Centre for Excellence in Child and Family Welfare

Impacts on children during a public health emergency

Keeping children safe and visible

Lessons from previous outbreaks tell us that public health emergencies and their associated protection and control measures weaken the protective environments of children, causing them to experience greater vulnerability and risk during these times. We need to recognise the potential impacts of infectious disease outbreaks on children and act quickly to mitigate wherever possible.

Risks to children during a public health emergency

Aside from potential risks to health as a **direct result of disease**, risks to children's wellbeing and protection during infectious disease outbreaks can arise from changes in their environment due to **social and economic disruptions** and as a result of **measures introduced to combat the crisis**, such as:

- Parents and caregivers losing their jobs or unable to work due to illness or the need to care for children
- Increased psychological stress within families arising from financial difficulties, stigmatisation, isolation or fear of infection
- Interruptions to responsive care or separation from caregivers due to illness, death or hospital admission, activating a child's stress response system
- Reduced parental supervision due to parents needing to work from home, for example
- Increased obstacles to reporting incidents and seeking support
- School closures leading to limitations on cognitive and social stimulation
- Physical distancing, isolation and quarantine
- Separation from broader family support networks such as grandparents
- Separation from peer relationships (and their important role in development)

These factors can lead to children being more vulnerable to violence, abuse, neglect and exploitation.

- Physical violence
    - Experience from previous crises shows that increased tensions in the home lead to a rise in violence against children within households
- Sexual and gender-based violence
    - Evidence is limited in this area however frontline workers have identified increased risks arising from reduced community supervision and disruption of family structures
- Psychosocial support and mental disorders
    - Children may experience distress and become hypervigilant during a crisis.

International experience from the Ebola Virus Disease epidemic in West Africa in 2014-16 and the Cholera outbreak in Yemen in 2016-17 warn us that these events also pose significant challenges for child protection responses.

Good practice – prevention and response

The Alliance for Child Protection in Humanitarian Action has developed a set of principles and minimum standards for child protection in humanitarian action based on the latest research, expertise and best practice. It is important to be aware however that 'there is still limited scientific research on the impact of child protection interventions in humanitarian settings'.[1]

Principles

- Survival and development
- Non-discrimination and inclusion
- Children's participation
- The best interests of the child
- Enhance people's safety, dignity and rights and avoid exposing them to further harm
- Ensure people's access to impartial assistance according to need and without discrimination
- Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation
- Help people to claim their rights
- Strengthen child protection systems
- Strengthen children's resilience in humanitarian action.

Minimum standards to ensure a quality response and develop adequate child protection strategies

- Coordination
  - Coordinate response efforts with multiple coordination groups across sectors
  - Work closely with the health sector
- Human resources
  - Establish an inter-agency database of standby personnel with expertise in child protection to expedite recruitment and deployment as needed
  - Ensure all staff and stand-by staff are trained in the information regarding child protection needs and increased risks during a crisis
  - Develop remote psychosocial support with multiple opportunities for staff to meet their mental health and social support needs
- Case management
  - Ensure the continuation of staff training, formal and peer supervision and case consultations
  - Ensure staff understand the basic facts about the crisis so that they can accurately inform families
- Communication, advocacy and media
  - Identify key communication partners such as journalists
  - Coordinate communication policies between agencies and across sectors
  - Collaborate with others on key child protection messages and dissemination strategies
  - Facilitate age-appropriate communications for children to ensure understanding and reduce fear
- Program cycle management
  - Adapt assessment and monitoring processes to isolation and quarantine situations
- Information management

[1] Minimum standards for child protection in humanitarian action, p. 22.

    - Establish information sharing and referral pathways with health and other sectors
- Child protection monitoring
    - Establish systems to monitor the situation of children who may be at increased risk, including those living in families who have contracted the disease and children with disability
    - Seek ways to achieve a quick and improved response. For example, in Sierra Leone child protection workers were present in emergency response centres.

Addressing child protection needs

- Inform the community of increased risks to children during a crisis
- Establish alternative care arrangements for children with caregivers requiring treatment
- Provide financial and material assistance to families in financial difficulty to support them to continue caring for their children
- Ensure child-friendly and holistic supports remain accessible for children and their families who have experienced violence and continue to deliver timely support
- Tailor mental health and psychosocial support interventions to the circumstances and consider a range of delivery options, ensuring clear referral pathways
- Support families with the adoption of coping strategies
- Ensure specialised support for children and family members whose loved ones have died
- Develop safe mechanisms for children to communicate with parents and family members they are separated from, such as Skype, the exchange of letters and scheduled phone calls
- Ensure children are offered opportunities to grieve and process their experiences
- Continue recruitment of foster carers and identification of kinship carers for children who cannot live safely at home or whose caregiver has died and provide financial support to enable them to care for the child
- Continue family strengthening work wherever possible and continue education on responsive relationships
- Advocate for additional supports for families to ensure their basic needs are met in order to reduce sources of stress
- Distribute educational material to encourage cognitive stimulation in the home.

Questions to consider

How do child protection interventions, such as the provision of psychosocial support for children, need to be adapted to reach children in isolation or quarantine?

How can child protection professionals work with professionals in health and in child and family services to mitigate the potential negative effects of isolation on children's safety and well-being?

This fact sheet is a summary of resources produced by the Alliance for Child Protection in Humanitarian Action, including:

- *Technical note: Protection of children during the coronavirus pandemic* (2020)
- *Child protection in emergencies: Situation and response monitoring toolkit* (2019)
- *Desk review: Child wellbeing in humanitarian action – concepts and domains* (2019)
- *Minimum standards for child protection in humanitarian action* (2019)
- *Guidance note: Protection of children during infectious disease outbreaks* (2018)

The full resources can be found on their website: www.alliancecpha.org/en