the number of unwanted pregnancies in adolescence. The Suffolk under 18s abortion rate remained statistically similar to the previous year, and lower than England (2020 data has not been published for lower tier local authorities). The percentage of babies born to teenage mothers in 2020/21 in Suffolk was not significantly different to 2019/20, and statistically similar to England (Figure 4).⁴⁸

Figure 4: Sexual and reproductive health, young people, Suffolk



Source: Office for Health Improvement and Disparities. Sexual and Reproductive Health Profiles⁴⁸

Long term

1. Alcohol and substance misuse admissions

Data for hospital admissions due to substance misuse and for alcohol-specific conditions in young people are for the period 2018/19-2020/21, so includes two years of the pandemic. Recent trends cannot be calculated, although rates for Suffolk are statistically similar to

England, as they have been since 2015/16-17/18.³⁷ For more information, see the physical health chapter of the [State of Children in Suffolk](#).

2. Obese children

Data is not yet available for 2020 onwards.

3. Admissions for self-harm

Suffolk emergency hospital admissions for self-harm in young people (aged 10-24 years) in 2020/21 are significantly worse than the England rates, as they have been since 2018/19 (pre-pandemic). The Suffolk trend is worsening (increasing). For more information, see the mental health chapter of the [State of Children in Suffolk](#).

Older students

The Student Experiences Insights Survey (SEIS) is a national survey which includes information on the behaviours, plans, opinions and wellbeing of higher education students in their third year or higher year of study.⁵¹ Latest findings for England from the SEIS (undertaken in November to December 2021) found:

- 67% of students (in their third year or higher) felt the pandemic had had a major or significant impact on their academic performance
- 41% of students felt their academic performance was worse or much worse in the academic year 2020/21 compared with 2019/20 (26% felt it was much better or better)
- 58% of students felt the pandemic had made them feel less likely to achieve their expected level of attainment (7% felt the pandemic had made them feel more likely to achieve it)
- 59% of students felt the pandemic had made them feel less prepared to take their next step after graduating (8% felt the pandemic had made them feel more prepared)

Employment

The YMCA reported that young people (aged 16-25) were the most likely to have had their incomes reduced or lost work due to the pandemic. They also point out that the uncertain future of the economy may have lasting impacts on young people's employment.⁵²

Nationally, the employment rate of young people declined in 2020 (compared to 2019), while unemployment and economic inactivity increased. Increasing economic inactivity was linked to an increase in the proportion of young people in full-time education in the second half of 2020, reaching a new high of 46.8% in Quarter 3 (July to Sept) 2020. The increase was mainly in the 16-17 age group. The Office for National Statistics also associated increasing unemployment and economic inactivity with fewer vacancies in industries traditionally important for young people's employment: accommodation and food services, arts, entertainment and recreation, and retail. Young people's labour mobility (job-to-job moves) declined more during the pandemic than for older age groups.⁵³

In Suffolk, the employment rate of 16-19 year olds was 29.9% in December 2021 (53.9% in December 2019), although the employment rate for 20-24 year olds was 91.1% (74.1% December 2019). The unemployment rate of 16-19 year olds was 26.6% in December 2021 (3,200 people), and the unemployment rate for 20-24 year olds was 5.9% (1,900 people).⁵⁴

In December 2020, 92.3% 16 and 17 year olds in Suffolk were in education or training. Although this was the third successive year of increase in Suffolk, it remains below England (93.2%).³⁹

Inequalities

COVID-19 and the measures to reduce its spread meant many families have experienced financial and social pressures. These are likely to have been worse for families that were already vulnerable or facing hardship before the pandemic. For example, not all providers had the resources to move support services online, and many free classes stopped, reducing support to new parents with limited finances.¹² Despite revised guidance (autumn 2020), many support groups did not restart, and deprived areas may have been particularly affected.¹³

Coram family and childcare reported that the pandemic has exacerbated inequalities:⁵⁵

- childcare businesses prioritised paid provision rather than funded early education entitlement, reducing funded places for disadvantaged two year olds
- returning to childcare, with the associated increased risk of infection, had a greater impact on “disabled children or parents, families in communities with high infection rates – including ethnic minority groups and those living in more deprived areas – and those without support to care for their children if they themselves became sick, such as single parents”
- disruption in early years services is likely to widen the achievement gap, and there is no co-ordinated national plan to address the emotional and development needs of disadvantaged children to prevent this
- the break in family support services has limited communication routes between parents and local authorities and health services

In 2021, fewer than half (49.0%) of care leavers in Suffolk aged 19-21 were in education, employment, or training. This is lower than England as a whole (52.0%) and than 2020 (52.0%).³⁹

Between March 2020 and October 2021, the number of children in Suffolk eligible for free school meals increased by 36.5%. Around 75,180 children were supported through vouchers and top-up cards between summer 2020 and summer 2021.⁵⁶

In early 2020, it was estimated that between 1.14 million and 1.78 million children under the age of 18 lived in households without access to a laptop, desktop, or tablet in the UK, and that between 227,000 and 559,000 children lived in homes with no access to the internet. In June 2020, the University College London Institute of Education found that children locked down in the UK spent an average or only 2.5 hours each day doing schoolwork, and that one fifth of pupils did no schoolwork at home, or less than one hour a day.⁵⁷

The percentage of children and young people aged 14-24 and on their GP’s learning disabilities register who received a health check in the year did not show a significant change over the three years 2018/19 to 2020/21 for any of the three CCGs that cover Suffolk. However, the numbers on the registers are low (15 registered with Ipswich and East Suffolk CCG, 65 in West Suffolk, and 165 in Norfolk and Waveney) (Public Health and Communities Suffolk analysis of NHS Digital data).⁵⁸

COVID-19 vaccination figures reveal inequalities: among pupils aged 12-15 in state-funded schools in England, data from the Office for National Statistics show:⁵⁹

- Pupils living in more deprived areas are much less likely to have been vaccinated.
- Pupils eligible for free school meals had much lower vaccination coverage than those not eligible (35.9% compared with 58.9%); schools with higher proportions of pupils eligible for free school meals also had lower vaccination coverage
- Pupils who speak English as an additional language were much less likely to have been vaccinated (38.2%) than those who spoke English as their first language (55.5%)

- Pupils with special educational needs had a lower vaccination coverage (48.1%) compared with those with no identified needs (53.5%)
- Vaccination uptake varied between ethnic groups, even after controlling for demographic and socio-economic differences; Chinese and Indian pupils were most likely to have received at least one dose (75.5% and 65.7% respectively), while Gypsy or Roma, and Black Caribbean pupils were least likely (both 12.4%)

Mental health and wellbeing

More information is contained in the mental health chapter of the [State of Children in Suffolk](#). Data gathered during the pandemic (2021-22) suggested that the proportion of children and young people in England with a probable mental health disorder increased to around one in six (from around one in nine in 2017), and that this increase was steeper than the increase in probable mental health disorders seen from 1999 to 2017.^{32,60}

In 2021, the Centre for Mental Health estimated that the pandemic would lead directly to 1.5 million children and young people in England needing extra support for their mental health in the period to 2026.⁶¹

Healthwatch Suffolk reported that local children and young people had lower wellbeing and lower resilience during the pandemic (2021 data).⁴⁶

Analysis of Suffolk County Council data (social work assessments and placement request forms) from November 2019 onwards (reported to September 2021 Education and Children Scrutiny Committee) did “not show a significant increase in children receiving targeted or specialist services who are at risk of self-harm and/or suicide during the pandemic.” The percentage of Suffolk children at risk of self-harm had also remained consistent (0.03% increase) from 2019-20 to 2020-21.¹⁵

COVID-19 infections and vaccinations

In January to February 2022, in England, an estimated 96.6% of secondary school pupils and 62.4% of primary school pupils had COVID-19 antibodies (from vaccination or infection). None of the primary school children had been vaccinated.⁶²

Since March 2020, 1.0% of primary school-aged pupils and 2.7% of secondary school-aged pupils nationally met criteria for having experienced long COVID lasting at least 12 weeks.⁶³

At 22 April 2022, in Suffolk, 62.6% pupils aged 12-15 years, 74.7% 16-17 year olds and 80.7% 18-24 year olds had received at least one dose of a COVID-19 vaccine.¹

More information about these different groups in Suffolk can be found in the chapters on children who may need extra support and on population and families of the [State of Children in Suffolk](#).³²

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