Thank you for the opportunity to contribute to the inquiry into the COVID-19 outbreak on children and young people in Wales.

Evidence is still emerging regarding the extent of the medical impact on children from COVID-19, however GPs and their teams understand there will have been knock-on consequences of the outbreak and the necessary lockdown restrictions. These include:

**Access to health care**

- Children may have had non-COVID-19 related ailments but not made contact with the GP either through the misconception that general practice was unavailable or over concerns that contacting the GP may put the child or parent at risk of COVID-19 if they had to attend a surgery. This could mean that they missed out on important diagnosis and treatment.
- For similar reasons, some children will have missed out on the routine vaccination cycle.
- There is a particular challenge for new parents. Health visitors are no longer seeing new babies face to face and while this does not prevent them providing care, it does place a greater reliance on parents, potentially first-time parents, identifying any issues with the baby’s health which might have been identified by a health visitor.
- It must also be remembered that new parents would typically have family and friends rallying around to help them following the birth. This is constrained by the lockdown.

**Social isolation**

- Children’s development requires social interaction and it is important that educational attainment is not seen in isolation from this social need. While technology offers some opportunity to maintain social ties, it will not be the same as a child would typically be used to.
- It would be interesting to see research carried out into the differing experiences of lockdown for children with siblings compared to those without.
- There is a concern that the experience of COVID-19, lockdown and isolation could become an Adverse Childhood Event for some children.
- Children who have caring roles for parents who are unwell themselves will not be getting the break from that duty which they normally would by attending school or social activities.

**Economic deprivation**

- Social isolation will have disproportionately affected children in families on lower incomes and with less access to space to exercise. As such, there could be concerns regarding the nutrition and wellbeing of some children.
- Social isolation could also have caused inequalities in terms of access to technology to maintain contact with friends and keep up to speed with their education. This applies both to the ability of the family to pay for technology and the availability of good broadband and mobile telephone connections in the location.
• The implementation of the policy to continue to provide free school meals during the pandemic should be assessed to ensure consistency of access to meals and their nutritional standard.

Safeguarding

• We note that it has been reported that the number of calls to Childline regarding physical and emotional abuse and instances of domestic violence have markedly increased during the lockdown period.
• Under lockdown restrictions, if someone actively wants to harm a child in their household, there is nowhere for that child to go to get away, and no other adults in their life to spot signs of concern. The usual safety net of interaction with teachers, school nurses, after school clubs and activities are all lost.
• With technology playing a larger role than ever in children’s lives, so the risks associated with it are heightened. This includes the potential of viewing harmful images or becoming victims of grooming and online abuse.

Stress

• In the short-term children who had been suffering from stress and anxiety related to taking exams have tended to see symptoms ease due to the cancellation of GCSE and A level examinations.
• In the long-term the inconsistency over how comprehensive one child’s education will be during the home-schooling period compared to another could lead to stress for those who struggle to keep up with the highest achievers in the class. While this isn’t exclusively an issue related to COVID-19, the extraordinary circumstances are likely to exacerbate the issue.
• There is also stress for a parent who unexpectedly finds themselves required to balance working from home (or the unique variety of stress which comes from being furloughed or job insecurity) and being a stand-in teacher. This stress can then spread around the whole household including children at a time when respite is very limited. This would be particularly pertinent where parents of children may themselves have health concerns or complex needs.
• Children may also be feeling anxiety and stress due to worrying about COVID-19 news coverage or illness in family members. Due to social isolation they may be unable to talk about this to adults and friends outside the home.

In conclusion

At this juncture it is difficult to understand the scale of the child health challenges posed by COVID-19. It will be essential to consider the wide spectrum of consequences of the prevalence of the virus, the lockdown measures and the resulting social isolation. We also know from previous epidemics and pandemics that a divergence of resource can have a significant wider impact on health and wellbeing.

A particular concern relates to mental health support. The prevalence of COVID-19 and associated lockdown is likely to have led to some cases becoming more acute and the lack of normal routine a challenge for the wellbeing of many. After lockdown we are expecting a surge in negative mental health symptoms among patients with anxiety, agoraphobia, OCD, depression etc. This could include unique COVID-19 based problems. Capacity in primary care for talking therapies must be available to cope with this increased demand for both children and those caring for them.
RCGP Wales has worked constructively with NHS Wales, Welsh Government and other health sector organisations including the BMA/GPC and Academy of Medical Royal Colleges, Wales. We will continue to do so as Wales seeks to minimise the impact of COVID-19.