

# At a glance

## Changes in hospital contacts during the COVID-19 pandemic among vulnerable children and young people

### What we found out

- Vulnerable children bore large and disproportionate deficits in hospital contacts during the first nine months of the pandemic. These deficits were greatest for children with multiple vulnerabilities.
- As the pandemic progressed, we observed some 'catch-up' in planned hospital admissions for children aged 0 to 4 years and in outpatient attendances for infants.
- Vulnerable children were less likely than their peers to have face-to-face outpatient care during the pandemic.

### Why we did this study

Children and young people have been affected by the COVID-19 pandemic through unprecedented disruptions to hospital health services and it is likely that vulnerable groups have been more affected than other children. This study aimed to assess changes in hospital contacts during the pandemic among vulnerable children and young people in England compared to their peers.

### Why this is important

The true extent of the deficits in hospital contacts borne by vulnerable children during the pandemic will be greater than our study shows as it focuses on two groups only. Deficits in planned care could have consequences for vulnerable children because of diagnoses or treatments that were delayed or foregone. Childhood is a time of rapid development and delays in treating health issues may hold a child back. Deficits in unplanned care may be positive (i.e. because fewer children needed care for infections or injuries), but could also reflect unmet health needs.

### What we did

We used linked administrative data in the [ECHILD Database](#) to look at changes in the rates and numbers of hospital contacts that were planned (outpatient attendances and planned hospital admissions) and unplanned (unplanned hospital admissions) during the first nine months of the pandemic. We compared vulnerable children with their peers in two example groups: children aged 0 to 4 years who were born too early or too small or had a chronic condition; and secondary school pupils who received special educational needs support or children's social care services. We also looked at whether vulnerable children were more or less likely than their peers to have face-to-face outpatient care during the pandemic.

### What are the implications

**Our findings indicate a need for targeted 'catch-up' funding and resources for child health, particularly for vulnerable children who were affected disproportionately.** For example, the ring-fenced resource for 'catch-up' of NHS care (Health and Social Care Levy) might be further targeted for the vulnerable groups that have disproportionately missed out on hospital contacts.

**Secondary school pupils receiving special educational needs support or social care services may need to be prioritised for face-to-face outpatient care** as it is unclear how effective remote care is for these children.

**More research about how delays to treatments for childhood conditions impact children's outcomes is needed.** The consequences of the deficits in hospital contacts borne by vulnerable children during the pandemic are difficult to predict, because little is currently known about this topic.