

# Kingston JSNA 2023 Themed Sections: Immunisation and Education: Basics for good health

The data in the Kingston JSNA 2023 shows that Kingston is not meeting two very important targets for the health and wellbeing of young children and future adults in Kingston:

Kingston, while making progress, is not yet meeting national targets to keep our children safe through immunisation - and this is contributing to a national failure to eliminate measles and increased risks of polio and other diseases

Kingston's young children eligible for Free School Meals (FSM) (as a marker of low income) are doing less well than other children in Kingston and less well than children eligible for FSM in other London boroughs

## Immunisations

Vaccination against childhood and other illnesses is a proven and effective method to prevent ill health and mortality in our community. Yet, Kingston, like many other London other boroughs, was not meeting national goals on vaccination coverage before the pandemic, and while making progress, is not yet meeting those targets and there is more to do<sup>1</sup>.

The COVID-19 pandemic had a further impact on already declining immunisation uptake when programmes were paused due to school closures and reduced as health settings responded to the pandemic<sup>2</sup>. There were high levels of staff shortages and school absenteeism due to the implementation of the restrictions that followed. In addition, anecdotally, it has been suggested that the recent declines in the uptake of childhood immunisations are due to 'vaccine fatigue' or increased 'vaccine hesitancy'.<sup>3</sup> In 2019 the WHO shared 10 'threats to global health' with vaccine hesitancy being one of them as it threatens to reverse past progress made in tackling vaccine-preventable diseases<sup>4</sup>. A number of studies have looked into why parents refuse, delay, or are hesitant to vaccinate their child(ren). The reasons vary widely but include religious reasons, personal beliefs, safety concerns, and a need for more information from healthcare providers. Some of the 'hesitancy' or refusal may also be attributed to people having more exposure to misinformation online seeing more negative messages on social media than they are to see positive messages that could then negatively impact attitudes toward vaccines. The sharing of accurate, evidence-based information on social media and in campaigns regarding vaccinations will go some way to increasing the chances of people seeing positive, accurate messages on vaccinations<sup>5</sup>.

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<sup>1</sup> <https://fingertips.phe.org.uk/search/vaccination>

<sup>2</sup> [Childhood vaccination: Access problems in UK began way before covid-19 | The BMJ](#)

<sup>3</sup> Bell, S., Clarke, R., Paterson, P. and Mounier-Jack, S., 2020. Parents' and guardians' views and experiences of accessing routine childhood vaccinations during the coronavirus (COVID-19) pandemic: A mixed methods study in England. *PLoS one*, 15(12), p.e0244049

<sup>4</sup> [Ten threats to global health in 2019](#)

<sup>5</sup> [Online misinformation and vaccine hesitancy - PMC](#)

In May 2023, a National Immunisation Strategy is in development with Regional and South West London (SWL) strategies also in progress that will inform local borough action plans. Kingston's Immunisation Plan 2022 aims to deliver a borough action plan to improve immunisation uptake across all programmes that fall short of the World Health Organisation (WHO) or national or regional targets. The plan has been drawn up with key stakeholders including Primary Care, Health Visiting School Health, School Aged Immunisation Service (SAIS), SWL and RBK Communications, UKHSA representative and SWL ICB and will be reviewed at monthly Kingston Immunisation Steering Group Meetings with them.

Over the last two years Kingston partners have garnered a great deal of experience in supporting the COVID-19 vaccination and booster campaigns as well as the London polio booster campaign from August to December 2022. Drawing on knowledge and experience from these and other immunisation campaigns, the Kingston Immunisation Plan focuses on the priority areas where it is felt a difference can be made underpinned by 'Making Every Contact Count'<sup>6</sup>:

A 'making every contact count' approach has been adopted in Kingston with partners, ensuring health is part of conversations with residents across different settings and organisations in Kingston. Making sure that immunisation is part of health discussions across the life course is key. Ensuring this is joined up and that all staff are trained and encouraged to have these supportive conversations needs to be developed further, including discussion around vaccine hesitancy and reluctance where feasible. Translated and easy read immunisation resources should be readily available to support all immunisation conversations, as well as access to translators. Colleagues across RBK (including housing and Adult Social Care), Achieving for Children (Kingston's Children's Services), the voluntary sector (including those working with new arrivals), and trusted community and group leaders should be aware of where to signpost parents and carers to immunisation information for all ages and how to register with a GP if not already registered.

The NICE Quality Standards<sup>7</sup> cover increasing vaccine uptake among children and young people aged under 19 in groups and settings that have low immunisation coverage. Quality statement 4 advises that children and young people have their immunisation status checked at specific educational stages to identify gaps in vaccination. With this in mind, Health Visitors, School Nursing teams, GPs and educational staff should check vaccination records for gaps and the importance of receiving the outstanding vaccinations should be discussed with the child or young person and / or their parents or carers. They can also be signposted to the relevant organisation for further information and vaccination.

In Kingston since March 2023, links to vaccination resources have been included in information given on the birth certificate folder currently given to parents when they register their baby's birth. There are additional points in a child and young person's life when they enter and leave educational settings e.g. starting nursery / reception and Years 7 and 12, and Years 11 and 13 school. These are opportunities to promote and provide immunisation information. The School Health team can help to raise awareness of immunisation during Early Help Assessments, and those working with parents and carers of children who are Electively Home Educated and Children Looked After should promote the offer of childhood immunisations, and how to register with a GP if not already registered, so these children do not miss out.

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<sup>6</sup> NHS England, 'Making every contact count', published April 2016.

<sup>7</sup> [Vaccine uptake in under 19s | Quality standards | NICE](#)

Access and availability of appointments, cost of travel to services and competing demands on parents' time can have an impact on immunisation uptake. A 2018 survey by the Royal Society for Public Health (RSPH) found that around half of parents responding cited the timing (49%) and availability of appointments (48%) as the most common barriers to vaccination<sup>8</sup>. Improving access to vaccinations remains crucial especially when tackling inequalities in uptake, for example relating to ethnicity or socioeconomic status. The report also recommended that vaccinations should be offered in a more diverse range of locations and reminder services to be improved by using innovative methods such as social media pop-ups.

During the pandemic, Kingston council hosted a roving COVID-19 vaccination team from SWL ICB in several libraries and other settings across the borough. A number of Community Pharmacies also supported the vaccination programme. These sessions were in the heart of communities and extended into evenings and weekends which made it easier for residents to take up the offer of vaccination. As this set up worked well for the COVID-19 vaccination, Kingston Council worked in partnership with the NHS to host the roving team again in libraries and children's centres in support of the London Polio Booster Campaign in the Autumn of 2022. Again, this approach helped many more children access the polio booster offer in Kingston. This model will also be employed to support community clinics for children in the second phase of the polio vaccination campaign from June 2023.

Evidence shows that delivering immunisations in schools reduces health disparities by making access to vaccines easier for all. For example, parents don't need to take time off work to book immunisation appointments and children who are not registered with a GP are included<sup>9</sup>. The National Schools Immunisation Programme should be promoted and parents and carers be encouraged to take up the offer of school based vaccinations. Details of any additional community catch up clinics where vaccinations that have been missed, including flu (seasonal), HPV, pre-school and teenage boosters, MenACWY and MMR, can be received, should also be shared. Access to these offers should also be available to looked after children and those who are home educated.

Education about the value and importance of vaccination in schools in the science and PSHE curriculum would be beneficial. Three-quarters (74%) of UK adults surveyed by the RSPH agreed that there should be more education in secondary schools about the value of vaccination. This sentiment was also echoed in 2020 by the British Medical Association when they called for "the benefits of immunisation and where to access it to be taught in schools as well as teaching about the history of infectious disease and the importance of vaccines"<sup>10</sup>.

Although not mandatory, registration with a GP is available to all children and is important to ensure effective delivery of health care including childhood immunisations, and as a means of monitoring and supporting children especially those who are vulnerable. For this reason, all partners and those who have contact with families should check and encourage families and carers to ensure they are registered with a GP and share details of how to register if not. Through data from Childhood Health Information Services (CHIS), wards and groups with low GP registrations can be identified and work with partners can be undertaken to promote GP registration.

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<sup>8</sup> Royal Society of Public Health (RSPH), 'Moving the needle promoting vaccination uptake across the life course', published January 2019

<sup>9</sup> Gov.uk, 'Supporting immunisation programmes', accessed: May 2023

<sup>10</sup> British Medical Association (BMA), 'Improving immunisation coverage rates across the UK', published July 2020

## Education: Outcomes of children of our most deprived young residents

Education is a key determinant for health outcomes. One of the important indicators to consider is how well children who are eligible for 'Free School Meals (as a proxy measure for living in a household with a low income) perform on educational outcome measures. Higher levels of education are associated with a range of health benefits, including improved educational attainment, greater social mobility, fewer co-morbidities and longer life expectancy<sup>11</sup>. For this measure, Kingston is compared against the other London boroughs.

Children eligible for Free School Meals (FSM) in Kingston do less well compared to children eligible for FSM in nearly all other London boroughs on a number of measures at younger ages. On the latest available data (2021/22), 'School Readiness: % of children with free school meal (FSM) status achieving a good level of development at the end of Reception', Kingston is third from bottom in comparison to all London boroughs for this indicator<sup>12</sup>. Only 49% of children receiving FSM do well at the end of Reception in Kingston (compared with 64% across London as a whole). At the end of Year 1 (the year following Reception), children receiving FSM in Kingston continue to do worse than all boroughs in London except one on the 'phonics' measure<sup>13</sup> (School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1).

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<sup>11</sup> Education, schooling and health Summary, Sept 2021, gov.uk; (accessed March 2023)

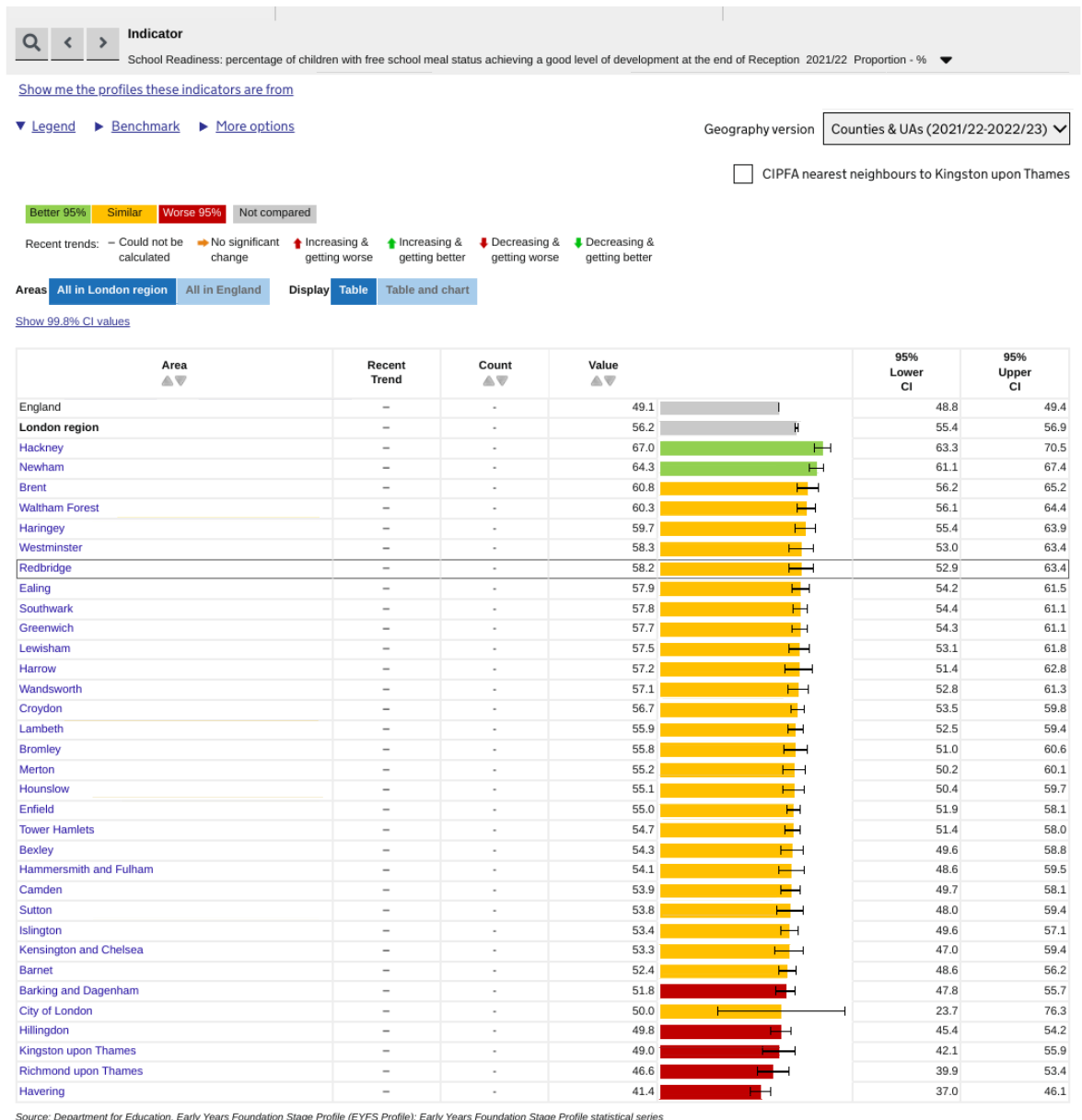
<sup>12</sup>

<https://fingertips.phe.org.uk/search/free%20school%20meals#page/3/qid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/90632/age/34/sex/4/cat/-1/ctp/-1/yrr/1/cid/1/tbm/1/page-options/car-do-0>

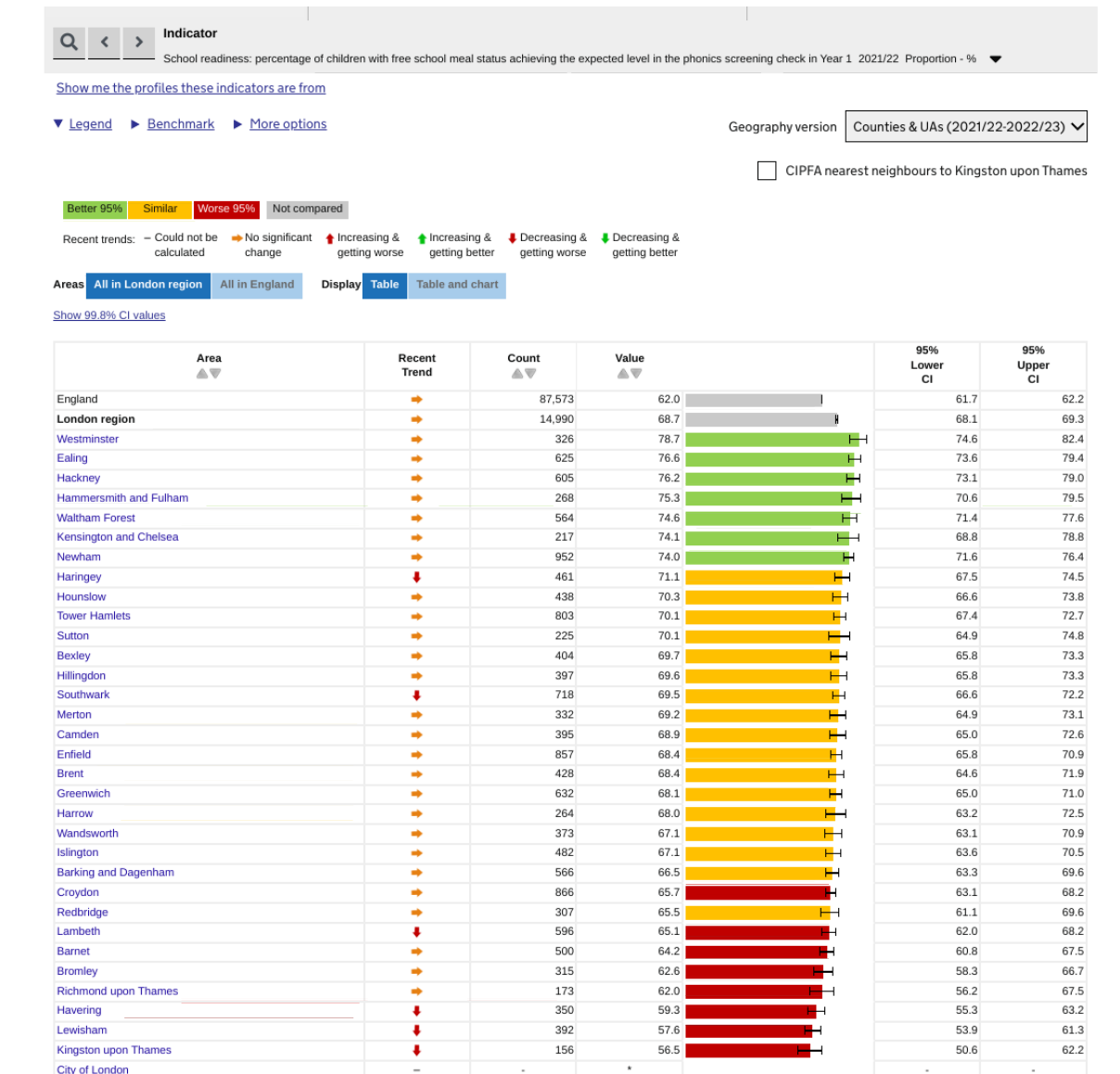
<sup>13</sup>

<https://fingertips.phe.org.uk/search/free%20school%20meals#page/3/qid/1/pat/6/par/E12000007/ati/402/are/E09000021/iid/90634/age/35/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1>

**Figure 1: School readiness: % of children with FSM status achieving a good level of development at the end of Reception 2021/22 (London benchmark)**



**Figure 2: School readiness: percentage of children with FSM status achieving the expected level in the Phonics screening check in Year 1 (2021/22) (London benchmark)**



For 'Attainment 8' (Pupils are aged 15-16 and attending state-funded schools in England), for children receiving Free School Meals, Kingston ranks in the middle of all London boroughs for 2020/21<sup>14 15 16</sup>. There are variations in achievement levels by ethnic groups in Kingston at Attainment 8, with Black boys having the lowest achievement at this age<sup>17</sup>. However, Black children perform better in Kingston than other outer London boroughs and England as a whole<sup>18</sup>.

<sup>14</sup>

<https://fingertips.phe.org.uk/search/free%20school%20meals#page/3/gid/1/pat/6/par/E1200007/ati/402/are/E0900021/iid/93865/age/175/sex/4/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1/page-options/car-do-0>

<sup>15</sup>

<sup>16</sup> It should be noted that summer exams were cancelled in 2020 and 2021 because of the COVID-19 pandemic. In 2021 students were awarded assessment grades based on what their teacher believed they would have achieved had exams gone ahead. This is different from the 2020 awards so cannot be compared with any previous data.

<sup>17</sup> <https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/gcse-results-attainment-8-for-children-aged-14-to-16-key-stage-4/latest>

<sup>18</sup> Source: <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

Nationally, Gypsy Roma and Traveller children have the lowest Attainment 8 outcomes<sup>19</sup>. Local data on this is not published.

**Key stage 4 performance: academic year 2020/21 - Average Attainment 8 score (out of 90.0) by ethnicity and gender<sup>20</sup>**

**Kingston Upon Thames**

<b>Ethnicity</b>	<b>All</b>	<b>Boys</b>	<b>Girls</b>
<b>Asian</b>	69.8	69.9	69.6
<b>Black</b>	51.9	49.0	54.8
<b>Chinese</b>	73.3	73.0	73.4
<b>Mixed</b>	59.6	54.8	64.1
<b>Other</b>	62.0	58.6	64.7
<b>White</b>	58.6	56.5	60.9
<b>Borough Total</b>	<b>61.4</b>	<b>58.9</b>	<b>63.8</b>

Data is not published at the borough level for children receiving Free School Meals and ethnicity. However, national data<sup>21</sup> for 2020/21 shows that in terms of children eligible for Free School Meals, white children have the worst educational outcomes of all ethnic groups at this age.

Local data is not given for children on Attainment 8 outcomes for 'Children Looked After' (children in the care of the council). National and outer London data shows that this group, perhaps the most in need, has the worst educational outcomes of all children<sup>22</sup>. It would be useful to review local data to consider local outcomes for this group.

<sup>19</sup> <https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/gcse-results-attainment-8-for-children-aged-14-to-16-key-stage-4/latest>

<sup>20</sup> <https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/gcse-results-attainment-8-for-children-aged-14-to-16-key-stage-4/latest>  
<sup>21</sup> [https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/gcse-results-attainment-8-for-children-aged-14-to-16-key-stage-4/latest#:~:text=Eligibility%20for%20free%20school%20meals%20\(FSM\)%20in%20England%20is%20used,scores%20than%20non%20Deligible%20pupils](https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/11-to-16-years-old/gcse-results-attainment-8-for-children-aged-14-to-16-key-stage-4/latest#:~:text=Eligibility%20for%20free%20school%20meals%20(FSM)%20in%20England%20is%20used,scores%20than%20non%20Deligible%20pupils)

<sup>22</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england>

## Recommendations:

### Immunisation

- Immunisation should be part of health conversations across the life course using a 'Making every contact count' approach across settings and organisations in Kingston.
- Ensuring that all staff are trained and encouraged to have these supportive conversations needs to be developed further, including discussion around vaccine hesitancy and reluctance where feasible.
- Translated and easy read immunisation resources should be readily available to support all immunisation conversations, as well as access to translators.
- Colleagues across RBK (including housing and Adult Social Care), Achieving for Children (Kingston's Children's Services), the voluntary sector (including those working with new arrivals), and trusted community and group leaders should be aware of where to signpost parents and carers to immunisation information for all ages and how to register with a GP if not already registered.
- At specific educational stages, health visitors, school nursing teams, GPs and educational staff should check vaccination history for gaps, and the importance of receiving the outstanding vaccinations should be discussed with the child or young person and/or their parents or carers. They can also be signposted to the relevant organisation.
- The School Health team can help to raise awareness of immunisation during Early Help Assessments.
- Where possible, those working with parents and carers of children who are Electively Home Educated and Children Looked After should promote the offer of childhood immunisations and how to register with a GP if not already registered so these children do not miss out.
- Offering vaccinations in a more diverse range of locations including the use of Children's Centres, should continue and reminder services to be improved by using innovative methods such as social media pop-ups.
- The benefits of the schools based immunisation programmes should be promoted and parents and carers be encouraged to take up the offer of vaccination in the school setting. Schools should be encouraged to continue to support school based vaccination sessions.
- Details of any additional community catch up clinics where vaccinations that have been missed, including flu (seasonal), HPV, pre-school and teenage boosters, MenACWY and MMR, can be received, should be shared widely. Access to these offers should also be available to looked after children and those who are home educated.
- Encourage education on the value and importance of vaccination and immunisation in schools in the science and PSHE curriculum through existing lesson plans and resources.
- All partners and those who have contact with families should check and encourage families and carers to ensure they are registered with a GP and share details of how to register if not.
- Through data analysis from Childhood Health Information Services (CHIS), identify wards and groups with low GP registrations and work with partners to promote GP registration.



## **Education:**

1. Carry out a short review of interventions that the highest performing boroughs are using to support education for children eligible for FSM and consider possible use in Kingston
2. Undertake a review to understand why performance of Black boys is lower than other children at Attainment 8 - and consider any interventions used in higher performing areas for local use
3. Based on the national findings of poor educational outcomes nationally, review educational outcomes for Children Looked After and children from the Gypsy, Roma and Traveller (GRT) community against borough average and assess whether further any interventions are required to support this group
4. Review Kingston data for 'Children Looked After' and compare with data for other groups in Kingston. If outcomes are low, consider reviewing approaches from areas with higher levels of outcomes for this group of children.