IMPACT OF COVID-19 ON CHILDREN IN CANADA WITH RECOMMENDATIONS FOR ACTION

March 24, 2020
BACKGROUND

Children First Canada has a bold and ambitious vision that together we can make Canada the best place in the world for kids to grow up. We advocate for all 8 million kids in Canada, and we empower kids to advocate for themselves.

Through our Council of Champions, we are mobilizing Canada’s leading children’s charities and hospitals, research institutes, corporations that invest in kids, teachers, parents and kids themselves around a shared vision for kids in Canada. We are committed to improving children’s wellbeing by building greater awareness amongst Canadians about the urgent needs of kids in our country and mobilizing government and other key influencers to change the status quo.

This paper was prepared by Children First Canada based on consultation with our Council of Champions (see list below) and additional stakeholders with expertise in areas that pertain to the health and wellbeing of children and youth. The aim of this paper is to inform the federal government and the Canadian public about the impact of the COVID-19 pandemic on children, and to provide advice on policy options and funding considerations to mitigate the impact on the short and longer-term.

CHILDREN FIRST CANADA’S RESPONSE TO COVID-19

Across the country, Canadians are grappling with a new reality that is rapidly changing. As a country, we are being urged to stay home and take all possible steps to reduce risks and prevent the transmission of coronavirus in our families and communities.

At Children First Canada, we’ve taken steps to minimize risks such as postponing events and restricting travel. While the ways in which we do our work is changing, we will not cease in our efforts to advocate for kids and empower kids to advocate for themselves. Today and every day, we remain committed to prioritizing the rights of kids in Canada and mobilizing action to improve their wellbeing.

Many Canadians are grappling with the impact of the COVID-19 pandemic on their children and families. Kids are affected by the closure of schools, recreational programs and other public places. They are also impacted by the increasing economic pressures and stress that their parents and other caregivers are facing due to office closures and job losses.

Children are being impacted by the disruption to their daily routines, and some are being particularly hard hit. Kids growing up in poverty have less access to nutritional programs that would otherwise be offered in their schools, and they no longer have access to recreational supports that would have been available through afterschool programs. Children who experience domestic violence no longer have a safe refuge at school, and more children are at risk of abuse due to the increased economic pressures that their families are experiencing. Indigenous children living in remote and rural communities are particularly vulnerable due to overcrowded housing, lack of clean water, and limited access to hospitals.

As federal, provincial and municipal authorities put in place policies and programs to mitigate the impact of the pandemic on Canadians, we urge all levels of government to consider the unique ways that children are made vulnerable by the pandemic.

Since the outset of the pandemic, Children First Canada has been working directly with the federal government, providing policy recommendations to the Prime Minister’s Office and to Ministers whose mandates include children, to offer advice on the most urgent funding needs based on the collective input from our Council of Champions.
URGENT PRIORITIES FOR GOVERNMENT INVESTMENT

As the federal, provincial and municipal governments take steps to protect Canadians from COVID-19 and invest in economic stimulus measures, Children First Canada urges all levels of government to consider the impact of the pandemic on children and to put in place urgent measures to reduce their vulnerability. Children have a right to special safeguards and supports, and we urge government officials to ensure their care and protection.

We call upon all levels of government to take urgent action to invest in:

• Virtual care to avoid delays to treatment for physical and mental health;
• Support for highly vulnerable groups of children, such as children and youth in care, children and youth with disabilities and complex medical needs, and Indigenous children;
• Urgent mental health supports for children, youth and parents, using services which can be delivered remotely;
• Mental health supports and childcare needs for health care workers serving children;
• Provision of child protection / child welfare services to address the heightened risks of domestic violence and child abuse, and the need for virtual supports to keep children and families safe;
• Respite care for parents of children with complex medical needs;
• Support to address the backlog of medical care and other social services that is resulting from the delays to elective and nonurgent medical care;
• Sustained interventions of medical care and social supports, as the delayed effect of the pandemic on children suggests the need for longer-term supports;
• Extending supports to youth who would otherwise be aging out of care, to ensure that this vulnerable population is not put at greater risk during the pandemic;
• Funding in all areas towards the end of the crisis to deal with the influx and impact to ongoing service provision, or there will be a dramatic reduction in the ability of frontline agencies to provide care due to cuts to services and layoffs of staff.

KEY PRINCIPLES

• While children do not appear to be at high risk of illness due to COVID-19, they are being significantly impacted and require unique consideration in policy decisions and funding allocation.
• Embrace a “Jordan’s Principle” style approach, which entails a commitment to put children first and the government agency of first contact will cover costs and deal with interagency funding later in order to avoid delays in care due to red tape.
• There are many urgent funding needs to be addressed, but the government must consider the urgent, mid- and longer-term needs that will be experienced by child/youth serving organizations as a result to backlog of service provision as well as limited resources due to the impact of the crisis on fundraising efforts.
• Direct funding from the federal government to frontline agencies is needed.
CONCERNS ABOUT THE IMPACT OF THE PANDEMIC ON CHILDREN AND SPECIFIC RECOMMENDATIONS FOR ACTION:

Child Health / Children’s Hospitals

• While children are not getting severely sick due to COVID-19 and anecdotally do not appear to be at a higher risk of infection, many are likely infected and able to transmit it to others.
• Public messaging needs to be increased about where and how to assess symptoms and seek testing particularly for children.
• It remains unclear how many children are infected due to limited testing; in order for the Federal and Provincial Governments to come to a decision on when to lift restrictions, there will need to be a coordinated response to test a representative cohort of children to ensure that there is not a new spread once children return to schools, child care, etc.
• Currently testing is being done preferentially on adults over children; pediatric assessment centers and testing kit needs to be made available for children.
• Grave concern about the risks to children in residential care, group homes and other settings where vulnerable children reside as they do not have the necessary infection prevention teams or equipment.
• Children’s hospitals have had to divert significant resources that are key to the mental health of children and their families, such as Child Life programs.
• Concerns about social isolation for children in hospitals, due to limits to the numbers of parents/caregivers/family visiting which is impacting the mental health of children as well as their caregivers. Consider options for providing children with ways to communicate with family and friends using technology.
• The response to COVID-19 has resulted in a dramatic delay of elective or non-urgent care; this is raising significant concerns about the potential impacts to children’s disease or disorders progressing without treatment and the backlog this will result in future months. Need to identify how the system plans to handle this and the supports required to address this when restrictions are lifted.
• Concerns about the effects of the pandemic on unborn children; research from prior from populations impacted by wide disasters (ex. floods, 1998 Quebec ice storm) is that maternal stress can affect the brain development and function of the unborn child she is carrying. This may have long lasting effects on cognition and behaviour.
• Serious concerns about the impact of the crisis on staff and health care workers, particularly their mental health and childcare needs.
• Anticipate a possible baby boomlet following the pandemic.
• There is a gap starting to evolve in the community where family doctors are closing their offices; there will be a need for special newborn clinics to be set-up along with virtual care for routine child health needs.
**Children’s Mental Health**

- Social Distancing and isolation is impacting children’s mental health and wellness.
  - Frontline agencies such as Kids Help Phone have seen a huge increase in children and youth accessing their services. Common themes being raised by children include: flu, virus, fear, isolation, domestic violence, suicidal ideation, and self-harm.
  - There are immediate needs to fund services to support children’s mental health, and there will also be significant mental health needs after the pandemic.
- As noted previously:
  - There are specific mental health concerns for children in hospitals who are experiencing extreme isolation due to limits to visits from family members
  - There are significant mental health concerns for parents and the impact this will have on children, including putting them at higher risk for domestic violence and child abuse
  - There are particular concerns for the mental health of highly vulnerable children, including children in foster care, children in group homes, and youth aging out of care.

**Caring for Medically Complex Children at Home**

- Provide funding for caregivers/parents to be able to stay home and take care of our kids and families.
- Screen and support family members to ensure the continuity of care in hospitals and other settings.
- Ensure that family caregivers of complex care patients living at home have access to equipment and supplies they need – for example, masks for caregivers of patients who are ventilated, suctioned and, to have training or support to use this equipment effectively,
- Ensure that staffing of homecare for medically complex individuals at home is given priority including extra hours for children during school closures.
- Ensure the provision of financial resources for respite care for parents/guardians of children with complex medical needs.
- Allow every resident who has home care access to purchase more than their care plan if they have funding left over each month.
- People close to maximums or at maximums for RN/RPN/PSW up to at least $20,000 dollars per month for home care funding.
- Allow people to purchase as many hours as they need.
  - This will prevent ICU stays. We know ICU will cost roughly $6000 dollars a day. This population group is at high risk of being ICU/PICU if they get the virus.
- Allow families who use independent contractors to be paid holiday pay to incentivize them to work on holidays.
- Allow families to hire their own family members. The general public is fearful of getting the virus; thus, there is a need to allow families to hire people who know their children and can get paid.
Child Welfare / Child Abuse

- Concerns about increased rates of domestic violence and abuse of children. Social Isolation is the enemy to these children; proximity to a trusted adult saves their lives.
  - With increased rates of domestic violence and the closure of schools, children no longer have access to a safe/trusted adult to disclose to and there is nobody watching out for them.
  - Child Advocacy Centres saw a surge at the beginning of the crisis that has now slowed down with isolation. CACs typically operate with a multi-disciplinary model of services provided in once place; now all services except police are operating remotely with limited experience in using technology to support children in trauma.
  - Concerns about case workers being limited in their ability to reach these children and deal with these issues under the current restrictions.
  - Waitlists are growing for children and youth to be able to access trauma services, which will result in a huge backlog once services resume after restrictions are lifted.
  - Anticipating that there will be a significant spike in reported child abuse cases when the crisis is over once children return to schools.

Concerns for children/youth that are aging out of care (ages 16 to 25), as they will not have resources available or mental health support.

  - OSAP issues, under employment, UI funds won't be utilized and overlooks their needs.
  - The closure of universities and colleges will result in youth losing their funded housing and create a pipeline to homelessness.

- Vulnerable families are at increased risk of losing their children into the child welfare system due to lack of food, housing, etc. as well as increased mental health concerns for parents. Need immediate intervention to reduce the risk to children being apprehended / removed from their families.

- Need to consider what will happen when foster parents and group home staff get sick and have a plan in place to ensure continuity of care for children.

- Consider taking a Jordan's Principle style approach; ie an agreement amongst federal and provincial governments that the agency of first contact will pay costs associated with child welfare, and interagency funding can be sorted out after the fact.

- Children's aid/welfare staff need clear direction on how to deliver services and “keep eyes on children” within the context of social distancing.

- Children in care are at even greater risk due to disruptions caused by school closures.

Food Security

- Emergent essential needs for food distribution

- Access to breakfast programs has ceased due to school closures and food banks severely depleted, causing concern for adequate nutrition for an extend period.

- Child and youth serving organizations are working urgently to meet the emergent and essential needs of kids and their families, but there will also need to be support for increased demand for services once restrictions are lifted.
Child Care and Recreation

- Programs such as the Boys and Girls Clubs have closed or are closing, putting children and families that are already vulnerable at greater risk due to lack of access to key services. These programs will be transitioned into virtual programs to support children remotely, but this will require an injection of funding.
- Licensed daycare and after school programs are now closed; parents who must continue to work have very limited options and their children are at risk of exposure due to being placed with other families and various other alternative arrangements that make isolation impossible.
- Reliable and affordable childcare for those having to work during the isolation period.

Specific Concerns for Children in the North

- Focus right now is on prevention as a potential outbreak in the North will be significant. Homes are already overcrowded with poor air exchange, and many people lack access to hospitals.
- Pregnant mothers and children and youth with complex care needs who would normally be transported to major centres (Ottawa, Toronto, Winnipeg) are no longer being transported, creating an additional health care burden on local health care providers in the North.
- There is a lack in equipment and resources in hospitals and care facilities to support an outbreak. Need for rapid testing devices and ventilators for acute patients.

CLOSING

Children First Canada acknowledges with appreciation the efforts of the federal, provincial and municipal governments to respond rapidly to protect and support Canadians during this unprecedented crisis, in particular the rapid investments by the federal government to support families and vulnerable members of society. We also welcome the openness of federal government officials to receiving expert advice from civil society organizations to address the unique needs of children and ensure the protection of their rights.

Children First Canada and our Council of Champions have the expertise and capacity to assist the government in responding rapidly to meet the needs of children and youth from coast to coast to coast, and we are in this together for the sake of every child and the future of all Canadians.
# Children First Canada’s Council of Champions

<table>
<thead>
<tr>
<th>Name</th>
<th>Title &amp; Affiliation</th>
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<tbody>
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<td>Sara Austin</td>
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<td>Dr. Kevin Chan</td>
<td>Former Chair and Chief of Pediatrics, Children’s Health Memorial</td>
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<td>Owen Charters</td>
<td>CEO, Boys and Girls Clubs Canada</td>
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<td>Mathew Chater</td>
<td>CEO, Big Brothers Big Sisters Canada</td>
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<td>Dr. Ronald Cohn</td>
<td>CEO, Sick Kids Hospital</td>
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<tr>
<td>Irwin Elman</td>
<td>Former Ontario Child Advocate, Global Strategic Champion, Until the Last Child</td>
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<tr>
<td>Emily Gruenwold</td>
<td>CEO, Children’s Healthcare Canada</td>
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<td>Mary Jo Haddad</td>
<td>Chancellor of the Univ. of Windsor, Board Director of TD Bank Group &amp; TELUS</td>
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<td>Christine Hampson</td>
<td>President &amp; CEO, The Sandbox Project</td>
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<td>Julia Hanigsberg</td>
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<td>Kathy Hay</td>
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<td>Iren len</td>
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<td>Krista Jagaard</td>
<td>CEO, IWK Health Centre (Halifax)</td>
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<td>Karyn Kennedy</td>
<td>CEO, Boost Child Advocacy Centre &amp; Chair of the Canadian Network of Child Advocacy Centres</td>
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<td>Valerie McMurtry</td>
<td>CEO, Children’s Aid Foundation</td>
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<td>Alex Munter</td>
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<td>Rhiannon Rosalind</td>
<td>CEO, Economic Club of Canada</td>
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<td>Bruce Squires</td>
<td>President of McMaster Children’s Hospital</td>
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<td>Katie Taylor</td>
<td>Chair of RBC Royal Bank and Chair of Sick Kids Foundation</td>
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<td>Dr. Michael Shevell</td>
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