

Building Children's Futures

Using Children's Rights to recover from the Global Pandemic

The Children's Report



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European
Commission

Executive Summary



Introduction

The Covid-19 pandemic was a worldwide crisis, which had a significant impact on children's lives. The effects were most damaging for children who were already living in disadvantaged circumstances (United Nations, 2020), with children from economically and socially disadvantaged backgrounds suffering the most (European Union Agency for Fundamental Rights, 2021). Using Ireland as a case study, the purpose of this research is to work collaboratively with children and young people to understand how a child rights-based approach can be embedded in decision-making in times of emergency.

The objectives of this research are:

- 1.** To examine the impact of the Covid-19 pandemic public health measures on activities and services for children and young people, with a focus on those that were disproportionately impacted.
- 2.** To document how decisions were made on measures introduced during the pandemic at national and local level.
- 3.** To document how child and youth participation structures operated during the pandemic and whether they had a role in informing decision-making.
- 4.** To develop solutions to support the Covid-19 recovery and prepare for future crises.

The Irish Context

During the period of the pandemic Ireland introduced stringent public health measures, with the number of confirmed cases within the community being a core consideration. The implementation and easing of restrictions had four distinct phases:



At a governance level, decisions on the public health restrictions introduced in response to Covid-19 were taken at the national level, with responsibility delegated to a special executive committee on Covid-19. Several cross-sectoral and cross-departmental groups, including the National Public Health Emergency Team (NPHE), guided and supported the executive committee to inform the government's response. Government departments, state agencies and county councils, with responsibilities in the area of children and young people, were tasked with determining how to continue to deliver on their mandates, while operating within the parameters set by public health. The Government's response was guided by five strategic national response plans, which demonstrated an evolving response to the crisis wherein children were not an immediate consideration, but increasingly came under focus.



Research Methodology

To achieve the objectives of this research, the researchers implemented, in collaboration with children and young people who acted as co-researchers, a qualitative research study conducting consultations with children and young people living in disadvantaged circumstances and interviews with senior public officials. The process of conducting the research in collaboration with the children and young people was implemented as follows:

- First, the researchers worked in partnership with nine young people (aged 14-18) from across Ireland. These formed a Children and Young People's Advisory Group (CYPAG), established and facilitated by Foróige. The CYPAG were actively involved in advising on all aspects of the research.
- Secondly, the UNESCO Child and Family Research Centre in University of Galway trained a group of the CYPAG members as youth researchers to collaborate in conducting the interviews with public officials.

Six consultations were conducted with children and young people experiencing disadvantage about the impact of the pandemic on their lives. In total, 50 children and young people from across Ireland; 30 boys and 20 girls aged between 8 and 17 years, took part in the consultations. The children recruited included, children and young people living in poverty and experiencing educational disadvantage, children and young people with special educational needs, children and young people accessing health, mental health, and disability services and Traveller children.

In addition, research interviews were conducted with senior government and public officials on how decision-making structures operated at a local and national level during the pandemic. Interviews were conducted with 13 officials who had responsibility for either directly or indirectly advising government on the public health measures to be introduced during the pandemic or were responsible for the application of public health measures within their sector. Their remits spanned public health, primary and secondary education, health, mental health and disability services, special educational needs, early learning and childcare, child protection and welfare, sport, community development and participation and inclusion.

Research Findings:

Consultations with Children and Young People

The children and young people who took part in this research identified the following rights as being impacted by the pandemic:

- Right to education,
- Right to play,
- Right to recreation and leisure,
- Right to health and access to healthcare,
- Access to family.

The research examined the pandemic's impact on the children and young people's activities and access to services, as they relate to each of the above-mentioned rights.

The research found that during school closures the children faced numerous challenges with homeschooling, including **technical difficulties, chaotic online classes, difficulty accessing support** from their teachers and **difficulty accessing devices** for online learning. The Traveller children and many of the children experiencing poverty and educational disadvantage reported little or no engagement with homeschooling or online learning. For children and young people with disabilities and special educational needs, the challenge of not having access to their resource teacher was very evident. While there was some evidence of resource teachers going to the children's home, there was no evidence of a systematic approach to support these children. The lack of support for parents was also an issue raised by the children with disabilities. Many of the children expressed a preference to keep schools open, when asked what they would have done if they had the power to make decisions. However, they also recalled that the back-to-school restrictions, in the form of masks, hand sanitising, and social distancing, as primarily a negative experience. Nevertheless, there was an acknowledgement of their important role in protecting them from Covid-19.

The closure of sports, indoor activities, group meetings, summer camps, sports facilities, shopping centres, parks and playgrounds negatively impacted children's right to play, recreation and leisure. Most children reported missing sport and their hobbies as well as the opportunities these provided for social interactions. It was evident that the cessation of play and leisure activities negatively impacted children's

physical and mental health, leading to feelings of **boredom, sadness, annoyance, and anxiety**. It was reported that the pandemic was a worrying and frightening time for children and young people, in particular for those who were already experiencing anxiety and depression. The restrictions led to an increase in playing video games, spending time online and more time indoors. When the children and young people were asked what they would have done if they had the power to make decisions, the children shared a preference for keeping outdoor facilities such as parks, playgrounds and beaches open, as well as some sport and other outdoor activities. They also shared that they would have opened some shops relevant to indoor entertainment.

The research participants who access health and/or disability services identified many disruptions to the services they need due to Covid-19 restrictions, with some sharing the view that if they had the power to do so they would have prioritised decisions in relation to access to healthcare. The young people reported disruptions in their access to Occupational Therapy, Physical Therapy and Speech and Language Therapy during the pandemic. Where services moved online, there was some evidence of children finding it challenging to engage with their therapist remotely. This study also found that while some children enjoyed spending more time with their families, others did not enjoy the intensity of being confined to the family home. Children and young people also reported missing interactions with their wider extended family. The fear of health risks to family members added to their burden.

The vast majority of children and young people identified the government as the key decision-makers during the Covid-19 pandemic. They were of the view that children and young people did not have a say regarding the public health restrictions but believed that they should have had an input. Their suggestions in terms of how this could be achieved broadly fall within three categories: ask them in person, ask them online and ask them in school. They suggested that access could have been achieved via schools, sports clubs, social media or public broadcasting. In terms of how to collate their perspectives, providing children and young people with an opportunity to vote was a common theme. Suggestions included voting via an online survey, asking a question via a social media post, with the more likes a post receives being a potential way to vote or asking them a question via the news and having a way for them to reply. In person or online meetings to hold focus groups was also suggested.

In terms of children's access to information during the course of the pandemic, children identified firstly, family (parents and grandparents) and secondly, the news (on TV and radio) as their primary sources of information. In the later phases of the pandemic when children returned to school, they identified school as a source of information.

However, many of the children identified the information as incomplete, that it was directed at adults and the language was not easy to understand.

Research Findings: Interviews with Public Officials

Senior public officials recalled that in the initial phase of the pandemic, they were operating in a vacuum. How the virus was transmitted and the severity of the virus for young people was unknown. The priority in this initial emergency phase was on the health and safety of the population, with limited focus on the wider rights of different population groups, including children. A focus on children and young people only began to emerge when there was a better understanding of the virus and data became available on the impact of the public health restrictions on children and young people's lives. It was also in response to parents and advocacy organisations beginning to advocate on behalf of children and the presence of children's champions in key advisory roles within the structures formed to guide the government's response. However, initially there was no strategic approach to ensuring that professionals with an expertise in children and young people were central to the Government's response.

As the virus persisted and evolved, decision-making became an increasingly challenging exercise in balancing children's rights and the risks presented by the virus to the wider population. Until the vaccine was administered controlling the spread of the virus remained the priority and the curtailment of rights was viewed as a necessary trade-off from a population solidarity perspective. In addition, balancing the rights of all stakeholders (for example both teachers and children) and reopening after an extended period of closure were core challenges. The political pressure to administer the vaccine as soon as it became available negatively affected children accessing health and disability services, with therapists and health professionals redeployed to the vaccination program.

The data reveals that public officials in government departments, state agencies and county councils sought to uphold children's rights during the pandemic by seeking to ensure continuity of services and supports. While their approaches to mitigating the impact of the public health restrictions were varied, common themes emerged in the data in terms of the measures different state entities took to uphold children's rights. Common measures included, continuing to work to core policy objectives and principles, despite the changed working environment. Keeping services as open as possible, by working with government and public health officials to have them designated as an essential or critical service and ensuring some level of discretion was maintained

for one-to-one interactions with children in very vulnerable situations. Transitioning to new forms of service delivery, particularly online service delivery, and for children and young people experiencing disadvantage, developing new or investing in existing additional programmes, such as the summer, additional or class educational programmes. Introducing measures to retain and support staff and adapting their roles as necessary. Maintaining outreach and online support to children and families. Finally, working in partnership with the community and voluntary sector emerged as essential, in particular for ensuring continuity of services and support to families living in vulnerable situations. Local Community Response Forums coordinated targeted responses at the local neighbourhood level.

During the pandemic, Ireland conducted two government consultations with children and young people, focusing on mental health and mask wearing. Public officials reported some engagement with existing participatory structures, such as the county councils engaging with Comhairlí na nÓgs (local youth councils), and the Department of Education engaged with the Irish Second Level Students Union. School inspectors also played a role in gathering student perspectives on their experience of remote learning and returning to school. However, some public officials reported limited capacity or access to child and youth consultation mechanisms, particularly hard-to-reach children. The Crisis Communication Group advising NPHET adopted an evidence-based communications approach. While the amount and speed of real time research happening during the pandemic by the Crisis Communications Group was significant, in the form of a weekly quantitative and qualitative tracker of public opinion and awareness, it was not inclusive of children and young people. These trackers informed the Crisis Communication Group, and in turn NPHET, about public opinion and awareness of government messaging on public health measures and also, provided a better understanding of the impact of restrictions on the public. The trackers were not inclusive of children despite a good deal of engagement with this cohort of the population.

It was evident that efforts were made through innovative approaches to share information about the pandemic and the public health measures with children and young people. The government invested in social media campaigns, such as the #Antiviral Campaign and the SciComm Collective initiative (a youth advisory group proficient in youth friendly science communication). Efforts were also made to communicate daily briefings on Covid-19 in an accessible manner through the daily press briefings and through educational programmes delivered by the national broadcaster. Given this engagement with children and young people in terms of information delivery, capturing their awareness and opinion could have been undertaken.

Conclusions and Proposed Solutions

Drawing on the research findings, the following are the conclusions and proposed solutions developed to support recovery from the Covid-19 pandemic and prepare for potential future crises.

An Evidence-Based Response

The findings reiterate the importance of an evidence-based approach to decision-making and the importance of this evidence being informed by the views of children and young people. Despite the profound impact of the public health restrictions on children's everyday activities and access to services, similar to research findings in other countries (Lerch and Sedletzki, 2022) the research found that there were limited opportunities in Ireland for children to meaningfully participate in decision-making during the pandemic, even in the later stages. This was corroborated by the findings from the consultations with children and young people. The vast majority of the children and young people said that they did not have a say in relation to the public health measures introduced. They were also of the view that their voices should have been heard by asking them online or asking them in school.

It is recommended that:

1. In a crisis, decisions on restrictions to be imposed must be informed by research data and/or consultations on how they will or will likely impact children's rights. This data should be disaggregated to take into account the impact or likely impact on children and young people experiencing disadvantage. This should include a focus on those that this study and previous research found were disproportionately impacted by the government's response to Covid-19. These are as follows:

- Children and young people living in poverty and experiencing educational disadvantage.
- Children and young people with special educational needs.
- Children and young people accessing health, mental health and disability services.
- Children and young people from Traveller and Roma Communities.

- Refugee/asylum seeking children and young people.
- Children and young people at risk of violence, abuse and neglect
- Children living in emergency accommodation.

2. The lived experience and perspectives of children and young people, including children and young people experiencing disadvantage, as well as their parents and advocates, should inform the research data and/or consultations underpinning decisions on restrictions to be imposed during a crisis.

3. The voices of children and young people should also be central to informing the evidence base for communication strategies in future crises.

4. Continued support should be provided to Hub na nÓg in their efforts to improve cross-sectoral awareness in relation to existing participation structures and resources available as well as capacity building to support public officials to consult with children and young people on decisions directly affecting them.

5. In addition to decisions being informed by research evidence and/or consultations, professionals with an expertise in children and young people should be strategically positioned within the decision-making or advisory structures informing the government's response to the crisis.

Child Rights Considerations for Decision-Makers in Times of Emergency

As found in previous research in Ireland, the transition to online learning proved to be a poor substitute for in person education (Department of Children Equality, Disability, Integration and Youth, 2023a). Traveller children and children experiencing poverty and educational disadvantage shared that they experienced greater difficulty engaging with online learning. These children did not engage with homeschooling at all, or at best in a minimal way. The challenge of not having access to their resource teacher and the negative impact this had on their learning, was a particular concern for children with disabilities. The impact of social isolation on children and young people's physical and mental health was also evident in the data. In previous research, this was found to be a particular concern for children with disabilities and special educational needs (Barron and Emmett, 2020). In addition, restrictions imposed on sports, leisure and other outdoor activities were also reported to have a negative impact on children and

young people's mental and physical health. Similar to previous research (O'Connor et al., 2020), disruptions were also reported by the children and young people regarding their access to health and special care services.

It is recommended that:

6. The closure of schools should be a measure of last resort. If the closure of schools is a necessary and proportionate response, it should be accompanied by a re-opening strategy to open them as quickly and safely as possible.
7. In the event of homeschooling, there should be improved support and monitoring of the engagement and progress of children and young people, in particular children with disabilities, children with special educational needs, Traveller children and children experiencing poverty and educational disadvantage.
8. Given the importance of play and recreation activities for children and young people's physical and mental health, as well as the opportunities it provides for social interaction, greater priority should be given to safely creating these opportunities for children and young people.
9. Where possible, disruptions should be avoided to health and special care services for children and young people.

Measures to Mitigate the Impact of the Crisis on Children's Rights

Operating within the public health restrictions imposed during Covid-19, this research found that government departments, state agencies and local government sought to introduce measures to ensure continuity of services and supports and mitigate the impact of the public health restrictions on children's rights. Common approaches emerged in the data in terms of the measures different state entities took to ensure continuity of services and supports. Some of these measures outlined above were intended to offset the disproportionate impact on children and young people experiencing disadvantage. In future crises, learning can be drawn from the measures adopted. However, it is evident from the experiences of the children participating in this research, that some of the measures taken to mitigate the impact of the public health restrictions did not have the desired effect or were insufficient to minimise the impact on children and young people experiencing

disadvantage. Also, some measures adopted to mitigate the impact of the public health restrictions were ad hoc in nature and not mainstreamed.

It is recommended that:

10. If restrictions on children's rights are necessary, a child rights impact assessment should be conducted, and consideration given to measures that can be implemented to mitigate against violations of their rights and ensure the appropriate balance is maintained between the impact of the restrictions and the wider public benefit. These measures should be mainstreamed with clear guidance provided on effective measures that can be taken to respond and minimise the impact on children.
11. To inform future guidance on effective measures that can be taken to respond and minimise the impact on children, further research should be undertaken to determine how measures introduced could be optimised to mitigate the impact, especially on children and young people experiencing disadvantage.
12. Measures should also be taken in normal times to ensure schools are better prepared and more agile to transition in times of crisis. These measures could include improved access to IT equipment, improving students' computer literacy and investing in additional resources and supports for children and young people experiencing disadvantage.
13. Given the critical role of the community and voluntary sector in providing targeted support, in particular to children and families living in vulnerable situations, consideration should be given to designating these services, or aspects of these services as essential. The valuable role of the County Councils through the Community Response Forums in coordinating local service delivery, should also be acknowledged and supported.

Founded in 1995, the Children's Rights Alliance unites over 150 members working together to make Ireland one of the best places in the world to be a child.

We change the lives of all children in Ireland by making sure that their rights are respected and protected in our laws, policies and services.

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