

**THE CENTRE FOR
CHILDREN AND YOUNG
PEOPLE'S PARTICIPATION**
www.uclan.ac.uk/cypp



Dear SeneddCYPE Colleagues

I am writing to provide evidence on the scrutiny of COVID-19 and its impact on children and young people in Wales. In a study I published last week, professionals from 10 organisations in Wales supplied evidence on the impact of COVID-19 and children's participation in shaping responses to it. The study is here: <https://clou.uclan.ac.uk/33087/>

The document below highlights the recommendations emerging from the study. Children's participation in designing information and planning responses is key, and I would highlight three main points. **Children and young people need to be consistently involved in discussions of plans on how to maintain online learning and return to face to face education.** For example, as an advisor visiting areas of Italy (Amatrice) and Japan (Fukushima) destroyed by disasters, I saw for myself the contrasts between places where children were successfully involved in deciding how new forms of schooling were provided and those where plans were imposed without consultation. There is a need to strengthen the ways in which **the views that are being collected from children are transformed into improving practice.** The disparity in experience between different children is also highlighted by this study, therefore whilst surveys may show overall positive signs for some children, **action is needed to learn from those who are struggling and to improve responses to them.**

In addition to the report cited above, successful practices in promoting Roma children and young people's health, well-being and recovery in other parts of Europe are summarised in this more recent publication <https://core.ac.uk/display/323985874?source=2>. Although these are not focused on Wales, there may be lessons to learn from this which are also summarised below.

Yours

Cath Larkins

Professor, University of Central Lancashire



Response to Call for Evidence: COV 31 - Scrutiny of Covid-19 and its impact on children and young people on behalf of The Centre for Children and Young People's Participation.

As the UN Committee on the Rights of the Child has recently stated¹, 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 measure² and children have shown many times that they make valuable contributions in responding to disasters and risk reduction³.

This paper is based on findings from a survey conducted (in April and May 2020) with 105 professionals contacted through children's participation and rights networks in 20 countries in Europe, including Wales⁴. It also draws on research with Roma community organisations. This document therefore provides an overview of the experiences of children in vulnerable situations, and a particular focus on Roma children's wellbeing. It contains four sections:

- A summary of the negative impacts reported on children
- An overview of strategies and needs related to participation
- Analysis of lessons learned to date
- A set of co-created recommendations from NGOs and community members

Summary of negative impact on children

Whilst some children are reporting improvements in their wellbeing, related for example to reduced exposure to bullying and academic pressure in schools, children in vulnerable situations, in contact with specialist NGO and statutory services, were reported as experiencing these negative impacts.

- Difficult conditions related to health, communication barriers, information shortages and digital reliance.
- Additional challenges related to accessing education, basic essentials, care and safety, mental health and wellbeing, involvement in decision making
- Challenges arising from exposure to violence, changes in family life, falling family and personal income and employment, inaccessible services and ongoing discrimination.

¹ see https://msuclanac-my.sharepoint.com/:b:/g/personal/clarkins_uclan_ac_uk/ERoW_qv5w3FinDjihb3Mzv4BFOBlwb8c7acirhpwR-bKAA?e=ReihFZ

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 <https://clock.uclan.ac.uk/33087/>

Additional and disproportionate exposure to these challenges was 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.

An example of how already disadvantaged children are disproportionately affected is provided by a focused study on young Roma. This shows young Roma and their communities are affected by: **Lack of Essentials for Basic Health and Income; Wellbeing and Education; Discrimination and Participation.**

In terms of **lack of essentials for basic health**, some Roma families are facing increased difficulties accessing and paying for food, medication and Basic Services (clean water, sewerage, and electricity). These difficulties were reported in all 9 countries surveyed. One professional described it in this way:

The most vulnerable, as usual in such circumstances are Roma communities. ... the famine and lack of running water in some locations is a menace for humanitarian crisis.

Poor housing for many families means that they are living in places where access to water was already inadequate. In addition, access to other places where water may have been sourced, such as public buildings, has been ended by restrictions on movement and closure of public services. In some situations, municipal governments have 'cut the electricity' to some homes or failed to allow installation of temporary water and sewerage.

Income for some Roma families is affected by the nature of employment. Many people have been 'returning from working in Western European countries without job prospects' and this has impacts on loss of income for that individual and for family members to whom they had been sending money. Daily income sources are also affected, and this is not recognised in government measures:

Central government has approved two economic packages ... but unfortunately none ... include concrete measures for those who work informally.

Although some organisations have pointed out that there are difficulties for families who are not in existing systems, and there are delays sometimes of a few months changes in governmental approaches have not been implemented.

In terms of **wellbeing and education**, all families experiencing confinement and restrictions on movement are facing emotional pressure in one way or another; small housing may compound this. For some children who are used to reliance on outdoor environments for their mental wellbeing, this pressure will be even greater. But, as one professional noted '*initiatives that address their wellbeing are not on the table.*' While for some children not attending school may mean a reduced exposure to bullying, isolation may increase. In many families, children are reliant on the internet and digital devices for contact with other young people as well as for their education.

Professionals in all nine countries reported a lack of computers, and technical support for some Roma children. This exclusion was seen to potentially exacerbate existing inequalities. It was also seen to further emotional distress for young Roma by causing '*even stronger separation from other children*'. Although in some countries and neighbourhoods, governments have put in place strategies to provide printed materials and digital devices, overall, systems put in place to provide digital access do not go anywhere near to recognising or accommodating the needs of Roma families.

Discrimination was reported in four ways. Restrictions on movement are disproportionately enforced on some Roma communities and there are some reports of negative public and police attitudes. In one country, professionals reported that some Roma families were being forced to leave their home at a time when legislation was in place to confine people to their homes. There has also been a report of police violence against children⁵

Many professionals reported **combined effects** of poor housing, economic disadvantage (exacerbated by exclusion from formal employment or work in the gig economy), and lack of access to online learning all combined to exacerbate the health crisis:

The economic and social conditions of disadvantaged families ... have deteriorated significantly... Many people ... have lost their jobs due to the closure of sectors, especially in manufacturing, or have been forced to take unpaid leave. Many children ... are without technical devices and Internet access to continue their education. In addition ... many of the registered patients are from predominantly Roma neighbourhoods, mainly due to a lack of running water, disinfectants and social distance.

Mitigating strategies based on children's participation

Responses to these negative impacts at national, local and organisational levels, show the value of and need for children's participation, identifying experiences, concerns and solutions, including with children in vulnerable situations. Participation, as noted in the UN Committee on the Rights of the Child General Comment 12 (2009), involves the rolling process – this involved planning, connecting with people, identifying issues, investigating views, taking action, following up action and reviewing; and then starting again⁶.

Our studies show that participation activities are focused on ascertaining views and not yet giving them due weight. **None of the participatory action described had yet led to governmental action**, beyond the provision of information to children.

The effective strategies for child participation in this context included:

- More child-led and collaborative local national, and international initiatives
- Arts-based practice (including online);
- Digital platforms combined with personalised contact with children face-to-face, post, email, and social media;
- Children questioning decision makers and holding them to account;
- Safeguarding professional time to support these activities;
- Ensuring that participation is recognised as a priority, but recognising that attention to ethics and risk assessments is vital to ensure that participation is adequately supported.

A focus on Rom children in disadvantaged communities shows some of the ways these strategies can be combined. Some NGOs are very active in supporting, listening to and learning from children and families to find out about their needs.

⁵ <http://www.romea.cz/en/news/world/slovak-police-officer-said-to-have-beaten-five-romani-children-in-krompachy-settlement-and-threatened-to-shoot-them>

⁶ See Council of Europe Handbook on Children's Participation – forthcoming <https://www.coe.int/en/web/children>

'We have regular communication with parents, but also with children.'

- 1. We are calling and talking to parents continuously (those who have phones)*
- 2. Meeting them one by one respecting the distance'*

'By survey and communication with Roma families through our Roma coordinator from the localities.'

In two examples, professionals described how they were communicating the information they gained to local and national decision-makers:

In collaboration with some other grassroots and legal organizations, OUR centre has 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 to encourage local government to use its emergency budget in order to support small businesses through a scheme.

No professionals could identify the ideas of Roma children being taken into account in public decision-making at this time. They described the need for:

Communication with civil society organizations/NGOs/community centres [and] collecting data [on] needs of Roma families from social excluded localities and which are socially disadvantaged. After end of the pandemic we must be prepared for continuing of normal life. We must work on the mental health of children to understand what's happening, and to work with children.

Analysis of lessons learned to date

Analysis of the findings from our research indicates emerging lessons and possibilities that are arising from this time of pandemic, related to the need for: greater intergenerational community involvement; focus on the most excluded; the potential for innovative service provision, the need for social protection for informal workers and their children,

Professionals recognised that stronger community involvement in directing short- and long- term solutions is needed:

A serious strategy is needed on the part of the national and local institutions responsible for children's health and well-being. It can be developed with the active participation of the GOVERNMENT, non-governmental organizations and representatives of these communities, in order to meet all needs and to achieve success.

Even where national initiatives exist there tends to be *'a lack of structured dialogue with Roma communities'*.

Previous research⁷ has shown that it is important to discuss and learn from children about how to respond to disasters, risk reduction and strategies for recovery, and to do this in appropriate and ethical ways making sure that support is in place. Our research shows there is a greater emphasis on gathering children's views than there is on taking them into account, and some children are still not being heard. In some cases, involving parents can also help children be heard.

⁷ See <https://www.lancaster.ac.uk/cuidar/en/publications/>

The first lesson learnt from COVID-19 is that the children living in disadvantaged situations in the EU, including young Roma, can guide understanding, policy and services that will promote their health and well-being. The task is to establish mechanisms through which their ideas can and will be taken into account in decisions.

Participation and social protection go hand in hand, supporting each other to support health and wellbeing. Living in poor housing conditions impacts on children's physical health and well-being and has made it harder for families to stay healthy in the pandemic. In Europe many Roma live in neighborhoods with poor infrastructure –unmaintained streets, lack of street lighting, waste bins and safe playground are among common characteristics of Roma neighborhoods. In the most deprived areas, there is also a lack of sewerage and water supply, electricity, high number of damped houses. The overcrowded and very often damped houses are with poor isolation and difficult for heating during the winter season.

The second lesson learnt from COVID-19 is that the improvement of housing conditions of most excluded children cannot be postponed as it also has a negative impact on children's, the families', communities' and societies' ability to overcome pandemic situations such as the COVID-19.

Traditional forms of educational and social services have been transformed to online consultations and delivery since March 2020. However, the only access to digital technology of most excluded children prior the pandemic crises was via school facilities. To fill this gap in the context of COVID-19 crisis, many grass-root organizations have initiated variety types of activities such as:

- Fundraising campaigns to collect used technology and dissemination among pupils
- Dissemination of printed handout for pupils who don't owe digital equipment or electricity
- Collaboration with schools via the involvement of Roma and Traveller education services .

Lessons can be learned now from community responses and the innovative ways in which services have been adapted. It appears that there is always an alternative form of service provision, if there is a political will to do so. Learning from the success of providing access to digital technology and online communication could overcome the barriers to accessing services for some families, living in rural areas or preferring to access services remotely. Digital tools could be a platform for (1) extending usage of available services (2) provision of feedback on quality (3) recording specific gaps in and recommendations for service provision and (4) to raise concerns about discriminatory practices and professional attitudes. But some children and families will need support to use these.

The third lesson is that supporting access to innovative forms of services and feedback which rely on digital capabilities must be supported by adequate support. This will need investment in services to maintain connections between the most excluded children and workers who have established relationships with them and their families, and enhancement of digital capabilities over time.

Many people are working in temporary employment or seasonal work or day to day work opportunities without labor contract. Socio-economic measures by the governments to protect workers' rights failed to protect the rights of those who are not part of the formal labor market. This brought to extreme difficulties to parents to ensure the daily essentials of their children such as food, heating, drugs, clothing and basic educational items such as notebooks, pens, incl. digital items as part of the distance learning process. Given that the toxic stress due to living in poverty impacts on a negative way the mental health of caregivers as well as children, social protection systems need revision and update with a permanent fund for urgent needs of families with children.

The fourth lesson learnt from COVID-19 is that the role of the social protection system is critically important so that most excluded families with children are supported.

Families with children, living below the poverty line and families facing racism have reduced access to quality health and health-related services. These policy gaps were known prior the COVID-19 and unfortunately became even more difficult to overcome nowadays when the number of people at risk is increased. In the context of the pandemic, children in these situations are becoming more vulnerable. Anticipated growth in the number of unemployed people in the next months may result in higher numbers of people with additional health-needs, and lower access rates to preventative services in the context of COVID-19. **The lesson learnt from COVID-19 is that the need to review and secure mechanisms through which vulnerable children and their families can access preventative health-related services.**

Recommendations in support of children's participation, best interests and non-discrimination

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

- 1. 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 locally. An adequate minimum income for children and adults would promote the conditions in which children can access opportunities, participate and thrive. Improve multi-agency collaboration so that social, educational and health measures towards children and families are in line with specific needs, including access to social housing, social benefits and specialist services.
- 2. Support Individual Children:** Support individual children's participation in decisions and meetings that affect them (some of these have been cancelled in some local authorities). Take a 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) so that children can have regular direct contact with the named individuals, in education and social care, who they have chosen.
- 3. Support Collective Participation and 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. Improve supported and ethical mechanisms for responding to children's views so that children share their opinions about the quality of initiated measures and forthcoming planning of measures, programs, services and interventions in the context of COVID-19 response.

This includes opportunities to express specific concerns, experienced by the most excluded children in terms of:

- Accessibility of healthcare services of children, living in deprived areas
- Distance learning & housing conditions that enable children to thrive

- Effectiveness of community-based services in support of parenthood in poor environment
 - Availability of facilities for safe play within neighborhoods
 - Adequacy of income and digital support for access to online learning sources
 - Ensuring that children that opportunities to learn from children are not overlooked, but also to avoid causing distress in the process of collecting these views ⁸.
 - Ensuring children's inclusion in formal structures and processes for community and public engagement in governance of children's services and public health structures.
4. **Support Community led solutions:** Community involvement in advocacy work through expressing local views on specific concerns, and support for implementation of concrete ideas in line with needs and opportunities. Secure financial support to maintain and extend the relationships between grassroots organisations, specialist workers and wider community members. Policy actors demonstrating their commitment to hearing and learning from community perspectives. Improvement of community-based services in terms of planning and service delivery with parents and children and support for digital literacy.
 5. **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 the most marginalised children in all decisions and measures related to COVID-19 may mean revising decisions and implement measures to respond to any challenges so that they do not deepen existing inequalities.
 6. **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. The successful distribution of digital equipment and extended internet access that has already occurred for some families could be extended and built upon to create online mechanisms for feedback back about services, but also policy and practice nationally and internationally.
 7. **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.

⁸ <https://www.unicef-irc.org/publications/1086-ethical-considerations-for-evidence-generation-involving-children-on-the-covid-19.html>

ROMA CHILDREN'S PARTICIPATION: SHAPING RESPONSES TO COVID-19 IN THE EU AND BULGARIA

The 1989 UN Convention on the Rights of the Child provide children's rights to express their views freely in all matters affecting them, and for these to be taken into account. In the EU these rights are reinforced by primary law obligations in the Treaty of the European Union (EU) and the [Charter of Fundamental Rights](#). To exercise these rights, children need information, encouragement, mechanisms to voice their concerns, and people who take action in response. The UN Committee on the Rights of the Child has noted¹ that participation rights apply in responding to COVID-19.

The EU is currently developing a post-2020 initiative for Roma inclusion² and there is no clear indication of how this will support children's participation (as well as youth). The COVID-19 pandemic reinforces the need for clear indications on how children's views will be included.

This policy paper presents research on the impact of COVID-19 of Roma Children and the barriers to their health and wellbeing and the potential of participatory responses. The findings are set in the current context of child poverty and related EU initiatives on poverty and participation. Lessons to learned are highlighted and priority actions are recommended. The full research³, carried out via surveys and online discussion in April and May 2020, provided information about the impact of

This paper reports information from **professionals working with young Roma, from 13 organisations in 9 European countries (Albania, Bulgaria, Croatia, Hungary, Italy, North Macedonia, Romania, Spain and the UK) and participatory practice with children facing discrimination.**⁴

Impact of COVID-19 on Roma children in deprived areas

The findings of our research on the context of the pandemic and public health responses to it, show consistent patterns of challenging conditions experienced by some young Roma and their communities in relation to: **Lack of Essentials for Basic Health and Income; Wellbeing and Education; Discrimination and Participation.**

In terms of **lack of essentials for basic health**, some Roma families are facing increased difficulties accessing and paying for food, medication and Basic Services (clean water, sewerage, and electricity). These difficulties were reported in all 9 countries surveyed. One professional described it in this way:

The most vulnerable, as usual in such circumstances are Roma communities. ... the famine and lack of running water in some locations is a menace for humanitarian crisis.

Another professional underlined the health consequences of this:

Many Roma children are part of households that cannot provide them with food. Dozens of

¹ https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CRC/STA/9095&Lang=en

² https://ec.europa.eu/info/policies/justice-and-fundamental-rights/combating-discrimination/roma-and-eu/preparing-post-2020-initiative-roma-equality-and-inclusion_en

³ The full study Larkins et al 2020 [Building on Rainbows](#)

⁴ Quotes are not linked with countries to protect anonymity.

families are without running water and their restrictions on hygiene in these conditions are impossible.

Poor housing for many families means that they are living in places where access to water was already inadequate. In addition, access to other places where water may have been sourced, such as public buildings, has been ended by restrictions on movement and closure of public services. In some situations, municipal governments have 'cut the electricity' to some homes or failed to allow installation of temporary water and sewerage.

In some countries, movement has been restricted by the requirement that people should carry a pass, for example stating that people are on their way to shop for food, health needs or access hospitals, however:

A significant proportion 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 motive and declaration.

Income for some Roma families is affected by the nature of employment. Many people have been 'returning from working in Western European countries without job prospects' and this has impacts on loss of income for that individual and for family members to whom they had been sending money. Daily income sources are also affected, and this is not recognised in government measures:

Central government has approved two economic packages ... but unfortunately none ... include concrete measures for those who work informally. 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.

Although some organisations have pointed out that there are difficulties for families who do not have social welfare numbers, or who are not in existing systems, and there are delays sometimes

of a few months changes in governmental approaches have not been implemented.

In terms of **wellbeing and education**, all families experiencing confinement and restrictions on movement are facing emotional pressure in one way or another; small housing may compound this. For some children who are used to reliance on outdoor environments for their mental wellbeing, this pressure will be even greater. But, as one professional noted '*initiatives that address their wellbeing are not on the table.*' While for some children not attending school may mean a reduced exposure to bullying, isolation may increase. In many families, children are reliant on the internet and digital devices for contact with other young people as well as for their education. Professionals in all nine countries reported a lack of computers, and technical support for some Roma children.

due to the lack of smartphone or wireless access... the online teaching is not effective ... Also, because some of the parents cannot help them with their homework because of illiteracy.

This exclusion was seen to potentially exacerbate existing inequalities. It was also seen to further emotional distress for young Roma by causing '*even stronger separation from other children.*'

Although in some countries and neighbourhoods, governments have put in place strategies to provide printed materials and digital devices, overall, systems put in place to provide digital access do not go anywhere near to recognising or accommodating the needs of Roma families.

Discrimination was reported in four ways. Restrictions on movement are disproportionately enforced on some Roma communities and there are some reports of negative public and police attitudes, for example:

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.

In one country, professionals reported that some Roma families were being forced to leave their home at a time when legislation was in place to confine people to their homes. There has also been a report of police violence against children⁵

Families with children, living below the poverty line have limited access to quality health and health-related services. There are several reasons behind this, among which the discriminatory attitudes of some health professionals towards ethnic minorities. These policy gaps were known prior the COVID-19 and unfortunately became even more difficult to overcome nowadays when the number of people at risk is increased. In the context of the pandemic, children are becoming more vulnerable, especially those of them who live in poverty with unstable financial sources in the family.

It is expected that the number of people unemployed and with reduced incomes will grow in the next months, given that the pandemic crisis has affected all public sectors and many people are left out of the labor market. Many Roma individuals are facing difficulties in getting a job because of the discriminatory attitudes of some employers, and in the context of COVID-19 Roma individuals have described experiencing greater discrimination from employers in comparison to the time prior the pandemic.

Many professionals reported **combined effects** of poor housing, economic disadvantage (exacerbated by exclusion from formal employment or work in the gig economy), and lack of access to online learning all combined to exacerbate the health crisis:

The economic and social conditions of disadvantaged families ... have deteriorated significantly... Many people living in slums have

⁵ <http://www.romea.cz/en/news/world/slovak-police-officer-said-to-have-beaten-five-romani-children-in-krompachy-settlement-and-threatened-to-shoot-them>

lost their jobs due to the closure of sectors, especially in manufacturing, or have been forced to take unpaid leave. Many children ... are without technical devices and Internet access to continue their education. In addition ... many of the registered patients are from predominantly Roma neighbourhoods, mainly due to a lack of running water, disinfectants and social distance.

In the context of these combined barriers the lack of **participation** or even information about 'on how to respect quarantine and how to protect from infection spread within the community' raised professionals' concerns. One professional noted '*No one is focusing on this problem [the situation of vulnerable families] and there is not enough information*'. Some NGOs are very active in supporting, listening to and learning from children and families to find out about their needs.

'We have regular communication with parents, but also with children.'

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

'By survey and communication with Roma families through our Roma coordinator from the localities.'

In two examples, professionals described how they were communicating the information they gained to local and national decision-makers:

In collaboration with some other grassroots and legal organizations, OUR centre has 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 to

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

No professionals could identify the ideas of Roma children being taken into account in public decision-making at this time. They described the need for:

Communication with civil society organizations/NGOs/community centres [and] collecting data [on] needs of Roma families from social excluded localities and which are socially disadvantaged. After end of the pandemic we must to prepared condition for continuing of normal live. We must to work on the mental health of children to understand what's happens, and to work with children.

Context of Child Poverty

The COVID-19 pandemic has been occurring in the context of pre-existing extreme inequalities in Europe. Children from excluded families, living in deprived areas, have limited access to these participatory mechanisms. This exclusion is reinforced when parents are not involved in expressing their views. As children learn from their families, witnessing parents' involvement in decision making in encourages children to also share their views. An enabling environment is critically important to ensure the participation of children from excluded families.

The 22.8 million children at risk of poverty or social exclusion⁶ represent one of the most vulnerable population groups in the European Union. A Eurochild report⁷ shows 89% of children are living at risk of poverty; and "poverty among children with low-skilled parents is 15 times higher than it is among children with high-skilled parents in

⁶ 2018 figure which is growing in Covid-19 context

⁷ https://www.eurochild.org/fr/news/d/article/new-opportunities-for-investing-in-children/?tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&cHash=fcc8099c70c1cae4a34b8b2c31f8f229

Bulgaria. ... the situation particularly severe among disadvantaged groups such as Roma".

Children who grow up in poverty have less opportunities than their peers. They have less access to quality education from early childhood and continuing through to higher education, and are more likely than children from better-off families to face health problems, including mental health and well-being issues related to school dropout; lower educational attainment; and being in contact with criminal law or child protection systems.⁸

Children's health and participation, including for Roma children living in deprived areas, is supported by addressing these issues of material deprivation⁹.

Improving legislation, policy and practice: the 'bridge' called 'Children's Participation'

The COVID-19 pandemic has also been occurring in the context of a decade in which EU institutions have launched several initiatives, aimed at bringing Member States efforts together to plan and implement common policies for children's well-being, including through children's participation.

2010 - The European Semester started, with the aim to coordinate national efforts towards the Europe 2020 Strategy for smart, sustainable and inclusive growth. In this annual cycle, agreement of objectives was followed by country reports issued by the European Commission, Member State responses and Country Specific Recommendations adapted by the European Council.

2013 - The Recommendation on Investing in children: Breaking the cycle of disadvantage was part of the Social Investment Package. In this, the

⁸ <https://ec.europa.eu/social/main.jsp?langId=en&catId=1428&furtherNews=yes&newsId=9506>

⁹ BEREMÉNYI, B.Á.; LARKINS, C; PERCY-SMITH, B; ROTH, M. (2017) Key Learnings from the PEER PROJECT. A Combined Research Paper. FOCUS 4. ISBN 9788449069819. Available online: <https://ddd.uab.cat>



European Commission provides guidance for EU Member States on how to tackle child poverty and social exclusion through measures such as family support and benefits, quality childcare, early-childhood education under three key pillar: assess to adequate resources and reconciling work and family life, access to affordable quality services and [children's participation in decisions](#) that affect them, and in cultural, leisure and sport activities.¹⁰

2015 - the European Parliament called for a [Child Guarantee](#) that would help ensure that every child in Europe at risk of poverty or social exclusion has access to: free healthcare, free education, free early childhood education and care, decent housing and adequate nutrition¹¹.

2017 - the European Parliament requested further [preparatory action](#), and the European Commission responded by commissioning a study on the feasibility of a child guarantee for vulnerable children, focusing on the following target groups: children, living in precarious family situations, children, residing in institutions, children of recent migrants and refugees and children with disabilities and other children with special needs¹².

2019 – the [Bucharest Declaration on children's participation](#), an initiative by the Romanian EU Presidency developed recommendations for children's participation from children, young people and other experts. A European Parliament Resolution¹³ then called for the Commission and the Member States to implement these, highlighting that 'the culture of child participation can be built at all levels – family, community, local, regional, national and European' and bring 'short- and long-term benefits for society'. The European Commission are currently funding a study to investigate how children's participation in public decision making can be further strengthened.

2020 – [EU response in context of COVID-19](#) has included the Commission Communication on the Stability and Growth Pact, allowing for deviation from the budgetary requirements that normally apply, and legislation enabling European Structural and Investment Funds to be used to address the exceptional effects of the pandemic. The European Commission issued the Feasibility Study for a Child Guarantee,¹⁴ providing analysis of the design, feasibility, governance and implementation options of a possible future Child Guarantee Scheme in the EU Member States based on what is in place and feasible for groups of particularly vulnerable children.

Lessons to be learned on supporting participation

Professionals recognised that stronger community involvement in directing short- and long- term solutions is needed:

A serious strategy is needed on the part of the national and local institutions responsible for children's health and well-being. It can be developed with the active participation of the GOVERNMENT, non-governmental organizations and representatives of these communities, in order to meet all needs and to achieve success.

Even where national initiatives exist there tends to be 'a lack of structured dialogue with Roma communities'.

Previous research¹⁵ has shown that it is important to discuss and learn from children about how to respond to disasters, risk reduction and strategies for recovery, and to do this in appropriate and ethical making sure that support is in place.

¹⁰ <https://ec.europa.eu/social/main.jsp?catId=1246&langId=en>

¹¹ <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>

¹² <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>

¹³ https://www.europarl.europa.eu/doceo/document/B-9-2019-0180_EN.html?redirect

¹⁴ <https://ec.europa.eu/social/main.jsp?catId=1428&langId=en>

¹⁵ See <https://www.lancaster.ac.uk/cuidar/en/publications/>



Roma children have been engaged in creating information posters and videos that promote safety and well-being.

Children are taking part in a poster designing competition, to create information for... 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.

Some children living in disadvantaged conditions are involved in self-directed activities that aim to campaign for or create change. Others have created or taken part in online discussions of surveys to express their views.

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.

Some have taken part in press conferences and discussions with government ministers.

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.

These participatory processes are about preparation and planning; connecting with children; identifying issues of concern; and investigating views. In isolated case governments are now responding to children's views by, for

example, making funding available to meet the identified needs of children and young people in alternative care. There has also been some collaboration with Children's Ombudsmen.

Children and young people living in disadvantaged conditions have also been involved in designing and piloting solutions related to wellbeing and scrutinising practice. For example:

[Feeding back on a] Mental health app for caregivers and children and youth - under pilot in Italy.

Disabled young researchers have been involved in the development of a research funding proposal. ... this would look at the impact of govt policy and practice responses, and discourses to the pandemic ... [and] seek disabled young people's recommendations for improved policy and practice responses.

The first lesson learnt from COVID-19 is that the children living in disadvantaged situations in the EU, including young Roma, can guide understanding, policy and services that will promote their health and well-being. The task for EU Member States is to establish mechanisms through which their ideas can and will be taken into account in decisions.

Further lessons on health and wellbeing for Roma children in deprived areas

Participation and social protection go hand in hand, supporting each other to support health and wellbeing. The 2020 European Semester country reports¹⁶ highlighted ongoing difficulties for disadvantaged communities, and in Bulgaria an additional burden on the health system which is

¹⁶ https://ec.europa.eu/info/publications/2020-european-semester-country-specific-recommendations-commission-recommendations_en

'already characterised by limited accessibility stemming from low public financing, limited health insurance coverage'. The Bulgarian report echoes the findings from our research and notes: 'The share of people at risk of poverty or social exclusion was already high before the crisis, especially among children, the elderly, people with disabilities and Roma ... The crisis requires measures to fix the gaps already identified in previous years, and in particular the minimum income scheme, which is one of the least adequate in the EU for lifting recipients out of poverty'... Many Roma households, already in deep poverty prior to the crisis, are in need of essential services and support'

This underlines the policy gaps in terms of children's rights to access to basic essentials and services that promote health, well-being and participation: education, healthcare and socio-economic measures towards families.

1. *Living in poor housing conditions*

Living in poor housing conditions impacts on children's physical health and well-being and has made it harder for families to stay healthy in the pandemic. In Europe many Roma live in neighborhoods with poor infrastructure – unmaintained streets, lack of street lighting, waste bins and safe playground are among common characteristics of Roma neighborhoods. In the most deprived areas, there is also a lack of sewerage and water supply, electricity, high number of damped houses. The overcrowded and very often damped houses are with poor isolation and difficult for heating during the winter season.

Even though improvement of housing is underlined a priority under several EU strategic documents, including the National Strategies for Roma Integration, the practice proves that the existing legislative, institutional and funding mechanisms are poorly developed.

¹⁷https://osis.bg/wp-content/uploads/2018/04/OSI_Publication_Public_policies_29.pdf

The lesson learnt from COVID-19 is that the improvement of housing conditions of most excluded children cannot be postponed as it also has a negative impact on children's, the families', communities' and societies' ability to overcome pandemic situations such as the COVID-19. To do so, there is a need of amendments on existing tools for social housing in terms of scope and accessibility. The data shows that the number of people in housing needs is increasing. Unfortunately, the number of existing social houses in some EU Member States in the last decades has decreased. For instance, the relative share of municipal houses, aiming to meet the social housing needs of families and individuals in Bulgaria in 2011 was nearly seven times less (2.5 %) in comparison to the 1985 data census when their relative share was 16.2 %¹⁷.

2. *Digital equipment and services*

In Bulgaria, and other parts of the EU, traditional forms of educational and social services have been transformed to online consultations and delivery since March 2020. However, the only access to digital technology of most excluded children prior the pandemic crises was via school facilities.

To fill this gap in the context of COVID-19 crisis, many grass-root organizations have initiated variety types of activities such as:

- Fundraising campaigns to collect used technology and dissemination among pupils, living in poverty, without digital equipment
- Dissemination of printed handout for pupils who don't own digital equipment, internet, electricity and/or
- Collaboration with schools via the involvement of Roma educational mediators.

Lessons can be learned now from community responses and the ways in which services have been adapted. It appears that there is always an alternative form of service provision, if there is a political will to do so. Learning from the success of



providing access to digital technology and online communication could overcome the barriers to accessing services for some families, living in rural areas or preferring to access services remotely. Many Roma children are left to the care of their grandparents due to the work migration of parents in Western Europe. The alternative form of parental involvement in service delivery could be applicable for those families as well.

Digital tools could be a platform for (1) extending usage of available services (2) provision of feedback on quality (3) recording specific gaps in and recommendations for service provision and (4) to raise concerns about discriminatory practices and professional attitudes.

This initiative could be further developed and improved in Bulgaria as well as other EU Member States with similar social and economic background so that services are available, accessible, affordable and responsive to feedback. Targeted investment on including Roma parents' views in improving policies that affect them and services they might access could also create a culture supportive of children's participation in public decision-making.

3. *Toxic stress due to living in poverty*

The pandemic situation limited the work opportunities and impacted on a negative way those of the families, who are living without a secure income from permanent employment.

Given that high number of Roma are working on a temporarily basis, very often engaged in seasonal work and/or day to day work opportunities without labor contract, the initiated socio-economic measures by the governments to protect workers' rights failed to protect the rights of those who are not part of the formal labor market.

In addition, there were very limited measures for support of families, living below the poverty line. This brought to extreme difficulties to parents to ensure the daily essentials of their children such as food, heating, drugs, clothing and basic

educational items such as notebooks, pens, incl. digital items as part of the distance learning process.

The lesson learnt from COVID-19 is that the role of the social protection system is critically important so that most excluded families with children are supported. Given that the toxic stress due to living in poverty impacts on a negative way the mental health of caregivers as well as children, the European social protection systems need revision and update with a permanent fund for urgent needs of families with children.

The existing measures under the form of social benefits in Eastern Europe are partially addressing the needs of most excluded families with children. To support the survival of those families during the pandemic, many grass-root organizations have initiated fundraising activities – food packages, clothing and sanitarian essentials were collected and disseminated door to door by volunteers. A positive example from Bulgaria for community support were the donations made by Roma, living and working abroad to Roma, living in deprived rural and urban areas in Bulgaria.

However, these initiatives can't replace the role of the government.

Families with children, living below the poverty line have limited access to quality health and health-related services. There are several reasons behind this, among which the mandatory health insurance in some of the EU Member States, the discriminatory attitudes of some health professionals towards ethnic minorities and gap of understanding of social determinants in health. These policy gaps were known prior the COVID-19 and unfortunately became even more difficult to overcome nowadays when the number of people at risk is increased. In the context of the pandemic, children are becoming more vulnerable, especially those of them who live in poverty with unstable financial sources in the family.

It is expected that the number of unemployed people will grow in the next months, given that the

pandemic crisis has affected all public sectors and many people are left out of the labor market. Given that in many EU Member States the health system requires contributions for health insurance by individuals over 18 years old, it is estimated that those of the individuals who do not participate in the labor market can't effort to pay their health insurance. In practice this means high number of people without access to health-related preventative services in the context of COVID-19. **The lesson learnt from COVID-19 is that the EU Member States need to establish mechanisms through which vulnerable individuals could access preventative health-related services.**

Recommended Priority Actions

- 1. Improve supported and ethical mechanisms for hearing and responding to children's views so that children share their opinions** about the quality of initiated measures and forthcoming planning of measures, programs, services and interventions in the context of COVID-19 response.

This includes opportunities to express specific concerns, experienced by the most excluded children in terms of:

- Accessibility of healthcare services of vulnerable adults and children, living in deprived areas
- Distance form of learning & housing conditions that enable children to thrive
- Effectiveness of community-based services in support of parenthood in poor environment
- Availability of facilities for safe playground within the neighborhoods
- Ensured minimum income for daily essentials such as food, clothing, drugs, books and digital items for access to online learning sources

In the context of COVID-19 it is particularly important to ensure that children that opportunities to learn from children are not overlooked, but also to avoid causing distress¹⁸.

The successful distribution of digital equipment and extended internet access that has already occurred for some families could be extended and built upon to create online mechanisms for feedback back about services, but also policy and practice nationally and internationally.

- 2. Community involvement in advocacy work through expressing local views on specific concerns, and support for implementation of concrete ideas in line with needs and opportunities**

- Secure financial support to maintain and extend the relationships between grassroots organisations, Roma health mediators and wider community members
- Policy actors demonstrating their commitment to hearing and learning from community perspectives

- 3. Improvement of community-based services in terms of planning and service delivery:**

- Establishment of community-based libraries with free access to digital technology for children and parents
- Involvement of parents and pupils in classes and/or community supportive groups
- Integration of child participation approach into existing and emerging tools (legislative, institutional and financial) and the post-2020 initiative on Roma inclusion

- 4. Improvement of intersectoral collaboration so that social, educational and health measures towards children and families are in line with specific needs and development opportunities in family context of the child:**

- Access to social housing of families with children
- Access to social benefits and additional contacts with service providers for targeted support
- Access to health services and targeted support to ensure access to medical treatment, including medication.

¹⁸ <https://www.unicef-irc.org/publications/1086-ethical-considerations-for-evidence-generation-involving-children-on-the-covid-19.html>

¹⁹ For research and [Policy Paper on Roma Children's Participation](#) contact CLarkins@uclan.ac.uk





Building on Rainbows

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

Rapid Evidence Report

Compiled by Prof Cath Larkins, Prof Daniel Stoecklin, Rositsa Milkova, Dr Lucia Del Moral Espin, Dr Anne Crowley, Prof Maggie Mort, Prof Lucy Easthope, Mieke Schuurman, Dr Deborah Crook and Natália Fernandes, in conjunction with Eurochild members

23 April 2020

Executive Summary

As the UN Committee on the Rights of the Child has recently stated¹, 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 measure² and children have shown many times that they make valuable contributions in responding to disasters and risk reduction³. 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 again⁴. 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).

¹ see point 11 https://msuclanac-my.sharepoint.com/:b/g/personal/clarkins_uclan_ac_uk/ERoW_qy5w3FInDdijhb3Mzv4BFOBlwb8c7acirhpwR-bKAA?e=ReihFZ

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:

- Receiving, designing and sharing information
- Contributing ideas to shape services, for example alternative care and inclusive education
- 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.

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1. The Research

Previous research⁵ 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 regions⁶. 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

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 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						
Basic essentials	10						
Care and Safety	10						
Mental health and wellbeing	9						
- Isolation	6						
Participation: Lack understanding of issues	6						
Participation: Involvement in decision making	2						
Exposure to violence and abuse	6						
Family life	6						
Income and employment	6						
Inaccessible services	6						
Discrimination	3						

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, research⁸ 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:

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 prioritized 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 described⁹ 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 Estonia¹⁰, 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 from 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*

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-equipped 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 created¹¹ 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 these¹². 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

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 an 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 tools¹³.

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.

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 including surveys¹⁴ already mentioned and:

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.

¹⁴Ex <https://nya.org.uk/covid-response-report/>;



Information

Previous research¹⁵ 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).

¹⁵ 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, terrestrial 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 Europe¹⁶, and growing public and policy attention¹⁷, which has shown the need for extension of an adequate minimum income across Europe.

¹⁶ Larkins (2011)

¹⁷ <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 ways¹⁸.

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 tank 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.

¹⁸ Larkins et al (2015)

