



A NEW AND BETTER NORMAL

The Impact of COVID-19 on the Planning and Delivery of Children's Services: A Rights Review

August 2021



QUEEN'S
UNIVERSITY
BELFAST

CENTRE FOR
CHILDREN'S
RIGHTS

NICCY
PROMOTING THE RIGHTS OF
CHILDREN & YOUNG PEOPLE

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1. PROJECT BACKGROUND

1.1 Introduction

The first case of COVID-19 in Northern Ireland was diagnosed on 27 February 2020 and the first COVID-related death was on 19 March 2020 at which point the Health Minister anticipated a scale of ‘biblical proportions’. Schools and non-essential shops in Northern Ireland were closed from 23 March 2020, people were asked to work from home, there was no meeting up between households and regulations came into force on 28 March 2020 to enforce ‘stay at home guidelines’ unless for ‘reasonable excuses’. As the pandemic has progressed, restrictions were eased over the summer months (2020), with a return to school in September-December 2020, interrupted by an extended half-term break in October 2020. A second full lockdown came into force at the end of December 2020. Schools remained closed after the Christmas break, apart from Special Schools, non-essential shops were closed and the advice to work from home returned. At the time of this research, schools had begun to reopen gradually, with the return of young primary school children, followed by all primary school children and secondary school children in exam years. Meetings between households are restricted to ‘bubbles’ and non-essential shops remain closed. There is some anticipation of hope, however, as the vaccination programme in Northern Ireland gains pace.

The COVID-19 pandemic has had significant impact on the lives of children across the world (Lundy et al., 2021). In Northern Ireland the impact has been documented throughout the course of the pandemic in small scale studies with children, young people, their families and those working with or on behalf of them. This continuously emerging literature highlights a range of impacts on the lives of children and young people, disproportionately felt by certain ‘vulnerable’ groups. Existing documentation, however, makes limited specific reference to the UN Convention on the Rights of the Child (UNCRC) nor does the majority discuss the impact of the pandemic through a rights lens. Nonetheless, findings across the studies imply significant impact on children’s rights as they speak to children and young people’s needs in relation to education, personal and social development, mental health; protecting children from violence, abuse and neglect; supporting parents to meeting children’s needs and social needs; and advocating for involving children in decision-making and for child/youth friendly information (Barnardo’s NI, 2020a; Barnardo’s NI, 2020b; Family Fund, 2020; Finlay, 2020; NICVA, 2020; NIYF,

2020a; NIYF, 2020b; Playboard, 2020; Youthwork Alliance, 2020; Wilson, 2020).¹

The literature also notes that the delivery of services to children has continued (NICVA, 2020) and a number of 'creative strategies' (McArdle & McConville, 2021) are noted. However, further detail is required in relation to the accessibility of alternative modes of service delivery and the potential disproportionate impact on particular groups of children and young people. Concerns are raised in relation to the capacity of charities, organisations and institutions to deliver children's services within the context of the pandemic and post-COVID-19. These relate to: tools or skills held by individuals or institutions to respond to children's needs, particularly in relation to mental health and well-being; the financial sustainability (of charities in particular) post-COVID and their ability to continue to deliver all services; and, the sustainability of working under the pressures of continuous adaptation which risks 'burnout' (Barnardo's NI, 2020a; Barnardo's NI, 2020b; McArdle & McConville, 2021). There is also indication of limited engagement with children and young people, their parents/carers and even less so with vulnerable groups of children (Children's Law Centre, 2020a; NIYF, 2020a; 2020b). This suggests that differences in lived experiences are not being adequately reflected or used as a basis for making decisions around children's services planning. The current study aimed to build on the emerging literature with a focus on identifying the strategies adopted to deliver children's services during the pandemic, the challenges and enablers in doing so and concerns for moving forward. A key focus is to analyse responses and future directions through a rights lens.

1.2 Background to Research

The current study is funded by the Northern Ireland Commissioner for Children and Young People (NICCY). It forms part of a larger project which has collated data on the impact of the COVID-19 pandemic and related responses through: direct engagement with children and young people; the administration of modules in the Kids Life and Times Survey and Young Life and Times Survey; and, the focus of this report, qualitative research with professionals and practitioners involved in the planning and delivery of services to children and young people.

1.3 Study Overview

¹ Thus having relevance for a number of rights outlined in the Convention (Articles 2, 3, 6, 12, 17, 19, 23, 24, 26, 27, 28, 29, 31).

The overall purpose of the project was to identify the impacts of the COVID-19 pandemic on the planning and delivery of services to children and young people. It aimed to identify the challenges experienced by professionals and practitioners working in statutory and voluntary sectors and examine the ways in which they responded to and aimed to resolve the issues presented. The analysis aimed to assess these in the context of the rights and best interests of children and young people in Northern Ireland with a view to aiding NICCY in framing recommendations for future emergency planning.

The project included a number of stages which are elaborated on further below:

1. Rapid review of literature
2. Consultation with NICCY Youth Panel and NICCY Policy & Legal Team
3. Interviews with professionals and practitioners representing statutory and voluntary sectors.

Ethical approval was attained from the School Research Ethics Committee at the School of Social Sciences, Education and Social Work, QUB and from the NICCY ethics panel. Data collection took place in February and March 2021.

1.4 Rapid Review of Literature

A rapid review was completed of existing documentation on key activities, developments and provisions made by statutory and voluntary sectors to address children and young people's needs during the pandemic. The review focused primarily on literature relating to the context of the pandemic in Northern Ireland and drew on sources related to a number of substantive issues (for example, education, health, family life, play and leisure). The key aim of the review was to inform the subsequent stages of the project including consultation with NICCY staff and Youth Panel, the recruitment of participants and the development of interview schedules.

1.5 Consultation

Two separate consultations were held with the NICCY Youth Panel and the NICCY Policy & Legal Team in January 2021. The purpose of the consultations was to inform the design of the study. Consultation with both groups focused on the following:

- a. Impact of the pandemic on the lives of children and young people with a view to

establishing the areas of children's lives most affected and groups of children most impacted by the pandemic. This informed the sectors from which to recruit participants and the topics to discuss.

- b. Project design: their views on individuals and agencies/organisations to be represented among study participants; issues and topics to be explored both generally and specific to vulnerable groups and/or substantive areas; types of questions to be asked and structure of interviews/focus groups.

Feedback from both consultation groups was addressed in the final recruitment of participants and in the design of research instruments (interview/focus group guides).

1.6 Interviews with professionals and practitioners

Semi-structured interviews and focus groups were carried out with professionals and practitioners involved in the planning and delivery of children's services in the statutory and voluntary sectors in Northern Ireland. Interviews and focus groups aimed to gather participants' views on the challenges faced in their role and the impact that these had on the lives of children and young people they work with or on behalf of. Interviews also examined the ways in which participants responded to challenges, their views on areas of good practice and success and examples of where they thought responses could be improved.

A purposive sampling strategy was adopted and was informed by the rapid review of literature and the two NICCY consultations. Participants were selected on the basis of their work with specific groups of children and/or their role in the planning or delivery of children's services across a range of areas including: health; education; early years; play; child protection; youth services; justice. Effort was also made to ensure representation from 'decision makers' and those responsible for implementing decisions. An information sheet outlining the aims of the study, methods of data collection, dissemination and ways in which anonymity and confidentiality would be respected (including possible limitations) was sent to potential participants or key organisations where an individual was not identified. Participants were recruited to take part in a focus group, individual or paired interview, depending on preference and availability. All participants were asked to give their active consent to participate by completing an individual consent letter or by recording verbal consent. Interviews and focus groups were conducted online using MS Teams or Webex and were audio recorded. In total, 38 individuals participated in 12 individual or paired interviews and 7 focus groups, each lasting on average 50 minutes. A breakdown

of participants is provided in Table 1.

Challenges were encountered given the short time-frame (data collection spanning only three weeks), and the context of the research. These included engaging with participants at relatively short notice when they were very busy, and having to reschedule with participants who had to respond to urgent requests related to the pandemic. Therefore, whilst the invitation to participate was disseminated to a wide range of potential participants, the views presented represent those who responded and were able to facilitate the time-frame of the study. Nevertheless, the research team exceeded the initial target of 30 participants and achieved good representation across substantive areas of children's lives and those working with or on behalf of 'vulnerable' groups of children.

1.7 Analysis

An anonymised transcript of each interview/focus group recording was prepared. Data was subsequently coded and thematic analysis was applied, with emerging themes identified. Specific attention was given to: the rights implications of the pandemic on children and young people; challenges faced by organisations/departments in the delivery of children's services; policy/strategic responses to challenges faced and the implications for children's rights; and, key learning for the future in terms of perceived effective response. Many of the participants are key representatives or spokespersons for their organisation / department in issues related to the pandemic and were therefore able to speak to the research aims. Nevertheless, the data presented represents their views on service delivery, responses and challenges and cannot speak to those of everyone in their organisation/department. They do, however, draw on their own area of expertise and experience and together their views can inform the direction of future planning. A key limitation of the study, however, is that the views of children and young people of their direct experiences of service delivery are not included. As previously noted, other elements of NICCY's COVID-19 research programme has included children's views and experiences. Future research will need to further examine children and young people's experiences of responses in the delivery of children's services during the pandemic to inform an analysis of the effectiveness in the short- and long-term.

Table 1: Interview and Focus Group Participants

Code	Organisation / Department
CI1	Mental Health representative
CI2	Safeguarding Board
CI3	NGO LGBTQ+ Youth
CI4 CI5	Department of Health (2 representatives)
CI6	Department of Education
CI7	Education Authority
CI8 CI9	NGO Children's sector (2 representatives)
CI10	Public Health Agency
CI11	NGO Disability
CI12	NGO Disability
CI13	NASUWT
CI14	Department for Communities
FG1	Children/youth sector (3 representatives) (focus on broad issues)
FG2	Youth Justice Agency (3 representatives)
FG3	NGO Early years (3 representatives)
FG4	NGOs children/youth (3 representatives) (focus on refugee children/asylum)
FG5	NGOs youth sector (3 representatives) (focus on protection from harm/looked after children)
FG6	NGOs youth sector (5 representatives) (focus on youth & community work)
FG7	Health and Social Care Board (4 representatives)

2. ADEQUATE STANDARD OF LIVING

2.1 Context

Article 11 of the International Covenant of Economic Social and Cultural Rights (ICESCR) affirms the right of everyone to an adequate standard of living, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The specific right of every child to an adequate standard of living is established in Article 27 of the UNCRC. Here, the importance of an adequate standard of living is directly linked to the child's physical, mental, spiritual, moral and social development (Article 27(1)). Article 27(3) obliges States parties to take appropriate measures to assist parents and others responsible for the child to implement this right and to provide material assistance and support programmes where needed, particularly with regard to nutrition, clothing and housing. This should be undertaken 'in accordance with national conditions and within their means' (Article 27(3)). This can also be related to Article 26 of the UNCRC which requires States parties to take measures to ensure children's right to benefit from social security.

The Committee on the Rights of the Child has urged States consider the economic impacts of the pandemic on the rights of the child (UN 2020a). While acknowledging that the pandemic may have a significant and adverse impact on the availability of financial resources, the Committee has emphasised that these difficulties should not be regarded as an impediment to the implementation of the Convention, and that responses to the pandemic, including restrictions and decisions on allocation of resources, reflect the principle of the best interests of the child (UN 2020a, para 1). In particular, it called on States to activate immediate measures to ensure that children are fed nutritious food during the period of emergency, disaster or lockdown, as many children receive their only nutritious meal through school feeding schemes (UN 2020a, para 4).

2.2 Impacts of COVID-19 on Services for Children and Young People

There has been significant concern that COVID-19 has been pushing some families into poverty and those families that are already experiencing poverty, even more so. This has been in part due to loss of jobs or earnings and delays in benefits assessment because of the pandemic (Child Poverty Action Group, 2020).

Community and voluntary sector organisations were, by and large, able to adapt how they delivered services quickly. For example, one NGO who supports children at risk of holiday

hunger explained how they were able to quickly change their way of working to ensure children and families were still supported.

[W]e also deliver holiday hunger projects in four areas in Northern Ireland. What we had to do then was to deliver food parcels to the families rather than bringing them into the centre for their meals, their lunches and activities and stuff. (FG1)²

Some NGOs however, faced challenges at the beginning of the pandemic in ascertaining whether or not they could be categorised as ‘essential’ and therefore allowed to travel to deliver food parcels. The lack of clear guidance and information on how to address this and ensure staff were not at risk was a particular concern with social media used to keep in touch with each other and with families.

So while they were delivering the activity packs and the food parcels we were concerned that the police would’ve stopped [staff] and said ‘you shouldn’t be doing that’. So I think there was a lack of information at the start and a little bit of concern from our point of view of, well what support can we put in place for staff in case they are stopped? So it was about scouring the government website to see, well who’s exempt? Who’s not exempt? Do we need to print something out? So I think that was a bit of a concern at the start, but again we moved everything online, so everything was either Facebook, WhatsApp messages, texts. We just used all the technology to stay in communication with the families. (FG1)

Following contact with NICVA the NGO in question was confident that they could be classed as ‘essential workers’. They also sought to limit the amount of time that staff spent travelling to deliver food parcels. There were some positive impacts. For example, attendance at umbrella or alliance related meetings such as the Child Poverty Alliance in fact increased as a result of the move online and reduction in travel. More broadly, however, interviewees indicated that referrals to existing support services they provided began to increase during the pandemic. For example:

We would’ve normally received referrals probably round about, coming up to holiday periods, because our projects are about holiday hunger, so it would’ve been coming up to holiday periods like the summer and stuff. But we were getting referrals on a weekly

² Refer to Table 1 in Section 1 for list of participant codes.

basis, and we were continuing to deliver to the families on our projects, but we also seen an increase in families that had been furloughed as well, but also families that had lost their jobs, because it was, you know, zero-hour contract work and they were no longer required. So, there was people in dire straits needing support, food, oil, those kinds of things that we had to act on pretty quickly. (FG1)

Concern was expressed at the reduction or collapse of informal support networks that single parents or low-income families may previously have relied on in the local community or neighbourhood or family members. It was suggested that the option of bubbles later in the pandemic helped address this to an extent. Some groups of children appeared to be impacted more so than others. For example, interviewees highlighted how young care leavers faced challenges accessing household items, food, toiletries and cleaning supplies as well as maintaining utility services including electricity and home heating.

The data suggest that the pandemic has exposed the extent of digital poverty experienced by some children and young people, particularly where lockdown restrictions impacted on solutions that had previously been put in place by community and voluntary organisations to alleviate this. For example:

One of the things that really suffered was our older age group, those leaving care ones. And it was around that having access to the internet... You know, they might have had the phones that they maybe got a gigabyte, but because of the lockdown, [before lockdown] a lot of our young people used to come into our office and sit in our young people's room and use our data, so they lost out an awful lot so they did, because they couldn't attend everything due to having limited data. (FG1)

The reality and impact of digital poverty for young people leaving care was reiterated by another interviewee around poor internet connection, low data limits, lack of enabled devices and restrictions, and digital exclusion.

One of the big barriers for young people is an awful lot of them didn't have, couldn't afford Wi-Fi in their own accommodation. So any time you were going on Zoom it was using up their data, and they couldn't afford it... it wasn't even that, a lot of them had Zoom fatigue, I get that as well, but a lot of them couldn't access it. You know, it was digital poverty, which we found an awful lot of young people were suffering from. A lot

of our young people don't have family support networks, just by virtue that they grew up in care and they're living on their own, so it's the isolation that really, really struck. (FG5)

This was also an issue experienced by newcomer or refugee children and the organisations that worked with them. As a lot of these young people did not have access to laptops or internet, NGOs had to revert to telephone calls to check they were okay.

2.3 Developing Responses

An initial response to the impact of the pandemic on children and families' access to food appeared to be established fairly quickly. While the scale of potential impact was still relatively unknown in early March 2020, this was deemed to be sufficient enough for the Department for Communities to establish an 'Emergencies Leadership' group which would aim to work in partnership with the community and voluntary sector. The rationale for such a group arose in response to previous experiences:

Because there was a recognition that [in] previous emergencies, the statutory sector had come under some criticism for in a way just kind of doing its own thing and not working properly in partnership. (CI14)

The first meeting took place on 20 March 2020 chaired by the Minister of the Department for Communities (DfC). The intention was that the DfC would work in partnership with the NGO sector to identify issues and then shape responses to those. One example of such a response was the food box service. It was noted that the group was a work in progress. The group initially met once a week with this now being reduced to once a month. In parallel a broad reference group was established to feed into the emergencies leadership group, however there appeared to be politics surrounding who was invited to be on which group.

[E]ssentially anybody could be part of that [broader reference group], so we kept that very, very open, but actually naturally of course people perceived that as a hierarchy and not as good as being on the leadership group which had been set up by the Minister. (CI14)

Despite tensions surrounding the process there was a perception that working in

partnership with the NGO sector had been successful; that strong relationships and 'genuine trust' had been established. One of the perceived benefits of the group was that:

If something wasn't going to work people told us immediately. So I just loved that, because we didn't waste, we didn't have time to waste. Like it was, you know, without being too dramatic it was in many cases not perhaps life and death but certainly wellbeing issues at stake. So to hear early 'look that won't work'... [was] really helpful. (CI14)

In the early stages of the pandemic, access to food was identified as a key issue to be addressed, with other issues such as mental health issues and loneliness gradually emerging thereafter. Food boxes were thus developed as an emergency response *'to make sure that nobody would be left hungry essentially'*. Understanding of who required access to food boxes was not solely restricted to not being able to access food due to low income, but for people who were shielding and unable to leave their homes as well as, for example, single parents who were unable to take their children with them to the supermarket due to restrictions in place.

So we didn't stop anybody getting access to food. We just said 'if you need it here's how you access it', and we would try to ascertain through the scripts that we had on our advice line if the issue of access was about income or whether it was about physically getting access. If it was physically getting access then we linked people in either with an online shopping slot or with volunteers who could physically go and do your shopping for you. So we tried to help people in a way that was appropriate for their circumstances. (CI14)

Community and voluntary sector organisations also played a critical role in ensuring that children and families had access to food. Several interviewees highlighted how NGOs were able to come together to develop alternative ways of delivering services such as setting up a tent in a location that families could go to get help or advice or food parcels. It was suggested that the community and voluntary sector were able to take a more proactive approach compared to the statutory sector.

So you had the community and voluntary sector setting up tents, delivering services, parcels, activity packs, when all those statutory services just stepped back... I guess that's the frustration with the statutory sector and government. They move so slowly,

whereas we can just, you know, as long as we have the policies, procedures and safety requirements in place we can move quickly, and I think that's what we have all done. (FG1)

A second key issue that emerged in the context of ensuring children and families had an adequate standard of living during the pandemic was being able to keep warm, especially for children and families who were home-schooling each day. The response to this was the 'Warm Well and Connected' programme, with the 'warm' element geared towards those in extreme need and struggling to heat their homes. It was suggested that there had been some learning from the initial lockdown period:

So warm, well-connected, and this is where we learned our lessons from first time around, we did it through a Section 75 lens. So all of the Section 75 groups have been considered and involved in the co-design of that programme, and you'll probably have seen, there's a lot of media around the warm, well-connected programme. (CI14)

It is not clear how and to what extent Section 75 groups have been involved in co-designing the programme.

The third substantive issue raised in respect of adequate standard of living was digital poverty experienced by children and young people where children may be trying to learn remotely in a home with no Wi-Fi or with no or limited devices. While this was acknowledged as an important issue in the context of the pandemic, it was one that was unable to be directly addressed in the timeframe by DfC.

[W]e wanted to do something about that, and we just couldn't, we couldn't come up with something that was workable and that would pass kind of a value for money test, would pass all the safeguards. (CI14)

Instead this appeared to be taken up by community and voluntary sector organisations, particularly for groups of children and young people categorised as 'vulnerable' such as refugee or asylum-seeking children.

Going back into other lockdowns we were very lucky to be able to secure some funding and buy all the young people laptops and buy the ones who didn't have internet dongles so that they could connect with the internet. (FG4)

While a programme of access to digital technology was adopted by the Education Minister and reiterated at various points during the pandemic, the benefits of this had yet to be experienced by children in asylum accommodation at the time of writing. The extent of digital poverty is a particular issue here as one NGO representative explained:

In terms of devices and access to internet in asylum accommodation there's no internet. With the asylum payments at £39.63, they were £37 at the beginning of lockdown, this doesn't afford anybody extra data on their phones, and a lot of people mightn't have Smartphones. So there was a big programme of access to tech, and the Education Minister at different points throughout the pandemic was talking about disadvantaged children. It still hasn't really come down. I know the EA put a business case in specifically for the children in asylum accommodation. That still hasn't come to fruition. (FG4)

More broadly, NGOs were able to apply for funding to support children and young people during the pandemic in appropriate ways and covering a range of issues. For example:

I know we did get funding for different bits and pieces and we, things like being able to give young people vouchers to buy electric and young people vouchers to get food, you know? Which wouldn't have been what we'd done previously, but we did [have] pots of money to even help like pay, we actually for some young people 'let's see if we can get you the money to get Netflix for a month or two, just so you have', so those wee small things that all added up, we did access different pots of money to do different things. (FG1)

Community and voluntary organisations working with young people leaving care highlighted that they sought to provide a package of support and essential items to those living independently in their community in collaboration with local supermarkets. In addition, they sought to support children in residential and secure care who did not have access to devices by identifying and providing existing tablets to children's homes and within secure care.

So as a result of that we delivered twenty-six tablet devices, supported ten young people in crisis, you know, that needed those essential services. And we also were able to connect young people in to successfully make grants or emergency grants as well. (FG1)

This combined response to need was also adopted by NGOs working with refugee or asylum-seeking children.

We were dropping off food hampers and stuff like that. We were getting donations and dropping off food hampers, and essential skill work for the young people who couldn't access the internet or have a laptop. (FG4)

Across the interviews a key theme emerged of community and voluntary organisations being able to adapt their services in a way to meet the needs of children and young people across the above issues, either by drawing on existing pots of money or applying for COVID-19 related short-term funding.

2.4 Analysis and Learning for the Future

Analysis of the data indicates gaps in terms of crucial services either being put on hold or being more difficult for children and young people and their families to access during the pandemic. Two key areas in respect of a child and their family's right to an adequate standard of living relate to access to free school meals, and access to services through the medium of direct payments.

Access to free school meals has been a key, although not problem free, avenue of providing children and young people with access to food during the pandemic. In March 2020 direct payments to families whose children would usually benefit from a school meal were introduced by the Department for Communities in conjunction with the Department of Education. Families of young people who are entitled to free school meals have been able to receive food grants through a School Holiday Food Grant Scheme. This has, however, emerged as a particular gap for children and young people labelled as seeking asylum and who had only recently arrived in Northern Ireland and not yet enrolled in school. While there appeared to be flexibility for asylum seeking children who are already in school and in receipt of free school meals this was not the case for those who did not yet have a school place.

So the children that were already in receipt of free school meals, they would have been able to, we worked with the Home Office and Education Authority for the additional payments to go onto the ASPEN card, the asylum support card. That was a great flexible working from the Home Office and from Education Authority, but if you weren't

enrolled in school you were unable to access that support. And despite trying numerous funding applications to ensure that those families got the additional support we were unsuccessful. (FG4)

Challenges in achieving an adequate standard of living were also evident for organisations working with reunited families or newly arrived families to access benefits. On the one hand the ability of the benefits system to pivot to remote working was noted as an example of a way in which newly arrived families could be better supported going forward.

I suppose for us as well there's very practical things around access to benefits. So we have a system with the Social Security Agency through [DfC] and they were able to quickly, quite quickly install their remote provision for accessing benefits, for reunited families in particular. And they were quite good, in my opinion, at... working really closely with sort of community sector who were providing access to benefits. But I think in terms of, you know, verification of ID, in terms of National Insurance numbers, I think they quite quickly stepped up. And obviously that's what we need to have in place for newly arrived families to reduce destitution, and we can bridge destitution financially until benefits come in. (FG4)

This was not the case across the benefits system, however, and it was suggested that remote access to child benefit was much more difficult as this was ultimately under the remit and control of HMRC rather than DfC. System based difficulties also arose for young people from refugee or reunited families who would usually receive national insurance numbers when they turned 16.

But where families are concerned we've now kids turning sixteen, needing their National Insurance numbers, and we're being told 'no sorry, they can't get National Insurance numbers', it's been more difficult because of COVID. (FG4)

It is not clear whether this is a broader issue beyond this group of young people. Concern was also expressed about challenges surrounding direct payments since the beginning of the pandemic. For families of children and young people with disabilities direct payments are a key source of financial support to enable them to access an adequate standard of living. One interviewee noted that while guidance on payment of direct payments in England was issued '*within about two months of lockdown, I think our guidance took eight months.*' The lag in Northern Ireland around clarification of the rules and issuing of

guidance led to tensions and frustrations among families of children with disabilities. While direct payments were transferred to recipients, as many families were unable to bring in personal assistants due to lockdown restrictions and were therefore unable to use the direct payments within a specified period of time, the benefit monies was subsequently being recalled.

[W]hat would normally happen when you have direct payments; pre-COVID if you don't use your direct payment money after a certain amount of time then the trust recalls it. But what was happening with COVID were people were asking 'okay look I have now done twenty-four days for ten months. When it's appropriate for me to bring somebody back in I would really like a couple of days in a row, rather than, you know, four hours a week or ten hours a week or whatever it is. So please can we hold onto our direct payment money, so that we can catch up and get a rest when we can?' (CI11)

In this context we can see how being able to use direct payments going forward was perceived to be key to regaining energy and supporting the family unit more broadly. However, when the guidance was issued it was suggested that this was not 'fit for purpose' in the context of a pandemic and limited Trust resources, and that families were losing out:

And so there was an appeal put out for flexibility over direct payment, and new direct payment guidance was issued, and it wasn't fit for purpose. So the Department basically said to the Trusts that there should be flexibility. They left the Trusts to interpret that in their own way..., during a pandemic the Trusts are not resourced to assess families on an individual basis. They weren't resourced to do it prior to the pandemic. That's not the way of dealing with the pandemic. It should've been a block decision across the province, 'here are the type of things that you can spend, here is how much you can retain'. There should've been firm decisions around that. (CI11)

An interviewee from the disability sector gave an example of how a family might have preferred to use direct payments flexibly to, for example, purchase an iPad for their child in the absence of being able to bring in a personal assistant, and therefore supporting families both emotionally and financially.

The pandemic has exposed concerns around the extent of child poverty; both in terms of families already experiencing hardship being pushed further into poverty, as well as

families who may previously have been just about managing now falling into poverty. There have been a range of responses taken by both statutory and voluntary agencies to support the right of children and their families to an adequate standard of living. These measures have encompassed facilitating access to food, essential supplies, access to utilities and online access. It is less clear how successful and extensive these measures have been and more in-depth evaluation would be beneficial.

A key theme across this area of work has been partnership working and collaboration in identifying urgent need and solutions. This has been further supported by the flexibility of funders in allowing community and voluntary organisations to use existing resources to address emerging issues, as well as the flexibility of the DfC in being able to quickly process benefit applications such as that for Universal Credit by moving to remote working. The ability to enable such flexibility in emergency situations is an example of good practice that should be maintained going forward, where possible, in the post COVID context.

The data shines a particular spotlight on the challenges that many children and young people are experiencing in respect of digital poverty whether in terms of limited or no access to devices, poor Wi-Fi connectivity or data caps. In addition, the ability of children and their families to exercise their right to an adequate standard of living since the beginning of the pandemic does not fall equally with children and young people who are already disadvantaged more likely to experience significant challenges in this regard. The examples of children and young people being provided not just with means to access utilities but also to maintain relationships through online connectivity is critical for their well-being generally.

3. HEALTH

3.1 Context

Article 24 of the UNCRC states that all children and young people have the right to good quality healthcare services. Governments must provide the best possible healthcare, clean water, nutritious food, and education on health and well-being so that children can stay healthy. This is directly related to Article 6 of the UNCRC which recognises that all children and young people have the right to survival and development and that they should grow up in conditions that do not impact negatively on their physical and mental health. Indeed, the main Preamble to the Convention also stipulates that a positive family environment is central to fulfilling this general principle. Governments must therefore employ measures that provide children and their families with the opportunities and resources to reach their full potential and live a healthy and successful life. These provisions have been elaborated upon by the Committee on the Rights of the Child across a number of its General Comments.³

In their 'COVID Statement' (UN 2020a), the Committee on the Rights of the Child called on States to 'activate immediate measures to ensure that children are fed nutritious food' (para. 4) and to 'maintain basic services for children including healthcare, water and sanitation and birth registration' (para. 5). The UN policy brief on the impact of COVID-19 on children (UN 2020b) has highlighted increased risks for children across the world such as, an expected rise in malnutrition particularly for those who rely on school meals, increased child mental health and wellbeing issues, and especially vulnerable children such as those with refugee status, living in detention and conflict situations. Despite increasing pressure on healthcare systems and the scarcity of resources, children should not be denied access to healthcare, including assessment and screening, testing and vaccinations, mental health services, and treatment for pre-existing conditions.

3.2 Impact of COVID-19 on Health Services for Children and Young People

COVID-19 was the third novel coronavirus (SARS-CoV-2) to emerge in this century. Clinical health professionals relied on previous knowledge of past coronavirus pandemics, such as SARs (2002 & 2004) and Swine Flu (2009), which impacted on both children and

³ For example: General Comment 4 on Adolescent Health and Development (UN, 2003a); General Comment 7 on Implementing Child Rights in Early Childhood (UN, 2006); and General Comment 20 on the Rights of the Child during Adolescence (UN, 2016).

adults. Participants described the initial reaction from health professionals in the context of the current as an immediate sense of panic and fear that the health services could not cope with the potential infection rates.

I think the first wave there was a real sense of ‘oh my goodness there’s something’, and I think the Minister had said, ‘of biblical proportions coming here’. And we kind of thought that, everything was turned off and we all sort of stood back and waited....it’s a bit like the COVID numbers is like the house is on fire, and you had to put out the fire and you can’t really deal with. And I think that we don’t really have a good way to trade off those very immediate things. I mean people are dying, you know? Those very immediate things with the longer-term impacts on children. (CI10)

Participants noted that the impact on children from a health perspective was largely due to the disruption and withdrawal of healthcare services as primary care appointments, routine and elective activities and surgeries were postponed or cancelled. Children with existing, chronic and life-limiting conditions were identified as particularly affected by this disruption. The decision to close units and cancel appointments led to tensions and there were ‘*quite a few meetings, and some conflict*’ (CI10) regarding the decisions and strategies that were being put in place. Subsequent media coverage of the decisions to decrease or cease healthcare services and close down some units was perceived to have ‘*grabbed the news headlines*’ (CI10) and affect public confidence.

We did close three of the inpatient units in the first wave, and then they were reopened and things...Some of the units that closed their inpatient units, it was difficult for them because they felt threatened I guess, and one of the things was, and some of the media coverage at the time was ‘oh, you know, they’ve always wanted to close and never open it again’. (CI10)

Social care services related to health – such as respite care for children with disabilities and complex needs, volunteers to sit with and engage with a child for a few hours at home, day centres for social and other activities, and overnight or short stays in a well-equipped care home with fully qualified staff – also ceased to operate in the first stage of the pandemic.

That did cause problems for families over time, simply because they were struggling to meet the needs of their children in very closed circumstances....It was reintroduced in

July of this year, but again not in its totality, and there are reasons for that. Either because staffing isn't available in the numbers that are required or there are still social distancing issues to deal with. So that restricts the numbers of children that you can have in a facility at any one time, so the net result is that they aren't operating fully as yet. (CI15)

Participants described a knock-on effect on the mental health of children's carers as services available to them, such as therapeutic, counselling and other mental health support, stopped too.

By not allowing that carer to rest you're increasing the stress on them, and many of them were on the edge anyway....So the respite services for carers and the provision there is absolutely fundamental to the mental health of very vulnerable people, and children too. (CI1)

Participants noted that the public interpreted a message to stay away from GPs, clinics and hospitals (unless in the case of an emergency). As a result, in April 2020, hospitals and A&E departments appeared to be relatively '*empty*', and healthcare staff not as busy as they expected to be. A new concern arose among health professionals; that of late presentation of illness and injury.

We were very worried. We had instances where families had delayed bringing their child to hospital because they were afraid of getting COVID or they thought the hospital was too busy and not to be bothering them....On one hand it's great that we're not seeing so many children tipping up to A&E, and that's only because they're not outside falling out of trees as much. But it's also very worrying that we've a whole generation of invisible children. (CI10)

The impact of late presentation and not carrying out routine services and screening on children's health and development can be problematic. For example, as one participant noted, childhood conditions such as glue ear, while not life threatening, are important to remedy early because if left untreated, they may affect children's long-term outcomes and their ability to engage with school.

Whenever we've got an adult service kind of saying 'okay, the only thing we're allowed to do here are red-flag cancers because, you know, that's the only thing we can do'. As

a children's service, and this is why we have to stick together, we want to say 'but excuse me ...you're not going to die from your glue ear but it will affect your speech for the rest of your life. (CI10)

Health screening during childhood is an essential service that can identify issues early and seek attention on behalf of a child. Public health and other social care interventions provided through schools, such as free school meals, child protection, and vaccination top-up programmes, were all halted as schools closed and alternative programmes were not rolled out. Services to assess developmental delays and challenges were also impacted as children had less access to trained and supportive adults and referral pathways to specialists.

That group of children are now more vulnerable because they may be at home and they're maybe not getting that... And there are children who, you know, they haven't been brushing their teeth. They will have developed infections and conditions that haven't been checked by GPs, you know, where the school might've pointed it out previously. So when you close schools you're just cutting off that...They're going through critical developmental periods and they're missing out on certain interventions, experiences during those periods that, we can't buy that back. So there's lots we can do in terms of supporting adults who have lost out. We can give them money, we can compensate them. We can't compensate a child with special educational needs missing out on a year's worth of services. That child has lost something permanently then. (CI1)

Another group of children who may have fallen under the radar during the pandemic are adolescents. Adolescence is a critical period for developing good health related behaviours associated with sexual health, emerging disorders, mental health, and substance abuse etc. Inconsistencies and lack of information on how GPs and other clinical drop-in services were operating hindered young people from accessing crucial services. Sexual health is a particularly important area for young people that not only affects their physical health, as in sexually transmitted infections (STIs), contraception and pregnancy, but also their mental health and wellbeing, and their relationships with other people. Wide variation across GUM (Genito Urinary Medicine – STI testing and treatment, CASH (Contraception & Sexual Health - previously Family Planning) and Health Hubs (drop-in clinics, housed in Further Education Colleges across the Trust for all young people under 25 years), meant that some young people had limited access to appropriate

specialist services, treatment and advice.

I have a number of young women who had had bars, implants in their arms needing removed for upwards of six months now and they can't avail of doctor's, GP's services just, and it depends. I mean you go down to (name) and the doctors down there seems to be running brilliant and churning, and then you go on maybe to (name) and the doctors is empty because the GP's not seeing nobody. (FG6)

We met with the [name] Trust yesterday and they were telling us about how their phone lines have been inundated throughout the COVID period. Increases in gonorrhoea, chlamydia among young women, gonorrhoea among young men, but also syphilis has gone up thirty-two per cent. (FG6)

In relation to mental health and wellbeing, the evidence suggests that children and young people have been severely impacted due to the COVID restrictions. As lockdowns and restrictions continued, children and young people experienced increased loneliness, anxieties around their futures, and an increase in suicidal ideation.

The suicidal thoughts data is just steadily going up...And the groups that are worst affected are young people...It's not even mental illness, it's their hope for the future, and that's, you know, they're not being listened to at all on this. So I have so many concerns around all of those things, but there's solid data that shows that when you close schools and close services mental health issues increase in children and young people...young people's loneliness is kind of being neglected. (C11)

In terms of mental health service delivery, in-patient units remained fully functioning, however, some saw a rise in COVID cases as they tried to manage the risk of infection and apply infection control social distancing guidelines within their particularly complex settings. Cessation of community mental healthcare services was primarily due to issues around safety (staff and client protection), ability to apply social distancing regulations, lack of protective equipment (PPE), and lack of specialist staff, which happened when staff were redeployed into COVID support services or staff absences due to sickness and social isolation requirements.

I'm aware of outbreaks that happened in places where they were looking after children and things and young people with mental health problems. You know, and all of that

has been managed...and mental health services, the staff who are delivering the service need to be, they need to feel safe...it was never about not wanting to deliver the service, it's just always about safety. (CI1)

While access to healthcare, especially mental healthcare, for children and their families can be difficult at the best of times, and made worse during COVID, a number of participants noted this was exacerbated for newcomer families whose first language was not English. Newcomer children, for example, refugee, asylum seeking and unaccompanied minors, were particularly vulnerable to physical and mental health impacts. While living in rented and temporary accommodation they were less likely to have access to technology and internet to seek general advice independently. Home Office appointments were *'cancelled and rearranged and cancelled and rearranged again'* (FG4), which created issues around accessing official paperwork. Even with paperwork, this group found it difficult to register with healthcare providers, and active support was often required from local community and voluntary representatives to engage with the relevant health and social care agencies on their behalf, in an effort to secure these children's rights to healthcare.

It takes a lot of time to set things up like GPs and referrals and schools, you know, bank appointments, dentists. There actually were some families that arrived last year that still haven't got a dentist because dentists just stopped taking on new patients and are refusing, a lot of them in many towns and cities are refusing across the board. So it has been challenging in that way to get to meet the kids' needs, you know, their health needs. (FG4)

It took quite a process for us to work with the BSO [Business Services Organisation] and HSC [Health and Social Care] and the TEO [The Executive Office], to really say 'we need to figure out this process'. So there was flexibility from BSO and after a number of months it did become easier to register. But again this fell back onto the community and voluntary sector to do that, rather than, access to health shouldn't need additional support. (FG4)

This was particularly stressful for new mothers as they tried to negotiate follow-up health screening appointments for their baby and the child benefits and food voucher schemes that are in place to ensure all children under 4 years can access basic healthy foods like milk or fruit. However, even with the support of a community representative and with an

interpreter on hand, some agencies refused to engage and lacked flexibility.

Struggling to get visits arranged, wondering when her health visitor's going to come and see them, and also the organisation [name] point blank refusing to speak to us without like an official letter of consent from a family. It just caused a lot of difficulty without somebody named on their system and that there. Even though we have the person on the phone with us, with an interpreter. (FG4)

3.3 Developing Responses

When the COVID pandemic first hit Northern Ireland in March 2020, participants described initial responses from the health sector as focused on closing down services, redeploying staff and setting up collaborative structures and partnerships to monitor the impact of the virus and respond quickly as new evidence emerged. The Department of Health attended regular meetings with senior officials from the other UK jurisdictions to share expertise and guidance.

I think initially weekly, and we learned quite quickly that the plan was to develop plans like this [The COVID Vulnerable Children and Young People Plan] in other jurisdictions. So we decided that we would do something similar in Northern Ireland. So, I think it's fair to say that we looked outwards too. We just didn't...what was going on in Northern Ireland. And it helpfully prompted us to do something that I suppose we might not otherwise have done... it was helpful to see what other people were doing in response to similar circumstances. (CI14)

Partnership working was welcomed by healthcare professionals as it enabled them to reach and engage with more people in communities and schools. For example, on the back of the Delivering Together Strategy (2016), the paediatric clinical health services were already in the process of forming a Child Health Partnership across the five NI health trusts. This proved to be an important way of working together and an essential platform for liaising regularly with colleagues to inform decision-making.

We try to bring them together to create a critical mass, speak as one voice and plan regionally for children. I think that strengthens children's services... it was trying to bring the Trusts, but also the other organisations together to create, to sort of I guess feed-off each other, strength of numbers and also give a voice to children's services..

But it's an incredibly helpful thing to have that and have a regular kind of forum. (CI10)

Existing partnerships focused on children's mental health meant that senior officials could also get together quickly and more frequently, to share information, make speedy decisions, and inform relevant parties of guidelines and actions. One representative from the HSCB noted:

We did set up very quickly more regular meetings with... CYPSP [Children's and Young People's Strategic Partnership] team, there were more regular meetings. And within the big CYPSP strategic partnership we had an extraordinary meeting if you like, to look at the impact of COVID and the learning from COVID early on...But that all happened very quickly, and that CYP sub-cell met on a weekly basis in order to pull together the activities. (FG7)

The initial practical responses to the situation were based on bed capacity, especially in Intensive Care Units, to deal with COVID patients, redeployment of staff to COVID services and planning for large-scale staff absences with COVID, i.e., staff who were infected or had to isolate due to being in contact with another infected person.

Everywhere has suffered from staff shortages, so again that was a problem there. And then there was this need as well, or they felt, to have staff redeployed over to the adult service, and I think more generally in the service as a whole. I accept that that has to happen at times, but it will mean that children who maybe usually would have access to a specialist nurse or whatever won't have had that. (CI10)

As more evidence emerged, it became clear that COVID affected children less than it did adults, and still in the midst of the panic stage, children's health services offered to remain closed and take any potential overspill from adult services.

A lot of conversations in the early days were like 'okay so if we get to twelve beds what do we do?' And it was around trying to, well say 'well actually we'll bring staff together and we'll get up to sixteen and we'll expand it'...And we linked with Dublin and all the UK centres to make sure that our children would get cared for....We couldn't have a situation where we were sitting with children's wards empty and we were treating adults in the street. So in that spring/summer period [2020] we were confident that we would generally sit at about 50% capacity, so we could give up capacity and still

provide the service for children. (CI10)

From September 2020 onwards, as the general population of children and young people returned to school, the public health focus shifted to rebuilding and restarting services, and supporting mainstream schools to help them prepare for and manage infection control (special schools had been assisted throughout to maintain their services for children of keyworkers). As the end of the year approached, the focus again shifted towards protecting and pre-empting the need for children's services to provide the appropriate standards of care. This was due to an assumption that Northern Ireland would experience the usual winter surge in respiratory and sinus infections and viruses. However as a PHA representative noted:

We haven't had a single detection of RSV [Respiratory syncytial virus] in Northern Ireland this year. (CI10)

As access to face-to-face clinical health and wellbeing support opportunities remained limited, the majority of healthcare providers, community and voluntary services offered telephone and other digital and remote supports to existing families to check-in with them, and provide them with advice or information. All sectors had to get up to speed very quickly on technology and develop protocols to ensure their new communication spaces were secure and moderated to help keep users safe.

The first few months it was very much, you know, as everybody was adapting to the situation, so a lot of things were done by phone call and we were making video resources. But as the year progressed we did get much better at delivering things online. (CI12)

A local helpline to help vulnerable groups access health information, advice and guidance on COVID was made available. The helpline, managed by Advice NI, provides up-to-date information on health, online supports, helplines, phone supports, apps and other useful tools. In addition, a new 'Text-a-nurse' service, managed by a team of school nurses was launched in February 2021, that aims to improve the health and wellbeing of children and young people by providing them with a safe way to receive timely and convenient access to confidential health advice, especially during the uncertainty of the pandemic. While the numbers of children and young people using these newer services is yet to be evaluated, phone and text advice lines are a promising way forward to engage young people with

health services, particularly sexual health (Perry et al., 2012; Willoughby & L'Engle, 2015; Shanks et al., 2020). Representatives from other community and voluntary organisations in this study all noted an increase in referrals and phone calls from young people and parents seeking advice and support. However, participants also stressed that these resources are not a replacement for mental health or crisis support workers whose therapeutic approach is based on face-to-face social connection, safeguarding and relational style working.

Even where physical services did continue, COVID restrictions and social distancing rules meant that additional problems emerged, such as young people having to attend a cancer diagnosis and treatments alone. Because of this the Teenage Cancer Trust and CLIC Sargent launched a campaign (#Hand2Hold) in March 2021 urging the Government to ensure all young people can have a parent or supportive adult accompany them during cancer treatment and diagnosis.

It just seems to vary so much...but needing to go in for cancer treatments on their own, without their parents, you know, and this is a year later. That sort of thing, like, you know, if partners can come into childbirth parents should be able to go. (CI1)

3.4 Analysis and Learning for the Future

COVID-19 has not impacted children in Northern Ireland clinically and some services such as cancer treatments continued (with COVID related issues) and common respiratory infections failed to emerge. Nevertheless, due to the cessation of routine and screening services, hospital waiting lists and late presentation of conditions and illnesses have increased. In addition to working through the existing health portfolio to address waiting lists, reschedule appointments and surgeries, and getting childhood screening back on track, the healthcare field is anticipating a surge in new referrals going forward. While there is a lack of evidence in this report to suggest that NI will experience a rise in malnutrition issues, healthcare professionals are expecting to see a surge in children's development and emotional health and wellbeing issues, which may have long term implications for children's future opportunities.

There are parents who have developmental illness now, because of the pandemic, and the children, and those are new groups, those are new vulnerable children, because their parents have developmental illness. There are babies being born to mothers who

are mentally ill now as a result of the pandemic. So there's new cases of adult mental illness. Not many, like we're thinking about twenty per cent increase in the need for services, but every single adult who's now hitting that threshold for mental illness, the risk of mental illness in their child increases, just because their parent has a mental illness. And because parents aren't getting treatments children then are suffering because they're at home all day with those parents...Living with a depressed mother predicts your maths scores in adolescence. (C11)

On a more positive note, measures of infection control used to prevent COVID transmission in schools and public places, such as wearing masks, hand hygiene and social distancing, resulted in a significant downturn in presentation of winter viruses, testing and antibiotic use. Continuing with this practice, especially during the winter season, would benefit the health of the population and the NHS.

A key theme across the study was the opportunity for professionals and practitioners to try out and reflect on new ways of working. For example, they experienced working in a holistic multiagency way and benefited from sharing their expertise to reach children and young people in places where they gather, such as communities and schools. This has prompted one interviewee to reflect on healthcare services delivery and question how delivery can be more effective moving forward. Rather than children and young people coming to services at the expense of disrupting their school day and education, for example, some services could potentially in the future come to them in their schools.

Because I've been doing the school things I now have made a lot of contacts in education... I've gone out of my way kind of to help them with a health problem, in the hope that whenever this is over, and it will be over eventually, that we'll be able to maintain that and we'll have the same sort of working relationship to do other stuff better...So what does that mean for when we run our clinics? What about in big schools? Should we actually be moving clinics that don't need specialist equipment and things like that, should we be holding them in education settings? Should we actually do our diabetic clinic in a school? I don't know, but I think that's better, could we work together better? I think we can, and at least I know some people now. (C110)

Another opportunity for collaborative working developed as health professionals gained a better awareness of the services that community and voluntary sectors offer and a better understanding on how resources affect children's development. Linking in better and

working with community groups may help to identify which children have been and are disadvantaged. This new collaborative way of working could bring about systemic change and help rebuild the mental health and wellbeing services.

I think that quite often within, certainly within acute hospital services and medical services, we kind of think oh we have to refer to CAMHS...But actually there are all those other services that I don't think there's as good an awareness off. So the substance abuse, drug and substance abuse voluntaries, we want to get better links with them. (CI10)

The move to online and phone services has worked well for certain health related groups and issues and may be an efficient way of connecting in, checking on progression and providing advice and information. Some young people may prefer this mode of communication particularly for sexual health or other personal issues and wish to discuss this for the first time, or those who find it difficult to talk face-to-face. However, some young people may not have access to Wi-Fi/technology or may not feel safe or comfortable using the phone from home if they have no quite space in which to speak confidentially. This mode of communication may not be appropriate for developing therapeutic relationships and delivering in-depth sessions. However, a hybrid approach could prove promising as we move forward that may allow for a quicker connection and reduction in waiting lists, if people wish to choose that option.

We can actually fit in more sessions and work more efficiently when we use that [phone] for the people for whom it works. (CI1)

In summary, children with disabilities and complex needs, pre-existing and life-limiting conditions, mental health issues, and children with refugee status may have endured the greatest health related impact, as they missed essential therapies, surgeries, respite care and cancelled outpatient appointments to track their illness and rehabilitation. Newcomer children were especially invisible given their difficulties registering with GPs and dentists. However, all children were affected by the withdrawal of essential screening and public health interventions and the range of health issues children and young people would have had before COVID-19 remained. The main difference during COVID restrictions was that it was harder to identify these children and for them and their families to access support and help. While there may be circumstances, particularly during emergency crises when measures employed restrict the enjoyment of children's rights in order to protect public

health, the UNCRC recommendations provide policy makers with powerful tools and practical things to consider for ensuring children's rights in the context of the COVID-19 pandemic. It may be difficult however in practice to strike that balance when a new crisis emerges, particularly in the initial stages when everyone was in panic mode with no existing protocols on which to draw. One year on into the pandemic it has become clear that stopping vital public health and wellbeing services, that ensure children's right to survive and thrive, impacted greatly on children, especially those considered clinically vulnerable.

4. EDUCATION

4.1 Context

The general right to education was proclaimed by Article 26 of the Universal Declaration on Human Rights (UDHR). This was reaffirmed and made binding by Article 13(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR). ICESCR requires States parties to realise the right to education by ensuring that primary education is ‘compulsory and available free to all’ and for secondary education to be made ‘generally available and accessible to all’ but not compulsory. Similar provisions are established in Article 28 of the UNCRC and in Article 2, Protocol 1 of the European Convention on Human Rights (ECHR). The Committee on Economic, Social and Cultural Rights has identified ‘availability’ and ‘accessibility’ as core aspects of the right to education; specifically, that educational institutions and programmes should be available in sufficient quantity, and be accessible to everyone, especially the most vulnerable groups, without discrimination on any of the prohibited grounds. Both the Committee on Economic, Social and Cultural Rights and the Committee on the Rights of the Child have made it clear that education must be of good quality and effective. For example, the Committee on Economic, Social and Cultural Rights has made it clear that: the form and substance of education, including curricula and teaching methods, have to be ‘acceptable’; and that education has to be flexible so it can adapt to the needs of changing societies and communities and respond to the needs of students within their diverse social and cultural settings, that is; ‘adaptable’. The significance of education for children with disabilities has been established by Article 24 of the UN Convention on the Rights of Persons with Disabilities. This specifies that all children with disabilities are able to access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live, and with the support required.

In its COVID-19 statement (UN 2020a), the Committee on the Rights of the Child urged States to consider the educational, *inter alia*, impacts of the pandemic on children (para 1). While acknowledging that in crisis situations, international human rights law ‘exceptionally permits measures that may restrict the enjoyment of certain human rights in order to protect public health’ such restrictions must be imposed only when necessary, be proportionate and kept to an absolute minimum (UN 2020a, para 1). Further, responses to the pandemic, including restrictions and decisions on allocation of resources, should reflect the principle of the best interests of the child (UN 2020a, para 1). The Committee has also called on States to ensure that the move to online learning does not ‘exacerbate

existing inequalities or replace student-teacher interaction' (UN 2020a, para 3) They note the challenges of online learning for children who have limited or no access to technology or the internet or do not have adequate parental support and suggest that 'solutions should be available for such children to benefit from the guidance and support provided by teachers' (UN 2020a, para 3). The UN policy brief on the impact of COVID-19 on children (UN 2020b) worldwide has highlighted the inconsistency in quality and accessibility of online learning, especially for children with special educational needs.

4.2 Impact of COVID-19 on Education Services for Children and Young People

Educational professionals highlighted the uncertainty and fear that surrounded the early days of the pandemic and the lack of a pre-emptive plan in place to draw on in developing an initial response. As one professional noted *'[T]hose early days were fraught, they were long, they were stressful for us as officials'* (CI6). This was, in part, due to the move to remote working for the first time and the need to ensure that all staff had the correct technology in place and were able to access organisational systems as required. Indeed, *'it was pretty much a bit of a panic in the early days'* (CI6). There appeared to be a realisation that the pandemic was going to have quite a significant impact on children, particularly for those children with additional needs.

I think very quickly we realised that there was going to be a huge amount of additional support required for children, and that that would fall to my directorate and my teams. So that became pretty evident pretty early on, and in fact the executive did identify vulnerable children as one of the key workstreams for the Executive's response. (CI6)

The educational impact of the crisis on 'vulnerable children' was a consistent theme across the interviews with education professionals. For example:

Well our business as usual basically went out the window, because what we were trying to do was help schools deal with those vulnerable children, keyworker children, get some sense of providing some kind of provision at home, and dealing with all of those things that were so far outside our comfort zone. And it was being there and being at hand to support schools and guide schools. (CI7)

This interviewee highlighted how existing strands of work and service provision 'stopped dead' with a shift towards 'reactionary' services such as providing guidance on new cleaning procedures and in seeking to provide reassurance to principals and schools that

support was on hand '*at the other side of the phone*' as needed. One of the biggest initial impacts and challenges around developing appropriate responses was the extent of fear and uncertainty surrounding the pandemic, particularly in an educational landscape that depends on clear organisation and routine. The evolving nature of the pandemic meant that high level decisions were being made with little or no notice alongside often confusing information.

Everybody was running at a hundred miles an hour and the Executive were making decisions on an hourly basis, and we weren't always in that loop... So, and I suppose it was just the managing that information, which I think we've managed to do much more effectively this time. (CI7)

At school level, initial impacts related to safety concerns, confusion around the use of PPE in the classroom, lack of clear information and providing teachers with the necessary equipment and training to be able to work from home effectively. The following interviewee sums up the range of initial concerns which impacted on the ability to deliver education in the early days of the pandemic:

If we go right back to the very beginning the whole issue was safety and shock. Because we had a safety issue that teachers didn't feel safe in the classroom. We didn't have the information as to how we were going to be protected. The issue of whether we should be wearing PPE and what PPE was involved with was the major issue at the time. And I remember, looking back at some posts that people did from a year ago, where people were posting things like 'wash your coins, don't handle cash, go to the supermarket with gloves and don't touch anything for two days'. That's the kind of issue we were dealing with at the time, and that translated in the classroom into issues like 'don't mark books if a child has touched them, leave books in quarantine for forty-eight hours before you touch them'. So we had teachers suddenly thrown into this environment of being, working from home without resources, without computers, without the curriculum, and the whole time, for the whole year, we've been in a state of just not knowing what's happening. (CI13)

In some instances, while teachers were provided with school equipment, this was not always the most up to date and some teachers felt they had to purchase the best equipment they could out of their own income to be able to work from home and 'to do the best job possible'. Yet the downside of this was the impact of the pandemic on educational

disadvantage for children who may not have access to a device or Wi-Fi to be able to avail of online learning tasks and materials as well as concerns for children whose parents perhaps did not have the capacity to assist them with their remote learning.⁴ The existence of the C2K computer system across schools was viewed as an advantage. This was a system that most schools were familiar with and so were able to draw upon and engage with during the pandemic. It was noted however that:

[I]t was never built to teach every child in Northern Ireland remotely. But boy did it stand up to that rigour, because every child was able to get on, every child was able to access, all the teachers knew how to do it. We had to roll out training but it was all there, there was nothing new. We didn't have to sit down and do it from scratch, we had it. (CI7)

The additional and significant responsibilities placed on teachers was emphasised. This ranged from the extra time spent preparing materials to late night phone calls and emails with parents to find out why some children are not engaging with remote learning. Teachers were also anxious about the potential move to teacher assessment across A-Levels, GCSEs and the transfer tests. For example:

That if transfer test goes ahead on the basis of the teacher-based assessment would they be blamed by the parents that the child ends up in what the parents believe to be the wrong school for the next seven years? You know, it's a big responsibility. (CI13)

Indeed, one interviewee highlighted the concerns they had been receiving around transfer tests from parents:

I've got, most of those parents are telling me very eloquently about their children who've been really looking forward to the tests and now can't go to their school, and they've been preparing all year and it's been the entire focus and they're really worrying actually to be honest as well. And then I have other parents who are contacting me to tell me that they're glad that it's been cancelled and that, so I'm getting both sides of that. (CI1)

For NGOs seeking to support children and young people in respect of their education,

⁴ Access to internet and devices is discussed in the context of digital poverty in Section 2 on Adequate Standard of Living

services were delayed, in part due to the need to move quickly to remote working with staff not being able to access all files remotely in the first instance:

The Education Authority was quite badly disrupted. They didn't have very modernised systems. Just to give you an example I needed an educational psychology report and the psychologist wasn't able to get it for me, because she was at home and she wasn't able to access it remotely. It was on a paper file in an office. It took I think three people, a lot of emails and several phone calls just to get a copy of a report. So, I think, that improved over time but in those initial couple of months everything just slowed down. So, in resolving matters it wasn't as simple. It was more phone calls, more emails. (FG1)

The pandemic has also impacted on the extent to which assessments for statements of special educational need were able to be carried out, not least given the broader context surrounding SEN policy and practice in Northern Ireland and related criticisms of the system in recent years. It was acknowledged in the study that a backlog of assessments had resulted but that this was beginning to reduce through online assessments where this could be done properly.

What we've found actually is that [educational psychologists] have worked really hard. They have reduced their backlog. So, they were going from a position of around 7% of assessments were done within twenty-six weeks. It's, the last count it was 40% so that's a really big improvement... they also have gone from a position of about two and a half thousand who were waiting for... a statement, that's down to about a thousand. (CI6)

There was a particular impact on newcomer children who had arrived with their families to Northern Ireland in February 2020 and who would usually have received intensive support over a number of months to settle into their new homes and schools. Some of these children may already have been out of education for some time and had either just started a school placement or were soon about to start when lockdown and school closure occurred in March 2020. This clearly not only has impact on the education of newcomer children but on settling into a new country – and learning a new language - at a critical time in their lives.

To be put into school possibly for a week or two weeks and then to be whipped out

again, and then across the year, obviously they then spent months not in school, going back in September, you know, and taken out again. So for a lot of those kids it's now looking like, either the parents have now started asking 'can my child repeat that year?' or some schools are now offering that, you know, that children can repeat years, which is a big deal. (FG4)

4.3 Developing Responses

Initial responses to the pandemic appeared to focus on two areas: keeping schools open for children of keyworkers and setting up coordination structures and working groups to develop further responses and monitor educational impacts as they evolved. For example, the Department of Education, Department of Health and Education Authority were able to work together to coordinate a response. This was facilitated by already existing positive relationships between key staff. During the first lockdown in March 2020 there was concern that while children generally might be able to move to remote learning, the same might not be the case for 'vulnerable' children such as children with special educational needs and complex healthcare needs who relied on specific school supports.

We had to try and figure out how could we maintain those supports in the home setting. Or in fact were we going to try and make a case that vulnerable children should actually have access to school? Which in the end, as you know, is what we did. (CI6)

The need to make strategic policy decisions very quickly in the early days occurred in parallel with staff transition to remote working. However, there appeared to be agreement around the importance of coordinated working and that vulnerable children for example should still have access to school. A critical issue that emerged during the first lockdown was how to identify who was a 'vulnerable' child and able to attend school, and the extent of face to face services that were actually required. There was a clear example of joint working here between health and education. The process of doing so was explained by one interviewee:

The Department of Health came up with quite a broad list of cohorts of children who would be defined as vulnerable, and it was primarily those children who were known to social services, those children who were on the child protection register. But where it started to interface with education was the inclusion of children who had a statement of

special educational needs. So we have around sixty-seven thousand children on the registry, but of those around nineteen thousand have a statement of special educational need. So the nineteen thousand would have been included in the definition of vulnerable children, but then there were other cohorts, so for example children who are looked after, children who may be on the edge of care, children whose parents perhaps have drug and alcohol abuse issues. There were a range of... cohorts of children who came onto that list. So for us to have any kind of understanding of the impact of what we were doing, and in fact to be able to plan for what we needed to do, we needed to try and find out how many children were actually in schools in those early days. And you see the thing about it is...there isn't a vulnerable children's database, and people kind of looked at us and thought, and they said 'well you must know how many vulnerable children there are'... So people wanted to know how many, so we kind of came up with a figure where we think it's in and around thirty thousand children, but actually it could be more. (CI6)

A number of governance structures were put in place across the education system. For example, a joint health and education oversight group of senior officials was established that has been meeting on a weekly basis since April 2020. In addition, a cross-organisational link officer system was established by the Education Authority, alongside partner organisations such as CCMS (Council for Catholic Maintained Schools) and ETI (Education and Training Inspectorate). All schools were assigned a link officer who could be the central point of contact. It is not clear how this initiative was experienced by schools. The establishment of coordination structures and partnerships were welcomed by NGOs, particularly the contingency plans that had been developed by these structures. However, there was a perceived need to view the contingency plan as a living document. For example:

[H]ealth and Education have started to cooperate and to put structures in place, and they now have some contingency plans in place that we would be very in agreement with. But they have to keep tweaking and looking and changing it. So just for example the contingency plans for education deal with schools shutting down or schools being partially opened, but they don't cover the case where we have the special schools at the minute where they, outside the legal restrictions, have decided to go part-time, I think about half of our special schools are operating part-time timetables, and that's completely outside the Executive's order, which is that they should be providing direct learning for all pupils, they should be open. (CI9)

One of the particular challenges during the first lockdown was that, although the Executive had said vulnerable children should have access to school, some special schools appeared reluctant to do so. This was perceived to be a result of a high level of anxiety and fear around potential impacts for both staff and pupils. For other special schools the need to reopen was perceived to be in the interests of both the child and their family, with emphasis on the routine and 'respite of school attendance' as a means of both supporting the educational needs of children with disabilities but also supporting families experiencing significant levels of stress and seeking to mitigate the risk of family breakdowns. The process of reopening special schools was explained as follows:

What happened was because of the joint forum, the Trusts had identified a cohort of around two hundred children that they felt it was in their best interests to be in a special school. So, we worked for that period [April 2020 to June 2020] with those schools to get them access. Now unfortunately it wasn't maybe until June [2020], towards the end of term, that some of those children did get access to school. And that was because of fears that I mentioned, boards of governors who were telling principals that, you know, 'if you're not sure then you can't grant access'. (CI6)

As the transmission risks of the virus becomes better understood and tracked, and knowledge about when PPE needs to be used in school settings becomes clearer, special schools have been able to remain open since the beginning of the academic year. As noted above, however, not all special schools have been able to operate on a full-time timetable. While the following quote relates to the reopening of schools from the first lockdown, it highlights some of the reasons why some special schools may find it challenging to open on a full-time basis:

Schools were saying 'yes, but we have staff who have childcare responsibilities, we have staff who have to self-isolate because they may have symptoms or they have come into contact with somebody who's got symptoms of Coronavirus'. And so there were staffing shortages, there was anxiety, there were question marks over PPE. So some of the schools basically said they couldn't guarantee that school would be a risk-free [environment]. (CI6)

The development of responses at school level appeared to be impeded by inconsistent communication. This impacted particularly on the ability of schools to prepare for the return

of children to the classroom and to support young people on GCSE and A-Level exam results. It was noted during the interviews that while guidance for returning to schools had been written in mid-June 2020 this changed at short notice in mid-August. Primary school teachers were negatively impacted by the uncertainty surrounding transfer tests and supporting P7 children while secondary school teachers had faced uncertainty surrounding GCSE, AS and A-Level assessments. In short:

So what we've had is a year of teachers having to respond in the most flexible way possible to changing goalposts that were changing on a daily basis, without rhyme or reason and without consulting us on, you know, and we weren't part of the conversation. And I think that is what's caused the major stress for teachers. (CI13)

The limited ability of schools to engage in consultations in any meaningful way was highlighted. This was not helped by the timeframes in which consultation documents or important announcements were issued.

If there's anything that is vaguely controversial it comes out on Friday afternoon after schools are closed. There was one issue that was at the end of a holiday, or just at the end of a school term, so you had a week's holiday and couldn't get together with teachers to discuss. You know, it's that, and okay politicians use these tricks, but it shows that the department doesn't want to engage with the teachers, and yet the teachers are the people who have the skills to bring education forward. (CI13)

4.4 Analysis and Learning for the Future

The data suggest that some young people appear to have been overlooked or 'forgotten' in respect of disruption to provision. This includes 16- and 17-year olds making the transition to further education colleges and 18- and 19- year olds making the transition to universities; all of whom are seeking to become more independent:

They're coming online to their lectures and they're sitting there, but it's very difficult to speak [out] about what you're worried about and your understanding of the materials. So I think that group would benefit from something as well, and just an opportunity to socialise and do that student, you know, the freedom, find yourself, join all the clubs and societies, it's been really limited and really restricted for them. (CI1)

The gaps in service delivery or disruption to existing provision appears to have

disproportionately impacted on children from vulnerable groups. While teachers may still be seeing children online, they are less able to effectively monitor children who may be perceived as vulnerable for a range of reasons or to keep an eye on safeguarding issues. This can mean that some children may fall or have fallen through the cracks during the pandemic. As one interviewee explained:

When there are issues of vulnerability... behind that screen there's a lot that you can't see. There's a lot you can see and it's a good thing that some children use emojis in that respect, or have their backgrounds changed or whatever, but there's a lot that you can't see. So, you can't always identify why someone hasn't turned up for a lesson, and there could be areas of vulnerabilities that have surfaced. But that would be down to the individual school and their safeguarding teams, to work out how that has been handled. (CI13)

The kinds of responses developed could at times be a double-edged sword. On the one hand, the shift to remote working had a positive impact on the accessibility of statements of special educational needs. While these had previously been distributed by post they were now being sent by email making the process a bit quicker. However, the type of support that children with SEN were accessing during the pandemic and the operationalisation of related statements were impacted on two levels. Firstly, many children with SEN may have been at home rather than school and thus unable to access support they would have in school or where they were in (mainstream) school, *'they're being supervised, not taught'*.

So we're seeing an awful lot of examples of parents coming to us saying 'my child's classroom assistant is supervising in the assembly hall. Where's my classroom assistance?' So schools are in a situation where they're down staff, they've got some children in, some children out, they're trying to juggle all of that, and they're putting staff on rotas to do different tasks and redeploying them, and that's affecting their ability to meet IEP targets, to even look at IEP targets and to provide the package that's actually in the statement, which is a legally enforceable package in many cases. (CI9)

And secondly, in the early stages of the pandemic, the legal duty to implement statements of SEN had been modified:

And the challenge is, I suppose, if it was to go to a court a court might look at it and say 'well we're in an operationally different scenario', it would give a degree of leeway in it. So previously the Department of Education had issued modification notices to dilute the SEN framework legal duties down to a best endeavours level. So instead of 'you have to do your duty' it was 'do your best to do it'. (CI9)

There was concern that the initial closure of specialist education services and special schools had a particularly negative impact on families and children with disabilities, and that families already under significant pressure were being placed under further pressures (see Section 6 on Family, home life and alternative care). For children who attended special schools the halt in specialist therapies was emphasised:

[Closure of special schools and services] meant that obviously children at that early point and in those first few months weren't getting necessarily a lot of the therapies that they needed. And that was, you know, obviously one of the problems as well with the special schools then being closed, you know, at that initial point where they were closed for many months. Because a lot of the children that we would support, you know, children who go to special school, they get a lot of their therapies in the school site. So when the schools closed it wasn't just a simple matter that they weren't accessing learning. It was actually much more for children that we support. It was the loss of access to those really important physical therapies and other therapies that they would need. (CI12)

The closure of services in conjunction with the closure of special schools was described by one interviewee as 'the perfect storm'.

[At] the same time that the special schools closed, that the respite units closed, that everything shut down all at the one time, and we would have a lot of families with a learning disability and co-occurring mental health problems with their children. And those very vulnerable groups just crashed, because everything just stopped all at once and there was no light at the end of the tunnel. (CI9)

The same interviewee also highlighted that, in response to the halt in specialist educational support or closure of schools, some children were being chemically restrained 'simply because services had been taken away, and they were just left, families were just left with nothing. And schools were saying the children were too high risk for them to

manage with all of their staff and their resources and their space, but they were leaving them at home in the living room...to deal with on their own for months and months and months'. This attracted media publicity and subsequent pressure from the Department of Education on the situation in question. It has raised questions on the extent to which this has taken place in other instances and how this can be appropriately addressed.

What we want to see is long-term structures put in place. I would like to see, in relation to vulnerable children with sort of severe learning difficulties and special needs, who've really been exposed during this, there should be a permanent vulnerable children plan, not just an emergency plan, because these problems are always there. (CI9)

The pandemic has also exposed inequalities that exist between different groups of children in terms of their entitlement to educational support. For example, while children who arrive in Northern Ireland under the resettlement scheme are able to access support from the Education Authority and specific resources, the same is not the case for children from asylum seeking families.

So unlike the resettlement scheme as well there is no, there wasn't at that time any dedicated Education Authority support. So again it's, it just shows there's a bit of a disparity between resourcing, and that really was highlighted, I think it's highlighted the disparities in opportunities across the board for young people, but further down, I guess further down the list to me is asylum, children that arrive through asylum. (FG4)

Children with English as an additional or new language appear somewhat invisible in policy and practice. Remote learning means that these children miss out on immersive learning generally while learning materials provided may not necessarily be in an appropriate format:

Also, when somebody doesn't have English as a first language, they haven't got any language skills, giving somebody an English workbook or access to C2K to do some work online isn't helpful. In addition, I guess there wasn't any special provision for any English bridging classes. If a child goes into school they're immersed all day in English, they will pick that up. And some schools do have support within the classroom. That wasn't available remotely, so we had a lot of children unable to access. But I mean the Education Authority have been very responsive, but I guess they are an advisory board. The Department of Education fell very short in their

response and their guidance for schools in my opinion. (FG4)

Going forward there was palpable concern about what recovery from the pandemic would look like and how to address the impact it has had so far on children. It was suggested that this would require a process of assessment and reflection across the education sector. At the moment there remains uncertainty on the long-term effectiveness of the vaccine programme and how long some form of regulation or restriction will remain in place.

The difficulty for them at the moment is not knowing, will we have social distancing, will we have masks, will we have vaccinations, will we have pupils who can cope? Will our early years teachers be having to re-teach basic skills, will we have to revisit certain aspects of the curriculum, which aspects of the curriculum? And not just the academic side but pastoral curriculum, with resetting expectations for a classroom and in the case of younger children re-teaching how to sit at a desk, how to hold a pen, things that the children may not have done. And great to use the digital age, but the digital age doesn't deal with the manual work of physically holding a crayon. (CI13)

The move to remote learning and use of technology has created an opportunity to think about how some things could be done differently in the future. Especially given that the workplace is also likely to change as a result of the pandemic with a greater reliance on technology and digital skills. For example:

From a personal angle it makes me think do we need children to be in school all the time? Can we be looking at more creative and flexible ways of delivering a curriculum? Even if they are in school the idea of personal research, personal discovery is fabulous, and it's the way that these kids are going to be working in the future, because they're all going to be doing, apart from those who are doing face-to-face jobs or manual jobs, they're all going to be doing work that involves internet research, internet communication, and ultimately more working from home. So let's use the experience of today to prepare our children for a brave new world, a brave new future. (CI7)

It was suggested by one interviewee that return to school needed to be a gradual process in terms of reintroduction to full time face to face teaching of the curriculum and that the mental health of children and young people needs to be prioritised in this process:

So develop a full summer programme for all children, but then when we get the schools back to focus, just have a wellbeing curriculum which involves lots of arts and creativity and music and sitting round and playing and talking and just really do that for like a fortnight or a month or whatever, just to get, and a little quick screen to find out who's, you know, who needs a filling, who needs this done or that done. And then which kids are actually self-harming and have developed eating disorders, because those are the two things that young people do to regulate their emotions and they're really dangerous behaviours. (C11)

As noted above there is learning to be had from the moves to try and identify numbers of 'vulnerable' children and who they might be, while the move to online working has meant statements of special educational need can be distributed more quickly. Elsewhere a number of new initiatives and partnerships between statutory and voluntary sectors have been developed as a means of shaping responses emphasising, once again, the significance of partnership working in emergency situations.

The data from the study suggests that there is much room for learning not just in terms of how to ensure children's right to an effective education can be realised in emergency situations but also in ensuring that the existing inequalities are not exacerbated among marginalised groups of children. While the Committee on the Rights of the Child has stipulated that online learning should not exacerbate existing inequalities, unfortunately this appears to in fact be happening. Not every child has access to the devices or connectivity required to facilitate effective remote learning. Nor are all children able to access learning in an accessible and most appropriate manner. The recovery process presents an opportunity to address some of the educational inequalities in a meaningful way.

5. SOCIAL AND PERSONAL DEVELOPMENT AND RECREATION

5.1 Context

Article 31 of the Convention on the Rights of the Child focuses on the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child, and to participate freely in cultural life and the arts. Access to these elements of life is important during childhood as they enrich children's experiences and enhance their social and personal development. Article 31 rights are associated with the right to health, survival and development, and economic and social rights as they contribute to the quality of childhood, health, wellbeing and resilience as children move through their developmental stages (UN 2013, para. 8). Enjoying these rights can offer children a reprieve from their complicated and stressful lives. As well as the provision of assistance and quality services, and respecting the responsibilities of parents, governments are encouraged to promote awareness and understanding of the centrality of play and leisure for children's optimum development (Articles 5 & 18; UN 2005; UN 2013). In its COVID-19 statement, the Committee on the Rights of the Child urges decision-makers to explore alternative and creative solutions for children to enjoy their Article 31 rights when making emergency plans during a crisis (UN, 2020a, para. 2). Additionally, the most recent General Comment, No. 25 (UN 2021) on children's rights in relation to the digital environment, is particularly relevant for the implementation of children's Article 31 rights in the modern world, particularly during COVID lockdown restrictions, as services moved online.

5.2 Impact of COVID-19 on Social and Personal Development and Recreation Services for Children and Young People

The impacts of COVID-19 on children's social and personal development and on recreation services happened immediately when schools and other youth facilities closed abruptly and face-to-face programmes, managed by statutory, community and voluntary sectors ceased to operate. Initially, there was a sense among the child and youth sector groups that recreational activity was the least priority in the wider scheme of things.

I suppose it has been quite low down on the list, but leisure as well, there's no access to different clubs, you know, children haven't been able to access sports. The sports

that have happened since lockdown have been sporadic. (FG4)

This was problematic, not only for the children but also for the organisations who deliver such programmes as they rely on external funding and have contractual obligations to deliver their services. Community-based organisations raise essential funds through training and fundraising events, which also stopped. As organisations sought to adapt, conversations held with some funders allowed reallocation of funding. However, some organisations saw funding opportunities halted and their financial accounts suffered, causing stress about the future of the organisation, its staff and the children they serve.

From a funding perspective, it then meant that we had to engage in I suppose detailed conversations with funders, particularly those which were timebound, around getting extensions on the delivery of those initiatives ... obviously the training aspects, which would have been again a core part of the organisation. (FG3)

Within the first couple of months we had lost out on huge fundraising opportunities. You know, all of a sudden we were, within a couple of months we were at a forty thousand pound deficit, roll on a couple of months more, you're at a hundred and something deficit. (FG6)

Discussions around the move to transform services from the offline to the online environment also caused a challenge for some organisations, as they had to reconsider their organisational position on balancing screen-time with outdoor activity, to ensure children could avail of their Article 31 rights.

As an organisation we would always be suggesting about getting children outdoors, and we, not that we would've been totally against screens but we would've been saying, you know, 'children need balance. They're spending too much time behind screen-based activities' ... And all of a sudden we had to very, very quickly change what we were saying. Children needed access to the digital world, because in many contexts it was the only time that children were actually able to meet-up with their friends or socialise or have any sort of outward looking activities. (FG3)

The abrupt closure of schools, youth clubs and community groups, and council run facilities such as leisure centres, parks, museums and libraries, coupled with uncertainty around how long restrictions would last, meant organisations had little time to plan ahead.

They didn't plan summer schemes for the kids, they didn't plan safety plans for those children who would be off [school] all summer. (CI12)

As well as a restriction on their civil and political freedoms, this left children and young people with few choices and places where they could spend their free time in a safe and enjoyable way. Some respondents spoke of the impact on young people and their responses of, for example, meeting in groups in outdoor spaces such as at a local landmark, beach or park, which adult members of their community felt were unsuitable and unsafe. As a result, some young people may have found themselves in breach of social distancing guidelines and in direct contact with the police (see Section 9).

5.3 Developing Responses

As face-to-face activities ceased during the initial lockdown period, child and youth sector organisations had to rethink their engagement model and develop alternative delivery mechanisms. The digital environment has been a crucial lifeline for children and young people to use during their free time, to play and to engage on social media apps with their friends and family. It was also an important way for organisations to engage with them – *'Moving online, moving onto Zoom, moving onto using Teams as an engagement mechanism'* (FG3) – and deliver their existing programmes and services in alternative formats.

Some community organisations, and the young people they served, struggled more than others as they did not have access to the necessary funding, equipment or digital capacity and resources to move to online activities quickly. This resulted in some staff using their personal mobile phones to connect with young people in order to offer support and not lose contact in the early stages of the pandemic. For many it involved spending time enhancing their knowledge in internet safety and learning the necessary digital skills to operate equipment and navigate the online environment. This rapid change in ways of working and communicating caused considerable anxiety and distress for some.

Our youth workers do not have laptops, they do not have the technology, we do not have mobile phones for our staff. So very quickly it was like 'what do we do in that situation?' So ... all our staff were using their personal mobile phones, protection where possible, they were using their personal laptops or whatever, to kind of maintain some sort of connection with young people ...The difficulty in all this was staff morale and the bespoke situation of each staff member. (FG6)

The ability to work in partnership with influential others and be involved in decision-making was crucial for child and youth sector organisations, who were thankful for their seat at the table. Partnership working brought opportunities for their expertise to be sought and used. In such forums (for example, national executive and local councils and departments) some were able to convince statutory bodies of the importance of social and recreational activity for children and young people, and help develop strategic planning and guidance so others could meet the emerging needs of the children they work with.

So we had a bit of an interface, a strategic interface, that we could try and direct of the activity ... So we were very quickly able to put in some guidance and materials to help teachers, around recognising that even though children were in lockdown and even though there was real concerns, that they still needed to have opportunities to socialise and play. (FG3)

As the scientific evidence emerged, it became clear that younger children were less affected by the disease and the risks of contracting COVID-19 in outdoor spaces were not as high as once thought. As such, when lockdown restrictions eased in July 2020 staff from most organisations returned to office-based working on a rotational basis. This was a beneficial time for organisations to reflect, plan and be ready to respond with alternatives should more restrictions ensue.

We were able to look at programmes and how they could be adjusted, and we were able to have those conversations with our staff that had been missing ... Looking at the here and now, but also with an eye to the future as well. (FG3)

Based on their previous lockdown experiences, and consultations with children and young people, some organisations responded to the desire for more face-to-face contact and in-person social activities with peers through organising socially distanced group work, trips and social events. As organisations continued to work collaboratively to enable the opening of some play and outdoor areas, however, misinformation circulated about safety and hygiene impacted public confidence. Close relationships with government departments enabled the child and youth sector to communicate strong, fact-based public health messages to their networks, and to the public.

We have been liaising closely with the likes of PHA, so we were aware, round

about October/November [2020] there were a few scare stories going around about COVID outbreaks based on play areas, and we were able to liaise with the PHA to determine, well actually it was just rumour and so on. So I suppose we were able to combat some of the social media, you know, the various myths and mistruths that were building up around it. (FG3)

When the second lockdown period came into effect, organisations could draw upon previous experience and learning. Many had also carried out (informal) consultations or reviews of their work in order to gain an understanding of the needs of children, young people and families. Reaching out beyond Northern Ireland also proved promising, as organisations were aware of what was going on in the other jurisdictions. Compiling this information with relevant local anecdotal evidence made it easier to move back into that lockdown position and continue to provide services that were tailored to address need (See Section 8 for a discussion of how the child and youth sector engaged with children and young people to assess and respond to their needs).

For these organisations, the move to online working was considered successful, for the most part, and many groups shared positive experiences of how existing social and emotional development programmes were adapted and enabled to continue. Engaging children and young people online brought challenges and opportunities for youth workers as they developed creative ways to connect and build relationships through play and other activities focused on fun, for example, quizzes, scavenger hunts, arts, drama, exercise and physical activity. Most participants agreed that allowing children and young people to move around was crucial. A number noted that this was a particular feature of their work in the second period of lockdown as schools moved to online learning and the methods used by youth workers needed to be different.

It's allowed us to become a wee bit more creative in terms of how we engage with young people on Zoom, which I think has been massive for me personally, because like you can do your face-to-face work and you have all these session plans and you have these activities you can do, and you can engage with young people like in a real positive way ... if we start off every session with a physical activity we get more buy-in from the young people ... And more participation ... one of the most popular things is a scavenger hunt ... you're having to come up with all different ideas all the time. (FG6)

Alongside developing social activities and opportunities, essential support programmes for

young people continued to be delivered online. Youth workers reported developing new programmes of work around mental health, well-being and resilience, and discussing topics young people might be anxious about, such as losing friendships, relationships and connectedness. They found, however, that depending on the nature of the activity, and the numbers of attendees, young people's confidence and will to engage varied. Some felt more confident in smaller groups, especially when a topic focused on intimate, sensitive, personalised or controversial topics.

Sometimes maybe the conversations around the dialogue topics are, it doesn't happen at all, do you know, and young people turn their cameras off and they sit there. But sometimes they're great, do you know, and it allows like, rather than the event where you have maybe fifty plus young people there, you have six to eight young people in a small group call, where they're more confident to speak. (FG6)

As time went on most community and voluntary organisations experienced challenges engaging with some of their young people in the online environment. Increased online fatigue and a decrease in engagement emerged as the restrictions continued.

At the beginning it started off okay, but we have noticed quite a big drop. And even when the young people are online the talk always goes back to 'I can't wait to see you in person'. (FG6)

Workers reported consulting, albeit informally, with those involved in their programmes, listening to their views and suggestions and reverting to less programme oriented, and more activity based work. Engagement via online platforms such as Zoom and MSTeams was an issue for young people as they disliked this conference style approach and preferred other platforms. Some youth organisations responded by tailoring their activities and switching to the online platforms that worked better for young people.

Facebook and SnapChat were up there at the top. But surprisingly Xbox and PlayStation was something that we found was up there as well. Which then allowed our organisation to then start engaging, which I never thought was possible, with young people through consoles, through PlayStations and stuff. (FG6)

Activities delivered reflected the interests of children and young people, and the desire for a distinction between learning and recreation. Participants noted developing sessions

around cookery, drama, yoga and singing classes. Sometimes this involved delivering pre-prepared activity packs to their homes that contained all essential ingredients and worksheets and then getting together online to conduct the activity. Organisations recorded increased engagement levels in these activities from the young people already registered with their service.

We're doing like a fitness programme at the minute with the young people. One week it's we deliver food for them to cook, that's like a healthy meal and we all cook it together at the same time and then eat it together. And then the next week it's like we've a PT [personal trainer] come in and do like a fitness session, and it's good craic, you know? (FG4)

For others, the development of engaging and innovative online events or programmes had led to an increase in the numbers of young people engaging with some of their programme:

So in our [youth arts programme] we would have four hundred and fifty at any given time. That has increased to thirteen hundred ... it's that type of thing, they're coming on[line]. So it might be like a masterclass in drama, it could be a masterclass in singing, it could be a masterclass in yoga, masterclass in just having a chat and being together. (FG6)

In addition to online engagement, a number of representatives noted that face-to-face work continued with a small number of young people who either chose not to engage online, or whose needs were not met through this methods alone. This included mentoring work or one-to-one programme work depending on the needs of the young person. Added to this, as youth and community workers were often delivering activity packs or parcels to young people, they took opportunities to engage with young people in-person. Others worked directly with young people through social action projects as they supported them in, for example, putting together and delivering food parcels in their local communities, organising prescription collection and delivery or producing information to share with other young people (see also Section 8).

It was not only the children and young people who missed face-to-face contact with youth workers and their friends. Youth workers also reflected on the benefits of working closely together and in groups, and the energy they exchange which helps to build rapport.

For myself as a youth worker I feed-off my young people, and you don't get that same relationship or same feel from the technical side of it...the young people are craving face-to-face attention and meeting with their peers rather than just seeing them on a screen. (FG6)

For youth who were potentially more isolated, for example, children with disabilities, those living in rural areas or those who identify as LGBTQ+, the move to the online environment provided some previously unavailable opportunities. An NGO working with young people with disabilities, for example, created an online youth meet up group to respond to the social needs of young people. An LGBTQ+ NGO also set up an online social forum for young people. Not only did they invite existing members but they contacted previous members in recognition that they may be experiencing isolation. Time and investment in advertising also attracted new members, and it was felt that some of these online forums would be retained after the pandemic:

We've spent a lot of time, effort and a bit of money putting, you know, pushing the information out there so that young people could find us. And then young people started contacting us themselves, the young people that were originally with [name], some of them joined the [name] project... So we got a lot of young people connecting in, So we can do the face-to-face but we're also going to keep the online service as well. (CI13)

Restricted access to cultural activities including visiting museums, castles and historic sites and landmarks, observing traditions, customs and beliefs, and attending events or festivals around your own cultural background in your chosen language, has impacted all children. In the context of NI as a 'post-conflict' society, cultural activities and learning are a key aspect of good relations and peace building youth programmes. In line with government directives, the nature of this work had to be adapted, hence impacting physical opportunities to engage in cross community contact and learning. This affected many programmes, which due to the difficulties and sensitivities of discussing political and cultural issues, adapted the focus of their work to social action projects, or to responding to the needs of the young people they worked with during the pandemic. Expressing the challenges for community relations programmes, one worker explained, and others agreed, that this was an area that would require specific focus post-pandemic.

[good quality relations] ... I really think you can't replicate that online. And maybe that's

a controversial thing to say, but actually all those wee side conversations and physically being able to bring a group into another community that they would never visit otherwise, I just think we've lost a year of progress on good relations. (FG6)

At a particular disadvantage in the cultural sphere were newcomer children to Northern Ireland (including unaccompanied minors, refugee children and those seeking asylum) as they found it difficult to negotiate the new culture they had arrived into, and to maintain links with their own culture and heritage.

You're in danger then when children arrive and there's no preservation of a family or their ethnicity, their culture, and there's no understanding of culture. And the culture in Northern Ireland is quite a tricky thing to get your head around... So without that you're kind of in this no-man's land, you know, of your kids not knowing. (FG4)

Provision of cultural activities for children such as organised integration events and festivals to celebrate and share cultural traditions stopped and some moved online, which was far from ideal.

You'd have the likes of the Sudanese community, the Somali Association, Refugee week was all remote this year, you know? We'd ordinarily have big events, really interactive. All our family reintegration stuff is all remote, we couldn't even meet in the park, you know? So there hasn't been that. And I think, you know, there was Sudanese Independence Day, all these big events, they weren't really marked because people couldn't meet collectively. Eid wasn't really the big celebration, Ramadan couldn't be celebrated, Iftar couldn't be celebrated. The mosques have just opened again. So there hasn't been any cultural celebration, including Saint Patrick's Day hasn't happened, you know, and that's another sharing of culture, you know, of, yeah so there's been nothing, nothing at all. (FG4)

5.4 Analysis and Learning for the Future

While the restrictions over the past year have impacted significantly on children's Article 31 rights, the child and youth community and voluntary sector were afforded an opportunity to raise awareness of the importance of play, social and recreational activities in children and young people's lives. Accounts suggested a greater appreciation developed between the statutory and voluntary sectors as people became aware of the impact of restrictions on

children's social and personal development, physical and mental health. In addition, the role and expertise that child and youth organisations have in this area came to the fore, as too did the role that statutory bodies have in facilitating and supporting this.

You're now seeing people going 'actually play is', what we've been saying for years, it is one of the most critical activities children engage in. And the pandemic is showing, through all of the research around mental health and around physical health, it's showing the impact of not having access to this... You know, by removing that it actually impacts significantly on children and young people's lives. (FG3)

The evidence in this study demonstrates the important and supportive role of community and youth workers, which expanded during COVID restrictions. As keyworkers, they found themselves responding to crisis interventions and harm situations (see Section 7). These organisations were able to act quickly as they were well placed to access, respond to and adapt to children's and the community's needs.

We're allowed to go out and meet a young person face-to-face is if they're particularly vulnerable and it's a crisis intervention. (FG4)

Organisations were also afforded the opportunity to rethink their delivery model. Moving online and engaging with social media opened up new forums for outreach work with families, the creation of new services and delivery methods, and an increase in people wanting to access their services and expertise to advocate for children.

We've developed a programme with (name) and it's looking at online playdates, so it's actually trying to reintroduce a physical play element with families, albeit over the online mechanism and the online media. It [COVID] has forced us to rethink how we deliver, or not even how we deliver, but what's possible, you know? I think that has actually worked to our advantage because we're getting more people from wider geographical areas connecting into those. It seems to be more accessible for people. So I think that's something we'll learn for the future. (FG3)

An important theme across the study was the ability for professionals and practitioners to work together and share their expertise to inform guidelines, misinformation and debunk myths. Child and youth organisations felt strongly that children and young people should be able to go out to play, meet a friend and exercise as they were low risk. To carry out

their work effectively good relations were important and many new relationships were made as organisations worked together and took a seat around the decision-making tables. Here, they were able to add to the debates and felt that their work was respected and their expertise valued.

We engaged with them over a couple of meetings, representatives from each of the eleven councils, and we were able to come up with I suppose a set of operating criteria to allow the councils to move to opening. And that was really based on the scientific evidence, trying to contain the risk, but it was also based on what was viable from their perspective. (FG3)

However, the online move didn't work for all children and young people's social, personal and physical development, and participants continued to emphasize the value of face-to-face contact and peer/group work for building resilience and relationships with children and young people, and a need to get back to this way of working as soon as possible.

That kind of human interaction is never going to be replaced by something that we do online. But in the current situation, when we can't get that, this is certainly better than no connection at all. (CI13)

Youth organisations adapted quickly and found new ways to engage more marginalised youth in offline activities. They supported other forms of good relations work by getting young people involved in social action so they could contribute positively to their own communities. However, the developing of good relations in terms of cross-community and cross-border opportunities ceased and were not activated online for various reasons. These areas are important for social connection, cultural rights, integration and peace building, and will require the flexibility of funders and additional investment post-COVID to get back on track.

In summary, the analysis demonstrated that restrictions applied in Northern Ireland disrupted and profoundly impacted children's Article 31 rights. Opportunities and other enriching social activities, such as seeing family and friends, accessing outdoor/public spaces, playgrounds and sports courts, leisure centres, concert halls, museums, galleries, cinemas and libraries etc., empower children to explore their environment, encourage creativity and enhance their developmental processes (social, emotional, intellectual, behavioural, personality, coping skills etc), enabling children to grow as independent

thinkers. Child, youth and community workers were an important source of support for children and young people to realise their Article 31 rights by moving activities and services online (those with better IT resources were able to do this quicker). Many children and young people valued the chance to connect online with existing programmes or to receive one-to-one/group support, and other recreational activities, however not all children and young people were able to avail of such opportunities. The youth sector responded and adapted quickly and observed that in the first stage of lockdown, interacting online was new and fun but as restrictions continued the novelty wore off and a drop in online engagement occurred. The second stage of lockdown saw a brief return to socially distanced face-to-face activity to meet the needs of young people who wanted to do this. During the third stage, as another lockdown situation arose, online engagement shifted to less programme work and more physical and fun activities. It was clear to youth workers that while the digital environment allowed for social interaction, play, some life-skills, physical and arts-based activities to continue, it was less successful for meaningful relationship building and for in-depth support and cultural interaction such as cross-border, and cross-community peace building and integration initiatives.

The UN Policy Brief (UN, 2020b) warned of the damaging impact that COVID-19 would have on children and young people, and the Committee recommendations provided policy-makers with advice for ensuring children's Article 31 rights could be met (UN, 2020a). Despite living in a range of different circumstances and having different needs, all children and young people were impacted by the withdrawal of play, sport, leisure, cultural and other recreational facilities and programmes. However, children with disabilities, those living in rural, isolated or deprived situations, newcomer children and those not known to social services, community and voluntary groups may have been impacted the most when the schools and council run facilities closed down and alternative responses developed.

6. FAMILY, HOME LIFE AND ALTERNATIVE CARE

6.1 Context

The role of the family in the protection, promotion and realisation of all rights of the child is recognised in the UNCRC. Reference to the family/ parents/ family life across various articles of the UNCRC illustrates a belief that support for the family often ensures the best interests of the child are met. Given prominence in the Preamble, the UNCRC states that:

... the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.

Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding.

Article 18(2) reiterates States obligation to provide appropriate assistance to families in assuming their child-rearing responsibilities. This has particular significance at times of global crisis given potential impacts on parental health and well-being, family income, access to resources and safety within the home. The impacts on the provision of family supports and services to assist parents in the care of children with disabilities or who require special care, is particularly pronounced (Article 23(2) UNCRC). This is recognised by the UN Committee who, in their statement on COVID-19 and children's rights note that 'Children with disabilities and behavioural problems, as well as their families, may face additional difficulties behind closed doors' (UN, 2020a, para 6).

Children in alternative care, or separated from their parents (through, for example, living with one parent, parental imprisonment, child detention) also have protections under the UNCRC (Articles 9, 18, 20 37(c)). In particular, the impacts of social distancing and periods of lockdown can impact adversely on their right to maintain contact with the family. In its COVID Statement (UN 2020a, para 8) the Committee on the Rights of the child notes specifically that '... children living in institutions or deprived of their liberty ... should at all times be allowed to maintain regular contact with their families' and that 'children in migration situations should not be detained nor separated from their parents if

accompanied’.

6.2 Impacts of COVID-19 on Family, Home life and Family Support Services

Many interviewees spoke of the impacts of the pandemic on family and home life, particularly in relation to family income and the ability to provide basic resources; parent-child relations as a result of lockdown and the closure of children’s services; parental concerns for children/young people’s mental well-being, and sometimes their behaviour; expectations regarding the home schooling and education of children. These, among others, were cited as some of the pressures experienced by families and children, and hence potentially negatively impacting children’s development. The notion of parenting stress was profound in some accounts, particularly in discussions of children with disabilities and complex health needs. In addition to the withdrawal, closure or pausing of formal supports for some children, several participants spoke of the impact for many families of no longer having access to informal supports. This included the practical and emotional support of extended family. Negative impacts of the pandemic on parents effectively impact children in so far as parents’ ability to protect and promote children’s rights can be adversely affected.

It is perhaps for these, and no doubt additional, reasons that many NGOs reported an increase in contacts from, and engagement with, parents. This included: an increased volume of calls to Parentline NI; the need to quickly find ‘new’ ways to support parents contacting youth organisations for help with children’s educational, social, mental health needs; and, community organisations delivering food parcels to families in their local area.

The impacts on family services and supports were greatest for vulnerable groups and specialised services. Specialised services and care for children with complex health needs and children with disabilities were effectively withdrawn for a number of months. This included therapies, special education, respite care and in many cases, carers coming into the family home. The impact on families was profound. Representatives from the disability sector spoke of parenting stress, anxiety, isolation, fear and exhaustion as the full weight of caring fell to them. Reflecting on the withdrawal of services and its impacts on families and children, an interviewee explained:

... for parents and carers ... of the families that we’re supporting, they have definitely experienced a lot of stress and anxiety and isolation. ... for very, very many months a lot of the people we support had complete withdrawal of services or limiting of

services. Where a parent might've had, you know, a carer or somebody coming in to support them with their children at home, that, obviously that was withdrawn. And then even when perhaps afterwards there could've been access to some respite or help, you know, they're anxious around the health of their child, or the children and young people. So again that has been, so they're experiencing still that loss of service. So that obviously has a real impact then on wellbeing of children and young people, because there is that loss of access to a whole range of different services, and particularly those social engagements and those social experiences, you know, when you're very, you're living your life really within your own home. So that has been the case for a lot of children and young people unfortunately. (CI12)

Likewise, noting the impact of the closure of Special Schools during the first period of lockdown, children's sector representatives spoke of the negative impacts on children and the wider family.

Quite a lot of the parents who participated [in their research], whose children, sometimes obviously their children had things like autism and different things like that, and the behaviour because of lockdown kind of deteriorated quite a lot, to the extent where the child was really getting so frustrated at maybe not being able to express themselves that they were kind of lashing out to the parents, to the house, to the siblings and everything else (FG1).

For other children, those in custody and those in secure care, there was an immediate impact on direct/ in-person contact with family. During the first period of lockdown this was withdrawn in the Juvenile Justice Centre (JJC) and Beechcroft and replaced with phone calls and video-conferencing. A number of NGOs noted that for children in care, the guidance regarding family visits and family contact was '*complicated*' (FG6). Safeguarding practices were not consistent across Trusts, and family bubbling arrangements were diverse. This created much anxiety for children who, at least initially, felt they could not have direct family contact. One NGO noted the particular impact on young mothers and emphasised the importance for children of contact with siblings.

... the other thing really is the family time, so there's a significant impact on young people not being able to see their family ... I suppose there's one particular thing for young mums who are separated from their children, and I suppose there's long-term consequences with impact on attachment and relationships and early years

development. And I suppose there's an acknowledgement that, I suppose it's that proportionately principle, that balancing the young people's rights with the public health guidance around that as well. So there's a lot around family time, and again as I mentioned family time with siblings has been a significant advocacy around this emergency response. Young people want to see their siblings but multiple challenges are still remaining. (FG5)

NGOs supporting newly arrived families during the pandemic spoke of the additional stress for parents as intensive resettlement arrangements were disrupted. Supports that would traditionally have been available for these families, particularly access to doctors, dentists and schools (see Section 3 and 4) were either unavailable or more difficult to engage with. As one interviewee said:

It was a huge shock to families to end up just in lockdown at home without support, without really knowing the area they lived in, without fully being able to access everything ... (FG4)

NGOs worked to navigate complex systems and advocate on behalf of families who had little opportunity to learn how systems worked, or to develop social and support networks. Isolation and limited opportunities to integrate had meant that:

... for a lot of families it feels like lockdown just has never ended. While it might have loosened over the summer that didn't mean much to a family who had already missed months of school, particularly for newer kids who maybe hadn't got time to access their local community supports, football teams, youth clubs, things like that. (FG4)

Additionally, for families reunited during the pandemic expectations of what family life would be like when reunited were disappointing. The lack of support and oversight, as well limited social networks and opportunities could make the transition even more difficult for individuals and families already experiencing trauma. A representative from another organisation providing refugee support explained:

When families have been separated for a number of years quite a lot of trauma associated with that, because you'd have somebody who has left their family, the child hasn't seen their family, their father, their mother for a number of years. So suddenly they've arrived and the expectations are they're going to start their family life. However

they're arriving in a lockdown, so all the normality, all the things that a family's been hoping for aren't happening. (FG4)

6.3 Developing Responses

Many organisations, some of whom had previously worked primarily with children and/or young people, spoke of their responses now being framed by family relations and experiences, and of needing to respond to the child as part of the family unit. Youth and community organisations regularly delivered food and activity parcels with some noting that it was through one-to-one contact with young people that they identified family need. Others spoke of developing new relationships with parents which had led to parents contacting them directly for support with the social, emotional or education needs of children. Illustrative of this, an LGBTQ+ sector representative told us:

And I suddenly got talking to a lot of parents that were having issues and just needed information themselves, and then wanted to help their young people. So we could, for the young person we could connect them into [name of programme] and we could give them that peer support and the support through the youth workers, through the one-to-one support and the workshops and things like that. But then I found that we had a lot of parents that were just kind of like needing advice but kind of just getting it from me and then not getting it anywhere else. So we started a group for parents as well, so, the family support group. So every month now we connect all the parents in and they can just chat away and talk about issues that are affecting them. And that was a really good thing, because that had been something that we'd talked about for a long time. (CI3)

Likewise, youth workers spoke of developing an understanding of the child/ young person in the wider context of their lives, an element often missing from youth work due to the relative independence of 'youth':

... we actually now have better relationships with families of young people than we did previously, because we are physically going, you know, going to the house or meeting them kind of at the house and then going for a walk with them. ... There's those natural conversations then with mum or dad or other siblings that weren't always happening, and you actually get more of a rounded picture. (FG5)

So valuable were new relationships, programmes and '*outreach work with families*' that

many NGOs noted it as '*the legacy that will stay with us*' (FG3) post-pandemic. Overall, the crisis had crystalised understanding that supporting families was central to supporting children and young people.

Many spoke of developing physical and online resources for families – activities they could engage in with their children, online repositories of information, online parenting support forums. Notably, in recognition of the potential exacerbation of family and parental stress for those whose children are in conflict with the law, the Youth Justice Agency moved its parenting group online rather than let this subside:

... we have a parents' group, so it helps parents to get together to discuss the challenges of being at home with sometimes very difficult children. Obviously there's the whole notion and issue of domestic violence at home. Our children are perpetrators as well as victims, so ensuring the family dynamics are looked after has been a very important priority for us too. (FG2)

Providing information to parents, and responding to what was felt to be unclear government guidelines, was a key response of various NGOs. Also, collecting the views of parents enabled some NGOs to use these to inform their advocacy messages (see Section 8). More generally, the volume and range of issues that Parentline NI were responding to demonstrates: the stress experienced by parents; the lack of clear messaging generally, and for particular groups of children; and, how voluntary organisations filled gaps in essential information:

... we had a huge surge at the first lockdown, parents calling about some of the messages that were coming out of our government weren't clear. For example moving, children moving between one parent's house and another, separate[d] or divorced parents, that was a huge issue. ... Another one of the issues that parents were phoning about was children with disabilities. During the first lockdown when they closed off all services, including schools, mental health services, health services, parents were calling up, they were struggling, they were really struggling. (FG1)

As noted above, the impact of the pandemic on services for children with disabilities and complex health needs was extensive. As respite services closed, and many felt unable to retain carers, the burden of care fell solely on families. Information and public health guidance, some felt, did not take account of the circumstances of those who required

personal care.

So the language used initially ... all of the government documentation initially, when they talked about 'you should be socially distancing', literally the website said 'if you require support, if you are someone that'll require support for independent living this should be delivered at a social', you know, 'this should be, you should socially distance from anyone that's coming into your house'. Well obviously that's not possible if someone's delivering personal care. So, you know, a lot of families very confused for quite a period of time and had to make their own decisions as to what to do. (CI11)

The intensity of care, parenting stress, exhaustion and isolation were exacerbated by the fact that many families shielded long-term (i.e. into the second phase of the pandemic). Disability sector NGOs felt that they had responded to gaps in statutory service provision by quickly pivoting their services online (for example, recording activities, providing online resources, meeting parents through online forums and/ or one-to-one). Also through enhancing family support and providing respite care and face-to-face contact with parents and children (in accordance with the guidelines) when they could. Explaining the initial impact and response, one NGO explained:

... our immediate concern when COVID hit was initially our teenagers and children that were already attending regular events with us. What were they going to do? And obviously parents were being thrown into twenty-four-hour care scenarios with schools stopping et cetera. So we very quickly spoke to funders and thought, we need to take our services straight online, because our, we've over seven hundred families now as members ... and the majority of them, whether it's disability, medical condition, learning needs, sensory need, age, caring role, they're all hugely disadvantaged groups that were going to become even more isolated because of COVID. (CI11)

Aware of the potential impact of withdrawal of services (for example, education and therapeutic services) on children's development (Article 6, UNCRC), another disability sector NGO spoke of how they tried to support families in meeting children's health and developmental needs. While aware that this was no replacement for direct service provision, and that it was a huge undertaking for families, they felt there needed to be some response to the closing of essential services.

... they [the children who access their service] get a lot of very targeted and specialist

work in the centre, you know, a lot of, just a whole range of different therapies and supports and play and interaction. And again, and also it's support for parents, and so the children, those young children in that year, that was definitely a big loss of those. So that, you know, again we'd have concerns about impact on their development, you know, the loss of that. But obviously we tried our best to alleviate that by putting in as much information and support as we could for parents to do, you know, so we did a lot of work with parents in sort of March through to June, of those children, to try to help, to show them how to support their children at home in the same ways as we would've been supporting them in the centre. (CI12)

Over time, it appeared that government and Trust information and advice for families with children with complex health needs remained unclear or not '*fit for purpose*' (CI11). As such, these forums proved vital in a context whereby '*a lot of families had to make their own decisions as to what to do*' (CI11). The disability sector representatives who took part in this study felt that they had responded to gaps in statutory sector services, and the fall-out of this on families and children. Hence, their workload had increased.

NGOs working with and for children in care also felt that their workloads had increased in terms of supporting young people and carers, and advocating on behalf of children and young people for family contact. Additional one-to-one support was required for some children who, because of a lack of supports (formal and informal), leisure activities, isolation within the home etc., were at particular risk, including of their care placement breaking down. In some cases, NGO representatives felt that they could meet with and support these vulnerable young people in a way that statutory sectors workers (for example, social workers) were not able to (see Section 7).

Some felt that the impact of stringent policies on family contact for young people in care was not fully understood in developing responses to the pandemic, and that the public health focus had over-shadowed children's needs and rights to family contact, and the emotional impacts of a lack of contact.

One young person had talked about going to stay with her mum, so because she went and stayed with her mum for a couple of days when she returned to the accommodation, she had to self-isolate for two weeks. So we all get why that is, but that's very difficult for a young person then, to try and maintain that relationship with the family. (FG6)

While little detail was provided, the same stakeholder felt that Trusts had, in time, *'probably moved a long way on a lot of that now as well'* (FG6). Likewise, and as noted in Section 9, arrangements for family contact for children in the JJC were adapted in line with government regulations throughout the various stages of the pandemic.

6.4 Analysis and Learning for the Future

Analysis of the data reveals increased pressures on parents and families and much confusion due to a lack of information for parents during the first stage of the pandemic. Parenting support services, as well as generic youth and community organisations, responded quickly with many reporting increases in calls, referrals or clients. These responded to emerging issues with some expanding the remit of their work and developing new relationships with parents and the family as a whole. This was particularly pronounced for youth service providers who noted supporting families as a developing area of work that they aimed to build upon and maintain after the pandemic. There was also recognition that some families required additional assistance in supporting their children during the pandemic. Recognition of the impacts of lockdown on family life, and on the potential mental well-being of some groups of children, saw increased online supports for parents provided by, for example, the Youth Justice Agency and NGOs working with children in care, children identifying as LGBTQ+, and children with disabilities and complex health needs. Overall, there was an understanding that supporting families was important in promoting the best interests of children and young people. However, much of the work of NGOs in supporting families more generally was in response to the (temporary) withdrawal of statutory services and supports, and the fallout of this. Hence the nature, scope and amount of work for some NGOs had increased.

Gaps in service delivery or disruption to existing provision appears to have impacted disproportionately on vulnerable groups of children, and their families. Most notably, the closure of respite care services for children with complex health needs, alongside uncertainties regarding direct payments and carer arrangements, created considerable stress for families. The accounts of NGOs working with these families were littered with reference to parental 'stress', 'anxiety', 'fear' and 'exhaustion'. One NGO reported that the families they worked with felt at worst invisible, and at best *'an afterthought'*, when it came to COVID-related policies, responses and messaging, as these did not take account of their experiences (CI11). NGOs had responded to gaps in statutory provision but there was an understanding that this was not an adequate replacement. While there had been

an improvement in many service responses as the pandemic progressed, this was an area where it was felt there had been limited progress. This was illustrated by continued ambiguity or lack of consistency in how direct payments could be used (see Section 2). Going forward it was noted that further flexibility was required in recognition that families might need additional or different levels of support given that they had provided intensive care alone for an extended period of time.

There was limited data on the impacts of the pandemic on children's right to maintain contact with their family. In the early stages of lockdown there was evident anxiety and confusion about family visits to residential care and detention settings. NGOs advocated on children's behalf for clearer guidelines on family contact, and as recommended by the Committee on the Rights of the Child (UN 2020a) face-to-face arrangements appear to have been reinstated when possible. The experiences of 'alternative contact arrangements', and the impacts of social distancing guidelines on family contact for children separated from one or more parent, requires further investigation.⁵

⁵ A report on young people leaving care during COVID-19 (Kelly et al., 2020) notes that young people reported disruption to family contact as one of the main effects of the pandemic. There is little discussion, however, of perceived impacts, service responses and their views on these.

7. SAFETY

7.1 Context

All children have the right to protection from ‘all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child’ (Article 19(1), UNCRC). The Convention on the Rights of the Child also explicitly notes States parties’ obligation to protect the child from all forms of sexual exploitation and sexual abuse (Article 34). The definition of ‘violence’ is broad and is not dependent on frequency, severity of harm or intent to harm (UN, 2011). It includes, *inter alia*, physical, psychological or emotional neglect; neglect of children’s physical or mental health; physical and mental violence (including exposure to domestic violence), sexual abuse and exploitation, self-harm, violence through information and communications technologies and institutional and system violations of child rights (including a failure to identify, prevent and react to violence against children) (UN, 2011). The negative impact of violence has implications for other rights including the child’s right to life, survival and development (Article 6) and children’s ‘physical, mental, spiritual, moral and social development (Article 27(1)).

Protective measures adopted by States should allow for a holistic child protection system which includes prevention, identification of risk factors and signs of maltreatment to trigger earlier intervention, reporting of violence, referral to child protection services, treatment and follow up (Article 19(2), UNCRC; UN, 2011). The measures adopted by States must also comply with children’s other rights such as their right to be heard in all matters affecting them (Article 12, UNCRC), including at every point in a child protection process (UN, 2011), their right to privacy (Article 16(1), UNCRC) and the right of children placed in the care of the State to ‘a periodic review of the treatment provided to the child’ (Article 25, UNCRC).

Periods of lockdown and confinement to the home can precipitate or heighten intense stress and anxiety in the home and can provide an opportunity to harm children, increase violence by caregivers or increase children’s experiences of domestic violence (UN, 2020b). Reliance on online platforms for education, social lives and accessing support can also increase their risk of exposure to inappropriate content and online predators (UN, 2020b). Safeguarding measures, however, are inhibited through school closures and the

suspension or scaling back of social work and other protective services (UN, 2020b). In their COVID-19 Statement the UN Committee on the Rights of Child recommended, therefore, that core child protection services were defined as essential and remained functioning and available, including home visits, during the course of the pandemic. The Committee also recommended that phone and online reporting and referral systems should be strengthened and awareness raising strategies adopted through a variety of media forms (UN, 2020a).

7.2 Impacts of COVID-19 on Children's Safety

Participants in the statutory sector and in community and voluntary organisations assessed that children's safety was at increased risk as a result of prolonged periods confined to the home, with limited or no interaction with individuals outside of the home environment and as a result of reliance on online technology for education, social lives and accessing support. In addition to children who suffered violence, abuse and neglect prior to the pandemic, a mental health representative noted the impact of lockdown on parents who are *'now hyper-vigilant, anxious, aggressive, and weren't before'* (CI1), also now posing a risk to children. Notable among a number of participants' accounts was the concern in the decrease in referrals of children to social services in the first three to four months of the pandemic in particular, indicating that the increased risk to children's safety went unreported or undocumented, at least for a period. Participants' accounts highlight the impact of the pandemic on four key statutory bodies/institutions which impacted on the increased invisibility of children at risk.

Firstly, a number of participants noted that police recorded data demonstrated an increased reporting of domestic violence during the pandemic which, therefore, suggests an increase in child domestic violence victims. At the same time, participants noted that despite the increase in reporting, unreported incidents most likely remain prevalent due to a concern of bringing police to the home and risking infection. Secondly, within the Public Health Agency (PHA), staff usually involved in safeguarding roles were described as being *'dragged away, quite rightly... to manage contract tracing and all sorts of other very, very important jobs'* (CI2) making health visiting difficult or impossible. Thirdly, social services and Trusts were similarly described as *'completely distracted'* and whilst staff levels in the Trusts did not reach the 50% reduction feared at the start of the pandemic, nevertheless, before Christmas 2020 in particular, large numbers of staff were infected by the virus or had to self-isolate, thus taking them out of commission for a period of time (CI4/5 & FG7).

Likening the context to a 'war' a representative from the Safeguarding Board Northern Ireland (SBNI) noted that Trust staff had to assess whether they could make face-to-face visits and would not have been sent out to visits as quickly as in the past. Lastly, schools have a key role in relation to child protection as a key source of referrals to social services and the Trusts. With the initial closure in March 2020, those responsible for safeguarding noted that children's safety plans were not completed given the abrupt nature of the closure and referrals stopped coming in from the school: '*there wasn't the same eyes on the children that there would normally be*' (CI2).

The impact on children's safety described above is compounded by the lack of additional 'eyes' usually provided by non-statutory services and activities through young people's engagement in sport and youth clubs. The increased invisibility of children who are on the child protection register or receiving low level support therefore increases their vulnerability.

But that whole family support is not just about social workers going out to visit the child, or even giving them a wee bit of daycare or whatever. This is about their time at school, their time in the youth club, their time in the, wherever, the football team, whatever, and all those eyes are on. Once those eyes no longer look at all those children they all become vulnerable. So I think that that's the big thing... (CI2)

Voluntary and community organisations also address child safety issues in their work within schools in the delivery of programmes related to healthy and positive relationships. One youth worker who delivers an anti-bullying workshop examining diversity and LGBTQ+ inclusion in schools noted how '*everything just stopped dead*' with the closure of schools.

So it was going really, really well, and then COVID hit and we're all sitting at home and the schools are off and, you know? So I think primarily it was not being able to get access to schools, not being able to get access to teachers, not being able to get access to students, nobody kind of replying to emails. You know, there was just nothing, everything just stopped.... And a lot of the contact that we'd had with schools, there was a period of time where there was no contact. So that was the initial problem I think, everything just stopped dead and things that we had programmed in, schools that we were to go and visit, just everything was cancelled straight away. (CI3)

Particularly in the early phases of lockdown, the decrease in child referrals to social services and children's decreased visibility means that the impact of the pandemic on child safety is difficult to enumerate. This points to a need to monitor data closely through the pandemic and beyond. Participants' accounts do suggest, however, a move away from early intervention and prevention towards a situation of crisis management, illustrated further in the responses developed to child safety concerns.

7.3 Developing Responses

We didn't really know what we were dealing with, we didn't really know what the impact was going to be, we were all kind of finding our way. (FG7)

A representative of SBNI described the initial response to the impact of the pandemic as one of panic where staff were '*almost paralysed with that anxiety to start with, and also a bit anxious about how you can manage things, you know?*' (CI2). What lay ahead was '*uncertain*' (FG7) for many and although staff involved in safeguarding and child protection remained committed to do '*the right thing*' they were also described as confused as to what was possible and safe.

I think we need to find ways of, you know, I suppose providing support to, immediately to the frontline workers who are trying to do this, because they, you know, a lot of them were bewildered at times because they were in the middle of a 'oh my god what do I do? Should I go to this house? I've just got a phone call. I've got a wee fella and he's crying, he's talking about hanging himself. Am I allowed to go to him? Am I allowed to bring him in my car?' People were doing whatever they thought was the right thing to do but it's very, very hard. (CI2)

Collaboration and partnership working was therefore crucial, particularly at the early stages of the pandemic as social care staff '*needed to understand things... that was completely out of our expertise*' (FG7), making reference to PPE, infection control in children's homes and other safety measures for which advice was sought from the PHA. In the initial stages of the pandemic statutory agencies and departments focused on the ways in which their duties could continue to be delivered. A primary consideration was how services could be delivered in the context of a potentially significantly reduced workforce in child social services due to redeployment of staff into healthcare or as a result of COVID-related illness/isolation. Consideration was also given to how services were to be delivered in a way that was compliant with public health guidance. Key to these planning stages was

the development of a Surge Plan and Action Card. One participant noted how a Surge Plan initially provided guidance on *'what services could we continue to operate safely, and then what services would we need to either pause, stand down'* (FG7). This guidance was developed with the anticipation of a reduced workforce due to staff absence/redeployment. A representative from the HSCB noted, however, that *'staffing numbers didn't reduce in the way that we perhaps feared'* (FG7) and attention turned to the preparation of an Action Card, focused on developing a *'kind of a set of parameters about the kind of services that we need to continue on, the kind of services and the parameters of those services as we move forward'* (FG7). The Action Plan further advised staff what they *'could or could not do'* within the parameters of changing regulations from DOH. It was therefore an evolving document, revised and supported by initially twice weekly meetings of the Children's Services Improvement Board (as opposed to the usual monthly and now reduced to weekly) (CI4/5). Described as *'a fairly good regional approach within children's services'* (CI4/5), perhaps evidence of the effectiveness of such a response is the changing views on the ability to deliver services over the course of the pandemic, as noted by an SBNI representative.

In the first wave I think everybody almost closed down. Everybody almost thought, there's nothing we can do here. It's too hard, it's too difficult, you know, it's too difficult to keep managing all these services, it's too difficult to think of anything else other than keeping people alive. I think by the time, October wasn't too bad but I think by the time it came this Christmas one, this January to March, or January to now, lockdown people are a lot wiser, they have a lot more knowledge about what they can and can't do.... and people have found a different way of working which works for them. (CI2)

Concerns can be raised from a child rights' perspective in terms of the extent to which such strategic decisions were informed by fears on staffing levels and compliance with public health guidance weighed against the best interests of the child remaining the paramount consideration (Article 3, UNCRC). Some indication is given in the principles which framed the Action Card:

The first and foremost of which is the protection, safety and wellbeing of children and young people remain as our priority regardless of COVID, and that we needed to have coordinated and regular communications with social workers, managers, children and the families etc.

Pressures related to staff absences and requirements to act in accordance with public health advice also provided the rationale for the development of emergency legislation⁶ towards the end of the first lockdown related to the delivery of children's social care services. In summary, the emergency regulations allow for certain functions to be undertaken within longer timescales - to '*respond a bit less quickly than they otherwise would've done*' (CI4/5) – and to deliver functions in different ways, such as audio-visual methods as an alternative to face-to-face visits. Concerns have been raised (NIHRC, 2020) regarding the approach to enacting the legislation which required flexibility and circumventing usual processes to have the legislation in place in a more timely manner. The process described by a representative from the Department of Health discussed the requirement to 'break the rules'.

I mean I do think we did act quite quickly, both in terms of issuing guidance to the system, making legislation. I mean legislation normally there's a process around that and normally it takes a long time to work your way through that process, and we broke rules along the way, and those rules exist for a reason. You know, so there's a twenty-one-day rule within the assembly for secondary legislation for example. We broke that rule and begged forgiveness for it afterwards. I mean we did have to put monitoring arrangements in place... it [Health Committee] required us to monitor what we were doing in terms of the implementation of the emergency legislation that we put in place. (CI4/5)

As the first lockdown ended, evidence of learning was outlined by some participants, particularly in relation to responses to vulnerable children. A lack of data being maintained was identified by representatives from the Department of Health as a shortfall, whereas the initiation of '*data capture*' in '*real time*' on vulnerable children, such as '*children in need, children on the child protection register*' updated on a weekly basis was used to inform responses.

... so we could see very quickly that children weren't being referred to social services in the same numbers that they were previously, or pre-COVID, referred to social services. And we got concerned about the lack of visibility and decided that we probably needed to put a plan around this now... I think it was really to place a focus on vulnerable children.... Not only within our own department but across

⁶ Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020

departments... for each of us to have a critical look at what it was we were doing for vulnerable children and decide whether or not we needed to do something different or something more. (C14/5)

A key safeguarding issue – as also noted in Section 4 – was the identification of vulnerable children who were able to attend school during periods of school closures. A representative from SBNI notes two particular issues: the lack of data provided by the Education Authority meaning there was no oversight of how many vulnerable children attended school; and, that those children the strategy aimed to protect were those least likely to self-identify as vulnerable due to the stigma.

Because I was fairly clear in my mind that no vulnerable child's going to put their hand up and say 'I'm poor, I should go to school', you know? Or 'my mummy beats me on a Saturday night when she's drunk so I should go to school'. You know, who's going to decide on what child is going to be, what vulnerable child? So I'd be absolutely certain that if you went into those schools where they were saying there was vulnerable children there were no vulnerable children. Because who was selecting those vulnerable children to go in there? ... You know, and the stigma and all that. So that was sort of not really very well thought out. (C12)

A representative from Department of Health, however, interpreted an improvement in this regard, facilitated, they argued, through cooperation across departments which has led to '*greater numbers of vulnerable children in school than we did have in the first wave*' (C14/5). Those in the NGO sector also noted an improved process and through the joint working group and closer monitoring more vulnerable children attained access to school.

I think, yeah, the Department of Education and the Department of Health have a joint working group that is monitoring more closely now. We had said 'look you need to have a single access point. There's people coming from everywhere, going everywhere. We don't know who's who and what's what'. And, you know, they didn't even place, I think they had two hundred and nine children identified during the first lockdown as vulnerable and seventy-one of them weren't placed in a school for supervised learning. So that showed that there was something not working.... But not only that, they hadn't identified everybody. But I think now they're working sort of more collaboratively, so they're using school information, social services information, parent input. There is ways into the system and there's leadership and there's channels and

processes to identify. So I think the statistics will probably show an increase, a fairly good increase, and I think we can see from the number of children going into schools now those will have increased quite significantly since the first lockdown...So that shows that there is a better process in place. And I think that's a good model for other areas of work. There needs to be a process, a process that's robust, that has a pathway, that everyone knows what it is. (CI8/9)

Reflections from the first period of lockdown noted a decrease in referrals of children to social services and attention focused, as described by an SBNI representative, on raising awareness: *'to say 'keep referring. We will respond, the police will respond, the social services will respond. Please go out, please contact us''* (CI2). Similarly, an NGO representative spoke of the benefit of promoting the organisation when concerned about outreach methods related to safeguarding.

So I suppose one of the things that we have found effective is probably that social media platform has been useful in relation to that ... so we upload things into the primary schools' Seesaw so ... they're getting some tasks and fun things from us. So that has really helped in terms of increasing knowledge around us... we were able to make videos to put up online and we were able to deliver information leaflets to every single house within [area]. Things that if it hadn't have been for COVID we probably would've had our head down and think just, you know, fight fires, get on with the work, do what comes to you because there's lots. ... And in terms of like people coming to us, because that's what you were saying, there's probably an increase of people coming to us as a result of COVID-19, in terms of even their behaviour or their relationship with their parents. (FG5)

Nevertheless, despite messages from statutory and voluntary sectors that services continued, they did so in a very different format. A number of participants referenced changes to social worker contact with children: that it was limited; that some cases *'could maybe wait'* (CI2); and, that methods of contact had moved to online, telephone or written (letters) formats. Some of the gaps associated with such responses were met by collaborators within and outside the sector. For example, one participant described the ways in which the police could address gaps where social services were unable to deliver a response.

The police, in fairness they really stepped up to the mark in terms of saying 'we know

that you can't go to houses where there are children at risk, but we can'. You know, 'we can drive down that road and we can go in and we can respond quickly'. So there was a lot of attempts by the agencies to try and keep the services going, as much as they could under very difficult circumstances. (CI2)

A group of youth workers in the community and voluntary sector also described the ways in which they were able to meet some of the gaps in social worker provision. Being able to '*work alongside*' social workers, they could identify children who are not engaging, yet particularly vulnerable, and aimed to intervene. This participant also described an added benefit that youth workers had more freedom to take '*calculated risks*' in deciding to visit a child.

So a lot of these vulnerable young people will be high up on the Trust's radar. The difficulty has been like for quite a while there was some trusts that the social workers weren't even having contact with young people because of COVID and were writing to them by letter, because of maybe they didn't have the resources, there was a lot of social workers off sick, a lot of mental health practitioners off sick. So quite often, because we have contract for the Trust, we were the conduit, so we were working alongside the young person, had the relationship, the staff were going out and seeing the young people and then feeding back to the social worker. Because in some Trusts, ... they are severely stretched, really, really stretched, and you have senior managers going back and doing frontline work, just because, by virtue of the fact that there's so many social workers that are off on the sick... And then the red lines, the bureaucracy, you know, were because of the safeguards in place for staff sometimes Trust staff aren't allowed to do what the voluntary and community sector can do... like... taking calculated risks. So you're never going to put anybody at harm but some of the Trusts will have like a blank, you know, 'you can't see a young person face-to-face no matter what', whereas community and voluntary sector sometimes go 'this young person has a real need. We'll take the, we'll wear the masks, we'll operate at two metre distance', whereas a lot of the Trusts aren't even allowed to do that. (FG5)

In the same group, another participant noted the benefit of collaboration through regular meetings with the Trusts in relation to safeguarding and outreach work.

Communication's absolutely key around that and that collaboration each week, having regular meetings ... I've been involved in some of my meetings in the [name] Trusts,

you know, particularly, like ‘what’s ... happening for yous and how can we fit that, you know, in together to talk through that?’ So some of the approaches that has been happened. And I mean I have to say there’s been a lot of really, really good sound practice around collaboration and people thinking outside the boxes. Everyone’s really, it’s a challenging time and everyone has done the best they can... (FG5)

Nevertheless, despite efforts to maintain some forms of face-to-face contact with children and young people, alternative methods have dominated in both the statutory and voluntary sectors.

7.4 Analysis and Learning for the Future

Alternative methods of engagement have raised some concerns – spoken most at length by NGO representatives - particularly in relation to children’s rights to protection from violence, to participate in all matters affecting them and to privacy. One group of participants working with refugee and asylum seeking children and young people discussed their concerns whether safeguarding practices can be effectively implemented from a distance. Clearly, these methods are reliant on children and young people having access to the relevant equipment but those most vulnerable to abuse may also be those least likely to be able to use technology, either because of their young age or because of control by an adult abuser (Children’s Law Centre, 2020). One participant in this group described the benefit of practitioners joining weekly safeguarding meetings - usually reserved for ‘*managers and the director*’ – in the development of good practice which was shared among colleagues. However, the same participant notes that practices to ensure children’s safety were reliant on being able to engage them via suitable platforms, noting the limited effect of relying on phone calls.

... with the young people initially in the first lockdown one of our biggest struggles was engaging with the young people online. So a lot of the young people didn’t have access to laptops or internet. So that was one of our biggest struggles, because everything face-to-face completely went, you know? So it really was just telephone calls, messages, trying to check in. And it did get to the point I think they were a bit sick of hearing from us, because the only thing we could really do with them was ring them and see if we were okay. (FG4)

Even with use of online methods, however, another participant in the same group described the difficulty in picking up on child protection issues. One practitioner from an

NGO offering resettlement support for refugee families, however, noted the inevitability of not picking up all child protection issues through online methods.

So Zoom allows you a degree of connection because you can ask ‘well let me see the kids’ and you get chatting to the kids, you can do activities, things like that. But I know a lot of my team largely feel, and are concerned, that we are missing stuff because we can’t be out there visiting as much as we usually do.... And also concern that that may mean we’re missing child protection issues, you know, possibly, because we’re not there as much to see it. Much as we’re still in contact with families when it’s just by phone and by Zoom it’s harder to pick up on that. (FG4)

An additional concern of remote methods is the extent to which a child can effectively participate in discussions and decision making which relates to them. For children who are newly referred during the pandemic, participants recognised that online platforms are *‘particularly challenging for young people meeting professionals for the first time’* and can therefore impact on the development of the relationship and, as a result, the extent to which the child is comfortable communicating their views. It was also noted that children with *‘limited communication and social skills’* will suffer disproportionately with the use of alternative methods and those who are in shared spaces may not feel able *‘to speak freely... they can’t really fully participate and engage in the same way’* (FG5). Where children are offered only audio forms of connecting, this can deny effective participation as they are experienced as *‘distant and impersonal’* and children cannot interpret facial expressions (FG5). Ultimately, across the NGO sector there was a strong sense that face-to-face engagement was better for effective participation.

I think definitely working with young people face-to-face is a lot better because it’s, sometimes even over Zoom or Teams or anything like that it’s, sometimes it’s hard to read body language, and I think that kind of connection that you have with somebody just sitting down with them and just being in the same room with them, you can feed an awful lot of, they can feed off your energy as well. So that one-to-one with young people, I think it’s really important to do that face-to-face stuff. (CI3)

Distant modes of working also carry risks associated with the disclosure and management of personal information, with implications for a child’s right to privacy. Some concerns were raised in terms of the suitability of online platforms and their privacy settings but others focused on the presence of others who could potentially overhear conversations. One

participant, for example, described children accessing public locations in order to speak to their social worker and/or youth worker. Other participants reflected on their own knowledge of keeping information in relation to children safe, particularly since prior to the pandemic it would have been unusual to have access to their information outside of the organisation. The youth worker below referring to the process as happening '*naturally*' does call into question the extent of training in relation to data protection that staff received, particularly at the start of the pandemic.

So we had to make sure that we went through a rigorous, because we would never have taken young people's information home. It was more those type of things, where it was 'right, how are we going to manage this? This is stuff, how are we going to record?' Because we were still doing phone, we were, like we were phoning our young people every week so we were, so we were still like on a, we were still doing our day-to-day work so we were. It was changed we changed about how we were doing it. But for us it just happened naturally, the thing for us, it was more about 'okay, how are we keeping these young people safe?' Like keeping their information safe, you know? I work at home as I say, where my kids, you know, a lot of our staff, so making sure we had the policies and procedures in place that we were keeping everybody safe. (FG1)

Much of the alternative responses have focused on delivering services to children whilst they remain in their home or place of residence, either reaching them face-to-face at a distanced outdoor meeting or via online or other distanced methods. A significant gap in responses to children and young people in relation to their safety during the pandemic has been support which removes them from the setting(s) where they are most likely to come into harm. Two youth workers, who did still continue socially distanced face-to-face visits, reflected that much of what is valued by children is offering them a space to physically escape from the home where they are most at risk.

P5: So those young people were still getting met, but the bit that was probably providing the respite for the young person was actually physically coming into our building three days a week and getting away from that person, and even the intense control of being with them the whole time. ...

P2: I think that's a really good point, you know? Because I hear more about those who are isolated, you know, are on their own... but you hear less about maybe the tensions of where you are living with somebody... where there's domestic violence going on.

You know, the tensions of being in that pressure cooker for so long with other people.
(FG6)

Across participants in the statutory and voluntary sectors, there was recognition of the immense efforts and dedication of staff at all levels since the start of the pandemic, but participants were also keen to establish that this has occurred at a cost to the health and wellbeing of those involved. Some participants felt, therefore, that any next steps needed to take account of the '*burnout*' experienced by many frontline workers.

People are tired, and you can see that and feel it. So going forward we need to be sure that people can get a break.... So there's no doubt this has had, I believe, an impact on people's emotional health and wellbeing, and we need to be sure that people get rested and be able to pick it up again... Without a doubt people went the extra mile.
(FG7)

Representatives from the NGO sector also noted the pressures on health and social care staff, but also noted the implications this has for children in staff's ability to empathise with them and therefore act in the child's best interest.

I wonder to what degree our health and social care staff are maybe burnt out and their empathy levels have just dissolved because they're just getting hammered... And if you're not properly resourced as a staff there comes a point where the ordinary cases aren't the important ones and you just, they'll be shoved to the side. And I think that's a recognised sort of issue in the human response to being overworked... there's probably an under-resourcing issue... they're just firefighting... Anybody we're dealing with, well let's be truthful, you see people in meetings ... and they look like they're on the edge of death, let's be truthful about it. They're absolutely wore to a point. (CI8/9)

On the other hand, one NGO representative who described earlier picking up some of the safeguarding work in the absence of social workers being able to visit children, was concerned that the NGO sector will be '*so tired and so burnt out*' after this period of '*doing the frontline stuff*' (FG5) and also feared that there would be an expectation to continue this gap filling. Indeed, consideration needs to be given to future planning for responding to child protection concerns, particularly with the expectation noted by a number of participants that referrals to social services will increase as children return to school and other activities which also have a safeguarding function. One opinion proffered by a

representative of the HSCB is that the transition back to 'business as usual', however, must be 'slow'.

I think we probably will anticipate a surge in referrals going forward, through possibly mental health, emotional health and wellbeing. You know, I think we can anticipate that. But I think we just have to manage the transition slowly, taking account of people's need for a break. You know, we need, we just need to manage that very slowly. So yes we will continue to provide the services that we do, but it'll be, I think it'll be a wee while before we could say that we're business as usual really. (FG7)

A further consideration for moving forward is the ways in which those involved in child protection and safeguarding continue to work with children and young people and collaborate across sectors. Benefits of online methods from workers' perspectives had been noted in terms of cutting down on travel and expenses and facilitating partnership working. Concerns were raised, however, that online working would come to dominate, motivated by money saving rather than as a mode of best practice.

There's no doubt you cannot challenge or hold people to account or convey something as good as you can if it's in that room. So I would fear that people would introduce these big group Zooms to save money, in terms of council and in terms of statutory agencies, in terms of booking rooms or travel. And I think the face-to-face connections in those meetings are so, so, so important. So I hope that isn't something that is implemented after COVID. (FG5).

Suggesting a '*hybrid model*' of engaging with children and young people, one HSCB representative noted that children and young people '*are far more comfortable with online platforms*' than staff, however this is only true for those children who have access to the technology. One youth worker described some concerns with a full move to online services given the potential for children to 'hide', particularly in group settings. Another participant warned against reactions to supplant one method with another and identified a need to reflect on what works best for individual children and for fostering relationships among colleagues and partners in the sector.

I don't think one should replace the other... I suppose some of the things that we have found is some of that innovation, that practice, and some of those unexpected really positive work around online activity has been really useful, particularly for maybe

young people who, from maybe more rural areas, who maybe wouldn't be as much access to, in the urban areas say for example... So I think that the general consensus from people in our organisation is that face-to-face is best, but again it has to be weighed up in everybody's individual circumstances, and that balance, what works for each, like one size doesn't really necessarily fit all, and constantly keeping it on the agenda and reviewing it, and move forward as best you can through it, you know? ... the team morale's important and developing that, and you can't lose some of that real immediate chats that you get. It's really important. (FG5)

The analysis indicates an increased risk to children's safety during the pandemic as a result of lockdown and confinement to home. However, referrals to social services have declined and children have become increasingly invisible with the closure of schools and other activities that can perform a safeguarding function. The exact extent of child safety concerns as a result of the pandemic is, therefore, unknown. This points to the importance of continued data collection and monitoring both now and after the pandemic to assess the impact of lockdown and respond effectively. Emergency legislation and changes to practice have been enacted as a necessary response to ensure compliance with public health guidance and in an attempt to protect a reduced workforce under pressure. The analysis demonstrates that such responses, particularly remote ways of working, have implications for the rights of children in the child protection system, most notably their rights to protection from violence, participation and privacy. Like in other sectors relying on remote working, this highlights a need to review staff training in working in these formats but also requires children's access to technology and spaces where it is safe for them to participate. Nonetheless, emergency legislation and adaptations to practice need to be continuously reviewed, should not become the 'new way' of working and should only remain in practice for as long as is necessary. The analysis also demonstrates the impact of staffing resources on those with safeguarding roles in both the statutory and community and voluntary sectors, a concern which predates the pandemic. Given the anticipation of an increase in referrals to child protections services, as noted by a number of participants, investment is required in both sectors moving forward to ensure that staff are best placed to respond in the best interests of the child.

8. PARTICIPATION AND INFORMATION

8.1 Context

Children's right to be heard on all matters affecting them (Article 12, UNCRC) is a standalone right as well as a general principle of the UNCRC. It is, therefore, recognised as fundamental to the fulfilment of all rights. When this right is not protected and promoted, the realisation of other rights may be jeopardised. In order to enhance children's capacity to form and express their views, Article 13 UNCRC provides for their right to receive and impart information. Article 17 further reiterates the importance of children and young people receiving information through the mass media, particularly that which can promote their well-being and health. To this end State parties are obliged to encourage the media to provide relevant and accessible information to children.

In its General Comment on Article 12 the Committee underlined that this right does not cease in situations of crisis or in their aftermath. The Committee has encouraged States parties to support mechanisms which enable children, in particular adolescents, to play an active role in both post-emergency reconstruction and post-conflict resolution processes. In particular that their views should be elicited in the assessment, design, implementation, monitoring and evaluation of programmes (UN 2009, paras 125-126).

The importance of attending to these rights during the current global pandemic is reiterated by the Committee on the Rights Child in their statement on the impact of COVID on children's rights (UN, 2020a). This notes the importance of disseminating accurate information about the infection, including prevention methods, to children in accessible formats (UN, 2020a, para 10). It further emphasises the need to provide opportunities for children's views to be heard and taken into decision-making processes related to the pandemic. The importance of children understanding decisions is also reiterated (UN, 2020a, para 11).

8.2 Impacts of COVID-19 on Children's Rights to Information and to Express their Views

In discussions of the initial impact of the pandemic on their work, few interviewees spoke of consulting with children and young people on strategic decisions, or of imparting information (directly) to them. This was perhaps reflective of the '*uncertainty*', '*reactive*' or

'panic' mode of departments and organisations, and the '*fast-moving pace*' of developments. As one interviewee reflected:

... I think at the start decision makers were focusing on the need to control the spread of the virus. ... the public information campaigns were very, you know, that that was the direction of them and that's the way it needed to be ... it wasn't the initial priority [to produce information for children] I think of the Department of Health, and I'm not aware of much that they've done there ... (CI1)

This view was expressed by others who suggested that the public health message and implementing changes to working practices and service responses in line with this, appeared to be the priority. Some recognised that established practices were side-stepped in the emergency response. A Department of Health representative stated:

I don't think we produced anything directly for children and young people. We did produce an awful lot of ... guidance for children's homes, for foster carers, for supported accommodation, supported lodgings, childcare, and lots of different versions of that, you know. So as things developed the guidance developed too. There would've been strong messages in that guidance about involving children and young people in developing their own support plans and that kind of thing, but nothing directly for children and young people. And again that's the difference between what we would do normally and what we did in an emergency response situation. So that's probably a shortfall too we would point to. (CI4/5)

An NGO reiterated the prioritisation of emergency policy development to the detriment of '*meaningful consultation*' with children and families (CI8/9), and a Department of Education representative felt that while '*it would've been great if we'd had those [child participation forums] ... from the start... it just wasn't possible*' (CI6). Some also spoke of the distress experienced by families who received little information about the withdrawal or closure of essential services, and having to then explain this to children. Specific information for parents to enable effective communication with their children did, therefore, also appear lacking in the early stages of the pandemic. Also, as noted in previous chapters, some of those working with young people reported that a lack of information for them on, for example, the availability of services and contact arrangements, had led to some not accessing crucial health or support services (see Section 3).

While later down the line there was discussion among many participants about involving

children in service planning and delivery, and developing child-friendly information, it is unclear at what stage this was implemented. Overall, it appeared that in the first period of lockdown, when high level/ strategic decisions were being made, children's rights to appropriate information, and to involvement in decision-making, was not prioritised. The mechanisms and challenges of consulting with children, and their advocates, in the first stage of the pandemic were articulated by a representative from the Department for Communities. Engagement with the Children's Commissioner, however, ensured that children's voices were represented '*around the table*' to some degree:

We had the commissioners who speak on their behalf and who represent them. But that is an ongoing challenge ... because there is a real dilemma for me around how you make sure that all voices are heard, how you make sure that you are engaged in a true co-designed process, but particularly in an emergency situation how you temper that with a group that is manageable in size but also allows for swift decision-making, because particularly in an emergency there isn't the time for twelve-week consultation. (CI14)

8.3 Developing Responses

While attending to children's rights to information and to be consulted and listened to on matters affecting them were certainly delayed, there were many responses as the crisis evolved. Factors impacting on delay included: uncertainty; the amount of information provided by government and the ever-changing nature of this; not knowing if/ how service engagement with children and young people would continue; and changes to staffing (for example, illness, furlough, movement across teams).

Some felt that at a policy level '*knee jerk reactions*' in the early stages of the pandemic, without adequate consultation with service users, practitioners or advocates (for example, the closure of respite care) had led to detrimental decisions for some children and families, and a lack of consideration of future as well as present impact (CI8/9). Thus while it was recognised that intentions were often good, and there was a need to act quickly in the interests of public health, these examples illustrate the importance and value of consultation with children and their advocates in the early stages of crises. As discussed further below, it was acknowledged that these issues were rectified in the latter stages of the first phase of the pandemic, whereby additional structures were put in place by government departments to consult with relevant organisations, and in this current phase,

with children and young people directly. The Department of Education, for example, has recently established (in partnership with the Department of Health and the CYPSP) two reference groups '*... who provide feedback for us. And we're starting now to build that into our planning and our communication*' (CI6).

As noted above, it was felt that there was a lack of information produced by local government departments specifically tailored to children and young people, both in relation to the public health message and the implications on many areas of their lives. There was understanding among many that information on COVID-19 could be confusing and anxiety-inducing for children. Reflective of this, one participant, in discussing the R-number said:

... but I just wonder how much of that information is going in with the children, or how much they are listening to information and getting even more anxious. You know, granny died so is mummy going to die, is daddy going to die, am I going to die? (CI2)

Resources produced by children's organisations and the media were, therefore, invaluable and it was felt by one participant that ways to communicate information to children were found relatively quickly by experts (children charities; children's media) and cascaded out:

They translated things and ... within a few weeks there was a whole body of stuff online that we could point parents to ... all the parenting experts were coming on through social media, talking about this and how to ... help children understand it. (CI1)

Others spoke of sharing such resources among their staff, partners, membership and children and young people, rather than reinventing the wheel. Discussions suggested the rapid development of a culture of resource and information sharing, and an increased understanding of who the experts were in communicating with children. The Children's Commissioner, for example, produced a video speaking directly to children and young people about their concerns and their rights, and hosted a range of issue and group specific information for children and young people on their website. Representatives from the Safeguarding Board noted that early on they passed information to relevant NGOs who had direct contact with children and young people as these were best placed to communicate information meaningfully. Likewise, the Department of Education relied on the Education Authority who had expertise in communicating information to children and

young people. The Youth Justice Agency reported that they themselves delivered COVID-awareness sessions (virtually) in some schools '*just in terms of social responsibility and the guidelines and what was expected and how to keep themselves safe, and their responsibility to others.*' (FG2).

Overall, however, it was felt that there was a lack of resources produced by statutory services in Northern Ireland specifically for children and young people. Also, more broadly, there was a lack of resources for specific groups, including children with disabilities, and refugee/newcomer children. As a representative from the disability sector explained:

... there is a general just lack of ... information that is specific to children and young people. ... information that is accessible is often general, so it's for the general population. It's not specifically targeted, you know, it's not broken down, so you won't have something that's targeted for a younger age group. If something is created in an accessible format it's maybe just for everybody to access, but it's not something easy read that's also created, that's for a younger audience as well. (CI12)

In some instances, it appeared that NGOs filled gaps in information for children and vulnerable groups. An NGO working with refugee and newcomer children collaborated with partners to produce '*child-friendly COVID messaging*' (FG4) which was then translated into a number of different languages. This participant noted that for newcomer and arriving children/ families in Northern Ireland, '*the communication on COVID wasn't really responsive*' (FG4). Hence, international NGOs worked together to produce information that was used widely in the early stage of the pandemic.

In an attempt to ensure that the young people they supported had accurate and up-to-date information during the first lockdown, an NGO working with children in care '*had a huge social media campaign ... just about advice on staying safe, active and entertained during the lockdown periods*' (FG5). Likewise, in light of what was felt to be unclear and confusing information for children and young people, a partnership of five youth organisations worked with their young leaders and advisors to produce COVID-related information designed by young people, for young people:

... I found guidelines myself were very contradictory. It was hard to know, they were grey. ... So what we done was we deciphered the information, we relayed that back in a youth-friendly way to our young people and we asked the young people to make

videos ... Our young people made a video regarding the importance of washing your hands, social distancing in a youth-friendly way that was delivered to their peers on Facebook. (FG6)

In recognition of the evolving issues for young people as the pandemic progressed, and the power of peer education, youth voice and that young people are '*experts in their own experience*', this partnership further supported young people who had experiences of care to produce a Podcast.

Very recently we have started doing podcasts with the young people, and the last podcast that went out was ... called COVID Won't Kill Me, and the rest of that quote is 'COVID won't kill me, suicide will'. And it's two girls, Orla and Erin, and they're talking about the effects of the pandemic on them particularly, but on other young people. And they talk about having to go into hospital six or seven times because their mental health deteriorated so much. They talk about the social isolation, but also the stigma of young people being seen as the super-spreaders, whereas they're saying they have really tried to keep within the guidelines. (FG5)

This example also demonstrates the impacts of popular myths and negative representations of young people in relation to COVID-19. Here young people are supported to express their views on matters affecting them (Article 12 UNCRC) and to advocate on their own behalf for their rights to non-discrimination (Article 2 UNCRC) and to life, survival and development (Article 6 UNCRC) during the pandemic.

Aside from these more specific examples, there were many less formal examples of attending to children's right to information. Some organisations pulled together information relevant to parents and hosted this on specific sections of their websites '*Because information was everywhere, that was the problem, and parents didn't know where to go if they had a particular issue*' (FG1). The Safeguarding Board worked with a number of NGOs to produce an e-guide to support parents and carers (CI2). Providing information and support to parents is, as noted in Section 6, important in assisting them in the realisation of children's rights. Yet it was felt by some that there was a lack of information for, and with, parents of children with disabilities, and children with complex health needs, particularly in relation to school closure, respite care and direct payments (see Section 6). One organisation felt that there was no representation of the views and experiences of children with complex health needs in emergency planning despite their efforts to input:

... there was an emergency panel set up and I said 'look within Department of Health guidelines there should be co-production, particularly in crisis. So we would really like to, how do we even access that? (CI11)

The impact, according to this participant, was that '... the people helping bring the solutions don't understand the complexity of the need' (CI11).

Others noted that because their direct work with children continued that their staff passed on information to children verbally, in a manner in which they could understand. This involved updates on the meaning of new and evolving guidelines and the impact, for example, on the day-to-day running of the juvenile justice facility (FG2). Likewise, because much of their work with children and young people continued, many voluntary organisations noted passing on information verbally and responding to children's concerns, some of which were felt to be the result of, or amplified by, a lack of tailored information. Those within one focus group spoke of the impact on mental well-being, freedom of movement, and thus children and young people's ability to access services:

... some of them were so afraid of even having to go out to the shop as well. And I think part of that goes round to the lack of children and young friendly information and guidance being given out. You know, there was no like child-friendly or youth-friendly press conferences going on. So young people were really struggling to understand, as we all were, just being bombarded with all this information about how to stay safe and staying at home and so on. So the idea of just going to the shop was really daunting for some. Also in terms of mask wearing, some of the young people who have been through a lot of trauma were finding wearing the masks very difficult, and that would go for some of the newcomers as well, due to loads of different situations. And then they didn't want to have to try and explain themselves going into shops or trying to access services, about why they weren't wearing masks. (FG6)

This participant, and other youth work and NGO representatives noted the importance of their work being needs-led in order to respond to some of these issues. Thus some worked quickly to consult on the impact of the pandemic on the children and young people they worked with or on behalf of. For one organisation this entailed consulting with over 500 children through a survey (FG3), another collected information at different time points in order to adapt services accordingly and inform their advocacy work (FG5), a third

consulted with young people on their understanding of lockdown restrictions during phase one (FG6).

There were many other, less formal means of consulting with children and young people and feeding their views and experiences to decision-makers. A representative from the Education Authority, for example, noted that they consulted with children and young people on an almost weekly basis and while their methods may have been different to those they used in the past, they ensured that they involved 'listening'. This is important for the realisation of Article 12 as 'implicit within the notion of due weight is the fact that children have a right to have their views listened to (not just heard) by those involved in the decision-making processes' (Lundy, 2007: 936):

... so there was considerable, now would you use the word consultation? But we were listening. ... we absolutely were listening. I think when you're in the middle of a huge crisis stopping and saying 'just come and fill in this survey until we decide what we're going to do', you know, that whole process around that makes it difficult. But it can be done more informally, and I think we're better at it this time than we were the last time. (CI7)

Notably here, this public body also reported how their methods of consultation had improved during the second period of lockdown. This again implies that involvement of children in decision-making was prioritised in a way it had not been, or was not felt possible to be, in the first phase of the pandemic. While it was recognised that children's experiences could be fed into planning from professionals and those working with them, and that this was a method used effectively in the early stages of the pandemic, one NGO emphasised the importance of direct engagement with children and young people as per their Article 12 right:

... it's almost been active research the whole way through on COVID. You know, responding and going out and meeting with the young people and asking them their opinions and what it means for them. Not listening always to professionals but actually listening to the young people themselves saying 'this is what it's like for me at this period of time', and then that feeds into consultations which goes to the decision makers. (FG5)

Indeed, the importance of hearing directly from young people, and the power of their

testimonies was discussed by a representative from the Department of Communities who had organised an engagement event with Peter May and young people. This was to ensure an understanding of the impacts of lockdown restrictions and enforcement on young people, and surfaced that many felt ‘blamed’ and demonised. This particular representative was of the belief that:

... probably the message I would say ... as senior decision-makers, if we don’t hear directly from the people that are impacted by those decisions that are taken and by those policies you can’t really understand unless you hear directly (CI14).

The existence of child-rights based cultures and child and youth participation forums within some agencies/ partnerships ensured that children were facilitated in expressing their views on some COVID-related policies and practices (for example, emergency policing legislation). Also, importantly, on wider policy developments that could impact them (for example, mental health strategy, establishment of a regional care and justice campus). These structures were relatively quickly adapted to the online environment, and while some noted this took a little time to set up, or that fewer young people engaged than previously, or the nature of the work was different (on young people’s request), their importance in the context of the pandemic was well understood. A representative from the HSCB, for example, spoke of how they had intensified their efforts to involve children and young people in planning and decision-making:

... we have tried really hard to include or involve our children and young people in the planning and decision-making. And that was always a key principle within the children’s services planning process anyway, but we’ve had opportunity through lockdown to work alongside PHA with young people to look at public health messaging for example. And we’ve invited young people specifically to talk about what they see their needs as. And I mean that’s something that we’ve always wanted to do, but certainly it has been if you like exacerbated or increased during COVID, and we’re working on that. (FG7)

More broadly, organisations working directly with children and young people found a range of ways to consult with them about: how best to meet their needs; their communication and engagement preferences; particular issues concerning or impacting them (for example, lack of parental contact for children in care). Importantly this was ongoing, and enabled NGOs to respond to evolving needs during different stages of the pandemic. Interestingly,

NGOs also responded to the lack of participation by some children and young people, interpreting this not as a sign of disinterest but that their needs may not be being met. This enabled them to respond to more hidden needs (for example, food poverty), and to identify vulnerable children who required physical, but socially distanced, contact (see Section 5). While there was less discussion of internal mechanisms to ensure children's views were taken into account in with regards to children in the Juvenile Justice Centre, it was noted that they were provided with access to external (oversight) bodies who could advocate on their behalf (for example, NICCY and CJINI).

8.4 Analysis and Learning for the Future

While unable to capture all initiatives within this research, analysis of the primary data suggests some delays in the realisation of children's rights to accurate and child-friendly information about COVID-19, and to direct involvement in decision-making processes on the pandemic. As one interviewee suggested, this may have been neither deliberate nor desired, and is perhaps reflective of the tension between balancing the rights and best interests of children and those of the wider population:

... it's not that young people aren't being listened to, it's just that when we have people dying then we need to, you know, that must be the number one concern ... (CI1)

Yet not consulting with children, young people and parents early on was felt by some to have had damaging consequences and led to decisions that were not in the best interests of children, especially the most vulnerable. Thus, this potentially impacted negatively on the realisation of a number of their rights. Likewise, not providing information in meaningful and accessible formats could impact upon the realisation of a range of children's rights. Indeed, the lack of child-friendly messaging was felt by some to impact negatively on children's well-being and sense of safety, their freedom of movement and their access to services. There also appeared to be a lack of tailored information for children with disabilities. While some NGOs produced information for their parents, or for adults with disabilities, this was not child specific. It is also unclear if children with disabilities are represented on any of the participation forums noted by interviewees. This is particularly significant as the Committee on the Rights of the Child specifically note the importance of accessible information about COVID-19 for children with disabilities (UN, 2020a, para 10). Further, there was limited discussion about involving children in education and school-based decisions, including if, when and how school councils and student voice were

enacted. This will be an important issue to explore directly with children and young people.

Despite this, NGOs and some partnership bodies played a key role in promoting and responding to children's rights to information and to express their views. Many pooled, hosted and shared resources for children and families. Those with participation forums or participation strands to their work adapted methods of engagement to ensure children and young people were facilitated in expressing their views. Others consulted formally and informally to direct their own service responses, communication methods and advocacy messages. In some cases NGOs filled gaps, responding to children's rights to information and providing opportunities for children's views to be heard. Over time, government Departments reported finding ways to communicate information to children and for their views to be taken into account in decision-making processes. Some drew on long-standing relationships, others established new relationships with NGOs and professional organisations, recognising their expertise and skills in engaging with children. Trust and partnership working, it was reported, ensured children's views were fed back to government and decisions and policies communicated to children and young people in a meaningful way. While the methods were disparate, and their inclusiveness and effectiveness is ultimately unknown, many of these had been built upon and enhanced in the recent phase of the pandemic. The development of these relationships during the pandemic may have created more openness, new ways of working and greater understanding of the value of direct engagement with children and young people which can be taken forward in COVID recovery. Indeed, there was evident learning for some Departments of the power of hearing directly from children and young people, and an expressed desire for such engagement to continue.

In sum, many formal and informal methods were adopted at different stages of the pandemic with a view to involving children and young people in decisions that would impact upon them. To assess the effectiveness and experience of this, and ultimately the extent to which children 'feel that they are taking part in the decisions that are being made in response to the pandemic' (UN, 2020a, para 11) will require direct engagement with children and young people themselves. Further, it is noteworthy that the Northern Ireland Youth Forum have made repeated calls for child/ youth specific government press conferences, and for children and young people to directly feed into policy decisions. While there has been some recent movement in the latter, there have been no developments in the former. Their research with young people in the early stages of the first lockdown revealed that 72.5% of respondents felt their voice was not considered as

important, and 80% felt decision-makers were not listening to young people (NIYF, 2020c). In their second survey, which collected the views of young people as Northern Ireland moved out of the first lockdown, 89% felt that the voice of young people had 'not been heard during COVID-19' (NIYF, 2020b: 6).

9. YOUTH JUSTICE

9.1 Context

Child friendly justice is defined as ‘justice that is accessible, age appropriate, speedy, diligent, adapted to and focused on the needs and rights of the child, respecting the rights of the child including the rights to due process, to participate in and to understand the proceedings, to respect private and family life and to integrity and dignity’ (Council of Europe, 2010: 17). Every child has the right to receive fair treatment and trial and should be considered competent to participate in proceedings (Article 40(2), UNCRC). General Comment No. 24 notes the requirement of safeguards against discrimination, which includes ‘assistance with communication’, particularly for children with disabilities (UN 2019, para. 40). It continues to note that proceedings be conducted ‘in an atmosphere of understanding to allow children to fully participate’, which includes ‘child-friendly layouts... adaptation of proceedings, including accommodation for children with disabilities’ (UN, 2019, para. 46). Custody should be used ‘only as a measure of last resort and for the shortest period of time’ (Article 40, UNCRC). General Comment no. 24 further states in relation to children deprived of their liberty: they should be provided with ‘opportunities to associate with their peers and to participate in sports, physical exercise, arts and leisure-time activities’; they have the right to ‘receive adequate physical and mental health care’; frequent contact between the child and the wider community should be facilitated, including communication with family, friends and professional representatives; and, that separation of the child from others should be for the shortest time possible and used as a measure of last resort for the protection of the child or others (UN, 2019, para. 95). The rights of children in conflict with the law to be heard, to education, privacy and family life, health, leisure and non-discrimination are thus underscored in child-friendly justice (Arts. 2, 12, 16, 24, 28, 31). In relation to community-based services, General Comment 24 also notes that support be provided to children ‘at risk’, including ‘peer group support’ and programmes that respond to ‘the specific needs, problems, concerns and interests of children’ (UN, 2019 para 9).

The UN Committee on the Rights of the Child (UN 2020a, para. 8) has noted the response of many States to restrict contact opportunities for children deprived of their liberty as COVID-19 related restrictions and social distancing practices applied within institutions as well as within the community. Such limits impact on children’s contact with their families, but can also impact on their access to education, health and other supports. They can also have a significant impact in a context where routine is paramount and where children with

complex needs are disproportionately represented. The Committee therefore recommends where possible, children in all forms of detention should be released. If they cannot be released, they should be provided with means to maintain regular contact with their families (UN, 2020a, para. 8). Consideration also needs to be given to the impact of restrictions on children's participation in trials which may take alternative formats and the ways in which children and youth justice staff are able to adapt to remote modes of working, in detention and in the community, in ways which are in line with the best interests of the child.

9.2 Impacts of COVID-19 on Children in Conflict with the Law

The analysis in this chapter draws mainly on a focus group conducted with three members of the Youth Justice Agency (YJA), along with, in parts, accounts from a small number of representatives from the NGO sector who work directly with children and young people in conflict with the law. In relation to youth justice, participants suggested that the impact of the pandemic has been felt most significantly by those in Woodlands Juvenile Justice Centre (JJC) - both children and staff. As described in other sectors, the initial reaction by staff within the JJC in the first months of the pandemic was one of '*angst*', particularly in the context of new children being admitted and the risk of infection that potentially posed.

It's that whole thing about children coming into our centre, admissions coming in, and you don't know where children have been beforehand, so there's no tracing their backgrounds. So a lot of staff angst, a lot of staff worries, and all the issues then obviously of social distancing, or being able to do all the things the staff are asking us to do. (FG2)

Initially, in the first few months, there were up to thirty staff '*out isolating at one stage*' and management faced '*challenging*' and '*fractious*' times. Staff raised concerns – through trade unions and parliamentary representatives – about safety issues related to working within the residential setting during a pandemic and about the continued requirement to complete mandatory training every six months (after a short period of '*dispensation*') to ensure they were '*able to do the full functions of their job*'. The challenge for management was to '*balance*' the ways in which they could deliver a service to '*look after the children*' as well as '*protect and look after staff as well*'. As the pandemic continued, staff were described as becoming '*more realistic*' and a subsequent period of '*calmness*' meant that the high numbers of those self-isolating did not persist (FG2).

For children within the JJC the impact of the pandemic, particularly on their daily routine, appears significant. One YJA representative described how the impact of restrictions within the JJC mirrored what was happening in the community.

All those restrictions have been upped again, we can't have those things. So all the things that happened outside in the community in terms of having gatherings, having the amount of people in rooms, having access to religious services, things like that, all affect us as well in the community living residential environment. (FG2)

The immediate impact was the cessation of all external visitors to the JJC, which was described as '*the most difficult thing for our young people*' and meaning that in-person visits from family, professionals (such as solicitors) and education providers all initially stopped. A '*real challenge*' for the children, particularly young men aged 16/17 who '*want to be clearly groomed and well heeled*' was the inability to get haircuts. Whilst restrictions reflected what occurred in the community, the impact is potentially more significant for children in the JJC particularly where this disrupts the structure of a daily routine and the removal of such visits leads to feelings of isolation. The biggest challenge for JJC management in this regard was the temporary cessation in education.

Well that did stop initially, it did, and that was probably the biggest challenge we found. Because obviously if you're running a residential institution it runs on a consistent predictable regime and routine. So you have an established routine, what everybody does every day. So the first thing was education. So it's probably like fair to say it walked off the pitch on us and left us there obviously in March and didn't come back probably until early May. (FG2)

Participants in two focus groups with NGO representatives noted issues for children who were released from the JJC during the pandemic due to limited accommodation options. Whilst this is an ongoing issue existing prior the pandemic, they suggested that accommodation options appeared more limited as children were reluctant '*to transition to hostels or supported accommodation, maybe due to the risk of group living*' (FG5) and the risk of infection.

Outside of the custody setting, processes and support moved online, temporarily in some cases. Face-to-face court proceedings have ceased and young people now participate via live video link. The face-to-face delivery of youth justice services to children in the

community also reduced from March to August. Similarly, NGO representatives noted a reduction of face-to-face support with the children in conflict with the law they support in the community or those considered 'at risk' of youth justice contact.

9.3 Developing Responses

Like in other sectors, initial responses in delivering youth justice services were about planning, developing protocols and providing alternatives to face-to-face activities. Partnership working was important to advise on appropriate strategies and a representative from the YJA noted that they were '*working very closely with our colleagues in health*', including the Public Health Agency in the development and review of guidance. One area of concern is the admission of children to the YJA in ways that would keep other children and staff protected from infection, particularly given the staff '*angst*' referred to earlier.

So really the first two or three months were very challenging in terms to get our protocols in place, getting our admission processes in place, calming down everybody a wee bit as well. But really after the first two or three months things did settle a bit, and then as time goes on we've had to adjust regimes, we've had to do a number of things, just to maintain a service. (FG2)

In relation to admissions to the JJC, it is difficult to assess the impact of the pandemic and whether UNCRC's recommendation (UN, 2020a, para. 8) was influential in decreasing numbers in custody, given that numbers have reduced yearly for the last number of years. However, one JJC representative noted that '*a lot of young people have got access to bail*' and there was a sense of increased leniency and swift decision making about sending young people to the JJC.

But what we have found is courts are dealing with it very swiftly and quickly. A lot of young people have got access to bail, and moving people out of, the view is not to keep them in custody maybe as well, and trying to give people more chance, a bit more lenient, we have felt that some of the children were dealt with very, very quickly and very swiftly, and were given the opportunity to go out into the community again as well. (FG2)

On admission to the JJC, children now have to be kept in isolation for a number of days which a YJA representative acknowledges can be difficult.

Now children had to be kept in isolation now for a number of days when they come in. What I mean in isolation, they're kept in their bedrooms and they're kept separate from other young people, but staff are with them. We had an occupational therapist who was down, does work with them. They have access to a range of games, they had education packs as well... but they're kept separate from everybody else for up to three days, then they're tested again before they're allowed out into general circulation. That's difficult if you're coming in and you're coming off drugs and you're coming out, you're coming from the streets... and all of a sudden then you're being isolated. (FG2)

A key concern for the YJA was the initial cessation of education within the JJC, an issue one YJA representative noted was raised with the Education Authority by a number of *'supporters from children's lobby groups'*, including the Children's Commissioner. Resumption of education was achieved by May 2020 with schooling provided until the end of the summer term. Despite challenges with teachers experiencing *'angst'* and *'anxiousness'*, and who *'didn't really want to be there'* education continued in the JJC for the 2020/21 school year, *'slightly reduced...about 80% of our education provision in place since then'*. Key to the reintroduction and maintenance of education was the definition of many of the children in the JJC as *'vulnerable'*.

Since the last lockdown now, since vulnerable children were prescribed as those that should have education, that's worked quite well for us, because our teachers realised they have to be in work to provide that education for those children in our care. (FG2)

Elsewhere in the JJC, other aspects such as family and professional visits rely on remote contact through Skype or Zoom. The impacts on children and young people of a lack of direct contact with family is not known, nor is the degree to which families have access to technology and Wi-Fi to facilitate this. Young people in the JJC were visited by both the Children's Commissioner and the Chief Inspectorate, and may well have voiced particular concerns in relation to family contact through these mechanisms. Court hearings are also being held remotely and the support of IT was key in the initiation of this system. Quick initial collaboration with the courts services, the police and YJA meant that services were linked up efficiently to avoid delay in young people's cases.

A *'new normal'* was described by another YJA representative in relation to the delivery of youth justice services in the community. The initial months of lockdown focused on planning, providing staff with technology equipment and getting IT in place. Since August

2020, face-to-face services have resumed in a '*blended approach*' delivering, one YJA representative estimated, 80% of their business.

It's the new normal, it's business as usual, because we've had to deliver services as best we can as an agency, because we're an essential service. Things have tweaked around the edges but basically all, everything that we've had to do we've done, and it has been a challenge... Now we have a blended approach here, in that sometimes we do work with children via electronic means, so it's really a blended approach really depending on circumstances. (FG2)

One YJA representative described the ways in which they facilitated children's access to support. Early stage intervention funding usually used to fund diversionary outdoor activities was used to fund play equipment for children's gardens. Online counselling courses and training courses were bought for children and they were provided with phone top-ups or Wi-Fi to be able to access them, although not actual electronic devices.

Among the NGO sector, accounts raised some concerns in relation to the policing of children, particularly highlighting the use of spit and bite guards by the PSNI and questioning their '*proportionality*' (FG5). This was resonant of views expressed elsewhere which have highlighted their non-compliance with domestic and international human rights standards (Children's Law Centre, 2020b). More generally, NGO representatives spoke of policing responses to the gathering of large groups of children in their communities. Whilst police, they acknowledge, are in a '*difficult situation*', children are negatively represented in the media, and potentially criminalised, for behaviours quite usual for children outside of the context of a pandemic.

So police have been in a very difficult situation in terms of that, and we're saying to young people about if they're going outside and if they're gathering what the regulations say. But the young people are saying but what else are they going to do? You know, they're spending their whole time in the house during the week and on a Saturday night why can't they meet up with friends. The difficulty of that is it's always the massive groups, somebody then makes a move and does something silly and then everybody else is targeted. So, and certainly the front pages of the newspapers... have very much detailed that, you know, young people involved in anti-social behaviour and police are in a very difficult situation I think to be fair. (FG5)

9.4 Analysis and Learning for the Future

Despite a willingness in both statutory and community sectors to adapt to remote ways of working with children in conflict with the law, accounts from the NGO sector, in particular, raise concerns about potential gaps in the support that is provided. For example, a number noted that online replacement for support related to drug and/or alcohol use was viewed as tokenistic and inappropriate, raising questions as to the extent to which this reflects meaningful engagement and effective participation.

I think there has been a couple of experiences, negative experiences, of young people in the justice system, be it probation or youth justice, who have said that the experience that they've got has been very tokenistic. It has been, you know, a twenty-minute Zoom, and as opposed to an opportunity really to talk or to explore their offence it's been more, you know, 'you have been charged with this. It relates to drugs and alcohol. Here's a presentation on drugs and alcohol. Look through it. Do you have questions?' 'No', 'okay that's the end of the Zoom'. So I think, a lot of families have said to me, and a lot of the young people have said, that was a bit of a nonsense. (FG5)

The same participant noted difficulties faced in the initial lockdown in working with children referred to his organisation by the police. New to the organisation, building relationships was '*almost impossible*' to do remotely and they faced challenges in delivering restorative practices. In summer 2020 he described '*calculated risks*' that were taken to offer some form of face-to-face support.

So then I suppose we then, everything opened up kind of around the summer and we were able to do a little bit more. And I think we, well we always stayed within the regulations, because a lot of our projects are funded by The Executive Office and we're in close contact with them. I think it was about, it was about taking calculated risks I suppose and trying to push things to get people together but doing it in a way that was safe. So we looked at then doing sessions in bigger buildings. I mean we used kind of like big massive open air like church halls to have things in, which wasn't ideal and not for a number of different reasons, but we just tried to adapt by doing that. (FG5)

A key issue in this regard, discussed by one group of youth workers, are the restrictions on their work related to young people's presence in public spaces. Detached youth work has

not been operating for them during the pandemic and therefore they have been unable to offer the usual support and advice to young people at risk of criminalisation on the streets: *'we're not allowed to go out and do anything... we simply can't go out and engage'* (FG6).

The advantages of a remote way of working, however, were noted as a potential way forward of administering youth justice. For youth justice staff and management, for example, remote court hearings could mean increased efficiency and for children in the JJC, this could cause less disruption to their daily routine.

So everything's done remotely now, and this is probably going forward a different way of maybe doing things going forward as well. So out of this maybe there has been new ways of working that may be more effective as well, because we spend a lot of time and resources bringing children up from Bangor to Belfast to court, and they're only going up to be heard and then back down again and stuff as well, which can disrupt their day, take them out of school for the whole day as well. So we have maybe seen more effective ways of working come out of this as well, as well as some of the challenges... there's some resourcing issues probably that, they'll probably look better, we'll work more smartly then in the future as well. (FG2)

Concerns have been raised elsewhere, however, in relation to the use of live links for children to attend remote court hearings. Implications arise in relation to the ability of a child to communicate with and instruct their legal representation, to understand proceedings and to effectively participate in the court process. These risks are particularly relevant for children where, for example, learning disabilities, literacy problems and mental health conditions may present additional challenges (Children's Law Centre, 2020b; Kilkelly, 2020).

It is difficult to assess based on the analysis presented above the extent to which the recommendations in the UNCRC's COVID Statement (UN, 2020a) were implemented and this indicates a need for further engagement with the justice sector to monitor custody decisions, children's ability to maintain regular family contact and the policing of children during the pandemic. The analysis notes the quick and adaptive responses of those in the youth justice and community sectors, and their partners, to develop new ways of working and supporting children in conflict with the law in very challenging and stressful circumstances. Nevertheless, it has also highlighted the significant impact of the pandemic on the rights of children in conflict with the law in relation to their access to services and in

the administration of justice. Gaps in support continue and services which have resumed are noted by the YJA as operating at 80%, raising concerns in relation to what aspects of services, or to whom, these are not being delivered. As the pandemic and related restrictions continue, and consideration is given to the extension of 'new ways of working' to a time beyond the pandemic, decisions must not be made along the lines of efficiency and management preferences which undermine the best interests of the child and attention must be given to the ways in which alternative arrangements could discriminate against particularly vulnerable groups of children.

10: CONCLUSION

10.1 Overview

The analysis in the preceding sections have outlined the significant impacts of the COVID-19 pandemic on children and young people and the related rights implications. The analysis highlights the range of responses adopted by those in the statutory and voluntary sectors to maintain the planning and delivery of children's services, in the face of many challenges. Whilst there are a number of areas which indicate potential best practice, the report also raises concerns where gaps in service delivery remain and children's rights may not have been safeguarded or effectively promoted. The following section outlines the key messages which emerged across the sectors in delivering services to children and young people during the pandemic. The report concludes with consideration of the Committee on the Rights of the Child's Statement and Recommendations on COVID-19.

10.2 Key Messages

- Children's services responses appeared to be reflected by three stages across which service planning and responses, for the most part, improved over time. The first stage of responses was one of reactive planning where participants across sectors spoke of paralysis, panic, angst and shock. Initial reactions were often one of abrupt cessation of some services, accompanied by redeployment of staff into areas directly focused on responding to the pandemic. This was a period of confusion for many as a result of lack of clarity around definitions (for example, of 'essential' or 'vulnerable') and limited information and guidance on what was safe and compliant with public health guidance. The second stage of responses entailed more reflective planning, at a time in early summer 2020 when restrictions began to ease. This period allowed for reflection on learning from the first stage and to plan for the next period of lockdown. The third stage of responses was more proactive and benefited from better systems having been put in place, increased access to data and emerging evidence and informed by an assessment of need. Here we see further evidence of learning from earlier stages. Nonetheless, a number of gaps in services continued to exist which have a disproportionate impact on certain groups of children.
- Whilst restrictions and interruptions to the delivery of services was experienced by all children, their impact was not felt equally. The pandemic amplified existing

vulnerabilities among children and further exacerbated inequalities between different groups of children in terms of services and supports.

- Many organisations responded quickly to initial lockdown and cessation of services, the majority across sectors responding with moving a number of services online. This was easier for those organisations which already had good IT systems, equipment and employees with key IT skills. For others, there was a delay in setting up online services with time required to facilitate staff remote working and to provide the necessary technology. Over time, the increased efficiency of remote working has raised the potential for new ways of working which allows for flexibility, reduced travel, provision of online support groups/forums and reaching children and their family previously not accessed. However, a reliance on online service delivery has highlighted the extent of digital poverty experienced by children and the varied capacity to effectively participate and learn in an online format. Participants across most sectors, therefore, reiterated the value of personal face-to-face contact, and group work, for children and young people's social, personal and physical development.
- Responses highlighted the value of pre-established networks, partnerships and forums which were brought together quickly, typically in an online format, and in a number of cases committed to meeting more frequently, particularly during the initial phases of the pandemic. New relationships were also established through increased partnership working between statutory and voluntary sectors which involved an understanding and recognition of expertise. Collaborative working – with both pre-established and new groups – aided in the sharing of information, identification of need and 'vulnerability', sharing of expertise and guidance and ultimately speedy decision making. Many spoke of the importance of relationships and new ways of working to be retained beyond the pandemic. The opportunities and potential for partnership working evidenced during the pandemic provides opportunities for more effective implementation of the UNCRC going forward in light of the Committee on the Rights of the Child's commentary around the importance of cross-sectoral coordination (UN 2003b).
- Participants raised concerns that decisions on initial responses to the pandemic were being made without sufficient access to and reflection of data, particularly in relation to identifying vulnerability and need, and the importance of using evidence as a basis for decision making. Some progress has been made over the course of the pandemic in relation to live data capture allowing for reflection to inform responses. The work undertaken in, for example, identifying vulnerable children,

highlights the importance of data collection in the realisation of children's rights in emergency situations and the types of initiatives that can be undertaken to this end (UN 2003b).

- Initial delays in clear messaging across a number of sectors in relation to service closure, accessibility and safety caused confusion among children and families. Information developed in the early stages of the pandemic tended to focus on working with children, but limited information was developed initially directly for or with them. As the pandemic evolved, effective responses developed with many NGOs cascading accessible information often tailored to those they worked with and for. The benefit of collaborative working was also highlighted as participants spoke of sharing such resources, managing misinformation, recognising and drawing on the expertise of those who work directly with children and young people and have experience in communicating information effectively to them. If children are to play an effective role in emergency reconstruction and recovery processes then access to age appropriate and accessible information is critical (UN 2009).
- The preamble to the UN Convention on the Rights of the Child recognises that the family should be 'afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community'. Participants' accounts highlight there has been an increased understanding of, and attempts to, inform and support families, particularly amongst NGOs. New relationships have been formed with parents/guardians and contact with children and young people was a mechanism to identify family need; supporting families was important in promoting the best interests of children and young people.
- Where practitioners in the statutory sector could feel bound or restricted by rigid procedures, in many cases the community and voluntary sector could take a more proactive approach as they were well placed to identify and respond to needs more quickly within the community. Accounts suggested that flexible and innovative responses by NGOs allowed them to quickly address the evolving needs of children and young people – and their families – informed in part by consultation with children and engagement with participation forums. This demonstrates the power that can arise from shared commitment to the implementation of the UNCRC on the ground and the particular expertise of civil society in identifying and responding to need in local areas if adequately funded and enabled to do so.
- Flexibility was also provided by many funders which enabled the redirection of existing pots of money and applications for COVID related short-term funding. This enabled NGOs to respond to the emerging needs and interests of children and

young people as they are identified across the phases of the pandemic.

- The increased demands on those within both the statutory and community and voluntary sectors resulted in an extended work remit, increased working hours and expectations around flexible responses. Many spoke of staff going above and beyond to support children and young people, and recognised their immense efforts and dedication in the context of reduced workforces and increased stressful working conditions. It was also acknowledged by many participants that this came at a personal cost, impacting the health and wellbeing of staff and the potential for 'burn-out'. It also raises implications of such an impact for the ability of all to act in the child's best interest. There was caution, therefore, about the need to phase a return to 'normal' working practices, and for employers and funders not to expect the intensity of work undertaken in the past year to continue post-pandemic nor for the gap-filling provided by the NGO to continue without appropriate resourcing.
- Going forward there was concern about what recovery would look like, not just for working arrangements but in terms of increased needs of children and young people, service provision and resourcing. Participants warned against trying to 'catch up' on what was missed and to recognise there would be new or developing needs and conditions due to both a stall in services, and the impacts of the pandemic. This requires increased data monitoring as services anticipate increases in referrals, continued collaborative and partnership working, flexible funding and increased resourcing in services as they recover. It also requires consultation with children and young people to identify existing and emerging needs and appropriate responses.
- The analysis clearly demonstrates that responses to the impact of the pandemic have been, and continue to be, vast and evolving and participants have reflected on their perceptions of good practice and innovation. However, the analysis cannot speak to the ways in which service responses were experienced by children and young people, or the degree to which they feel their views were taken into account in service design and decision making. Only through speaking to children and young people can we begin to assess any short- and long-term effectiveness of these initiatives.

10.3 UN Committee on the Rights of the Child's Statement and Recommendations on COVID 19.

In its COVID Statement (UN 2020a), the UN Committee on the Rights of the Child outlined eleven recommendations in its call to States parties to respect the rights of the child when tackling the threat posed by the COVID-19 pandemic. The section below summarises the ways in which key points of analysis from this study address each recommendation.

1. Consider the health, social, educational, economic and recreational impacts of the pandemic on the rights of the child.

The data demonstrate that there has been extensive health, social, educational, economic and recreational impacts of the pandemic on children and their rights in Northern Ireland to date. Attempts have been made to develop responses to the pandemic that reflect the best interests of the child as far as possible. Ways of doing so have been subject to wider environmental factors including the ability to pivot quickly to remote working (and having good technology already in place), to build relationships and to use existing resources flexibly.

2. Explore alternative and creative solutions for children to enjoy their rights to rest, leisure, recreation and cultural and artistic activities.

In the initial stages of the pandemic, attention appeared to focus on children's access to education, health and social care services and less focus was given to accessing leisure, recreation and cultural and artistic activities. The data illustrate, however, that youth groups and youth workers, in particular, continued to deliver their programme of work, albeit with a slightly changed focus and in alternative formats. Methods have been adapted through the pandemic to respond to children's initial enthusiastic engagement with novel activities, provide face-to-face and outdoor activities when public health guidance allowed, adapt online methods more recently when online 'fatigue' set in and to engage with more marginalised or 'vulnerable' groups. Positive experiences were noted by participants in relation to engaging with sometimes isolated young people, including children with disabilities, those living in rural areas and those who identify as LGBTQ+. However, participants highlighted less had been achieved in the sharing and celebration of culture. Whilst many cultural events were left unmarked, good relations and peace building programmes stalled and/or were significantly altered given the sensitivity of issues and meeting of groups online.

3. Ensure that online learning does not exacerbate existing inequalities or replace student-teacher interaction.

The move to online learning has not benefitted all children in the same way. Not all children and young people have the same access to digital technology. Children from marginalised groups such as newcomer children, children for whom English is not a first language, children with disabilities and children living in poverty are more likely to be disproportionately impacted.

4. Activate immediate measures to ensure that children are fed nutritious food during the period of emergency, disaster or lockdown

Both statutory and voluntary organisations have developed or been involved in initiatives to distribute food to children and families in need. This has taken place alongside the introduction of direct payments to families whose children are entitled to free school meals and a School Holiday Food Grant Scheme. More research is needed to assess their effectiveness.

5. Maintain the provision of basic services for children including healthcare, water, sanitation and birth registration.

Children's access to healthcare was disrupted in the initial lockdown as primary care appointments, routine and elective activities and surgeries were postponed or cancelled and public health and social care initiatives delivered through schools halted as a result of school closures. The analysis demonstrated that access to face-to-face clinical health and wellbeing support remains limited throughout the pandemic. It also notes that the majority of healthcare providers facilitated alternative access to health via telephone and other digital methods, whilst community and voluntary services offered additional support. Nevertheless, the analysis suggests that disruption to access to health was most acutely experienced by children with disabilities and complex needs, pre-existing and life-limiting conditions, mental health issues, unaccompanied minors and children in the asylum system. Newcomer children were particularly affected given difficulties they had obtaining paperwork and registering with healthcare providers.

6. Define core child protection services as essential and ensure that they remain functioning and available, including home visits when necessary, and provide professional mental health services for children living in lockdown.

Child protection services have continued through the pandemic with emergency legislation

providing for certain functions to be undertaken within longer timescales and delivered in audio-visual formats. The analysis demonstrates that child protection services were mainly delivered through online, telephone and written formats. Concerns have been raised about the increased invisibility of children at risk, and the decrease in referrals to services in the initial stages of the pandemic, resulting in awareness raising activities. The community and voluntary sector have played a key role to fill gaps in the safeguarding of children and young people, particularly in an ability to continue to meet face-to-face when safe to do so. Participants raised a number of concerns regarding the adapted modes of service delivery, particularly in relation to children's rights to protection from violence, participation and privacy.

The analysis suggests that in-patient mental health units remained fully functioning but some may have struggled to manage the risk of infection and social distancing guidelines within their particularly complex settings. Issues related to safety and staff resources resulted in the cessation of in-person community mental healthcare services and phone and advice lines were made available for children and young people as a replacement. These resources, however, have implications for a therapeutic approach which is based on face-to-face social connection, safeguarding and relational style working.

7. Protect children whose vulnerability is further increased by the exceptional circumstances caused by the pandemic.

The pandemic further exposed inequalities between different groups of children in relation to service provision, access to information and platforms in which their voices could be heard. Over the course of the pandemic the definition of 'vulnerable' children has received attention and the analysis demonstrates the efforts that were made to identify and engage with children considered to be particularly 'vulnerable'. Nevertheless, despite the range of responses across various domains, the analysis notes that gaps in service delivery remain which have impacted disproportionately on vulnerable groups of children and their families.

The analysis cannot speak to all potentially 'vulnerable' groups of children. It does highlight, however, that: the impact and responses in relation to the provision of healthcare were disproportionately felt by children with disabilities and complex health needs; the reliance on online delivery of education and health services exacerbated inequalities for children living in poverty who may not have had access to appropriate technology and

children for whom communication and participation from a remote setting was problematic (children with SEN, newcomer children); the limited focus on providing alternatives to cultural activities is felt most acutely by migrant, asylum-seeking and refugee children; and, that whilst generally there was a lack of information and guidance produced by statutory services tailored for children, this was most notably absent for children with disabilities and refugee/newcomer children. Whilst the support of NGOs in a number of areas aimed to respond to gaps in statutory provision, particularly for 'vulnerable' groups, participants noted in the most part that this replacement was inadequate and/or not sustainable.

8. Release children in all forms of detention, whenever possible, and provide children who cannot be released with the means to maintain regular contact with their families.

Participants from the youth justice sector noted the low numbers of children in detention during the pandemic and an increased leniency with associated bail decisions. However, as rates of detention have reduced yearly in the last period, it is difficult to assess the impact of the pandemic in the most recent year. The analysis demonstrated significant disruption to the daily routine in the JJC and thus in the lives of children. Family and professional visits have been facilitated via remote contact yet the analysis cannot speak to the ability of families to facilitate this. Further research is required with children in conflict with the law to assess the impact of no direct contact with their families.

9. Prevent the arrest or detention of children for violating State guidance and directives relating to COVID-19, and ensure that any child who was arrested or detained is immediately returned to his or her family.

Participants raised concerns relating to policing responses to the gathering of large groups of children although this was balanced with an understanding that such gatherings were often in breach of COVID restrictions. Further research is required to assess police decision making in arrest and detainment of children in relation to COVID restrictions and to examine children's view and experiences of policing during the pandemic.

10. Disseminate accurate information about COVID-19 and how to prevent infection in languages and formats that are child-friendly and accessible to all children

including children with disabilities, migrant children and children with limited access to the Internet.

Despite initial delays in the production of child-specific information on COVID-19, statutory bodies and NGOs worked quickly to gather, share and cascade resources relevant and accessible to children and young people. There remained a notable gap in information specifically-tailored to children with disabilities, and international NGOs responded to gaps in information for migrant children. Despite calls for the First Minister and Deputy First Minister to hold a youth press conference, this has still not progressed at the time of writing.

11. Provide opportunities for children's views to be heard and taken into account in decision-making processes on the pandemic.

Children appear not to have been consulted directly in relation to high level and strategic decisions undertaken in the early stages of the pandemic. They were, however, represented by a range of organisations and bodies working with and for them. As the pandemic progressed, many found ways to engage with children both formally and informally, recognising the importance of their involvement in decisions that would affect them. The inclusiveness and effectiveness of these mechanisms is unknown, as is the degree to which children's views impacted strategic decisions.

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Cover image: Rainbows submitted by children and community groups to the MAC's In a Rainbow of Coalitions exhibition, displayed in the Tall Gallery

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