

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The wider collateral damage to children in the UK because of the social distancing measures designed to reduce the impact of COVID-19 in adults.
AUTHORS	Crawley, Esther; Loades, Maria; Feder, Gene; Logan, Stuart; Redwood, Sabi; macleod, john

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Luis Rajmil Institution and Country: Pediatrician Retired Competing interests: I have no conflicts of interest to declare
REVIEW RETURNED	14-Apr-2020

GENERAL COMMENTS	<p>This is a very interesting analysis of the situation of the childhood population in the UK in the face of the current pandemic and the responses of health and social services. It is important because, in the case of children, the most important potential negative impact would be the lack of attention from health and social services, and a great impact on vulnerable children.</p> <p>A couple of things would be important to be considered by the Authors:</p> <ol style="list-style-type: none">1- It would be interesting if the authors could relate the lack of response of primary care, emergency care and social services with the cuts suffered in the UK in response to the economic crisis.2- Regardless of the variability in social distancing measures taken in each country, a study on the capacity of minors to transmit COVID-19 could be claimed just to be sure that these measures are justified.
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REVIEWER	Reviewer name: Simon Lenton Institution and Country: NHS UK Competing interests: none but I know 2 of the authors
REVIEW RETURNED	14-Apr-2020

GENERAL COMMENTS	<p>Review: The wider collateral damage to children because of the social distancing measures designed to reduce the impact of COVID-19 in adults.</p> <p>Esther Crawley et al</p> <p>This is a timely paper on the potential impact of the SARS-Co-V2 pandemic and the consequent public health response, as experienced by children in the UK.</p> <p>The paper starts with a bold statement regarding the potential increase in avoidable deaths due to late presentation, secondary to parental fear of acquiring SARS Co-V2 in hospital settings. The Italian data merely describes emergency hospital visits, not the impact on preventable mortality. This concern about late presentation and morbidity/mortality is not expanded upon within the later text which largely outlines concerns for 'vulnerable' families. In my opinion, it might be better to start with a broader statement outlining the purpose of the paper and then consider the impact of</p>
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the COVID 19 response on elements of children's services particularly education, social care and health, not forgetting the impact on parents of unemployment and uncertainty with consequent financial and mental health implications for children. Unintended consequences may be a better term than collateral damage; unintended consequences being "outcomes of a purposeful action, that are not intended or foreseen".

There are many health related topics that could have been included

- immunisation uptake-e.g. tenuous herd immunity now for measles risking local epidemics
- dental care (tooth extraction the commonest reason for hospital admission in children)
- access to cancer treatments
- obesity-more snacking, less exercise
- online grooming/abuse
- witnessing domestic violence
- poor nutrition (no school meals)
- delayed diagnosis and delayed access to treatments/therapy

Some wider topics would include

- impact on children of asylum seekers, undocumented children
- homeless children (sofa-surfers)
- isolated "looked after children"
- children living in poverty (increased use of food banks)
- children living in overcrowded housing with extended family, especially with members no longer working and staying home
- lack of childcare from extended family members
- impact of negative parental mental health on children development (esp. depression)
- Increase in Child-line and NSPCC calls.

The final paragraph talks about mitigation, it would be helpful to restate that the impact of the 2008/9 financial crisis has been a decade of austerity, with severe cuts to public services. This strategy should not be repeated over the next 10 years, when managing the inevitable economic downturn.

This paper has focused on the negative health impacts of the pandemic, which should be better quantified with further research also examining the positive impacts for example injury reduction, improvements in health due to reduced pollution, and greater recognition of inequities in society.

Specific points

Should COVID 19 (temporary name) be replaced with SARS-Co-V2 (permanent name)? Covid 19 needs to be changed to COVID 19 if it is being used.

2/29. Please define "vulnerable children"

2/31. Would unintended consequences be better than collateral damage?

2/39. Risks could be positive or negative, better to use the word harm.

2/40. Include education with health and social care.

2/55. Are specialist provision services being replaced by volunteers?

3/3. Corona Act, not Corona Bill used later (line 45).

3/39 Local Authority or local authority? Likewise Social Services or social services?

References

Childrens Society report

Anne Longfield letter <https://www.childrenscommissioner.gov.uk/wp->

	<p>content/uploads/2020/03/cco-letter-from-the-childrens-commissioner-to-the-chancellor-on-emergency-support-for-families.pdf</p> <p>Sinha IP. COVID-19 infection in children. Lancet</p> <p>Lancet comment Impacts of COVID-19 on vulnerable children in temporary accommodation in the UK</p>
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REVIEWER	<p>Reviewer name: Anders Hjern</p> <p>Institution and Country: Clinical Epidemiology unit, Department of Medicine, Karolinska Institute and Centre for Health Equity Studies, Stockholm, Sweden.</p> <p>Competing interests: I have no competing interests to report.</p>
REVIEW RETURNED	17-Apr-2020

GENERAL COMMENTS	<p>This is a very timely article that addresses one of the main public health concerns for children in Europe during the Covid-19 epidemic, It is well-written and concise. I have a few issues the authors might want to address.</p> <p>1. The topic is very much a European topic, but the article is written as to be of concern exclusively in the UK. It would be helpful for readers outside of the UK to have some more descriptive information about the measures that have been taken in the UK, has the movement of children been restricted apart from the closure of schools? In Spain, adults are allowed to leave the home for a walk a day, but children are not. Have similar measures been taken in the UK? Does closure of schools include nurseries and preschools?</p> <p>2. I think a Child rights perspective could be more clearly expressed in the article. Paragraph #3 of the UN Convention of the Child reads: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration." Considering the evidence that is presented in this article, it is quite clear that the best interest of the child has not been the leading principle in countries where schools have been closed to contain the covid epidemic. This is an epidemic where few children are affected and where their involvement in the transmission of the virus seems to be minimal, as pointed out in the article.</p> <p>3. The authors rightly cite the systematic review by Vine et al to underline the poor evidence supporting the closure of schools to contain Covid-19. You might also want to cite the real world example of my own country, Sweden. As I write these words, I can see children playing on the school yard across the streets during their lunch break. This is a rare sight in Europe today. In Sweden, the government has taken a different stand than most other countries in Europe. Based on the experience from Asia presented in the review by Vine et al and acknowledging the grave consequences in a broader sense for children of closure of schools, schools have remained open. There are no indications that this has had any major negative consequences so far. Health care in Sweden is under considerable pressure, but has coped well. During the last weeks there have been a surplus of around 20% available beds in ICUs and in this week there have been as many COVID-19 patients being discharged from hospital as those being admitted. It is certainly much too early to draw any final conclusions about this policy, but it is an interesting example of a government that dares to look at the broader consequences for children of school closure.</p>
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	<p>4. As the authors rightly point out, it is indeed very unfortunate if families do not dare to seek care for their sick children because of the ongoing covid-19 epidemic and thereby put their children's health at stake. However, in the analysis of statistics from the emergency room, we also need to consider that the broader effects of the measures taken to contain the COVID virus also decrease the transmission of other viruses. Statistics from the Swedish Public Health Agency show a dramatic decrease in positive lab tests for the common pathogens influenza A, RS and Norwalk viruses after the implementation of the Swedish social distancing policy. In countries where schools and nurseries have been closed, these effects can be expected to be even greater, as these viruses, in contrast to Covid-19, are readily transmitted in school settings.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

This is a very interesting analysis of the situation of the childhood population in the UK in the face of the current pandemic and the responses of health and social services. It is important because, in the case of children, the most important potential negative impact would be the lack of attention from health and social services, and a great impact on vulnerable children.

Thank you

A couple of things would be important to considered by the Authors:

1- It would be interesting if the authors could relate the lack of response of primary care, emergency care and social services with the cuts suffered in the UK in response to the economic crisis.

Thank you. We refer to this briefly in the final paragraph as we state: “The chronic underfunding and work-force crisis in social care and the domestic violence sector will only be exacerbated by the current emergency.”. We have extended this by adding an additional sentence in the final paragraph: “The physical and mental health needs of the UK’s children are unlikely to be short term, and funding will need to continue well after the Covid-19 pandemic is over.”

2- Regardless of the variability in social distancing measures taken in each country, a study on the capacity of minors to transmit COVID-19 could be claimed just to be sure that these measures are justified.

We agree that further research on this, and the effectiveness of the social distancing will need to be done to determine the appropriate course of action in future Pandemics. It would be most appropriate to do this research once we have more detailed and complete epidemiological data. However, we do not feel we can add all the necessary research objectives to this short editorial.

Reviewer 2

This is a timely paper on the potential impact of the SARS-Co-V2 pandemic and the consequent public health response, as experienced by children in the UK.

The paper starts with a bold statement regarding the potential increase in avoidable deaths due to late presentation, secondary to parental fear of acquiring SARS Co-V2 in hospital settings. The Italian data merely describes emergency hospital visits, not the impact on preventable mortality. This concern about late presentation and morbidity/mortality is not expanded upon within the later text which largely outlines concerns for ‘vulnerable’ families.

In my opinion, it might be better to start with a broader statement outlining the purpose of the paper and then consider the impact of the COVID 19 response on elements of children's services particularly education, social care and health, not forgetting the impact on parents of unemployment and uncertainty with consequent financial and mental health implications for children.

Thank you. This would indeed be one way to structure this commentary. Our intention here however is to state that whilst paediatricians are concerned with hospital admissions, there is another, perhaps more important issue for children's health in the community. We state: "This intervention is welcome, however we remain concerned about wider, perhaps less immediately visible collateral damage of strategies used against COVID-19 on vulnerable children." This is the main line of argument of our paper.

Unintended consequences may be a better term than collateral damage; unintended consequences being "outcomes of a purposeful action, that are not intended or foreseen".

Thank you. We have carefully considered this, and feel the collateral damage is a more appropriate description as it describes the unintended consequences in an environment where the focus is on winning a battle (as it is with Covid-19), and other people suffer, even though they are not in the "front line".

There are many health related topics that could have been included

- immunisation uptake-e.g. tenuous herd immunity now for measles risking local epidemics
- dental care (tooth extraction the commonest reason for hospital admission in children)
- access to cancer treatments
- obesity-more snacking, less exercise
- online grooming/abuse
- witnessing domestic violence
- poor nutrition (no school meals)
- delayed diagnosis and delayed access to treatments/therapy

Thank you. We include a paragraph on domestic violence (see "will also result from their exposure to domestic violence and abuse (DVA) during the pandemic" and a paragraph on delayed access to treatment (the first paragraph). We have added references to vaccinations in the first paragraph and we have added the following sentence with an additional comment on school meals and exercise:

"Families of children from poorer families have fewer resources, may be reliant on school meals and playgrounds for exercise, are less likely to have appropriate access to the internet/sufficient space to allow learning, or have access to additional resources to support other activities for mental or physical well-being."

Some wider topics would include

- impact on children of asylum seekers, undocumented children
- homeless children (sofa-surfers)
- isolated "looked after children"
- children living in poverty (increased use of food banks)

- children living in overcrowded housing with extended family, especially with members no longer working and staying home
- lack of childcare from extended family members
- impact of negative parental mental health on children development (esp. depression)
- Increase in Child-line and NSPCC calls.

We agree these are important topics and have included many in the article. However, we do not feel able to include all of these in a short editorial.

The final paragraph talks about mitigation, it would be helpful to restate that the impact of the 2008/9 financial crisis has been a decade of austerity, with severe cuts to public services. This strategy should not be repeated over the next 10 years, when managing the inevitable economic downturn.

We agree. In the final paragraph, we state: “The chronic underfunding and work-force crisis in social care and the domestic violence sector will only be exacerbated by the current emergency. The chancellor’s recognition of the need for greater financial support of the NHS [16] should be matched with additional support to local authorities.” We have added the following sentence to make it clear that the funding requirements are likely to be long term: “The physical and mental health needs of the UK’s children are unlikely to be short term, and funding will need to continue well after the Covid-19 pandemic is over.”

This paper has focused on the negative health impacts of the pandemic, which should be better quantified with further research also examining the positive impacts for example injury reduction, improvements in health due to reduced pollution, and greater recognition of inequities in society.

We agree, this would be helpful in additional papers however, we do not consider this fits with our line of argument in this paper (the risk to vulnerable children). We do not believe that we can comment on all the impacts on all children.

Specific points

Should COVID 19 (temporary name) be replaced with SARS-Co-V2 (permanent name)? Covid 19 needs to be changed to COVID 19 if it is being used.

Thank you. We have changed Covid-19 to COVID-19 throughout. We have not changed the name to SARS-Co-V2 as COVID-19 is the name used in most publications/newspaper reports and government documents.

2/29. Please define “vulnerable children” We have added a box at the end of the paper with the Children’s commissioner’s definition.

2/31. Would unintended consequences be better than collateral damage? Please see above, we believe this loses some of the line of argument.

2/39. Risks could be positive or negative, better to use the word harm. We have changed this to harm. This now reads: “However, children are experiencing additional harm due to social isolation, lack of protective school placements, increased anxiety and a drop in service provision from both the NHS and social services.”

2/40. Include education with health and social care. We couldn’t find “health and Social care”. We assume you mean the last line of paragraph 3 and have added education in. This now reads: “increased anxiety and a drop in service provision from both the NHS, education and social services. “

2/55. Are specialist provision services being replaced by volunteers? We are referring to the wider support. We state: "wider support normally available to disabled children and other vulnerable learners is provided through facilities that are now closed and unlikely to be effectively replaced by efforts of volunteers."

3/3. Corona Act, not Corona Bill used later (line 45). Thank you. We have added the following to that sentence: "which became the Coronavirus Act on the 25th of March 2020."

3/39 Local Authority or local authority? Likewise Social Services or social services? We have removed capitals.

Reviewer: 3

This is a very timely article that addresses one of the main public health concerns for children in Europe during the Covid-19 epidemic, It is well-written and concise.

Thank you

I have a few issues the authors might want to address.

1. The topic is very much a European topic, but the article is written as to be of concern exclusively in the UK. It would be helpful for readers outside of the UK to have some more descriptive information about the measures that have been taken in the UK, has the movement of children been restricted apart from the closure of schools? In Spain, adults are allowed to leave the home for a walk a day, but children are not. Have similar measures been taken in the UK? Does closure of schools include nurseries and preschools?

Thank you. We have added table 2 to make this clear. We have clarified our definition of vulnerable children with the definition we (as paediatricians) would use, and the definition used by the UK government in the context of the Pandemic.

2. I think a Child rights perspective could be more clearly expressed in the article. Paragraph #3 of the UN Convention of the Child reads: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration." Considering the evidence that is presented in this article, it is quite clear that the best interest of the child has not been the leading principle in countries where schools have been closed to contain the covid epidemic. This is an epidemic where few children are affected and where their involvement in the transmission of the virus seems to be minimal, as pointed out in the article.

Thank you. This is an excellent point and, as you state, it follows our line of argument. We have added the following paragraph "It therefore seems likely that the decisions that decisions on social distancing contravene the UN Convention of the child. This convention states: "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration. We believe that the social distancing measures introduced in the UK and elsewhere, may marginally reduce the infection rate in adults but harms children. We do not believe that the "best interest of the child" are the "primary consideration" and therefore these actions do not comply with this convention."

3. The authors rightly cite the systematic review by Vine et al to underline the poor evidence supporting the closure of schools to contain Covid-19. You might also want to cite the real world example of my own country, Sweden. As I write these words, I can see children playing on the school yard across the streets during their lunch break. This is a rare sight in Europe today. In Sweden, the government has taken a different stand than most other countries in Europe. Based on the experience from Asia presented in the review by Vine et al and acknowledging the grave consequences in a broader sense for children of closure of schools, schools have remained open. There are no indications that this has had any major negative consequences so far. Health care in Sweden is under considerable pressure, but has coped well. During the last weeks there have been a surplus of around 20% available beds in ICUs and in this week there have been as many COVID-19 patients being discharged from hospital as those being admitted. It is certainly much too early to draw any final conclusions about this policy, but it is an interesting example of a government that dares to look at the broader consequences for children of school closure.

Thank you. This is a very interesting point, and the impact (or different impact) in Sweden may be worthy of an additional article. However, at the moment, there is limited evidence of which country has taken the right approach. We are mainly concerned with the impact of school closures on vulnerable children but agree that making it clearer that not all European countries have closed schools would be helpful. We have therefore added the following sentence:

“Almost all European countries have closed their schools (Sweden is an exception) to prevent the spread of Covid-19 and according to Unesco, 91% of children have been impacted worldwide.”

4. As the authors rightly point out, it is indeed very unfortunate if families do not dare to seek care for their sick children because of the ongoing covid-19 epidemic and thereby put their children's health at stake. However, in the analysis of statistics from the emergency room, we also need to consider that the broader effects of the measures taken to contain the COVID virus also decrease the transmission of other viruses. Statistics from the Swedish Public Health Agency show a dramatic decrease in positive lab tests for the common pathogens influenza A, RS and Norwalk viruses after the implementation of the Swedish social distancing policy. In countries where schools and nurseries have been closed, these effects can be expected to be even greater, as these viruses, in contrast to Covid-19, are readily transmitted in school settings.

We agree this is a very interesting point and we would be delighted to look at this further, when the epidemiological data on both risks and benefits is more reliable. We are merely trying to highlight some of the issues on vulnerable children.

5. The authors could have developed the article more with regards to consequences on inequalities of school closure. The authors rightly point to the most vulnerable children. But these consequences are not limited to the dysfunctional families. School is a quite powerful equaliser of children's living conditions during the hours of the school day. When left without school, the imprint of the home environment on children's development and health becomes even stronger. Parents in impoverished families have much fewer resources to replace school with other meaningful activities and learning activities.

We agree that the impact on school closures are wider than vulnerable children and we state:
“However, the closure of schools and confinement to home has multiple impacts on children in terms of education, social isolation, wellbeing and child protection.”

We have added the following sentence to make the point about impoverished families clearer:
“Families of children from poorer families have fewer resources and are less likely to have appropriate access to the internet to allow learning, a space to learn or additional resources to enable learning/other activities.”