Combatting COVID-19's effect on children

4 May 2020

The COVID-19 pandemic is harming health, social and material well-being of children worldwide, with the poorest children, including homeless children and children in detention, hit hardest. School closures, social distancing and confinement increase the risk of poor nutrition among children, their exposure to domestic violence, increase their anxiety and stress, and reduce access to vital family and care services. Widespread digitalisation mitigates the education loss caused by school-closures, but the poorest children are least likely to live in good home-learning environments with internet connection. Furthermore, increased unsupervised on-line internet use has magnified issues around sexual exploitation and cyber-bullying.

Immediate government measures need to ensure that children have access to good food, receive protection against child abuse and neglect, have continued access to child physical and mental health services, and can navigate safely on the internet. Policies also need to support parental employment since it is key to fighting child poverty.

Introduction

While not a category at risk from a medical viewpoint, children are significantly impacted by the ongoing COVID-19 pandemic. This brief aims to capture some key issues and propose early steps that governments can take to mitigate negative consequences for children, especially the most vulnerable. The short-term policy focus has to be on reducing risks of physical and psychological harm, and ensuring access to good food and nutrition, the provision of immediate care and protection to children in need, and keeping the education loss for many poorer children to an absolute minimum. The concentration of disadvantage often involves poverty, poor housing and a lack of access to necessary services which already shape individual outcomes – in childhood and later on in life (OECD, 2019[1]; 2019[2]). In addition COVID-19 may present serious challenges for inclusive growth as the poorest children are likely to be hardest hit and their heir life chances severely limited, unless immediate and comprehensive measures are taken (OECD, 2020[3]; 2020[4]; 2020[5]).

From a purely medical perspective, early evidence suggests that children are not the most affected by COVID-19. When exposed to the coronavirus, children can become infected and develop symptoms of COVID-19, but these symptoms usually are mild in nature (Box 1). Nevertheless, children do not stand on equal footing when it comes to coping with the economic and social effects of COVID-19. Among the factors are the growing inequality in parents' resources and the quality of children's home environments, which creates a persistent gap in opportunities between advantaged and disadvantaged children (OECD, 2019[2]).

As the COVID-19 crisis spreads around the world, it is transforming children's day-to-day lives. The pandemic and the associated policy responses of confinement and social distancing touch on almost every part of children's worlds. COVID-19 directly affects formal care arrangements, education and leisure services offered by early childhood services, schools and other organisations are interrupted. To date, 188 countries have imposed countrywide school closures, affecting more than 1.5 billion children and youth (UNSDG, 2020[6]). COVID-19 exacerbates the risks of poor nutrition, experiencing maltreatment, and being exposed to violence at home. Recognising that the impacts of these measures will hit some groups of children harder than others is critical. These groups of vulnerable children include children living in poverty, children with disabilities, children in out-home care, children in detention, and also refugee children and children at risk of child labour. Furthermore, the pandemic has the potential to create new vulnerable children and countries must prepare to respond to growing needs for support.

The COVID-19 crisis is evolving in the context of widespread digitalisation. The majority of children, at least in OECD countries, are spending a significant chunk of their time online. Therefore, the availability of digital tools may mitigate some of the effects of the crisis: digital devices and internet access provide valuable resources for children, parents, authorities and caregivers to continue schooling and teaching. Digital tools also provide recreational activities as well as psychological and social support from outside. They facilitate social interactions among children and contribute to their digital savviness more generally. However, the greater use of digital tools has its downsides – the quality of home-schooling and social contacts may be lower than through school or contacts in person. Increased digitalisation can also magnify risks such as sexual exploitation and cyber-bullying, if internet use is increasingly unsupervised. Moreover, increased digitalisation is likely to widen inequalities between children, as the poorest children are least likely to have a quiet place in their home to concentrate on their studies and/ or have the tools to access on-line education. The effect of this "education gap" may belong-lasting. If appropriate action is not taken, the legacy of COVID-19's will be an even wider gap between advantaged and disadvantaged children.

Box 1. The medical effects of COVID-19 on children

Can children be infected with the coronavirus?

Global COVID-19 trends suggest that children are far less likely to be infected than adults (Gudbjartsson et al., 2020[7]). Studies also show that a significant number of children are asymptomatic even when they are affected. Children who are symptomatic experience milder symptoms than adults: they may show flu like symptoms like such as fever, cough and cold, or may have gastrointestinal symptoms like vomiting and diarrhoea. Very few children would have respiratory difficulties and may require intensive care admission. For instance, a Chinese study showed that the proportion of children who went on to develop severe or critical COVID-19 illness with breathlessness, acute respiratory distress syndrome (ARDS), and shock was much lower (6%) than among Chinese adults (19%) – especially older adults with chronic cardiovascular or respiratory conditions (Dong, Mo and Hu, 2020[8]). A few children died from COVID-19 in Belgium, China, France and the United Kingdom, but their deaths can generally also be linked to health problems not directly related to COVID-19. In addition, there is growing evidence that COVID-19 may have a health impact that goes beyond the respiratory system. For example, in the specific case of children, early evidence suggests that SARS-CoV-2 might be associated with the Kawasaki disease.

Why do children infected with the coronavirus fare better than adults?

One of the likely reasons for children faring better than adults is that they have less Angiotensin converting enzyme II (ACE-2) receptors in their lower airways (lungs) thereby limiting the chance that the virus gets inside of a cell and start causing problems (Fernandes, 2020[9]; Pappas, 2020[10]). It is also possible that, more than adolescents and adults, children's immune systems are better able to control the virus, localise it to their upper airways without it causing too many other problems and eliminate the virus. In addition, the study of childhood cases in China suggests that because children have fewer chronic cardiovascular and respiratory conditions, they are more resistant to severe coronavirus infection than elderly adults (Dong, Mo and Hu, 2020[8]). Moreover, the importance of children in the transmission of the virus remains uncertain (Zimmermann and Curtis, 2020[11]).

Are pregnant women with COVID-19 at increased risk for adverse pregnancy outcomes?

Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections, morbidity, or mortality compared to the general population as observed in cases of other related coronavirus infections, such as SARS-CoV and MERS-CoV. However, the available data do not show a significantly higher prevalence of COVID-19 among pregnant women than among other adults of similar age. Adverse infant outcomes such as preterm birth have been reported among infants born to mothers who tested positive for COVID-19 during pregnancy (McCarthy, 2020[12]). However, this information is based on limited data and it is not clear that these outcomes were related to maternal infection.

Moreover, in the handful of cases where women with confirmed COVID-19 infection gave birth, there is no evidence that the infant was infected before or during delivery, or during childbirth (McCarthy, 2020[12]; ACOG, 2020[13]). Few new-born babies have been infected, but the presumption is that these new-borns were in close contact with infected caregivers and mothers and that contact with these caregivers is the mode of transmission as opposed to the transmission from mother to unborn child (Chen et al., 2020[14]).

Poor children are more likely to suffer from the consequences of the COVID-19 outbreak

The COVID19 pandemic and its economic and social consequences will hurt some children more than others. In particular, COVID-19 exacerbates the risks of children experiencing maltreatment, violence at home, and poor nutrition, while lockdown measures reduce opportunities for children to participate in extra-circular activities, to come in contact with supportive adults at school and in the community, and to access the justice system and child protection services. To a varying extent, these issues intersect with income poverty and poor housing, with the common denominator being that children in poorer families are more exposed.

Poverty put children at highest risk of suffering from the COVID-19 crisis

On average across OECD countries, one in seven children grow up in poverty. In about one third of OECD countries child poverty is less than 10% (Figure 1) but in about ten OECD and key partner countries, including large economies as the United States, China and India more than one in five children grows up in poverty. Poverty and income inequality have a large bearing on the extent to which children are exposed to COVID-risks. Poorer families are less financially resilient and are more exposed to job- and earnings losses while their children are likely to be disproportionally disadvantaged by school-closures (see below). Growing up in poorer neighbourhoods increases the risk of catching the virus and be a carrier, experience underlying health issues and reduced prevalence of vaccination among children (OECD, 2020[5]); it also affects access to a range of necessities such as good nutrition, quality housing, sanitation issues, space to play or study, and opportunities to engage in on-line schooling.

The gravity of health, sanitation, family-income, housing and schooling issues are particularly pronounced for children in developing countries or poor areas in countries with large income inequalities. People living in or near poverty often lack disposable cash and, in many developing countries, they cannot easily access and/or purchase food. Furthermore in developing countries, the vast majority of children live in informal sector households with limited access to health and/or social protection through work (OECD/ILO, 2019[15]). Hunger, malnutrition, pneumonia and other health-related shocks and stresses compound vulnerability to the virus and contribute to a vicious cycle of disease, destitution and death. Poverty can fuel contagion, but contagion can also create or deepen impoverishment. For that reason, one cannot fight the COVID-19 spread without tackling poverty (Roelen, 2020[16]). Universal health coverage has become a policy priority in many developing countries, but achieving this objective is particularly challenging, as in many low- and middle income countries healthcare systems are underdeveloped and public revenues to finance expansion are limited (Rim and Tassot, 2019[17]). The current crisis will aggravate health concerns beyond COVID-19 for many children as measles immunisation campaigns have been delayed in 24 countries and will be cancelled in 13 others, putting more than 117 million children at risk of missing out on measles vaccines (UN News, 2020[18]).

COVID-19 and the associated policy response have already led to a huge downturn in overall economic activity and employment, and are likely to increase global poverty. Summer, Hoy and Ortiz-Juarez (2020[19]), estimate that as many as half a billion people, or 7% of the world's population, could fall into poverty and some regions, the negative effects could lead to poverty levels equivalent to those recorded 30 years ago. Vos, Martin and Laborde (2020[20]) suggest that the increase in absolute poverty will be greatest in south-Saharan Africa, where 40-50% of the global poverty increase would be concentrated.

Girls in developing countries face risks of early marriage and teenage pregnancies. Every year, 12 million girls are married before their 18th birthday, and about 7.3 million births per year are due to teenage pregnancies. In the aftermath of the Ebola epidemic in Sierra Leone, the increase in teenage pregnancies was most pronounced in vulnerable communities (UNSDG, 2020[6]). Adolescent pregnancy rates increased drastically as a result of: school-closures, and the loss of parents or primary adult carers left children

without resources, often homeless, and forced them to resort to new ways to find food, including exchanging sexual favours for girls; the loss of access to contraceptive items because of the disruption of supply chains and reduced access to health centres; and, the higher exposure of adolescent girls to gender-based violence (UNFPA, 2017[21]; UNDP, 2015[22]). COVID-19 will also defer public efforts to combat early marriage and female genital mutilation, while increasing poverty is anticipated to increase rates of child marriage and teenage pregnancies in vulnerable communities. The total effect of the COVID-19 pandemic is projected to result in 13 million additional child marriages (UNPFA, 2020[23]).

Teenage pregnancies are far less frequent in OECD countries, but still amounted to an average of about 11.8 births per 1000 young women (15-19) across the OECD in 2017, and were considerable higher in Colombia and Mexico (71 and 66 births per 1 000 young women, respectively (OECD, 2020[24]).

Figure 1. One in seven children is poor across the OECD on average

Percentage of children up to 17 years old living with less than 50% of median equivalised household income, 2017 or latest available year
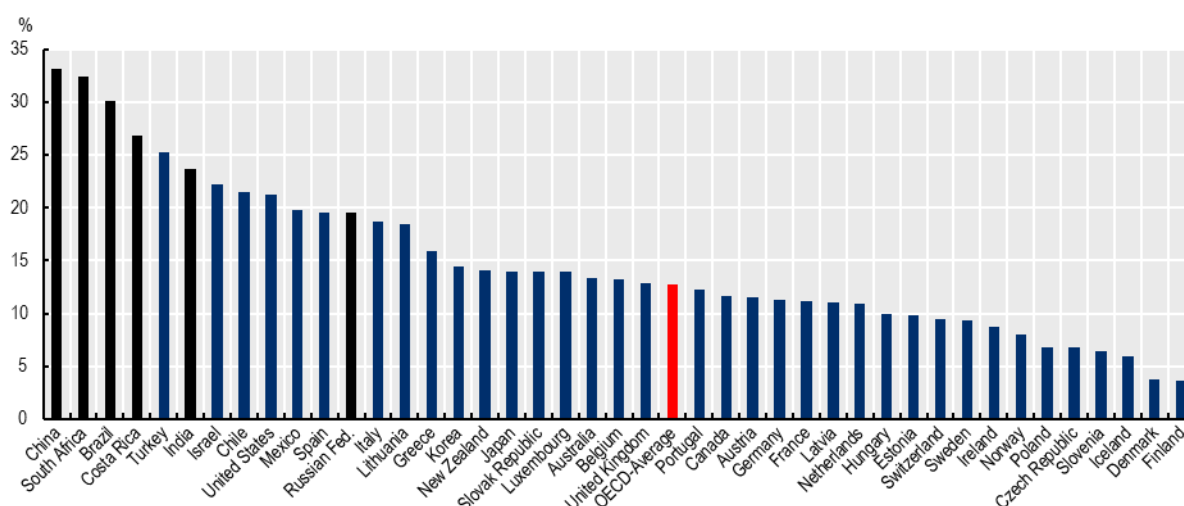
Note: The latest available data refer to 2017 for all countries except Costa Rica (2019); Australia and Israel (2018); Denmark, Mexico, the Netherlands, the Slovak Republic and the Russian Federation (2016); Iceland, Japan, Switzerland, Turkey and South Africa (2015); New Zealand (2014); Brazil (2013); China and India (2011).
Source: OECD Income Distribution Database, oe.cd/idd.

Economic downturns have a large effect on child poverty risks (Box 2). Child poverty is strongly associated with parental employment status, with poverty risks lowest for working families and highest in jobless families (OECD, 2020[25]). However, work does not immunise against poverty, especially when employment conditions involve low pay and no access to social benefits and health coverage. For example, almost 40% of American adults would not be able to cover a USD 400 emergency with cash (Federal Reserve Board, 2019[26]). Such families would be unlikely to deal with an income loss associated with COVID-19, and their limited access to healthcare increases the risk of contracting – and subsequently spreading the virus. Research on poverty dynamics in a few developing economies without universal health insurance (including Bangladesh, Ethiopia and the Philippines) suggests that health shocks – also for grandparents who care for children so that parents can work – create an immediate need for cash that may lead to people to sell assets that are vital to earning an income (such as livestock) or borrowing money at extremely high interest rates (Diwakar, 2020[27]). The consequences for the children involved are dire.

Winning the fight against child poverty has invaluable long-term benefits for children, families, society and the economy. Child poverty compromises not only child well-being and development, but also educational outcomes and employment prospects in later life, thus reducing not only the future productive base of an economy but also the well-being of our future adults and society as a whole (OECD, 2019[2]). Therefore, it is critical that governments intervene quickly to enable family services and child protection systems to function properly, and support families and children effectively in the crisis. Taking a longer term view, poor childhood conditions and inequality play a role in influencing vulnerability to coronavirus among certain adult populations, be that through working in essential services without adequate protection, living in overcrowded accommodation or having underlying health conditions.

Box 2. What does the experience of the Great Recession tell us?

It is too early to elaborate on the impact of the COVID-19 crisis on living conditions and well-being of children. The factors underlying the last global economic crisis were different. Nevertheless, some observations on the impact on children point to areas for policy priorities:

- On average in OECD countries, child income poverty rose continuously after 2008 until the mid-2010s and levelled off at around 1 in 7 children living in poverty (Cantillon B., Chzhen Y., Handa S, 2017[28]; Thévenon et al., 2018[29]). Children in families with the lowest incomes – often single-parent families, frequently faced the sharpest fall in incomes (OECD, 2018[30]).

- The increase in child poverty was associated with a rise in the number of children without access to essential material goods and activities such as adequate housing, nutrition and resources to study or participate in social life (Chzhen, 2014[31]; Thévenon et al., 2018[29]).

- Many countries mitigated the effects of the crisis on families through one-off cash support or tax cuts (OECD, 2014[32]; Adema, Ali and Thévenon, 2014[33]). Some countries, such as Canada, France, Greece and New Zealand, introduced a greater focus on fighting child poverty in policy development (OECD, 2019[1]; 2019[2]). The unfolding crisis will require strengthening these efforts.

Poor quality housing exacerbates the harm of the COVID-19 crisis on children

In addition to the risk of homelessness (see below), poor housing quality affects children's ability to flourish. On average, more than one in five children between 0-17 years old live in an overcrowded household in European OECD countries, rising to more than 50% of all children in Hungary, Latvia, Poland and the Slovak Republic (Figure 2). In all countries for which data are available, the risk of overcrowding is twice as high for children in low-income households compared to those in high-income households. But even children who do not live in income-poor households can face housing-related deprivation such as noise or crime due the quality of the dwelling or the neighbourhood. For instance, one in five children in non-income poor households in France and Spain face multiple housing problems, including the presence of humidity or mould and problems in keeping the dwelling adequately warm (Thévenon et al., 2018[29]). Attempts to contain and mitigate the COVID-19 crisis through lockdowns may also be particularly challenging in developing countries where the vast majority of poor households face deplorable housing conditions and live in over-crowded spaces, making social distancing and proper self-isolation nearly unmanageable.

COVID-19 and the increased risk of poor nutrition

Access to good nutrition –from conception throughout childhood – is vital for healthy child physical and cognitive development with long-term effects on adult health outcome and economic self-sufficiency (Currie and Almond, 2011[34]; Hoynes, Schanzenbach and Almond, 2016[35]; Britto et al., 2017[36]; Almond, Currie and Duque, 2018[37]). Even in times of good economic conditions, many children are deprived of basic nutrition. For instance, 20% of income-poor school-aged children in European OECD countries lack good quality nutrition, which is around three times higher than among non-income poor children. Overall, one in ten children do not have access to fresh fruit and vegetables and/or one meal including meat, chicken, fish or a vegetarian equivalent at least once a day (Figure 3).

Figure 2. Children in low-income households are more likely to live in overcrowded households than children in higher-income households

Share of children (aged 0-17) living in overcrowded households in European OECD countries, by income group, percentages, 2017
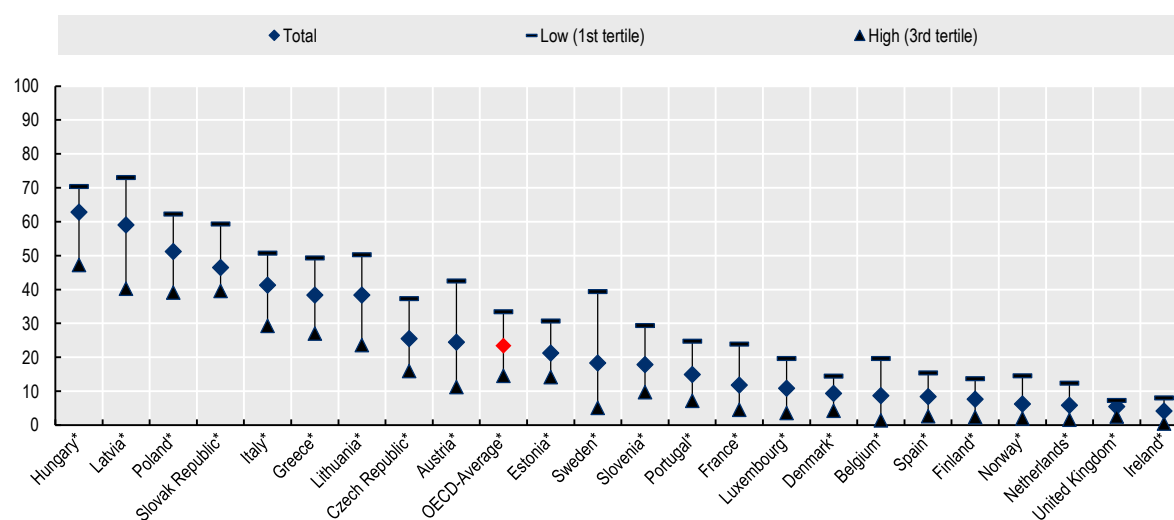

Note: No information for Australia, Chile, Germany, Israel, Japan, Korea, Mexico, New Zealand, Turkey and United States due to data limitations. Data for Switzerland refer to 2016. A household is considered overcrowded if it does not have at its disposal a minimum number of rooms equal to: one room for the household; one room per adult couple in the household; one room for each single person aged 18 and over; one room per pair of single persons of the same sex between 12 and 17 years of age; one room for each single person between 12 and 17 years of age and not included in the previous category; one room per pair of children under 12 years of age. In countries marked with an *, the difference between the 1st and 3rd tertile children is statistically significant at p<0.05.
Source: OECD (2019[38]), OECD Secretariat calculations based on the European Union Statistics on Income and Living Conditions (EU-SILC) survey, see OECD Child Well-Being Data Portal under www.oecd.org/els/family/child-well-being/data.

Figure 3. One in five income-poor children experience poor nutrition

Percentage of children (6- to 15-year-olds) deprived of basic nutrition, European OECD countries, 2014
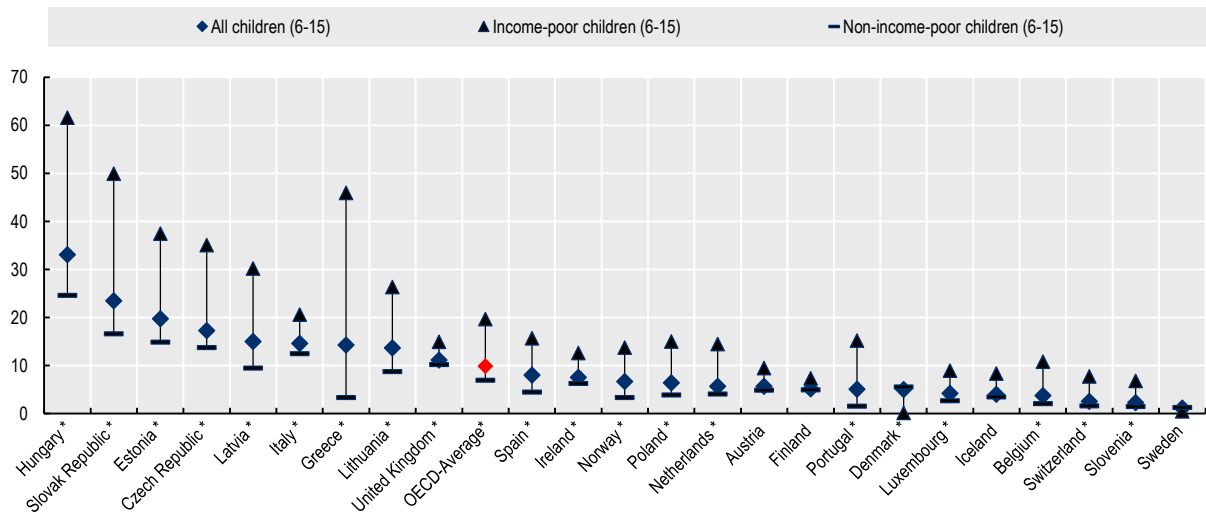
Note: Percentage of children in households where at least one child does not eat "fruits and vegetables once a day" and/or "one meal with meat, chicken or fish (or vegetarian equivalent) at least once a day". Countries are ranked according to deprivation among all children. In countries marked with an *, the difference between income-poor and non-income-poor children is statistically significant at p<0.05.
Source: European Union Statistics on Income and Living Conditions (EU-SILC), OECD Child Well-Being Data Portal.

COIVD-19 related closures of Early Childhood Education and Care (ECEC) facilities, schools and after-school clubs have exposed many children in low-income families to food insecurity and poor nutrition. In several countries, including France and the United Kingdom, access to free or well subsidised school meals is major plank of policies to combat child poverty. Similarly, in the United States, students supported by the National School Lunch Program were found to get more than one third of their daily calories from food and drink provided at school (Story, 2009[39]). When schools are closed, beneficiary children eat less and also consume less nutritious food, a phenomenon known as holiday hunger (Nord and Romig, 2006[40]; Morgan et al., 2019[41]). During COVID-19 poor nutrition is paired with home confinement and lower levels of physical activity. This may, increase the risk of weight gain for some children outside of that found during the summer months when out of school (Rundle et al., 2020[42])

COVID-19 risks are highest for certain groups of children

The ramifications of the COVID-19 pandemic are more severe for certain groups of vulnerable children, with potential for some far-reaching effects. The outbreak challenges the resilience of vulnerable children as it increases in children's environments the number of already existing risks (e.g. reduced access to healthy food, high family stress, and absence of contact with supportive adults – Box 3) and reduces the number of protective factors (e.g. school placements, access to play spaces and extra-circular activities, and strong child protection systems).

Box 3. Children with separated parents may be particularly affected by the COVID-19 crisis

Across the OECD, about 1 in 6 children live in a single-parent household and these children are likely to be more severely affected by containment measures than others for various reasons. First, a majority of children in this family situation are cared for by a single parent – usually the mother – who has to look after the children while continuing to work with no or limited access to formal or informal childcare assistance during the confinement period. This is likely to leave a significant number of children with weak supervision, and to increase family stress and tensions between the parent and children. The fact that there is only one parent in the household also makes it particularly vulnerable should the parent become infected with the virus and get sick.

Second, children in single-parent families are at a much higher risk of income poverty than other children: nearly one-third of single-parent families in the OECD are poor compared to less than 10% of two-parent families (OECD, 2020[43]). Single-parent families' income depends partly on the child alimony received from the absent parent, and non-payment of child alimony is likely to increase in times of economic crisis (Mincy, Miller and De la Cruz Toledo, 2016[44]).

Finally, a growing minority of children with separated parents are in shared custody, with children alternating between two homes (OECD, 2019[45]). Confinement measures may disrupt access arrangements meaning that some children will not see either parent for a period of time that is longer than usual, which can create anxiety and emotional insecurity for children and can be a source of conflict between parents. There can be extreme cases where, for instance, a single parent working in the health sector who is exposed to the virus sees his or her children taken away from their home and the custody given temporarily to the other parent by a court decision (Twohey, 2020[46]).

Child maltreatment

The COVID-19 outbreak acts as a catalyst for a considerable rise in child maltreatment[1] by exacerbating some of the known contributing factors, such as household poverty, overcrowded housing, social isolation, intimate partner violence, and parental substance abuse (OECD, 2019[2]). In some families, COVID-19 creates a 'pressure cooker' situation, in which family stress may reach toxic levels. Research underlines the harm excessive or prolonged activation of stress responses has on children's health and development, particularly on young children (Thompson, 2014[47]; Center on the Developing Child at Harvard University, 2016[48]). Among families who were already struggling, COVID-19 will create greater need for support. In addition, families who were coping well enough in usual circumstances might now also need support.

In some OECD countries, domestic violence services and children's helplines report increased levels of risk for vulnerable children and families (Women's Safety NSW, 2020[49]; Grierson, 2020[50]). There is no comparative data on the prevalence of child maltreatment in OECD countries. However, Gilbert et al (2009[51]) estimated on basis of data for a limited number of OECD countries that each year around 4-16% of children are physically abused; one in ten children experience neglect or emotional abuse; and 5-10% of girls and 1-5% of boys are subjected to penetrative abuse over the course of childhood. The crisis is likely to also increase children's exposure to intimate partner violence (IPV) in at home (OECD, 2020[4]). Estimates on childhood exposure to intimate partner violence range from 14-28%, with research

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[1] Child maltreatment is defined as child abuse (physical, sexual and emotional) and neglect, regardless if harm was intended. In some OECD countries, exposure to intimate partner violence is considered a form of child maltreatment (OECD, 2019[2]).

suggesting that households with intimate partner violence are twice as likely to contain children, particularly children under-five years of age (OECD, 2019[2]).

In addition, the COVID-19 outbreak severely compromises the effectiveness of child protection systems to help children experiencing maltreatment. Reductions of face-to-face contact make it hard for child protection workers to work with vulnerable children and families and properly assess risks. Less frequent contact means less monitoring of children's well-being and reporting of concerns. Child protection providers in some OECD countries record large decreases in reporting of concerns for children's safety and welfare (European Social Network, 2020[52]). It has also added further layers of difficulty for children in terms of access to justice (Davidson et al., 2019[53]; OHCHR and WHO, 2020[54]), through judicial system delays and border closures, and increased the number of children deprived of their liberty (Box 4).

Box 4. Children deprived of their liberty

Children "deprived of their liberty" are in "any form of detention or imprisonment or the placement in a public or private custodial setting, from which [they are] not permitted to leave at will, by order of any judicial, administrative or other public authority" (UN Office of the High Commissioner for Human Rights, 1990[55]; UN Committee on the Rights of the Child, 2019[56]). Nowak (2019[57]) estimated that about 160 000 to 250 000 children are in care centres and prisons around the world on any given day, and an estimated 1 million children are held in police-custody every year. Nowak (2019[57]) also found that children in detention are likely to be in poorer health than those who are not.

The COVID-19 outbreak exacerbates the challenges these children face. Children in detention have been found to be more vulnerable to the COVID-19 disease than the general population due to the cramped conditions in which they live, often for long periods of time (WHO Regional Office for Europe, 2020[58]). Evidence shows that detention settings can act as a source of infection, amplification and spread of infectious diseases within and beyond the facilities due to the high concentration of persons in the same space (WHO Regional Office for Europe, 2020[58]; OHCHR and WHO, 2020[54]). Furthermore, crowded detention facilities often have insufficient access to nutrition, healthcare and hygiene services – conditions that foster the spread of COVID-19.

Children deprived of their liberty are also at a heightened risk of experiencing neglect, abuse and gender-based violence, especially if the outbreak and the associated containment measures have a negative effect on the number of staff and/or quality of care (The Alliance for Child Protection in Humanitarian Action and UNICEF, 2020[59]). Moreover, in many instances, detention facilities are far away from children's families, homes and communities and regular communication and visits are limited. This contributes to greater anxiety and emotional distress, further affecting the health and well-being of these children and their families. Children may also face stigma if they contract the virus within detention facilities (The Alliance for Child Protection in Humanitarian Action and UNICEF, 2020[59]).

Children in out-of-home care

COVID-19 presents great challenges for children in out-of-home care and for the alternative care system in general. In the OECD, based on available data for some countries, the overall numbers of children in out-of-home care are small. In the majority of cases, children are placed in family-based foster care (general and kinship) or residential care (small residential unit and larger institutions). The share of children placed in either of these systems varies among countries (OECD, 2019[2]).

The restrictions introduced due to COVID-19 pose particular difficulties for children in out-home care. Children in out-of-home care generally have additional care needs, often due to difficult family circumstances and accumulated disadvantage prior to their entry into care (OECD, 2019[2]). For example,

clinical-level mental health difficulties are more frequent among children in out-of-home care, with up to half of children meeting this criteria and another 15-25% having difficulties approaching this level (Tarren-Sweeney, 2017[60]). In terms of educational outcomes, they are among the lowest performers internationally. As young adults, such disadvantage curtails labour market outcomes (OECD, 2019[2]).

While measures such as home confinement and school closures can increase the level of pressure and anxiety felt by children in general, some effects may be stronger in children in out-of-home care and increase the risks of placement breakdowns. Potential difficulties include increased risks of absconding from care placements and heightened outbursts of challenging behaviours. Even under normal circumstances, such incidences are difficult for foster carers and residential units to manage. In the context of COVID-19, however, they occur when access to therapeutic and social work services is disrupted. For carers of children with high needs, school is a regular source of respite that is now no longer available. COVID-19 will also intensify difficulties for children who are unhappy in current placements.

The COVID-19 crisis disrupts face-to-face family contact between children in out-of-home care and birth families, according to reports from some countries. Such disruptions are a big source of stress for children and problematic in the longer terms as family contact supports future family reunification, and helps children manage worries about birth parents. When managed well, it is beneficial for children's well-being and for placement stability (Atwool, 2013[61]). Facilitating family contact through digital platforms is not always possible as a proportion of birth parents lack access to smart phones (EPIC, 2020[62]).

The risks associated with COVID-19 affect availability of care placements and the ability of service providers to adequately meet children's care needs. For family-based foster care, new considerations include protecting the health of family members present in the household, and reduced support from extended family and support services. Furthermore, foster carers may be at higher risk from COVID-19, as on average they are older than birth parents, frequently over age 65. (Qu, Lahausse and Carson, 2018[63]). For residential centres, increases in staff absenteeism, pressures on space due to social distancing and self-isolation, and reduced support from educational, social work and therapeutic services are new challenges For instance, in France, the State Secretariat for Child Protection estimated an absenteeism rate of between 20-40% among child protection workers in the weeks following the introduction of home confinement (Stive, 2020[64]).

Children in homeless families

In recent years, homelessness among families with children has risen in several OECD countries (OECD, 2020[65]). For example, homelessness among families with children almost quadrupled in Ireland between 2014 and 2018, from 407 to over 1 600 households (OECD, 2019[66]). In the United States, families with children represented one-third of the homeless population in 2018: over 180 000 people in more than 56 300 families (US Department of Housing and Urban Development (HUD), 2018[67]).

COVID-19 adds to the challenges already experienced by children in homeless families. These include higher likelihood of lower well-being, poor physical and mental health, and poorer educational outcomes (OECD, 2019[2]). Children in homeless families face greater risk of complications from COVID-19 due to poorer baseline health. Compared to the general child population, they experience higher rates of asthma, respiratory illness and infectious disease. Poor nutrition and obesity are more common (Royal College of Physicians Ireland, 2019[68]).

Parents of children in homeless families will experience particular challenges in keeping children safe. First, parents face greater challenges in reducing children's risk of contracting the virus. For example, parents will experience intense pressure, if living in emergency shelter and hotel rooms, to contain children day after day in small spaces and to use safely shared kitchen and bathroom facilities. In the case of one family member falling ill, self-isolation will not be possible. Second, parents will find it difficult to implement home schooling in small spaces and where stress is high, serving children further educational

disadvantage. Third, the diet of children in homeless families can deteriorate drastically during homelessness periods and COVID-19 will eliminate homeless children's access to daily school-lunches (OECD, 2019[2]). Fourth, social support services to homeless families will be reduced, as confinement measures lead have led to closures of playgrounds, childcare facilities and respite centres, and limit social workers capacity to visit homeless families.

Children with disabilities

The COVID-19 outbreak challenges the well-being of children with disabilities, across education, health, and social and family life dimensions. It has introduced significant stress and disruption to the lives of children who under normal circumstances thrive on structure and routine. Children with disabilities may need special support to adjust to these many changes and in understanding how to keep themselves safe.

During school closures, children with disabilities are more likely to miss out on their education. For instance, the suitability of remote learning depends on children's individual needs and schools' ability to provide tailored tuition. In general, learning loss during school breaks can be higher for children with disabilities (Kerry and Davies, 1998[69]). For children with higher needs, disruption to schooling and respite care placements have the potential to push some families into crisis. Moreover, the presence of a sibling with a disability in the home will compromise parents' abilities to meet the new demands of home schooling for other children and to manage family stress.

COVID-19 is disrupting access to therapeutic supports at a time when children with disabilities and their families are adjusting to big changes to day-to-day life. Many children with disabilities receive therapeutic supports to develop communication and social-emotional skills and help them cope better at school and at home. These children would now need further help to build and maintain new routines and calming and coping skills. But many families lack guidance and information about available services and the types of assistance they are eligible for (Hunt, 2019[70]), which is particularly problematic in a period of widespread confinement (Hale, 2020[71]).

Children at risk of child labour and forced labour

The COVID-19 crisis has diminished demand for labour, and may have reduced the demand for child labour, but at the same time, school closures and job loss among parents may increase the supply of child labour. Around one in ten children (152 million in total) aged 5 to 17 were engaged in child labour worldwide in 2016, and nearly half of them were in hazardous work and exposed to serious health and safety risks (OECD, 2019[72])*.*

Children in impoverished communities are unlikely to participate in digitally-supported home learning during school closures and they are at risk of dropping out of school altogether, since their parents may not be able to afford school-fees when schools reopen. COVID-19 will lead to an increase in extreme poverty, which without solid social safety nets, is a key driver of child labour (Thévenon and Edmonds, 2019[73]).

The efforts many countries have made to combat child- and forced labour over the past decade risk being brought to an abrupt halt. To limit this risk, it is important that countries maintain and enforce legislation prohibiting child labour (in particular legislation on the minimum age for work) and adequately resource labour inspectorates to work effectively. Governments have also a key role to play to support companies to sustain and expand responsible business conduct which are essential to combatting child labour in supply chains.

Children in migrant families

About one in five children in OECD countries are either foreign-born or have at least one foreign-born parent. These children are particularly vulnerable in the COVID-19 crisis. First, across the OECD, almost half of all children in immigrant households live below the relative poverty line – twice that level of children in native households (OECD and EU, Settling In, 2018). The incidence of relative poverty is particularly large in some of the hardest-hit countries, such as France, Italy and Spain (Figure 4).

Children of immigrants are also much more likely to live in poor housing conditions: overcrowding is, at 17% OECD-wide, more than twice as high in immigrant households as in native-born households (8%). Immigrants are also strongly overrepresented in other indicators of poor housing conditions, again in some of the hardest-hit countries, such as Italy and Spain.

Immigrant parents tend to have less stable jobs, making them particularly vulnerable in the current economic context, with potential negative repercussions on their children's well-being. What is more, some immigrant groups – notably the undocumented – may not have access to health care. However, a number of countries have provided special waivers for basic and emergency health care services.

In European OECD countries, about a third of all immigrants have only little or no mastery of the host-country language. This not only hampers access to relevant information, but also makes it a lot more difficult for them to support their children in the home schooling. Parental support in schooling is also rendered more difficult due to the low education levels of some migrant parents, especially in the EU where 11% of immigrant adults have at most primary education – compared with 5% of native-born.

Figure 4. Almost half of all children in immigrant households in OECD countries live in poverty, twice as much as children in native households

Percentage of children up to 16 years old living with less than 60% of median equivalised household income, by migrant background, in 2015
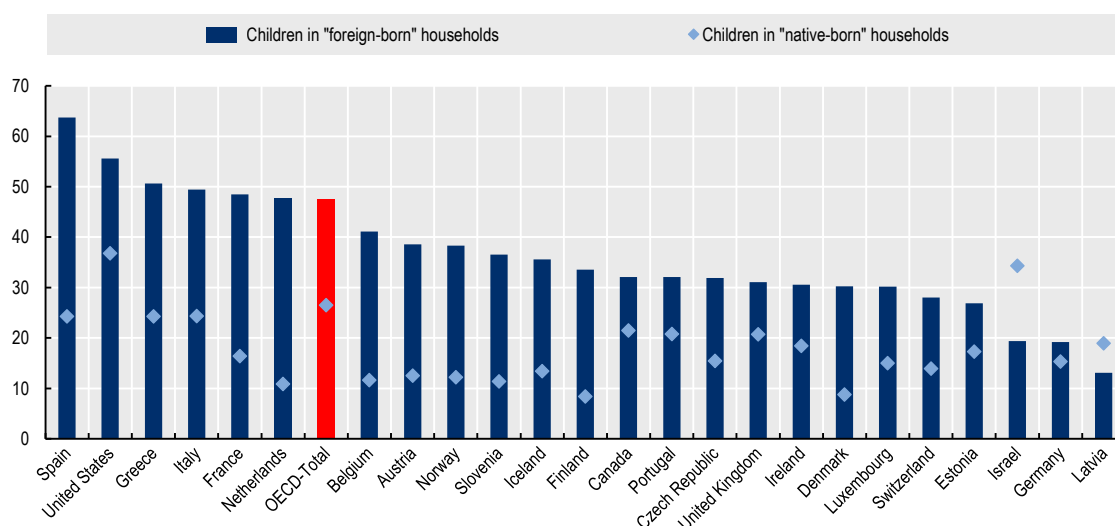
Note: OECD-Total refers to the weighted average of 26 OECD countries.
Source: OECD/European Union (2018), Settling In 2018: Indicators of Immigrant Integration, OECD Publishing, Paris/European Union, Brussels, https://doi.org/10.1787/9789264307216-en.

Child refugees, including unaccompanied minors represent around 13 million children worldwide, the vast majority in developing countries. Those who reside in camps or crowded settlements in such countries are in particularly vulnerable situations since they have little or no formal education, are excluded from social protection and because movement restrictions may keep them from obtaining a more secure status (UNSDG, 2020[6]). Moreover, the COVID-19 crisis increases the risk that refugee children in such situations will be separated from their families if one parent becomes infected and isolated, in which case a significant number of children will be pushed in a very vulnerable situation.

Unaccompanied minors are people under the age of 18 who arrive without parents, other adult relatives or guardians (UNHCR, 1997[74]). As such, they are a particularly vulnerable group and require special protection. In OECD countries, most arrive just before or after the age at which schooling is no longer compulsory – between 14 and 17 years – but have little or no formal education (OECD, 2016[75])). Many are not pursuing further education but have taken up employment, generally of the low-skilled and informal kind, making them particularly prone in the current situation to find themselves not in employment, education or training (NEET). The actual impact of prolonged lockdown on their skills and psychological well-being will to some degree depend on the guardian structure, which can vary from foster homes and families to collective structures. Clearly, those in collective structures will be a lot more vulnerable on many accounts, including health-wise.

Children, confinement and mental health issues

Good mental health early in life is key to good mental health later in life. Yet, mental health problems represent the largest burden of disease among young people, and mental ill-health is at least as prevalent among young people as among adults (OECD, 2015[76]; 2018[77]). Poor mental health emerges early in life; around half of severe mental illnesses begin by age 14, and three quarters begin by the mid-20s (Kessler et al., 2007[78]; Kessler et al., 2007[79]). Worldwide, an estimated 10-20% of children and adolescents experience mental disorders (WHO, 2018[80]). Estimates developed by the Institute for Health Metrics and Evaluation (IHME) suggest that the average prevalence of mental disorders in populations under 20 was 12% in 2017 (Figure 5).

The stress and uncertainty associated with the COVID-19 outbreak potentially has significant negative effects on children's mental health. Increases in overall anxiety about the outbreak, confinement and mitigation measures such as quarantine, school closures and uncertainty about high-stake final school exams, and social distancing, are impacting children's daily lives. Evidence on the impact of the outbreak on children's mental health is limited at this stage (Pew Research Center, 2020[81]; IFOP, 2020[82]). However, a survey of college students in China showed an increase in anxiety (Cao et al., 2020[83]), while in a poll of 2 111 under-25 year olds with *existing* mental health problems in the United Kingdom, 83% of respondents reported that the pandemic had worsened their mental health (Young Minds, 2020[84]).

Previous pandemic episodes show that steps taken to control the outbreak, notably quarantine measures and school closures, especially when prolonged, can reduce children's mental wellbeing. Evidence from previous emergencies, for example during the 2003 SARS outbreak in Japan and Toronto, Canada, point to increased anxiety, depression and post-traumatic stress disorder, including for children, due to confinement (Sprang and Silman, 2013[85]; Hawryluck et al., 2004[86]; Brooks et al., 2020[87]). These effects are likely to be more widespread with COVID-19, although factors such as increased social connectedness via online or digital platforms will help mitigate some of the negative effects of isolation and confinement.

While evidence is limited at this stage, there is a risk that the outbreak will have a greater effect on the mental health of children from low socio-economic backgrounds. The strong relationship between socioeconomic deprivation and mental ill health is well documented, including during childhood (McDaid, Hewlett and Park, 2017[88]; OECD/European Union, 2018[89]). As the outbreak is likely to increase financial and social insecurity for low-income groups, there will be knock-on effects on other factors contributing to poor child mental health, such as poverty, poor parental mental health, and exposure to stressful situations.

Figure 5. About one in nine children face mental issues

Estimated prevalence of mental disorders amongst the population under 20 years old, 2017
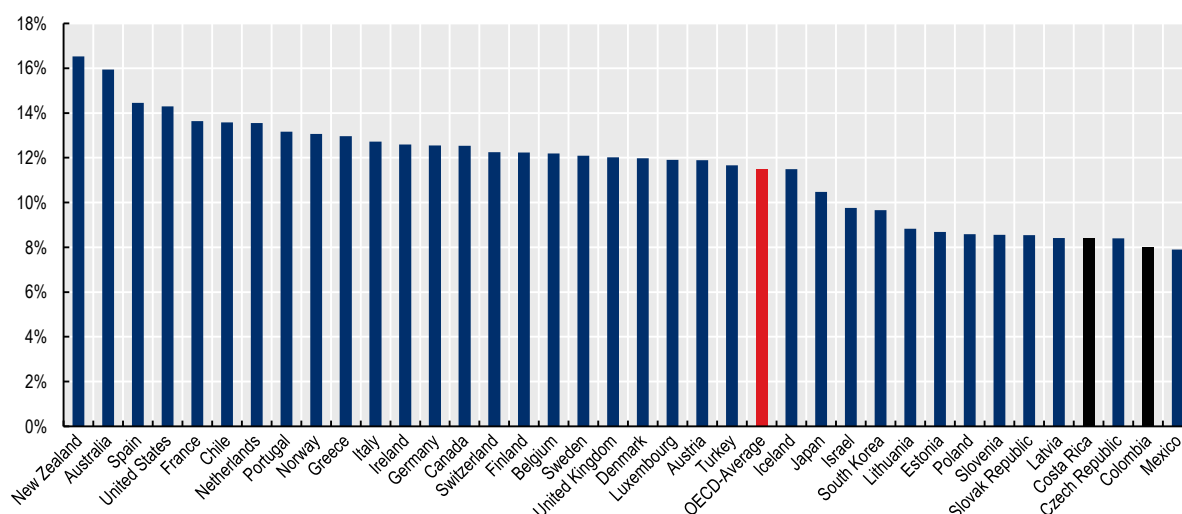
At the same time, the COVID-19 outbreak presents serious challenges to the delivery of child and adolescent mental health services. Many services face some kind of disruption due to social distancing measures and the redeployment of staff towards COVID-19 activities (Chevance et al., 2020[91]). In addition, school closures create difficulties for children with mental health difficulties as schools are a common site for mental health interventions, especially for low-threshold interventions (McDaid, Hewlett and Park, 2017[88]).

Children from vulnerable households face the biggest obstacles to home learning

Parents are critical for children's home learning

The COVID-19 pandemic fundamentally disrupted schooling in most countries around the world, with over 90% of the world's students affected by national and local school closures (UNESCO, 2020[92]). In many OECD countries education systems are now discussing how best to organise reopening schools. They must also prepare for an uncertain future in which new waves of contagion require potential rolling school closures.

When schools are closed, children's education becomes more dependent on their home environment. This raises issues around the quality of the physical home environment and access to on-line facilities. It also requires time, availability and social capital of parents to supervise children's learning or even take over the teaching role if schools lack the capacity to provide distance support. Confidence in own ability to support children's learning as well as a potential lack of familiarity of subject matter may be a barrier among parents with low-education, particularly for helping older children.

In normal times, children from disadvantaged families typically lose one month of learning during the two month break from school over summer (Alexander, Entwisle and Olson, 2007[93]; Allington et al., 2010[94]). Children from advantaged families do not generally experience this learning loss and in fact can make learning gains during this period, depending engagement with their families and communities. This

widening of disparities is likely to occur during the current period of confinement, unless disadvantaged children and their families are given additional support.

Extended confinement will exacerbate existing stresses and inequalities (OECD, 2020[95]), and will raise a number of issues now and once schools and centres re-open. In particular, the habit of going to school and concentrating on learning will be broken for some students; this may need deliberate effort to rebuild student's engagement and avoid increases in school drop-outs. In addition, children/students who were already vulnerable and struggled to engage in learning, (e.g. because of health issues or because they experienced domestic violence) will require special support.

Parents are critical for children's learning in the early years (0-7 years). This is even more true when children do not have access to early childhood education and care or school, and when online or even televised learning is not adequate for their stage of development. The day-to-day activities that parents undertake with their children are highly correlated with children's learning and development. OECD (2020[96]) shows that, regardless of socio-economic background, children do better when their parents read to them almost every day, ensure there are many children's books or e-books in the home, and have back-and-forth conversations with them.

These activities support children's social-emotional development (Figure 6), as well as their cognitive skills such as emergent literacy. Yet parents from low socio-economic backgrounds are less likely to undertake such learning activities with their children; thus, the gap between children from different social-economic groups may well have widened with the COVID-19 outbreak.

The quality of the home learning environment is also crucial to enable school-aged children to continue to learn. Most parents are not teachers, and many are unfamiliar with the educational programmes' content and pedagogical tools. Some parents even seem to be relatively distant from their children's school work; almost 10% of 15-year-olds who participated in the PISA 2015 tests reported that their parents were not very interested in or supportive of their children's school work.

Housing quality and technology

Other at-home dimensions include housing quality and technology. Many of these elements risk widening the divide between advantaged and disadvantaged children. Figure 7 shows a relatively high average of adolescents have access to basic prerequisites for home learning, i.e. a desk and a quiet place to study; 87% of children across the OECD on average. However, for adolescents in the bottom quartile of the index of economic, social and cultural status (ESCS – see the figure note) the OECD-average is 10 percentage points lower. Adolescents in Mexico (34%), Chile (30%) and the United States (27%) are most likely not to have a desk and place to engage in home learning, and these countries also report the widest inequalities between children in households with lower and higher socio-economic status in the is regard. These inequalities are widest in the United States, where only half of adolescents in households with the lowest socio-economic status have a desk and place to engage in home learning.

Figure 6. Parental reading help foster child socio-emotional development

Social-emotional skills at age 5, by frequency of being read to by parents
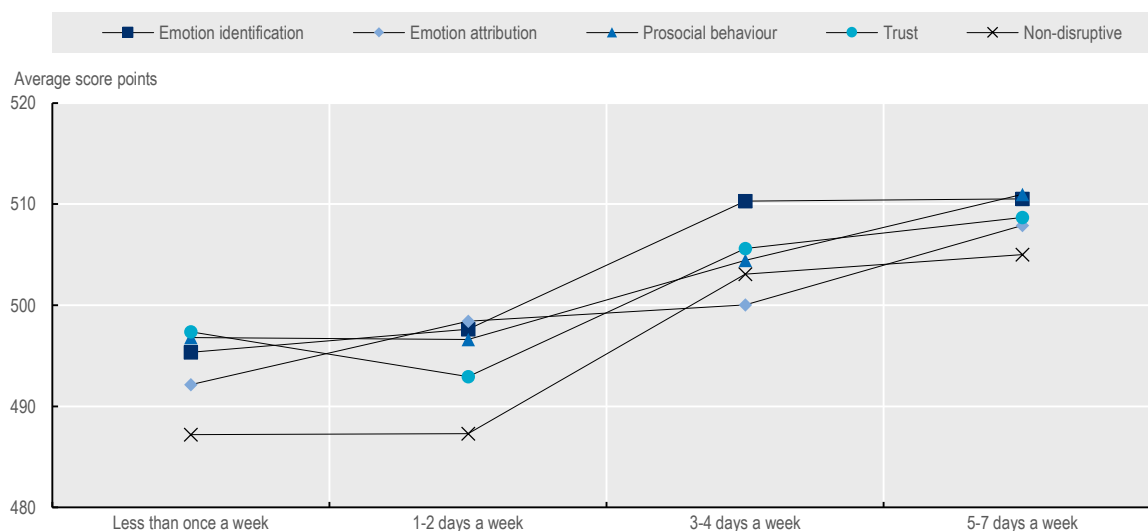

Reading note: Children whose parents read to them between five and seven days a week had significantly higher mean social-emotional scores than those whose parents read to them one or two days a week or lower. Estimates of the effect of reading after accounting for socio-economic status, surveys carried out in Estonia, England and the United States.
Source: OECD, 2020, Early Learning and Child Well-being Study.

Figure 7. Adolescents (15-year-olds) with a desk and a quiet place to study at home (%), by index of economic, social and cultural status (ESCS), 2018

Percent of 15-year-old students who report having a desk and a quiet place to study at home, by ESCS quartiles
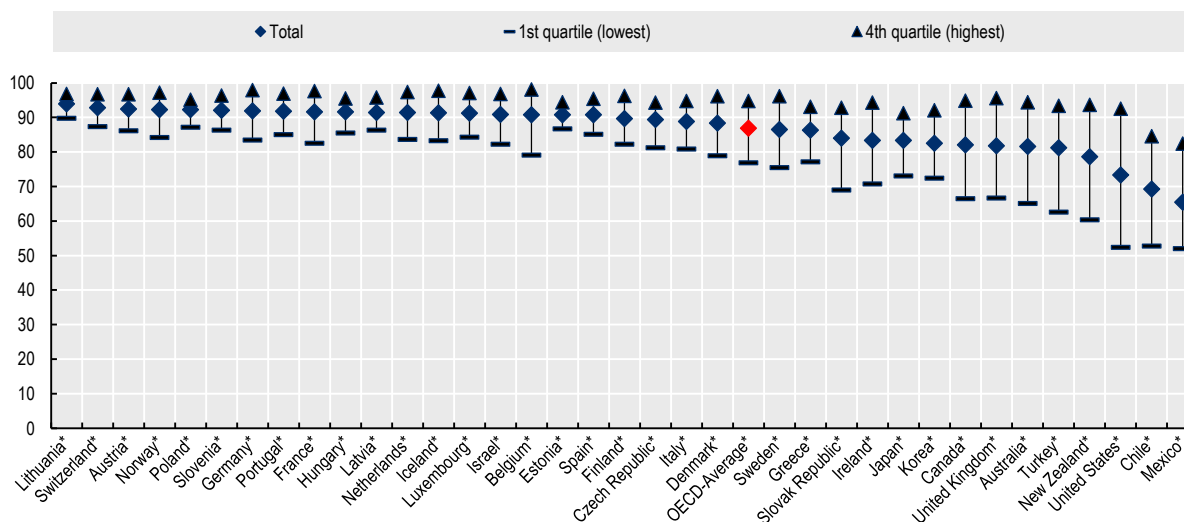
Note: The PISA index of economic, social and cultural status (ESCS) is a composite measure used to estimate a student's socio-economic background. The index is derived from several variables related to students' family background: parents' education, parents' occupations, a number of home possessions that can be taken as proxies for material wealth, and the number of books and other educational resources available in the home. The index itself is a composite score derived from these indicators via Principal Component Analysis (PCA). Here, however, students are divided into quartiles according to their position in the distribution of ESCS scores in their country or economy.
Countries are ranked according to availability of desks and study spaces at home. In countries marked with an *, the difference between the 1st and 4th quartile children is statistically significant at p<0.05.
Source: OECD (2020[97]) based on OECD, PISA 2018 data, OECD Child Well-Being Data Portal.

While schools are closed and pupils forced to study at home, access to a computer and the internet is crucial to engage in communication with class- and groupmates as well as receiving feedback and instruction from teachers. Unequal access to and support for digital learning risks widening learning gaps. Although (Figure 8) shows that the OECD-wide average of adolescents with access to a computer and the internet is relatively high at 89%, only 78% of children in households in the lowest socio-economic status group have this access. In Mexico (7%) and Turkey (27%) only a minority of adolescents in the poorest households would be able to engage in e-learning at home. In addition, in many homes devices may need to be shared between parents and amongst siblings. Finally, access to technology alone does not guarantee learning. Knowing how to use the technology requires digital skills. Here again there is a divide between advantaged and disadvantaged households: parents who are more confident of their own and their children's digital skills take are more likely to encourage and be able to guide the digital activity of their children, creating a safer environment and better supporting learning.

Inequalities across children's learning associated with family socio-economic status are likely to increase due to confinement measures as parents with higher levels of education and higher income have more opportunities to telework or arrange their working time schedules to spend time with their children.

Figure 8. Adolescents (15-year-olds) with a computer for school work and an internet connection at home (%), by index of economic, social and cultural status (ESCS), 2018

Percent of 15-year-old students who report having a computer they can use for school-work and a link to the internet in their home, by ESCS quartiles
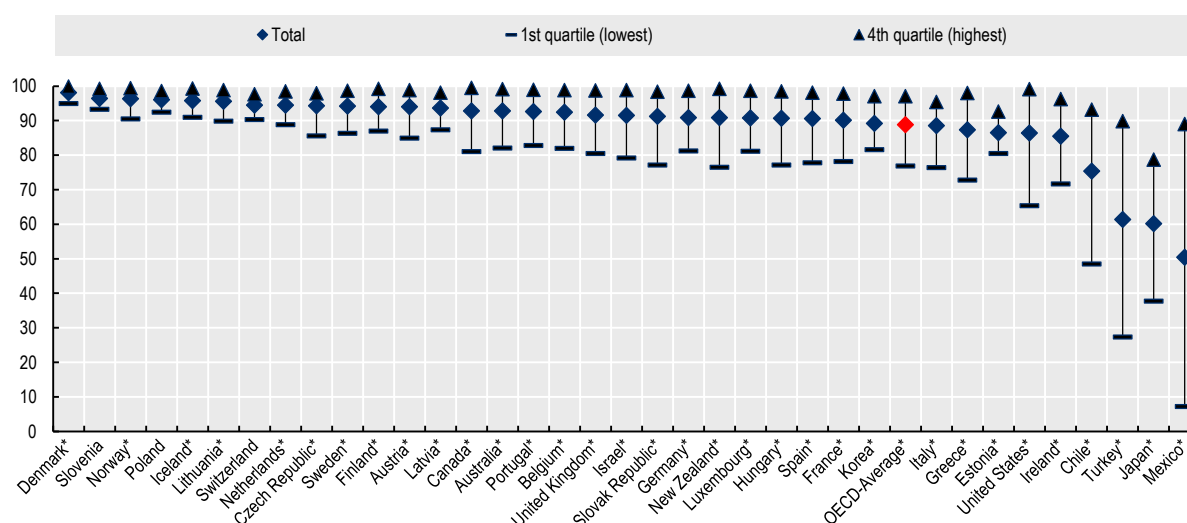
Note: Countries are ranked according to availability of computers and internet at home. In countries marked with an *, the difference between the 1st and 4th quartile children is statistically significant at p<0.05. For information on the PISA index of economic, social and cultural status (ESCS), see the notes to Figure 7. The relatively low score for Japan (compare to its GDP per capita) is driven by the comparatively low rate of student (62%) with access to computers for schoolwork, while (95%) have access to a link to the internet (OECD, 2020[95]).
Source: OECD (2020[97]) based on OECD, PISA 2018 data, OECD Child Well-Being Data Portal.

COVID-19 and its implications for children in the digital environment

The number of children with access to the Internet at home and to a range of digital devices has been steadily increasing in OECD countries, and by 2015, the proportion of 15-year-olds with access to internet at home was 95% across the OECD on average (OECD, 2017[98]). Cross-national trends suggest that younger children are increasingly using digital technologies and the age of first use is dropping (Hooft

Graafland, 2018[99]); and many pre-schoolers become familiar with digital devices before they are exposed to books (Hopkins, Brookes and Green, 2013[100]). Children are enthusiastic users of social media sites, apps, and chatrooms such as TikTok, Instagram, Snapchat, and WhatsApp where they share personal data and user-generated content. The digital environment offers opportunities for children, such as allowing them to express themselves, acquire information, knowledge and socialise with peers. Furthermore, watching age-appropriate, high quality programming may promote certain cognitive benefits. "Co-viewing" (i.e. engaging in screen time with a parent or caregiver) can enhance infant attention and their propensity to learn from on-screen content (Gottschalk, 2019[101]), while unsupervised use of digital tools involves risks to children's health and well-being.

Because of COVID-19, children are by far more exposed to digital technologies than usual. School-closures have meant that access to the digital environment is essential for children's education, socialisation with peers, play, entertainment and self-expression. Policymakers will need to address two major concerns – *i)* how to ensure widespread access to digital technologies so that all children can exercise their rights; and *ii)* how to mitigate against increased risks which may arise out of the increased use of digital technologies.

Whilst the digital environment undoubtedly provides real and important opportunities for children, there are also downsides and risks. To start with, increased activity in the digital environment may translate into growing exposure to **content risks** for children. Examples of content risks include hateful content that can take the form of pictures, words, videos, games, symbols and even songs. Children might also be troubled by a wide variety of harmful or illegal content, such as pornographic pop-up advertisements, unpleasant or scary news or pictures. At the same time, children may also be exposed to disinformation about COVID-19 that can spread virally and can cause them increased anxiety and fear (Livinsgtone, 2020[102]), as children can have different interpretations of what makes a news outlet credible and reliable (OECD, 2020[103]).

When children are actors in a peer-to-peer exchanges, their own conduct can make them vulnerable (O'Neill, Livingstone and McLaughlin, 2011[104]). **Conduct risks** and **contact risks**[2] such as cyberbullying could proliferate (World Childhood Foundation et al., 2020[105]), especially as it concerns children perceived to be at greater risk of catching or spreading COVID-19 (World Childhood Foundation et al., 2020[105]). A lack of physical social interactions during the crisis, including with partners for the oldest ones, may lead children to engage in sexting. Sexting refers to the exchange of sexually explicit messages and/or images among children and can cause a multitude of problems (both social and legal) for the creator(s) of the content (OECD, 2019[106]).

These risk manifestations have the potential to have a more adverse effect on **girls** than boys. For example, a study has found that boys who accept traditional gender stereotypes were much more likely to share sexts than girls who shared the same beliefs. At the same time, girls who share sexts can be perceived as violating gender norms and even giving up the right to their pictures. Consequently, sexism and gender stereotyping were found to play a significant role in the 'culture of sharing' (Johnson et al., 2018[107]). In addition, girls may experience more cyberbullying than boys and could be particularly disturbed by certain aspects of it, including comparison with others and comments about appearance (Ducharme, 2019[108]).

Sexual exploitation also increases (Ecpat International, 2020[109]; FBI, 2020[110]; National Crime Agency, 2020[111]). Specifically, such risks can manifest in the form of sextortion (i.e. type of exploitation, whereby the perpetrator threatens to expose or share a sexual image to blackmail the victim into doing something), sex trafficking or cyber grooming, among others. With more adults being isolated at home, there is a growing demand for child sexual abuse material both through open networks, and over the dark web and

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[2] In the case of contact risks the child is the victim or recipient of such actions (as opposed to conduct risks where the child is the actor).

peer-to-peer networks (Ecpat International, 2020[109]). In addition, the livestreaming of sexual abuse has also been a rising phenomenon in some communities (World Childhood Foundation et al., 2020[105]).

With the abundance of personal information processed and shared due to the COVID-19 crisis (for instance in educational settings), children can be exposed to increased **privacy risks**. For instance, online platforms using video conferencing services that are being increasingly used for educational purposes can lead to inappropriate data collection and privacy violations. E-learning platforms can also pose a threat to children's privacy due to the collection, use, reuse and disclosure of personal data (Hye Jung Han, 2020[112]). Whilst these platforms are often presented as 'transformational' to parents and children, the merging of for-profit platforms and business models with public education raises serious privacy concerns (Livingstone, Stoilova and Nandagiri, 2019[113]). In addition, social networking platforms and apps that are used for teacher-student interactions might not have strong privacy and data protections safeguards (World Childhood Foundation et al., 2020[105]).

The potentially increased amount of time that children spend in the digital environment may also expose them to **health and wellbeing risks**. In particular, excessive social media use is related to the mental and physical health of children, such as through poorer sleeping patterns and body image concerns and associated disordered eating (OECD, 2018[77]). Recent research on the effects of social media on clinically diagnosed depressed children underline the notion that social media can exacerbate depressive symptoms (Rich, 2019[114]). Again it has been found that girls may be more adversely affected than boys. To this end, a study confirmed the association between the amount of social media use and depressive symptoms which was greater for girls than boys (Royal College of Psychiatrists, 2020[115]). It is important to note that these same studies also highlight that the evidence base is still emerging and there is an urgent need for good quality research on the health and wellbeing impacts from digital technology use, (Burns and Gottschalk, 2019[116]) Children who are vulnerable offline are more likely to be vulnerable in the digital environment and are more likely to report harm due to risks that they have encountered in the digital space (Bulger and Livingstone, 2013[117]; UNICEF, 2017[118]; Kardefelt-Winther, 2017[119]; Burns and Gottschalk, 2019[116]). It is therefore problematic to establish clear causality, as those children who already suffer from anxiety or depression appear to be also more prone to digital overdependence (OECD, 2019[120]). Recent research also indicates that moderate use allows children to realise the benefits of the digital environment, whilst both too much use or no activity in the digital environment can have a negative impact on children (Przybylski and Weinstein, 2017[121]).This applies equally to both girls and boys (Burns and Gottschalk, 2019[116]).

Policy challenges and responses

The immediate focus of any policy to address the challenges faced by children during the ongoing COVID-19 pandemic must be on minimising risks to children's health and psychological well-being; ensuring access to good food and nutrition, and educational supports; and providing assistance and protection to vulnerable children in need. The concentration of COVID-associated risks fall on children living in low-income households and those with additional needs or in vulnerable situations. Addressing these challenges quickly is key to avoiding a rise in inequality – among the current generation of children and the next – and to ensuring inclusive growth.

The response can only be effective if all levels of policy action are involved – governments, local authorities and non-governmental organisations working directly with the populations affected in a co-ordinated and widely publicised manner. Governments play an important role in providing food and cash assistance, redeploying staff from public services and child protection systems to cope with emergency situations, as well as setting up nation-wide alert and information systems; local authorities are key to complement national assistance and tailor support to local needs. Family service providers play a crucial role in connecting measures with children and families who need them, identifying the needs of the populations

concerned, communicating about available assistance and giving practical advice, as well as fostering exchanges between families, professionals and experts in order to develop the most appropriate responses.

The demand for support services is high during the COVID-19 crisis. It is essential that community needs are identified quickly and efficiently in order to mitigate social disruption and reduce pressure on the essential health and care systems. A resource directory or systems mapping provides an outline of the eco-system of services in a community and can help identify gaps in services and funding. Moreover, digital platforms that use system-mapping can provide families with a tool to find services quickly. An updated system map can also improve daily updates on the availability of goods and services. Technically adaptable and agile platforms (such as *HelpSeeker*, which in parts of Canada is used for information and systems mapping regarding social services https://helpseeker.org/) can provide policy makers with a framework for prioritizing resources allocation and service delivery. Civil society partnerships established with non-profits, charities, businesses, volunteers, faith sectors and social enterprises are also key to communicate with the community about supports and identify needs.

Strengthening food assistance

COVID-19 requires an immediate **reinforcement of food and nutrition support**, as school meals are no longer available to children and income losses limit poor families' capacity to buy food. Many countries are responding with social and income protection programmes which will enable families to purchase food. A few countries already have food assistance programmes in place. For instance, in the United States, there are numerous food assistance programme targeting vulnerable families, including the *Supplement Nutrition Assistance Programme* (SNAP) (formerly known as the food stamps programme) and the Special Supplemental Nutrition Program for *Women, Infants, and Children* (WIC). WIC also serves as a gateway to health care by connecting families to resources such as prenatal, obstetric, maternal, and paediatric care; dental care; counselling for smoking cessation, drug and alcohol abuse; and, nutritional assistance.

Under the US's *Families First Coronavirus Response Act 2020* all the food assistance programmes are receiving additional funding; for example, the SNAP is receiving USD 15.5 billion extra funding; the Child Nutrition Programmes have been allocated an additional USD 8.8 billion in emergency funds; and the WIC is receiving an additional USD 500 million, furthermore food banks are to receive USD 850 million extra financial support too. States are permitted to provide temporary benefits in the form of Pandemic Electronic Benefit Transfers (P-EBT) which provides households an EBT card with the value of the free school breakfast and lunch reimbursement rates for the days that schools are closed (FRAC, 2020[122]). The Families First Coronavirus Response Act 2020 also allows states increased flexibility and the ability to waive requirements for new applicants for food assistance to reduce the amount of information that must be verified and simplify the verification process (FNS, 2020[123]). Other countries have also introduced food vouchers. In France, for example, the government has earmarked EUR 15 million to enable 60 000 beneficiaries (equivalent to EUR 7 per person per day) to buy food or basic goods, health or hygiene products at more than 220 000 sales outlets. To get support to clients who need it most, it is delivered by NGOs such as the *Fondation Abbé-Pierre*, *Secours Catholique*, *Emmaus*, the *Red Cross* and *Secours Populaire*. NGOs responsible for operating food banks are running special COVID-19 appeals to cope with the increased demand for emergency food parcels.

The FAO (Food and Agriculture Organisation of the United Nations) suggests several other measures that countries could adopt to help people meet their food and nutrition needs (FAO, 2020[124]). Such measures include: redistributing food from school feeding programmes through donations to NGOs engaged in providing food assistance during the confinement period; exempting families with school-age children from taxes on basic food and promoting fresh food delivery at home. Family service providers also play an important role connecting people with community response efforts to the COVID-19 Pandemic, sometimes using on-line facilities. For instance, the Spark organization in Canada has established a platform where

people can post volunteer opportunities and share ideas on how to help populations in need, including with the provision of meals (SPARK, 2020[125]).

In developing countries, given the importance of informal employment in local value chains, legislation is necessary to consider all informal economy workers – from food production to processing to distribution to selling – as essential service providers and avoid the risk of disruptions in the food economy. In South Africa, for instance, essential staff that are exempted from the provisions to be home-bound include those involved in food transportation and delivery. International cooperation can also play a critical role, by supporting a smooth functioning of global food value chains and by directing humanitarian assistance to countries that may need it.

Policy options to strengthen food assistance

- Provide social and income protection benefits to enable families to purchase food.
- Consider introducing (e-)vouchers to help families whose children normally benefit from free or discounted meals at school while schools are closed and/or introduce tax exemptions on basic food items.
- For the period of school-closure, redistribute resources from school feeding programmes through donations to agencies engaged in providing food assistance.
- Enhance the delivery of emergency essential food rations to the most vulnerable communities and territories in coordination with government agencies and non-governmental organisations.

Supporting children that need immediate assistance and protection

Family support and child protection services need to maintain a presence in the homes of vulnerable children. This involves ensuring workers are informed on safe practice during COVID-19 and rethinking case managements approaches and adjusting supports. For example, in the **United Kingdom,** children subject to child protection plans or at risk of coming into care, or with special education needs are included in childcare and schooling provisions made available to children of essential workers.

Countries need to increase supports to children in out-of-home to address growing needs and avoid placement breakdowns. Measures include identifying foster families in need of respite breaks and contingency plans for older carers in case of falling ill. In **New Zealand**, *Oranga Tamariki* (the national child protection and youth justice agency) has developed online resources for carers to help them understand and respond to children's stress responses. Procedures on the absconding of young people from care placements have been updated, to reflect current risks and safe care.

Voluntary organisations working with children and young people in care are also creating online support to help reduce isolation and stress during confinement. In **Ireland,** the organisation Empowering People in Care (EPIC) has opened a helpline and is directly reaching out to young people known to be vulnerable; EPIC and its European partners also organise video streaming parties.

In some vulnerable families, addiction and mental health problems are pre-existing issues, **Addiction and mental health services** to both children and parents need to be sustained to support parents in their role as caregivers and notify child protection services of any concerns for children's well-being.

Children with separated parents may experience intensified conflict between parents over child alimony payments and custody arrangements during the period of confinement (Box 3). Family mediation services and agencies help deal with non-payment of child alimony and remain vigilant regarding non-compliance with the agreed child custody and/or alimony arrangements.

Policy options to provide immediate protection and assistance to children

- Strengthen the detection and criminal prosecution of child maltreatment, including online sexual exploitation of children.
- Strengthen capacity of schools, the police, health and family support services to respond to needs of the most vulnerable children and to reports of child maltreatment. Put in place procedures for sharing of information, and create child protection plans if necessary. Maintain front door child protection services and as far as possible ensure that home visiting and safety checks on children and families most-at-risk are not disrupted.
- Extend childcare or schooling arrangements for essential workers to include vulnerable children.
- Increase supports for children in out-of-home care, including the establishment of guidance on maintaining family contact; the continuation of child protection services for those turning 18 during the course of the pandemic; and the extension of aftercare provisions for young people still in education or training.
- Increase support for foster carers, including the provision of support and information on helping children through COVID-19 and managing challenging behaviours; the identification of foster families in need of respite breaks; and the creation of contingency care arrangements for children living with older foster carers.
- Reconsider detention measures for children when feasible and ensure the health and safety of children who must remain in detention facilities.
- Strengthen capacity of the courts, the police and other service providers to respond to family and intimate partner violence. Maintain in operation telephone help-lines, web chat and emergency sittings of family courts, and increase capacity of domestic violence refuges. Allow breach of home confinement for victims of violence.

Mitigating mental health problems and cushioning the social impacts of confinement for children and adolescents

Many countries and international organizations are taking steps to safeguard the mental wellbeing of children and young people during the COVID-19 outbreak, for example by issuing basic guidance for parents and carers on how to talk about the outbreak with their children in an age-appropriate way which lowers anxiety (WHO, 2020[126]; Liu et al., 2020[127]; CDC, 2020[128]; NHS, 2020[129]; Beyond Blue, 2020[130]; Dalton, Rapa and Stein, 2020[131]; Public Health England, 2020[132]). Most guidance focuses on supporting children when they show stress or distress, to find positive ways to express their feelings, such as through playing or drawing, guidance on maintaining familiar routines, ways to maintain contact between children and carers if they are separated, and maintaining social contact with peers.

OECD countries are also taking steps to **maintain access to services for children and young people living with mental health difficulties.** Many services have been moved online to provide teleconsultations, services have anecdotally reported taking a proactive approach to consulting with all children and families on their service lists. Where face-to-face services are necessary service providers are taking steps to assess COVID-19 related risks before any contacts take place. Jigsaw project (Ireland) has started online sessions on stress management and relaxation techniques on Instagram and online group chat around themes of managing loneliness and isolation, exam stress, and family conflict.

At ground level, family service providers can connect the different services that support the population. For instance, *HelpSeeker* in Canada organises webinars to bring organisations across Canada together, and share experience about good practices to identify needs and respond to them (HelpSeeker, 2020[133]). *HelpSeeker* supports "community wellness checks" which provide peer-to peer health checks in order to prevent a mental health crisis, as well as collaborative work between volunteer agencies and mental health provincial services. *HelpSeeker*, but also organisations such as *CASA* (Child, Adolescent and Family Mental Health) provide assistance through interactive webinars with experts to help parents and children cope with mental health (CASA, 2020[134]).

Policy options to mitigate mental health problems

- Maintain access to services for children and young people living with mental health problems, as well as their families.
- Support NGOs who provide community-based on-line (peer- to-peer) services for young people and parents with children facing mental health issues.

Ensuring continuity of learning and helping parents support their children's education

As schools have closed down, many school systems transitioned to digital and distance education (Box 5). Countries have used existing online distance courses whenever possible, as well as developed new materials and platforms. Education technology companies have made their resources freely available, and in systems without widespread access to the internet, delivery of education has also taken place via television and radio. However, measures need to be further strengthened for children in disadvantaged families to limit the widening of the gap in educational outcomes.

Helping parents to put in place quality tutoring or teaching sessions is essential, especially for parents who are not usually very involved in their children's school work. To this end, schools and teachers should share information and feedback on what parents can do to support learning at home, and maintain contact as much as possible with the children most at risk of being left behind or dropping out of school. Specific targeted material and pedagogical support should also be provided to children whose families do not have the necessary means to access distance learning or to children who usually receive special assistance for their learning (as is the case for example with some children with attention deficit disorders, children with disabilities, migrant children, etc.).

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> **Box 5. Examples of support that education systems are offering to students and parents**
>
> In Estonia, all learning materials are available on paper and online in parallel. Therefore, many schools have been using digital version in the past and do not need extra support or guidance. An open webinar was also organised at the early stage of the pandemic to provide guidance for parents on how to support their children in distance learning.
>
> In France, a pedagogical continuity is put in place to maintain regular contact between the student and their teachers. To this end, the teachers shall ensure, in particular by making use of existing networks (digital workspaces, electronic mail or similar tools specific to private schools) that students have access to course materials and are able to carry out the homework or exercises required for their learning.
>
> In Israel, parents can access a dedicated online portal through which they can access learning tasks and digital content based on the national curriculum. National lessons daily broadcasts by exemplar k12 teachers (24 classrooms, simultaneously, 6h a day) are provided for both Arabic and Hebrew speakers).
>
> In Latvia, distance learning guidelines provide advice to school leaders, teachers and parents on how to organize and adapt the learning process to the distance mode, how to modify the parents learning programme, and how to ensure the well-being all teachers and pupils. They also suggest available ICT tools and platforms.
>
> Source: OECD (2020[95]), A framework to guide an education response to the Covid19 pandemic of 2020.

The demand for guidance and support is large, and not all schools and teachers are able to offer adequate distance learning resources. Many NGOs provide family and parenting support services and are connected with disadvantaged children and families and can be mobilised to help them further.

A United Kingdom survey on children's digital learning provisions suggests that two thirds of children have not taken part in online lessons since schools are closed (Cullinane and Montacute, 2020[135]). Inequalities across schools are large. For instance, 60% of private schools and 37% of schools in the most affluent areas had an online platform to receive work, compared to 23% in the most deprived schools. In the most deprived schools, 15% of teachers report that more than a third of their students learning from home would not have adequate access to an electronic device for learning, compared to only 2% in the most affluent state schools.

Many countries are now moving to reopen their schools. In many countries, school reopening is gradual and adapted to the local capacity of municipalities and schools to meet sanitary instructions and ensure the safety of students and staff. The first set of challenges facing schools will be tracking learning during school closures to assess where children are, mitigating the impact of any learning losses during this period, and ensuring and supporting the well-being of children as they return to "the new normal". They must also prepare for the potential of rolling or staggered closures over the next 18-24 months (OECD, 2020[136]). Top priorities for action as schools reopen include (OECD, 2020[136]):

- **Ensuring safety**: school buildings must be disinfected and adequate ventilation of classrooms ensured in an ongoing manner.
- **Assessing progress and mitigating the impact of learning losses**: diagnostic formative assessment of all students will be needed to help plan and organise their learning. Targeted learning support will be needed, especially for the most vulnerable. Efforts to address learning loss must avoid creating traps for the disadvantaged, for example, large-scale grade repetition.

- **Ensuring well-being**: many students will experience emotional distress from the pandemic, ranging from anxiety to post-traumatic stress symptoms. Some students will have lacked physical activity during confinement. Student mental and physical health will need explicit support in the return to "normal life".

Policy options to support distance learning and ensure continuity of learning

- Provide flexible work arrangements to allow parents support children's home learning.
- Develop resources for distance learning, from digital tools and materials to virtual classrooms. Use other modes of delivery as appropriate when internet access if limited.
- Support teachers with training resources on how to teach using digital tools, as well as encourage access and use of digital collaborative platforms that allow teachers to share their resources and give and receive peer feedback.
- Ensure good communication between schools and parents on what parents can do to support learning at home, on children's learning progress and on activities families could develop during their free-time.
- Provide support and materials for students experiencing emotional distress due to isolation and disruption during school closures. This can be targeted, from helping students maintain healthy schedules and learning hygiene to specialised support for students who have lost close relatives or suffered domestic violence to a greater extent than before.
- Provide specific support and learning resources to disadvantaged children. This involves maintaining closer contact and follow-up with children who are less advanced in their learning, distributing digital devices (computers and tablets) to families who cannot afford electronic devices, have no access to internet, or otherwise lack educational material (e.g. books).
- Provide specific support to immigrant parents who might lack the necessary language skills or social network to get relevant information and support.
- For the return to school, evaluate the status of learning and identify learning gaps, for example by introducing formative assessment. Identify and target students lagging behind and provide specific learning support.
- Revise the curriculum focus and prioritise learning objectives in light of the constraint, while ensuring good balance between academic, socio-emotional learning, and psychological health.
- Continue working with parents and communities to reassure parents of the safety of their children as they return to school. Develop targeted community plans to ensure adequate learning accompaniment in systems where classes will be smaller and potentially less frequent.

Ensuring the wellbeing of children in the digital environment

In the context of the COVID-19 pandemic, actors including governments, parents and carers, digital service providers, and educators must take co-ordinated actions to support children in realising and enjoying the benefits of the digital environment, whilst protecting them from its potential risks. A zero-risk digital environment is unattainable, however as children spend significant time on line due to the COVID-19 crisis, it is even more important to establish the necessary conditions for a safer digital environment and provide children the right digital skills and tools to address risks.

Parents, carers and educators can play a particularly important role to evaluate and minimise risks of harm for children, but they need tailored support to play a protective role during this crisis. To this end, integrating digital literacy, skills, and competency in learning environments is essential. Further, as there is an explosion of disinformation during the COVID-19 crisis, strong digital literacy skills are essential for children to be able to critically analyse the content that they are consuming (Livinsgtone, 2020[102]; World Childhood Foundation et al., 2020[105]).

As many children already face conduct and contact risks in the digital environment and will likely face increased exposure to such risks, including those related to sexting, cyberbullying, or sexual exploitation, governments and digital service providers will need to consider taking actions to protect children from abuse in the digital environment. For instance, the increased likelihood of sexual exploitation of children in the digital environment due to the COVID-19 pandemic (FBI, 2020[110]) means that helplines, hotlines, awareness centres and appropriate legal protections will be even more important for children at risk. Children can find direct support through the domestic-based Child Helpline or through international reporting networks, such as IWF portals or the INHOPE Hotlines.

Furthermore, an abundance of children's personal information is being collected, processed, shared and stored (for instance in educational and health settings) amid the COVID-19 crisis. To this end, protecting children's privacy and safeguarding their personal data is essential for their well-being and autonomy and to ensure that their needs are met in the digital environment.

As these risks cross borders and jurisdictions, policies and actions require international collaboration. In 2012, OECD countries adopted the Recommendation of the OECD Council on the Protection of Children Online (hereafter 'the Recommendation') (OECD, 2012[137]). The Recommendation aims to support governments in setting the conditions for the protection of children in the digital environment through better evidence-based policy making and enhanced co-ordination between all stakeholders. While the Recommendation has proved highly influential in helping governments to design policy in this area, the OECD is now examining how best to update this instrument to take account of the changing digital technology and risk landscape by surveying OECD countries, undertaking an extensive review of the legal and policy environment, and holding expert consultations (some of the policy priorities that have emerged through this work are reflected in the Box below).

Policy options to support children in the digital environment

- Support children's access to the digital environment to make sure that no child is left behind. Take actions that are tailored to accommodate developmental differences, and reflect that children may experience different kinds of access to digital technologies based on their social and economic circumstances and the level of parental and carer engagement during the COVID-19 pandemic.
- Promote multi-stakeholder dialogue between parents, carers, educators, and children themselves.
- Foster co-operation and positive engagement in policy making and the development of practices relating to children in the digital environment.
- Support parents, teachers and carers in educating children on how to become responsible participants in the digital environment and by providing information and guidance on the benefits and risks that children can encounter in the digital environment.
- Make sure children and their parents and carers are aware of their rights in the digital environment. Take measures to ensure they are able to access mechanisms for enforcing such rights, including complaints mechanisms or legal remedies.

- Make children aware of available support services, such as hotlines, helplines and awareness centres in case they require assistance as a result of activities in the digital environment.
- Further promote and enhance the digital literacy skills of children as an essential tool in the digital environment.
- Protect children's privacy and safeguard their personal data. Emergency governmental measures in response to COVID-19 requiring the collection and use of children's personal data, including their health data should be limited to the emergency period and subject to necessary and proportionate safeguards.

Stepping up efforts to combat child poverty

COVID-19 already has a strong negative impact on the world economy and a deep recession is likely. Poverty can be expected to rise sharply and hit children hard. To mitigate household income effects, many countries have taken early action to protect jobs, support struggling companies and limit the loss of income experienced by the different categories of workers who experience job-loss or reduced working hours, and extending paid sick leave among a greater group of workers with care responsibilities (OECD, 2020[3]). These actions are critical to curtail the rise in child poverty (Box 2), since parental employment remains the most effective protection against poverty (OECD, 2018[30]).

Teleworking can help many working parents during confinement, but such options are not available to all workers (OECD, 2016[138]), and may not be feasible for prolonged periods. In any case, teleworking poses considerable challenges to parents with young children and single parents who need to allocate a lot of their time to childcare.

OECD (2020[3]) summarizes a range of policy options to support workers, including options to help **working families deal with unforeseen care needs.** Countries offer childcare options and support with alternative care solutions (e.g. Austria, France, Italy and the Netherlands), often with a focus on working parents in essential services, such as health care, public utilities and emergency services. Countries also offer direct financial support to workers who use paid leave to care for children and on average across the OECD paid parental leave entitlements provide for one year of employment-protected leave. Flexibility in existing leave legislation can help parents with older children, as for example in Sweden where parents have the option to use 96 days of the paid parental leave entitlement for children in the age-group 4 to 12. In response to the COVIC_19 outbreak, many countries have extended access to family or emergency leave, or they prolonged or extended the right to care allowance for the whole period of school closure (https://oe.cd/covid19tablesocial).

Countries are also implementing responses to ensure that families can **remain in their dwelling if they struggle to cover rent, mortgage or utility payments** due to a job or wage loss. Several countries (including the Slovak Republic and the United Kingdom) have introduced temporary deferments of mortgage payments, or temporarily suspended foreclosures (e.g. the United States) or evictions (e.g. France, Spain, and some Canadian regions and municipalities). Other measures include temporary reduction of rent payments (e.g. Greece) or postpone of utility payments (e.g. Japan). Some countries have also introduced measures to support the homeless, who are especially vulnerable to the spread of COVID-19 and lack the ability to effectively "shelter in place": France, for instance, has requisitioned hotel rooms to be used by the homeless during lockdown.

COVID-19 has exposed the vulnerability of many families to deal with economic shocks. Some countries have therefore introduced emergency to give families extra cash. Local governments also provide extra support. For example, the City of Paris has earmarked an exceptional budget of EUR 3.5 million to support 28 579 Parisian low-income households. Payment rates are based on canteen prices for children, and are paid automatically by the *Caisse nationale d'allocations familiales* into the bank accounts of households.

The COVID-19 crisis will make children vulnerable who were not vulnerable before. In the aftermath of the crisis, health, education and family support services should take on board the lessons learnt on how to best develop resilient and crisis-proof child policies, data and service infrastructures to support families and children.

Policy options to curtail the rise in child poverty

- Strengthen measure to maintain parental employment, by further promoting telework and flexible working time, extending leave entitlements and short-time work schemes (for a full range of options to support workers during the COVID-19 pandemic, see (OECD, 2020[3])).
- Help families with children by suspending evictions and deferring mortgage and utility payments.
- Provide income support to families with children, targeting families in extreme poverty first.
- Support single parents to combine work and family life, and recognise the need for special support among adolescent mothers.
- Make use of community-based (digital) information and system mapping services, to help families find access to the services they need.

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