Building on Rainbows

Supporting Children's Participation in Shaping Responses to COVID-19

Executive Summary

As the UN Committee on the Rights of the Child has recently stated[1,] underlining various longstanding national and European laws and recommendations, children's views should be taken into account in responding to the COVID-19 pandemic. Children's participation in decision making is not a luxury, it is a protective measure[2] and children have shown many times that they make valuable contributions in responding to disasters and risk reduction[3]. By enabling children to help shape responses to COVID-19 we can ensure that rules and services take proper account of their rights and needs. This will help increase safety and efficiency, promote health and wellbeing and generate constructive long-term solutions to the personal, health, education, social care, community and economic challenges that lie ahead in the period of recovery.

This rapid evidence report contains findings from a survey conducted (in one week, April 2020) with 95 professionals contacted through children's participation and rights networks in 20 countries, including their reports of children's perspectives. This evidence, from across Europe, illustrates:

- Difficult conditions experienced by children in all countries, related to health, communication barriers, information shortages and digital reliance. Plus, additional challenges in many countries, related to accessing education, basic essentials, care and safety, mental health and wellbeing, involvement in decision making; and arising from exposure to violence, changes in family life, falling family and personal income and employment, inaccessible services and ongoing discrimination.
- Additional exposure to these challenges faced by children and young people who are care experienced, young Roma, children with experience of vulnerable family situations, migration, poverty and disability and those vulnerable to CSE, trafficking and violence.
- Response measures at national, local and organisational levels, introduced to try to address these challenges and mitigate risks, showing the value of and need for children's participation, identifying experiences, concerns and solutions, including with children in vulnerable situations.

Participation is a right (UN CRC Art 12) supported by EU Treaties and Council of Europe Recommendations, which states that children's views should be sought, heard and taken into account in decisions, in relation to all matters that concern children. It involves the rolling process of planning, connecting with people, identifying issues, investigating views, taking action, following up action and reviewing; and then starting again[4]. Children have been very active in participating and contributing to the functioning of households, sharing and creating information that promotes safety, caring for family members, providing help and support to friends and neighbours and taking part in paid and unpaid work.

- Amongst our children's participation and rights network colleagues who responded to the survey, **70% could not identify a single COVID-19 related children's participation initiative** (local or national).

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[1] see point 11 https://t.co/Gx74bA00nV
[2] See Warrington and Larkins 2019;
[3] See CUIDAR https://www.lancaster.ac.uk/cuidar/en/project-outputs/, but also research by NGOs eg https://www.savethechildren.net/blog/engaging-children-covid-19-response-and-beyond, (https://www.wvi.org/publications/report/child-participation/childrens-voices-times-covid-19-continued-child-activism)
[4] See Council of Europe Handbook on Children's Participation – forthcoming https://www.coe.int/en/web/children

The other 30% of respondents indicated children's participation activities which were underway, but **none had yet led to governmental action,** beyond the provision of information to children. Examples gathered to date involve children's participation in:

- o Receiving, designing and sharing information
- o Contributing ideas to shape services, for example alternative care and inclusive education
- o Developing national, organisational and family capacities by critiquing current practice

More child-led and collaborative local national, and international initiatives are planned. The evidence shows how these are or can be supported by arts-based practice; digital platforms for interpersonal communication; personalised contact with children face-to-face, post, email, and social media; communication with groups of children through social and mass media and websites; participation structures (Ex. children's councils); using surveys with children; questioning decision makers; safeguarding professional time to support these activities; and ensuring that participation is recognised as a priority.

Recommendations in support of children's participation

Our research indicates the need for following actions in support of these, to build capacity to ensure that these children's participation initiatives related to COVID-19 and recovery, are as safe, inclusive and impactful as possible.

1. **Provide Recognition**. Commit to children's participation in shaping public decision making in relation to responses to COVID-19. Celebrate children's everyday contributions in responding to the pandemic and challenge age-based judgements against children's actions, ideas and proposals.
2. **Support Individual Children:** Support individual children's participation in decisions and meetings that affect them. Take a more participatory approach to understand and respond to individual concerns. Improve the coordination between adults in contact with each individual child (e.g. parents, teachers, social/youth workers). Ensure children have regular direct contact with named individuals, in education and social care.
3. **Support Collective Influence:** Increase opportunities for children to collectively share their ideas, to ensure that they can highlight concerns, inform decisions, and hold decision-makers to account. Create and share safe, accessible platforms for children's digital participation. Ensure that decision-makers engage with these directly, so that children have direct access to people they can influence, promoting accountability. Use paper, post, face-to-face, phone, television, radio as well as digital tools.
4. **Promote Inclusion:** Adopt a critical Children's Rights Based Approach, which is guided by the concerns of the most marginalised children and communities (including children and young people who are care experienced, young Roma, children with experience of vulnerable family situations, migration, poverty and disability and those vulnerable to CSE, trafficking and violence). Considering the implications of all decisions and measures related to COVID-19 on all children, revise decisions and implement measures to respond to any challenges highlighted.
5. **Coordinate Digital and Offline Solutions**: Ensure provision of digital equipment, electricity and access to data for all children. Share internet safety information with children and exchange examples of safe, inclusive professional practice, maintaining contact with children. Upgrade professionals' digital and creative skills and organisational guidance where needed. Support peer to peer learning through digital equipment. Ensure support for usage of digital equipment for children whose parents are illiterate, including individualised teaching support via personal contact. But, do not rely on digital

communication - some children are overloaded with this. Provide printed copies of any materials available online, particularly for children in households with limited access to electricity and internet.

6. **Resources for Professionals:** Safeguard professionals' time for participation activities, ensure they have the status and Personal Protective Equipment needed to conduct individual case work. Provide funding to organisations in direct contact with specific groups of children, to maintain relationships with marginalised children and communities. For example, youth workers, community art-based organisations, Roma and Pro-Roma NGOs, and organisations working with children and young people who are care experienced, experiencing vulnerable family situations, migration, poverty and disability or vulnerable to CSE, trafficking and violence.

7. **Public Health Inclusion.** Ensure children's inclusion in formal structures and processes for community and public engagement. This should be supported through dedicated funding streams at EU and national levels, with particular reference to ensuring their involvement in governance of children's services and public health structures.

8. **Economic Measures.** Ensure that children's best interests are promoted in economic decision-making, learning from children about how best to ensure this is achieved nationally, and in shaping EU Cohesion Policy Funding. An adequate minimum income for children and adults would promote the conditions in which children can access opportunities, participate and thrive. The expected EU Council Recommendation on the Child Guarantee and domestic legislation in EU and Council of Europe member states should promote actions that support families financially, as well as children's access to services of high quality. Amend laws and programmes where needed to ensure immediate and permanent access to funds for provision of nutrition, medication, housing and essential services, for children and adults experiencing poverty and in other vulnerable situations.

The rest of this document provides details of:

1. The Research

Previous research[5] with 552 children from diverse backgrounds in the UK, Spain, Greece, Portugal and Italy has shown that in responding to risks and disasters:

- Children want to be informed about risk
- Children want to know what to do in public spaces
- Children want to play a role in building community resilience

In the study reported here, evidence about current practice was provided by 95 professionals (in the week commencing 13.4.20) via an online survey. They were working in 16 different sectors (Academia, Advocacy and Children's Rights, Child Protection, Civil Society Leaders, Early years, Education (Primary and Secondary), Health, Law, Media, NGO, Participatory Arts, Psychology, Public Health, Public Services, Social pedagogy, Social Work, and Youth and Community Work). Comments were drawn from two additional focused online discussions with professionals from 16 European countries, to identify additional data sources and to verify emerging findings. Additional evidence directly from children was drawn in from sources provided by survey respondents.

They reported on practice and experiences in 20 European countries (Albania, Belgium, Bulgaria, Croatia, Denmark, France, Germany, Ireland, Italy, Kosovo, North Macedonia, Norway, Poland, Portugal, Romania, Serbia, Spain, Switzerland, The Netherlands and the UK - England, Wales and Scotland).

2. Current conditions experienced by children in vulnerable situations

Children and adults are facing a global COVID-19 pandemic and Europe is currently one of the hardest hit regions[6]. This is causing ill-health for hundreds of thousands of people, and high COVID-19 related mortality rates in many countries. This is putting health, social care, youth work and other public services under huge pressure. In response to this situation, laws and other measures have been introduced by governments and organisations with the stated aims of promoting health, reducing loss of life, and limiting the negative economic consequences.

The response measures reported in this survey describe widespread rules by which adults and children are confined to homes, with limited exceptions and severe reductions in international and local travel. Rate of COVID- 19 infection and the nature of policy responses vary across Europe with more extensive measures introduced in some countries than others.[7] In many countries schools and public spaces are shut, with the exception of shops selling essential items. There are extensive social distancing measures, limiting the numbers of people who can meet together and specifying recommended distances between people in public places. Some places have introduced advice on protective clothing.

The consequences for children of the pandemic and some of the measures which have been introduced related to:

- Health inequalities
- Communication and information barriers

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[5] Notably CUIDAR https://www.lancaster.ac.uk/cuidar/en/project-outputs/,

[6] https://coronavirus.jhu.edu/map.html

[7] https://covidtracker.bsg.ox.ac.uk/stringency-map

- Digital reliance
- Education (access, pressure and educational inequalities)
- Basic essentials (food, water, housing, gas, electricity, medical supplies)
- Care and safety
- Mental health and wellbeing (including isolation and bereavement)
- Participation (services lack understanding of needs and children lack influence)
- Exposure to violence
- Changes in family life
- Income and employment (for families and young people, particularly informal workers)
- Inaccessible services (lack of staff or PPE or digital reliance or restrictions on travel)
- Discrimination (exclusion and targeting)

The health risks and inequalities are addressed in other on-going studies are not covered in detail here. In the survey, attention was drawn however to the risks arising from generalisations about the impact of COVID-19 on children's health, and the importance of prioritising children's best interests above those of economic expediency.

Professionals and children have investigated other children's views, through formal surveys and informal discussions, and they highlighted the lack of clear information available to children. They said:

In Serbia

– "uncertainty was the children's greatest worry… A certain percentage of children want answers to existential questions (whether the family will have enough money, whether they will have enough food) and are in fear of further restrictions on freedom and new restrictions on movement…. children miss social life and freedom the most."

In Spain

– "Children have asked for information - not only about how to protect themselves and their families, but also about the political and public health decisions underpinning the reasons why there are higher levels of the infection in some countries compared to others."

In the UK

– "Children want accurate information on their exams. They also want information on how politics works. What are the structures. What are their powers. How do we influence them. How do we hold them to account?"

- *"Children want to speak to their teachers, but teachers seem to be banned from having direct contact – is this because there is a risk averse policy?"*

In pan-European groups

Children say "We want to know what will happen when we go back to school"

"There is not enough flexibility"

We asked questions about the increased use of digital and online tools, and it was clear that whilst these provide opportunities, there were also challenges associated with digital reliance. These challenges were particularly significant for children who did not have access to a PC or tablet or phone (sometimes because they were living in large families, or in low income households). This was highlighted in Italy, where a respondent reported the results of a survey with families showing:

> *They do not have a pc or tablet at home (33.8% in 2018-19).*
> *They do not have a pc or tablet (12.3% children aged from 6 to 17 do not have a pc or tablet at home)*
> *They live in overcrowded houses (40%)*
> *They do not have high digital competence (70%)*
> *They do not have a good internet connection*

These and other challenges were particularly prevalent for children in alternative care, care leavers, children considered at risk due to family situations, children experiencing poverty, young Roma, disabled children and refugee children.

Table 1: Survey respondents' indicated exposure to challenges for some groups of children

Challenges experienced related to	Number of Countries Mentioned	Highlighted challenges for these groups of children and young people					
		CARE experienced	Known at risk	Living with poverty	Young Roma	Disabled Children	Refugee Children
Education	12	X	X	X	X	X	X
Basic essentials	10	X	X		X		X
Care and Safety	10	X	X	X	X	X	
Mental health and wellbeing	9	X	X	X	X		
- Isolation	6	X	X				
Participation: Lack understanding of issues	6	X			X	X	X
Participation: Involvement in decision making	2	X	X				
Exposure to violence and abuse	6	X	X	X		X	
Family life	6	X	X	X			
Income and employment	6	X	X	X	X		
Inaccessible services	6	X	X	X	X		
Discrimination	3				X	X	

Table 1 (above) shows that survey respondents highlighted that children and young people who have care experience are particularly exposed to challenges in all areas, as are children at risk due to family situations. Children with experience of poverty, young Roma, disabled children and refugee children are also consistently seen as exposed to challenges related to education, and frequently in access to care or safety,

mental wellbeing, participation, basic essentials, exposure to violence, falling financial security, inaccessible services and discriminatory attitudes and behaviours. These challenges all intersect as illustrated below.

Emerging examples of intersecting challenges experienced in vulnerable situations

In relation to education, for example, exclusion from distance learning was highlighted as a problem. In Serbia, research[8] on children's experiences of COVID-19 showed that -

> *"Almost half of children have their personal PC (48.3%), 37% share a PC with their family members, and 14.7% does not have access to a computer.*
> *"Children reported many problems with distance teaching: poor internet connection, difficulties with connecting to the internet when they need to submit homework; some children do not have home internet line and they quickly run out of the cellphone internet; there is no one to explain what they do not understand in new lessons; no one to ask when something is unclear to them; teaching on TV is too fast; they can't get assignments from TV; they can't read the slides on TV because they have an old TV set; if teachers use different applications they run out of memory space on their smartphones." P.14*

Digital exclusion was a barrier to education highlighted by many. Participants in our research also highlighted that some children are being overworked:

> *There are multiple channels of online learning, physical activity but there is a danger of overload from well-intentioned parents and of some children working too much or some not at all.*

Digital reliance was also a problem for children who did have access to technology, as they were described as experiencing 'digital overload', with excessive demands that they engage through digital tools for their education, care, support, friendship and entertainment.

Some children are lacking access to basic essentials, and this also had consequences for education for some. For example, for Roma children in one country:

> *Many Roma people ensure their incomes through selling second hand clothes in informal markets or in villages or by collecting recycle materials. These groups are those who most need help due to the lack of their incomes because of isolation but the government is not considering them. Also nothing has been done so far to help Roma children and facilitate the access on online classes. For example, the government has cut the electricity, so it is impossible for children to be taught and attend lessons.*

Care leavers in the UK were also described as lacking basic essentials, and needing additional communication resources that would enable their access to support:

> *Young people living in supported accommodation are further isolated with little or no guidance, support or financial freedoms. Limited resources. No WIFI. No computer. No credit on their phones. Some without smart phones. Hungry. Tesco donations are a lifeline. They are seeking mental health support and remaining on waiting lists. They are grieving family members that have died during this period without any knowledge on what to do next.*

Children's access to care and safety services was also limited for some children. Survey participants described in Spain:

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[8] http://zadecu.org/en/child_cov_19/

The lack of PPE (personal protective equipment) in child protection centres, where many workers (educators) roll out their work in very unsafe conditions.

And in the UK:

"Formal education is providing access to basic level services via schools and frontline staff are supporting children and young people of key workers plus those with particularly vulnerable characteristics. Concern surrounds those children and young people not attending and therefore their whereabouts plus their enhanced vulnerability status."

In six countries, increased exposure to violence, abuse and injury was noted, and emergency child helplines have reported significant increases in contacts – online and by phone:

At the national level the responses to helplines have increased partially and some organisations and networks are now online available. However, these may not reach the most vulnerable.

This increase in demand is despite the fact that some children are not in situations where it is safe for them to contact services and despite the extensive efforts (detailed in the next section), including professionals exposing themselves to the risk of infection, and becoming creative with alternative tools for maintaining contact. Changes in the way services are being provided also put children into more isolated conditions. As noted in Germany:

In terms of health many patients have been "sent home" including children who have been in treatment for psychological disturbances. … With the restrictive measures imposed due to the COVID-19 children who have been confronted with the child protection system in the past are now "lost" and alone at home with the violent perpetrator, with no supervision from the child welfare protection system.

The impact of changes in service provision can be exacerbated where organisations do not have appropriate understanding of digital online communication, as a respondent from the UK noted:

The safeguarding approach in the UK has inhibited the development of digital work and fundamentally misunderstands the internet

Children's experience of injury may also be related to confinement in spaces that are not designed for them, as one respondent from Germany noted:

[There is] higher stress caused by e.g. psychological, financial and health stress (especially fear that is fueled by the media) and an associated increase in violent and neglectful behavior. Much of this can only be guessed at because the children are in the apartments most of the time. A doctor said to me that there are a lot of injuries in the emergency room, which are certainly often due to the lack of security measures in the apartments [although there may be other reasons].

In four countries, respondents mentioned that children appear to be accessing vital health services less often for pre-existing conditions, or in response to new symptoms. This was leading to deteriorating health for some children, especially when "*chronic diseases are not recognized in time.*"

Concerns about falling incomes or employment were reported in six countries, for example in Croatia, one respondent said:

Most parents stay at home, many were fired, and life itself became much more difficult.

A loss of income or work pressure are combined for some with the pressure for children to produce school work, physical confinement, and family conflict, as described in France:

> *Difficulties in distance education (reinforcing inequalities); housing problems (limited space); economic hardship (loss of job); parent's difficulty reconciling work and childcare; family conflicts.*

National measures to implement income protection were described by survey respondents – through provision of welfare benefits, wage protection, loans to businesses and help for accommodation costs (rent or mortgage) as detailed in the next section. However, concerns were raised about delays in these reaching families.

There are health (physical and mental) and wellbeing concerns for many children at this time of increased risk of infection, public anxiety, isolation and exposure to domestic violence. Some of this is greater for children in care or facing additional vulnerabilities, over the short- and long-term. For example, one respondent from a pan-European organisation stated findings from their consultation work stated that across Europe:

> *With regards to children/youth without parental care or at risk…their care situation will also be impacted if their care takers at home or in alternative care settings fall ill. Children without or at risk of losing parental care are particularly exposed to these mounting challenges, compounding these conditions of vulnerability to situations of fragile family environments or in need of alternative care placement. They are directly impacted by unintended consequences of the lockdown, would be dramatically affected by the reduction in child welfare services and can suffer the long-term consequences of the economic downturn. Children are also worried about their families of origin and relatives and the fact that the situation loads them more with regards to these ties. Careleavers have also been faced themselves, with sudden unemployment and difficulty to get support as they were not prioritizied in the schemes of support.*

Children in care have reported "isolation, loss of freedom and depression" and the loss of contact with members of their children in care councils. When they do try to reduce the impact of isolation, children are also subject to adult scrutiny. In the UK, one respondent noted:

> *One example I've learned about is how schoolchildren who are not from key worker families are stuck at home in households where the adults are afraid to go outside at all. These are children who live in places defined as 'deprived' and where being outside is perceived as dangerous. Those without gardens or any outside space of their own are afraid to go out for a range of reasons: catching covid-19, being accosted by the police, being attacked by strangers or even neighbours, being spat at, being 'seen' to be out. The possible effects on children are very worrying.*

Participants in our research raised recurrent concerns about the portrayal of children in the media, and the way in which they are being blamed or even criminalised, for being in public spaces. Marginalised children and young people are also particularly impacted by decisions to close public parks and play facilities. This impacts disproportionately on families living in cramped conditions, lacking outside space (garden, terrace, balcony), natural light or the possibility to ventilate, and on a low income; particularly on the children, young people, and women in those households.

> *I'm asking my local councillor did they do an EIA on the decision? I really don't understand why!!*

Restrictions on movement are reported as disproportionately affecting families where there is no money to pay for taxis or printing passes (attestation). One survey respondent described this:

People aren't allowed to circulate without a printed declaration on where they are going, so a significant part of the poor families do not have the means to print such declarations daily. In the absence of the declaration, police can give fines to anybody who is on the streets without motives and declaration. Begging on the streets is not allowed any more.

Another reported how restrictions on movement are reinforced by discriminatory practices towards Roma, creating a further barrier to their access to basic essentials:

Police are stopping Roma people to leave the premises and go shopping in the city. Roma people are blamed for not respecting the rules of social distancing, while their very crowded homes, with no running water and sanitation, do not allow for keeping families inside.

Discrimination was reported as a major challenge facing disabled children and young people. For example, in the UK these were described as:

Discourses/policies/guidance which are devaluing the lives of this group (blanket use of do not resuscitate forms for those with autism/learning disabilities), prioritisation mechanisms for hospital treatment which deny them access to care, returned to families from residential settings with no support in place, new govt laws introduced which reduce statutory duties to provide education, health and social care provision for this group even post-corona. Loss of all social care support in the home. Lack of PPE equipment for workers in care homes/residential settings supporting this group, and for workers who may provide care in family homes. Loss of other services such as physio … which may have longer-term impacts. Lack of specific information for this group. Challenges with isolation/uncertainty/changes in routine especially difficult for some children with certain impairments leading to escalations in behaviours which are challenging/dangerous for themselves and their families. Increased push for them to go online (educ/socialising) increased risks of abuse and exploitation. Potential for some higher risk groups of disabled children to be in isolation for considerably long periods of time- even after lockdown for other children.

In six countries, the difficulties were described as being underpinned by lack of understanding of children and families experience of the situation, and an absence of these insights feeding into decision-making. As three respondents noted:

There has been no assessment of impact on the disproportionate way in which the pandemic and responses to it are affecting this group - esp given higher levels of poverty, single-parent households, higher risks of abuse and higher risks per se to the virus.

Ways to work directly with children and young people to gather their views about what they need. This is currently missing due to safeguarding, gatekeeping and ethical issues.

At a minimum we need to consider them when deciding a course of action. Children need to be consulted and we must consider not only physical health but also mental health

Some participation professionals had experienced resistance from authorities that were trying to limit contact with children due to the '*current uncertain context*'. This exclusion from participation in decision-making is also being experienced by individual children in some instances, with implications for safeguarding, as a further survey respondent noted:

Some children and young people are not having adequate safeguarding procedures being adhered to. For instance, child protection case conferences where young people are not being invited to participate in virtual meetings.

3. Response measures to support vulnerable children and families

In addition to significant public health interventions, survey participants described responses at organisational, local and national levels, put in place to address the additional challenges. These aimed to mitigate some of the conditions described above, in relation to provision of basic essentials, care and safety, digital access, education, mental health and wellbeing, and participatory solutions to information sharing.

In addition to health-related measures in all countries, respondents from seven countries reported distribution of food and other necessities, concerns were raised however about the extent to which these reached the most vulnerable children or '*only those that are known about*'.

In relation to education, in the face of the widespread closure of schools, lessons are being delivered online to many children who have the necessary electricity, technology and physical space. As mentioned above, digital exclusion is a significant concern, and survey respondents described[9] in Portugal:

> - Re-birth of TV school for children in rural areas or no digital access; re-planning of school periods and evaluations; schools and teachers make their own adaptations;

In Croatia and Estonia[10], and in parts of Spain, Bulgaria and the UK, there were reports that:

> - Children who do not have laptops have been given these by the Ministry of Science and local communities so that they can participate smoothly in teaching.

> - Online distant learning for the whole educational system. For those form vulnerable communities that do not have computers - hard copies and attempts to provide tablets.

Disparities in education practice across Europe were highlighted when the expectation of daily direct contact between teachers and their pupils was contrasted with the apparent ban on direct contact between children and teachers in some UK schools, and some teachers refusing to engage via email. Daily contact through education services in Finland was seen to enhance children's safety and wellbeing. There was one report that *"Schools are attempting to reach out to families by phone but many do not answer"*. The expectation of daily contact with **all** pupils in Finland, might help overcome any concerns families have about their children being singled out.

In six countries (Albania, Italy, Portugal, France, Romania, UK), social support for incomes was described. Examples provided are:

> Romania
> *- The government has promised unemployment aid, and evacuation from homes has been forbidden. People do not have to pay their dues to banks for 9 months, and banks cannot increase interest*

> Portugal
> *-Specific budget lines and measures for businesses to prevent firing; specific budget lines to help families pay rents*

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[9] We might also learn from Ireland, where tech equipment delivery to vulnerable students is being organised through a university https://www.tcd.ie/trinityaccess/tech2students/ or the USA where wifi-equiped buses may help children get online: https://edition.cnn.com/2017/10/31/tech/homework-gap/index.html
[10]https://everystudentonline.org/

Some additional measures to support employed parents to support their children were also identified:

Romania
-*Technical unemployment is granted for parents whose employers have problems during this period. Some parents, who have children up to 12 years, benefit from leave for their increase paid with 75% of the average wage in the country.*

Italy
- *Extraordinary leave for working parents with children up to 12 years of age (15 days, wage 50%.)*
- *Bonuses for the purchase of babysitting service.*
- *Increase in days of leave in the event of serious handicaps and shopping vouchers for families in economic difficulty.*

N Macedonia
- *From the Government we have decision that one of the parents doesn't go to work if they have children under 10 years old. Also, Ministry of Labor and Social Politic give possibility for family without income to apply for social welfare.*

UK
- *Seemingly good financial support being offered to those parents who are in work - evidence on whether this is feeding through to families is questionable.*

To promote care, safety and wellbeing, in the face of increased demand for services and difficulties in assuring safe face-to-face provision, respondents described innovations:

Croatia
- *An international NGO launched a campaign providing equipment and psychological help.*

- *Universities are also organized (academic staff and students) in providing resources and material for professionals and children (for example … providing material and support for children with disabilities and children with emotional and behavioural problems, as well as free online counselling).*

UK
- *Services are responding by using technology such as zoom and by phone contact. Only emergency services are face to face.*

 - *Schools running 'activity centres' for vulnerable children*

- *Child protection/Social Work responses ongoing but limited*

- *NGOs and clubs providing digital support*

Digital information services were described in the UK and Ireland, for example MEIC and
https://spunout.ie/education/article/youth-information-chat

Guidance on creating offline play and leisure opportunities has been created[11] and information about this is being shared between professionals on social media channels such as Twitter, with parents through Facebook and with children and young people through Instagram.

Use of digital spaces was being refined in some situations, to ensure that children's safety was promoted. For example, in Serbia, children are using a specific emoticon and sharing it with peers as a sign that they are experiencing a difficulty. This provides a quick message to teachers and peers that children need protection. Use was being made of the extensive online safety resources that already exist for children, but some professionals were unaware of these[12]. Appropriate guidance on the use of tools such as Zoom has been developed and other internet use training had been rolled out for youth work professionals in one country. Participation activities were also being rolled out online as a rapid response measure in some contexts, and these responses are covered in more depth in the next section. However, participants in our research also highlighted that they were using digital and offline methods in parallel. In Scotland and England, for example, activities were being printed and posted to children. Children were using posters, postcards and leaflets to communicate with adults. The importance of access to physical spaces was also reinforced, to reduce isolation and increase wellbeing.

Emerging examples of continued exposure to challenging conditions

Some of the responses we have highlighted in this section mitigated the impact of COVID-19 and some related measures on specific groups of children, but in many situations these additional vulnerabilities have not been remedied. For example, limitations on movement may be compounded by discrimination:

> *At the local level, some local authorities offer food packages to Roma communities, to prevent Roma to go out of their communities/neighbourhoods.*

Ongoing challenges were also related to the lack of national planning; legal restrictions and inappropriate rules, lack of PPE, attitudes and generational divides, finance not available or promised but sometimes slow to be forthcoming.

> *- Late response, no plan, very bad crisis management public health was ruined by past decisions*
>
> *- Not enough by government. Children and young people are the forgotten generation of this crisis. Locally the council's response is poor however local area action partnerships and the NGO sector coordinating bodies are working hard with little or no resources*
>
> *- In collaboration with some other grassroots and legal organizations, we have taken some steps and started an advocacy process in order to push the local and central government to approve a scheme of providing support regarding those who work informally, Roma and non-Roma. Also, we are trying*

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[11] EX. http://ipaworld.org/resources/for-parents-and-carers-play-in-crisis/

[12] **EX In Finland:** https://www.pelastakaalapset.fi/en/our-work-in-finland/child-protection-and-finnish-hotline/children-and-digital-media/ **In Scotland**: https://mindyertime.scot/ **In Spain:** https://www.is4k.es

to encourage local government to use its emergency budget in order to support small businesses through a scheme.

- The Ministry of Education offered that they would give tablets to children whose family income is very low [including Roma]. The methodology is not clear, and it requires using internet, proof for low or no income, that is not quickly accessible to the poorest families.

4. Examples of children's participation related to COVID-19

Children are engaged in a wide range of formal and informal participatory responses to COVID-19, promoting the rights and well-being of themselves and their families, and at times contributing to improvements in services. Their material participation includes contributing to the functioning of households, sharing and creating information that promotes safety, caring for family members, providing help and support to friends and neighbours and taking part in paid and unpaid work. Professionals gave the examples of:

"At school my children were encouraged to wash hands regularly throughout the day under the guidance of the staff and teachers. This is something they have carried on at home as part of their 'response ownership'."

"Life is even harder for young carers when there is increased violence in the home!"

Of the 95 professionals in children's rights and participation networks who responded to the survey, **70% could not identify a single COVID-19 related participation initiative** (local or national).

29 stated that some participatory practice was occurring at organisational, local, national or international levels, and 24 of these were activities initiated by their organisations**.** Children are also engaged in self-directed activities that aim to campaign for or create change. Although these were acknowledged by some participants in the survey, they were not reported.

Explanations of aspects of children's participation currently being undertaken or needed were provided from 11 countries (Croatia, Estonia, Germany, Italy, North Macedonia, Pan-Europe, Romania, Serbia, Spain, Switzerland, and The UK).

Those explanations suggested that participatory processes are in their very early stages of preparation and planning (2); connecting with children (7); identifying issues of concern (3); investigating views (5); taking action (2); Following up action (0), reviewing and sharing (0, but this study is part of that process).

To facilitate children's participation, respondents described the importance of arts based activities; digital platforms for interpersonal communication; personalised contact with children face to face, or through email, post and social media; communication with children through social media, mass media and websites; using participation structures (Ex. children's councils) and creating spaces (Ex. A new young think tank); using surveys with children and questioning decision makers; safeguarding professional time for supporting these activities; and ensuring that participation is recognised as a priority.

Emerging examples of different stages of participation processes

Examples of the use of these methods and mechanisms to support children's participation is explained below.

To **prepare and plan**, a professional from Spain explained how they were building a engagement with the Civil Protection agency in Catalunya.

> *We are in contact with the Civil Protection Service of Catalonia, providing guidance on how to improve the care of children and trying to implement some action that allows us to know first-hand what the needs, demands and concerns of children and adolescents are, thinking especially in the phase of deconfinement.*

Other professionals described the need to create the necessary (online and face to face) spaces in which participation could occur, and to ensure that professional capacity to facilitate these spaces was maintained. For example, the platform https://opin.me/en/   is being used by some existing participation groups. And young people in other places are piloting new tools[13].

To **connect with children** professionals are engaged in online and offline activities.

> *We are calling and talking to parents continuously (those who have phones), Meeting them one by one respecting the distance.*

> *We are trying to stay in contact with the children who are elected to the children's municipal council. We are also offering learning for citizenship content for children to children. We realise that this can in no way replace our physical, face-to-face work with children, but at least it enables us to keep up a link.*

> *University students [have been asked] to reach out to children [they are in contact with for research and placements purposes], by phone and other technology.*

To **identify issues of concern** participation groups are continuing to meet online and new activities are being created.

> *Children in Care Council is currently looking at impact of Covid on their lives and what future they would like to see afterwards.*

Children have also raised questions on TV and through social media.

To **investigate views** of individuals and groups, some direct contact with individuals is still occurring:

> *All advocacy case work continues to take place via virtual means*

> *We have regular communication with parents, but also with children. And we exchange information with our partners. DEFINITELY CHILDREN DIDN'T FEEL SAFETY ANYMORE.*

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[13] EX www.UCanMakeChange2.org forthcoming

Qualitative research is being undertaken "exploring CHYPs views/experiences living with a loved one who is seriously ill and impact of Covid within this existing set of circumstances.

Group views are being investigated by online means:

Participation Groups/support groups are continuing to ""meet"" via Zoom

But the need for more online spaces is also identified

To generate more spaces of participation that enable//allow knowing their point of view, facilitating also accessible and understandable information.

Ways to work directly with children and young people to gather their views about what they need. This is currently missing due to safeguarding, gatekeeping and ethical issues.

To **take action** one-to-one advocacy support remains vital. There has also been some collaboration with Children's Commissioners/Ombudsman:

Campaigning with Children's Commissioners and governments [action] on the issues for care experienced young people during this time.

And young people have taken a lead themselves:

Young people I work with started a Facebook/Insta campaign with other young people about representations of children and young people and Covid-19 in the media.

To follow up action, ensuring feedback to children and accountability of decision makers, was a recommended vital step by respondents, but no-one described how this was yet implemented. It was suggested that a child-rights based approach (CRBA) provides a model for this:

As in any settings, a child rights-based approach is essential to ensuring children's best interests: their participation throughout entire processes, their empowerment to access information and support to take forward their own initiatives, accountability to duty bearers so that children know what to do if their best interests are not taken into account, non-discrimination to ensure the best interests of every individual child and their particular situations.

The UN CRC guidance on implementation of article 12 (*General Comment 12*) makes it clear that feedback and accountability are essential elements of safe and ethical participatory practice.

Emerging examples of what has already been achieved through children's participation

The activities already undertaken are leading to the following improvements in information (dissemination and design), shaping services and developing national, organisational and family capacities by critiquing current practice.

Information

Previous research[14] has shown that it is important to not avoid discussing the public health crisis with children, but do this in an age appropriate way. Mutual learning exercises can be conducted to bring children's existing knowledge and perspectives about risk and hazard into contact with professionals from e.g. emergency planning and public health. Co-working with officials is important for children and young people so they can witness evidence of mutual interest. Some of this is taking place:

> *In conjunction with the Children's Council and the youth mayor, our association has organized a speech from our mayor to children in our city, in which he explains what the corona virus is and how to act during a pandemic.*

> *Information has been provided to children through mass-media*

In Spain, in a live TV question time programme watched by 20,000 people, children and young people from across the country were able to ask and have questions answered by the government minister of Science and an epidemiologist (Director of the Center for Coordination of Health Alerts and Emergencies of the Ministry of Health). Children took part in an online consultation to generate these questions, using existing online platforms. A similar initiative took place at a regional level:

> *At a regional level,… the president offered a round of questions and answers specifically aimed at children who had previously sent their doubts, driven by the children's information program …, which is also doing specific information work from the beginning of the crisis.*

One of the big ways in which the contribution of children (in Italy, Spain, the UK and possibly other countries), has been recognised in the COVID-19 response has been the creation of pictures of rainbows, and birds, displayed in people's windows across the country and posted on social media, that aim to create hope and a sense of a brighter future ahead. Children have also directly contributed to creating and sharing accessible information, for their peers and adults.

> *Non-accompanied minors have written information about protection measures in all languages.*

> *Children are taking part in a poster designing competition, to create information for Gypsy, Roma and Traveller communities, about how to stay safe during the pandemic. Children and families have helped raised money for health provision, sometimes thousands of pounds. And children have created education and cookery guides, shared on websites and social media.*

Shaping Services

Informal and local consultations have been reported in many countries and examples are still being provided by the survey link.

> *There have been some local level consultations taken forward by our members..*

> *Children started to share videos and participating as guest on TV (news) often complaining about online school (too many activities, not enough contact with teachers, peers).*

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[14] See CUIDAR above

In Serbia and in Scotland thousands of children have taken part in online surveys. The data were collected anonymously and on a voluntary basis. In the online survey they answered questions about the COVID-19 crisis, and how emergency measures had affected them. In Serbia, for example, they were asked about how they accessed information about the virus, how they spend their free time, how they access support and the support they were receiving with education. They also gave their views on what they cared about most and what they missed.

Work is also starting to ensure that these participation activities focus on the children most exposed to negative consequences. For example, informing work with children in alternative care:

> *We have designed a survey monkey and sent to all care experienced children and young people we currently work with and each L.A throughout England and Wales to ascertain their views and experiences of lockdown and access to services/rights/entitlements along with their perspective of what needs to happen to support them further during Covid-19.*

> *-Creation of a safe regional youth group (youth from care) in an online platform where one of the subject is discussion about Covid, aiming to collect their need and ideas for how to address it.*

> *Collection of needs through organized talks with professionals and caregivers.*

Informal and formal approaches to informing (accessible) education are also underway. Some initiatives are focused on promoting inclusion.

> *Children are adding teenager tips to a weekly bulletin from school.*

> *Children have been encouraged by the Welsh Government to share their ideas for home-schooling activities.*

> *We actively support the involvement of young people in the development of solutions to the challenges posed by the pandemic through online workshops and the development of computer and communication skills to try to mitigate the negative effects of isolation. In collaboration with the Ministry of Science and Education, we work to tailor distance learning to children with disabilities and other vulnerable groups.*

But further questions about school closure need to be explored:

> *How are children and young people involved in developing COVID-19 responses and to what degree do they participate? What assumptions are being made about children and young people in the current crisis response? How for example are disability, social class, disadvantage, gender, ethnicity being taken into account in recommendations about home schooling?*

There is also a lack of clear evidence on the extent to which these ideas are yet transforming provision.

Developing capacities and critique
Children and young people have been involved in designing and piloting solutions related to wellbeing, digital exclusions and children in care services. For example:

Mental health app for caregivers and children and youth - under pilot in Italy.

I'm aware of some youth work organisations consulting on how to improve their provision digitally. Our young people have been consulted about the future and how we work in the changed world.

Children and young people have also developed funding applications, to support them to understand and critique policy and practice affecting disabled young people:

Disabled young researchers have been involved in the development of a research funding proposal. If funded, this would look at the impact of govt policy and practice responses, and discourses to the pandemic, and their effects on disabled children and young people, and their families. We would also seek disabled young people's recommendations for improved policy and practice responses to support short and longer term understanding of how best to support disabled children and young people in any future pandemic or crisis situation.

5. Actions highlighted as necessary further responses

In the light of the on-going COVID-19 pandemic, and with a view to the process of recovery, respondents to the survey highlight some urgent needs.

In four countries, respondents drew attention to the need to **secure access to basic essential items and services** – food, hygiene products, adequate housing, utilities. The particular, urgent needs of some Roma communities, care leavers, refugees and families living with poverty were highlighted. There was a call for '*individual rooms for children in care*'.

In four countries, survey respondents highlighted the need for **coordinated digital and offline communication**. This should involve '*A specific rapid analysis of the needs of those who are not digitally connected*' and '*extend access to IT and data to all who need this (in partnerships with companies)*'. There is need to '*raise awareness of how to promote digital safety rather than fear of risks*' and to develop child and youth friendly apps and platforms. But it is important to avoid reliance on digital communication. Some children are experiencing digital overload. And some families do not have digital literacy or access to electricity.

In six countries, respondents made recommendations about inclusive **Education**. They described the need for '*direct contact between children and a teacher*'; '*digital outreach and support'* for families who are not digitally literate; Education through social media, terrestial channels '*resources for creative teaching*'; limitations on the expectations placed on learning outcomes and '*A greater emphasis on creativity and wellbeing*'; and access to outdoor environments as these can support learning.

In eight countries, respondents highlighted ongoing unaddressed needs related to **care, safety, health and wellbeing.**

In the midst of a dire need for primary services/goods, there is also a need to feel connected, to feel competent and to have a sense of purpose — so these dimensions of subjective well-being should not be discarded in policies supporting children and families in these times.

We must to prepared condition for continuing of normal live. We must to work on the mental health of children to understand what's happening, and to work with children's [ideas].

Children have highlighted their concerns about isolation and their anxieties about uncertainties. In response, professionals are suggesting action to provide all children with:

- Acess to opportunities to give them hope for the future, to support their mental health, future education and job opportunities and there needs to be a big focus on the regions and rural areas which, as always, will be hardest hit.

- Somewhere to visit for exercise. Allowed to visit the outdoors. Even if drive.

- Leisure activities, preferably in natural areas, for children whose families cannot afford them

- Practical support for children and young people (plus parents/carers) experiencing increased anxiety, mental health issues and self-harm potential as they continue to be away from friends, wider family members and other support networks.

-Psychological and emotional support, especially for those who have lost family members during the crisis

- Increased public awareness of the help and helplines available

Access to a named person, outside of their home, was seen as important for children in alternative care:

All children and young people in care to be provided with a named person(s) with contact details as many cannot access their social worker

To enable direct contact between children and service staff, survey respondents highlighted needs for Personal Protective Equipment, sufficient staff, protocols for safe working, and security of funding. Targeted funding was also called for, in support of organisations that have relationships with marginalised children and communities (ex. Roma, disabled children, children living with poverty, migrant and refugee children).

*Funding to grassroots organisations to support the children and young people YP they work with. National funders do not have the knowledge of local areas to do this work. **We** do.*

To overcome the multiple disadvantages experienced by marginalised children and families, research participants in four countries highlighted that income and accommodation guarantees are essential:

- economic reforms that ensure minimum incomes
- Strengthening families' economic capacity and guaranteeing decent housing for those who do not have it.

This is in line with previous research with children in Europe[15], and growing public and policy attention[16], which has shown the need for extension of an adequate minimum income across Europe.

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[15] Larkins (2011)

[16] http://www.alliance4investinginchildren.eu/proposal-for-a-council-recommendation-on-the-child-guarantee-for-the-wellbeing-of-all-children-across-the-eu/

As already noted, a Child Rights Based Approach, informed by children's participation, would provide some guide on how to redress these ongoing needs for action. This would also address the need for accountability, regarding the impact of children's participation on services and policy. Critically, this involves starting from an understanding of the experiences of those facing the most discrimination and exclusion, then engaging in dialogue to ensure that rights are provided for in meaningful ways[17].

A focus on action in support of children's participation

Supporting children's individual and collective participation was seen as an essential first step and a means of ensuring that other proposed solutions are correctly tailored to children's experiences and concerns. These goals can be supported by the following actions identified by survey respondents:

> *Child Protection case conferences to continue to include the Chair speaking with child/young person prior to these. Stress the importance and right to access advocacy - active offer to be put in place"*

This call for an active offer to be put in place, highlights the discrepancies in practice within the UK. Now, when children are experiencing physical confinement and higher levels of anxiety, it is perhaps timely to ensure all children in care are actively offered access to individual advocacy support, from someone outside of their home.

At an individual level, a health professional also described the need for a more proactive offer:

> *I think we could be more proactive in trying to talk to young people themselves. I think we could be more proactive in contacting families on our safeguarding list or at least talking about them as a team and thinking about how we can support them.*

At a collective level, as repeatedly underlined, the need for children participation was underlined:

> *This is a time when the child's voice is so important regarding service design, delivery and evaluation.*

To enable this, survey respondents called for participation work to be valued:

> *Participation work should continue and not be resigned to a non-essential service area. Participation workers need to be able to continue engaging with children and young people and not be under threat of redeployment to other service areas.*

Survey respondents called for clearer guidance, fit for the current context, on:

> *Ways to work directly with children and young people to gather their views about what they need. This is currently missing due to safeguarding, gatekeeping and ethical issues.*

Survey respondents also suggested the need for new spaces and relevant accessible information:

> *Creating a youth led think thank that can explore all this fully and provide peer like support to others Generate more participation spaces that make it possible to know their points of view, also provide accessible and understandable information.*

Opportunities to influence public decision-making were identified, at local, national, European and global levels, in relation to economic policy, health, social care and inclusion.

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[17] Larkins et al (2015)