University of
Strathclyde
Glasgow

Inspiring Children's Futures

Supporting Children's Wellbeing During COVID-19:
Providers' and Policymakers' Successes, Challenges,
Lessons Learned and Recommended Actions

PROTECTION
PROVISION
PARTICIPATION
PREVENTION

For the wellbeing
of our *children*

The International **COVID 4P Log Project**

LEARNING
SERIES | 1

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About the COVID 4P Log Project

COVID-19 has abruptly thrust the rights and wellbeing of children and families into greater risk around the world. The impact of COVID-19 on children continues to be vast. Risks posed to children's survival and development, to their special protections, education, health and access to food, for example, are being greatly compounded not only by COVID-19, but also by government responses.

With roughly a third of the global population estimated to be under age 18, children[1] account for a huge proportion of our population. Successful delivery of the 17 UN Sustainable Development Goals (henceforth 'SDGs'), which relate to all ages, heavily relies on our ability to effectively and robustly respond to the distinct needs and rights of children. Even prior to COVID-19, our global task to achieve these global goals by 2030 seemed daunting. In the light of COVID-19, achieving the SDGs is even more challenging.

To effectively mitigate the impact of COVID-19 in the light of protecting children's wellbeing, and ultimately for our collective societal future, policy and practice responses must be distinctively designed to address children's wellbeing needs.

Policymakers, and those working with children, are at the heart of pandemic responses as they continue to support children's wellbeing, rise to many new challenges, and respond in new, innovative, and in some cases, unprecedented ways. To address the impact of COVID-19 on children in the long term, the **COVID 4P Log Project** sought to better understand the changing demands on these policies and practices across different cultures and contexts, in 22 countries and five continents.

The **Institute for Inspiring Children's Futures** is a joint initiative at the University of Strathclyde, Scotland, with a collective vision of ensuring that children and young people have what they need to reach their full potential, particularly those who face adversity.

We work in partnership with a wide range of partners nationally and internationally. Children's human rights and the UN Sustainable Development Goals are the heart of our work.

1. The term 'children' is used throughout to describe all those under the age of 18 years, in line with the CRC's definition of a child. Where 'young person' is used in the Report, this is reflecting that specific age group only.

THE SMARTPHONE APP

The COVID 4P Log is an Android and iOS smartphone app, free-of-cost to app users, that collected the real-time, anonymous views and experiences of practitioners and policymakers who were working across the globe to support children's wellbeing in the light of COVID-19. In answering a series of questions, these volunteer respondents helped us to better understand the ways practitioners and policymakers were responding in new, innovative, and in some cases, unprecedented ways.

During the last quarter of 2020, practitioners and policymakers were invited to download the app to log a 2-minute response to one main question every day, for eight weeks. The questions were both practice and policy-focused, and based on the '4P' children's human rights framework of Protection, Provision, Prevention, and Participation, in order to better understand the ways practitioners and policymakers around the world were protecting children, providing for their unique needs, enabling their participation in decisions that affect them, and preventing harm, during the COVID-19 pandemic.

RESEARCH THEMES

The smartphone app explored respondents' views of several core areas:

1. Learning from the pandemic so far
2. Protection: Ending violence against children
3. Provision: Access to food, health, education
4. Collaborations, flexibility, transparency and trust: Applying evidence from past emergencies to COVID-19
5. Prevention: Children's social and emotional wellbeing
6. Special considerations: Justice, alternative care and disabilities
7. Participation: Responding to #COVIDUnder19- children and young people's findings
8. Preparing to rebuild post-COVID

OUR KEY PARTNERS

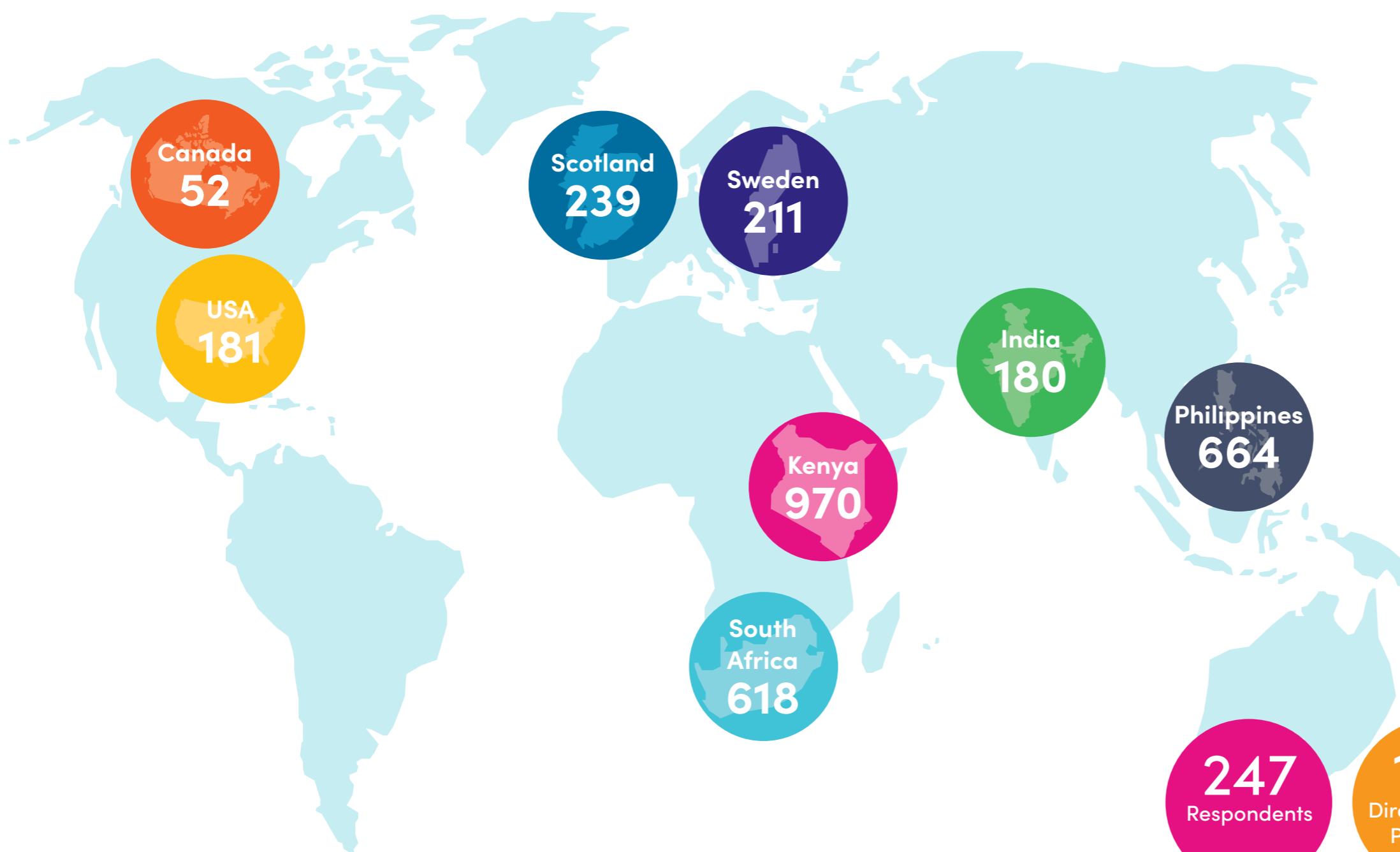Our 17 international Key Partners range from capacity-buidling organisations, to international advocacy NGOs and service delivery partnerships, to the UN and other inter-governmenal agencies. Their support and close engagement enabled the **Institute for Inspiring Children's Futures** to gather these important insights through the COVID 4P Log smartpone app. Their mention here does not imply endorsement of these findings.

Respondents and Countries Represented in the Eight-Week COVID 4P Log Project

3339 Responses

22 Countries

5 Continents

TOP 8 COUNTRIES BY NUMBER OF RESPONSES

Canada 52

USA 181

Scotland 239

Sweden 211

India 180

Kenya 970

Philippines 664

South Africa 618

Overall, 247 respondents from 22 countries – including 139 direct service providers, 66 service managers and 42 policymakers – contributed to at least one main app question between last quarter of 2020 and the first quarter of 2021. 173 respondents were women; 68 – men; 5 – prefer not to say; 1 – other.

The represented countries were (in alphabetical order) Australia, Bangladesh, Belgium, Canada, Ethiopia, Greece, India, Israel, Italy, Kenya, Lebanon, Malawi, Mexico, the Netherlands, Palestine, the Philippines, the Republic of Montenegro, South Africa, Sweden, United Kingdom (England), United Kingdom (Scotland) and the United States of America (USA).

The top eight countries by highest number of respondents were Kenya (60), the Philippines (48), South Africa (41), Scotland (32), India (14), the USA (12), Canada (11), and Sweden (8).

A total of 3339 responses were generated across the eight weeks of questions – with eight countries, Kenya (970), the Philippines (664), South Africa (618), Scotland (239), Sweden (211), the USA (181), India (180), and Canada (52) – accounting for 93% of all responses.

The remaining countries had the following numbers of respondents and responses, respectively: **Malawi** (2/52), **England, UK** (1/52), **Israel** (1/40), **the Republic of Montenegro** (1/27), **Greece** (5/13), **Belgium** (1/10), **the Netherands** (2/10), **Ethiopia** (2/4), **Lebanon** (1/4), **Palestine** (1/4), **Australia** (1/2), **Bangladesh** (1/2), **Italy** (1/2), and **Mexico** (1/2).

169 (68%) respondents worked for NGOs; 31 (13%) – for the government; 22 (9%) – for civil society organisations; 11 (4%) – in the private sector; 10 (4%) – other; and 4 (2%) – unknown.

Respondents represented a range of sectors such as child and youth care, advocacy, community-based services, sexual and reproductive health, mental health, child rights, children and family services, education, social services, working with refugees, juvenile justice, maternal and child health, housing, and others.

247 Respondents

139 Direct Service Providers

66 Service Managers

42 Policymakers

Report Summary:
Supporting Children's Wellbeing During COVID-19

This report provides an overview of the findings generated from an analysis of app responses to a series of Week 1 questions. It is intended to generate new questions and ideas to inform policy, service and practice, with and for children and their families, into the future. The questions in this report concern: respondents' views of their sector, teams' and organisations' responses to the COVID-19 pandemic; good practices and innovations; challenges faced; outcomes and lessons learned. The data presented here were collected in the last quarter of 2020.

This report aims to generate new insights, and spark new questions and ideas to inform, equip and strengthen policy, service and practices for and with children and their families.

This report is part of a series of Learning Reports documenting the COVID 4P Log App findings from responses across the eight weeks of questions. This COVID 4P Log Learning Report series aims to inform and equip those who seek to 'respond to children's distinct needs, and realise their full range of rights and opportunities, to achieve peaceful, just and inclusive societies for all'.

Key Messages

Challenges in Times of COVID-19

The COVID-19 pandemic has presented **unique and complex challenges** to **promoting** children's wellbeing, protecting their rights and **empowering** their voices across the globe.

Rights Violations and Injustices Against Children

The challenges faced in this pandemic have led to increases in cases of **child abuse, neglect, violence and exploitation**, thereby threatening and **violating children's essential rights**. Many children have had **restricted access** to health, education, shelter, information, and play and recreation. Those **injustices** have endangered children's safety, wellbeing, dignity and connectedness to others.

Disparities in the Access to Resources

While useful in engaging some children, alternative strategies such as 'televisits' **could not eliminate long-standing disparities in the distribution of resources** for those in highest need.

Collaboration

Collaborative working was vital. **Holistic support for children** called for **partnerships** among various sectors, such as: non-governmental organisations, caregivers, and communities, as well as engaging with other stakeholders, especially where home visits were not feasible.

Child-Centred Service Delivery

Tailoring services to the child's needs, being a 'constant' in their lives, and 'embracing' the **use of technologies** and other alternative measures were core guiding principles in supporting children during this emergency.

Involving Children

Listening to children, and **involving them in planning, decision-making and service delivery** were seen as **essential for sustained success** at children's **protection, provision, prevention and participation**.

Children's Rights

Service providers and policymakers both believed that children should be enabled to exercise their rights as **a matter of priority**.

Impeded Service Provision

For many service providers, **connecting with children** - and their experiences, families and routines - has been **severely disrupted**. Both pandemic-related challenges (for example, **movement restrictions, loss of income and school closures**), and **pre-existing inequalities** (for example, poverty, rural regions and limited access to internet and mobile devices) have negatively affected the quality, effectiveness and reach of services.

Organisational Support

The **effectiveness** of those approaches was **limited**, however, without sufficient and well-coordinated financial, logistical and moral support from **organisations, governments and donors**.

Innovations

Policymakers and service providers have responded to the pandemic with **a range of innovative practices** to meet children's and families's diverse needs, protect them against COVID-19 , and continue to advocate for their rights.

Recovery and Rebuilding

The **successes in supporting children's wellbeing** during COVID-19, reported by our respondents, offer hope. **Commitment, dedication and openness to innovation, strengthened relationships** within and across sectors, and **responsive leadership**, are the foundation for improving children's outcomes amidst and after the pandemic.

Summary of Main Findings

The report is organised into three main parts - with each part representing an aspect of the policymakers' and service providers' responses to the need to support children's wellbeing during the COVID-19 pandemic. Those main parts are focused on: successes in supporting children's wellbeing during the COVID-19 pandemic; challenges to service provision and their impact on children and families; and lessons learned and recommended actions for improving outcomes for children.

Successes in Supporting Children's Wellbeing During the COVID-19 Pandemic:

- Despite facing complex challenges to service delivery during COVID-19, respondents highlighted a range of successes in supporting children's and families' wellbeing. Primary examples included: addressing children's and families' urgent needs, such as food, safety and protection, school support and mental wellbeing; protecting children and communities against COVID-19; adapting service delivery; and engaging in advocacy.

- Distribution of personal protective equipment (henceforth 'PPE') such as face masks, and raising awareness about hygiene and social distancing practices were vital in sectoral responses to the pandemic.

- Keeping children and their families engaged was key to ensuring their wellbeing, protection from rights violations, and timely communication about infection risks.

- Respondents adapted their practice in several key ways - including using virtual platforms to connect with children and families, doing 'televisits', and creating online resources.

- Creativity, flexibility and innovation in service delivery helped improve the support for children and communities despite movement restrictions and lockdowns.

- Many respondents and their organisations distributed food parcels, medication supplies, hygiene supplies and 'dignity packs' to ensure the safety and wellbeing of all children and families served, particularly those deemed most vulnerable.

- Families' disrupted income generation since the start of the pandemic was highlighted as a major challenge. Strategies for providing financial support to families were less frequently mentioned. Specific examples were emergency funds, cash transfers, income generation programmes and business support.

- Advocacy work, for example, policy and legislative advocacy, was highlighted as instrumental to ensuring children's and families' various needs were met during the pandemic.

- Respondents provided direct mental health support to young people, signposted them to appropriate services and resources, and organised individual and group wellbeing, educational and recreational activities, mostly virtually.

Facilitators of Effective Practices and Positive Outcomes for Children, Families and Services:

- Critical enablers of effective sectoral responses to the pandemic-induced challenges to service provision included: collaboration and teamwork; communication; organisational and staff commitment; funding; and adequate training and planning.

- A needs-based approach was vital for ensuring service provision was tailored to children's and families' needs and circumstances. Respondents emphasised the importance of prioritising the needs of those affected by poverty, food insecurity, unemployment and digital exclusion.

- Respondents underscored the vital roles of donor support, government support, organisational support and leadership, and staff responsiveness and dedication in enabling effective responses to children's needs.

- Mobilising community leaders and volunteers, and establishing fruitful partnerships within and across sectors, were also highlighted as helpful.

Challenges to Service Provision and their Impact on Children and Families:

- Financial hardship, movement restrictions, school disruptions and insufficient resources to support children's needs were commonly reported challenges.

- Several respondents raised concerns about funding allocation and priority-setting during the pandemic.

- Children's restricted access to key services was another significant concern that had been exacerbated during the pandemic.

- The lack of face-to-face contact with children and families often impeded the frequency and quality of support, as well as the identification of cases of abuse.

Impact on Children:

- Those challenges often resulted in reaching fewer children; children's increased vulnerability to abuse; restricted access to basic needs; increases in teenage pregnancies, and other negative outcomes.

- Often, those challenges represented breaches of children's human rights. Several instances of violence, abuse and exploitation were reported. Children's right to health, right to food and shelter, right to be protected, right to education, right to play and recreation, and right to be heard were commonly threatened or violated.

Lessons Learned and Recommended Actions to Improve Children's Wellbeing and Service Delivery:

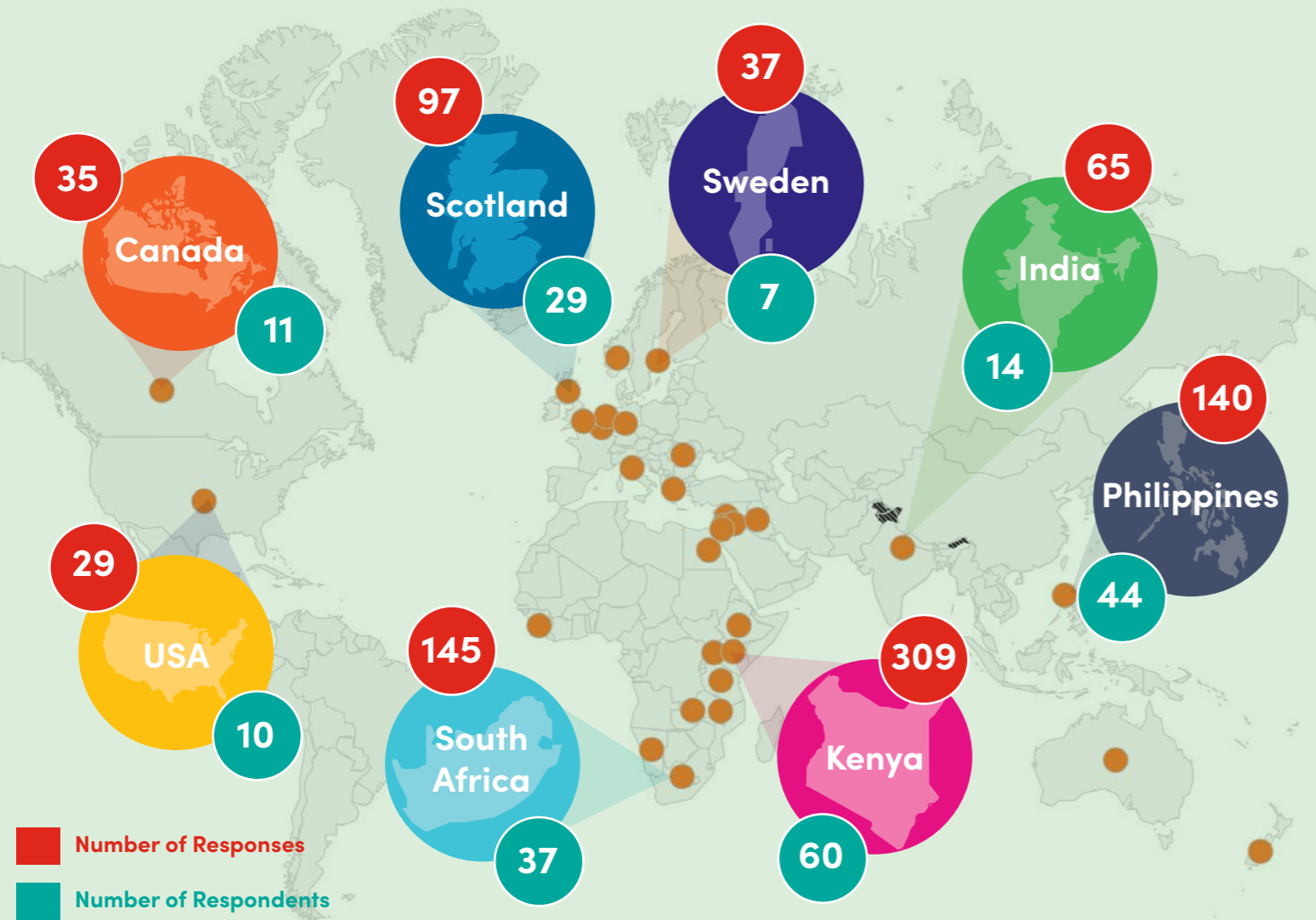Respondents reflected on what they or their organisations would have done differently:

- More effective COVID-19 protection and awareness;
- More basic needs support;
- Greater reach of services;
- Using technology of services sooner;
- Better emergency responses;
- Involving stakeholders, including children; and others.

Respondents put forward several main actions that would have resulted in better outcomes for children:

- Prioritising children's rights, needs and protection;
- Emergency funds for children and better funding allocation;
- Improved coordination and collaboration with the government and the third sector;
- Better COVID-19 protection, awareness and safety management;
- Using technology in services;
- Supporting parents; and others.

Respondents and Countries Represented in this Report

923 responses **from 232 respondents**

Canada **35** · **11**
Scotland **97** · **29**
Sweden **37** · **7**
India **65** · **14**
USA **29** · **10**
South Africa **145** · **37**
Kenya **309** · **60**
Philippines **140** · **44**

Number of Responses (red)
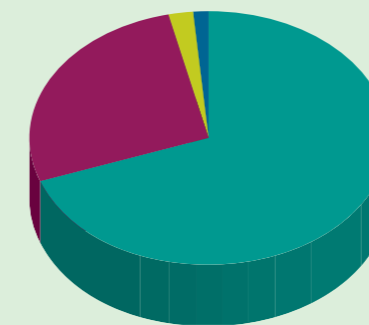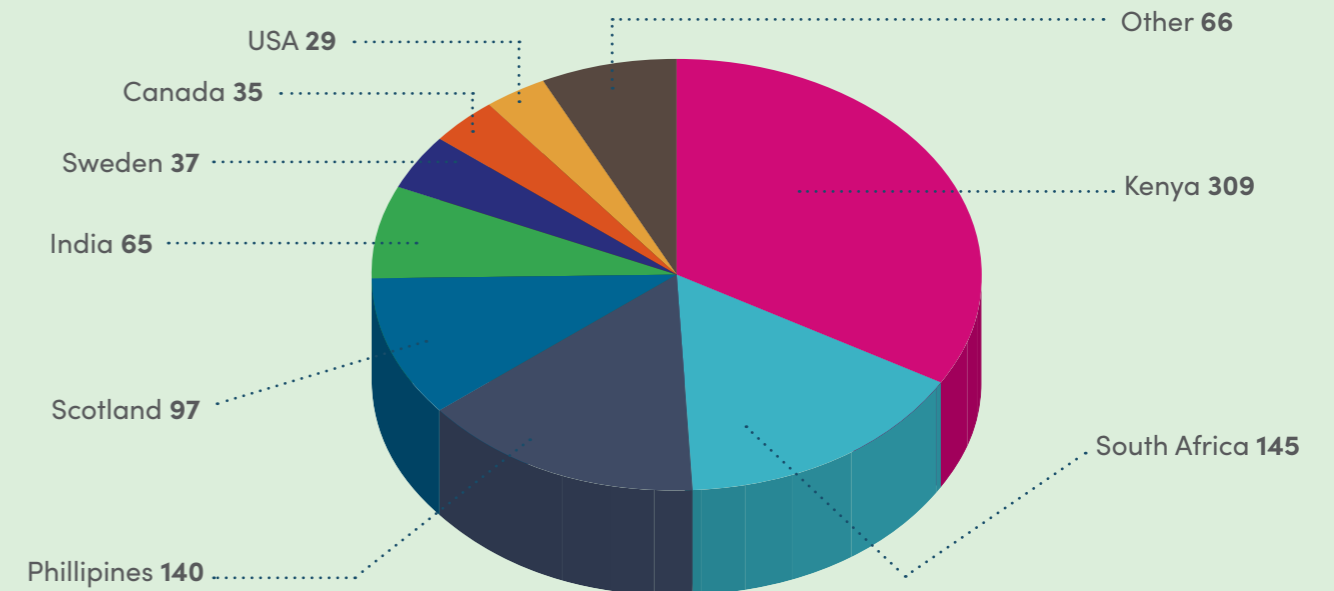**Number of Respondents** (teal)

The findings in this Learning Report are based on 923 responses from 232 respondents – including 131 direct service providers, 62 service managers and 39 policymakers (161 – women; 66 – men; 4 – prefer not to say; 1 – other).

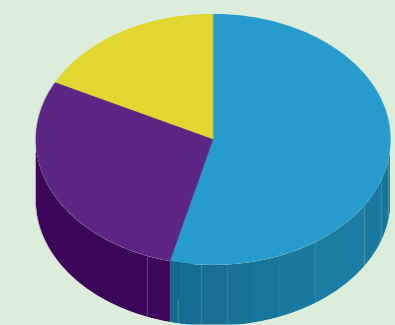**The respondents represented 22 countries:**

Australia, Bangladesh, Belgium, Canada, Ethiopia, Greece, India, Israel, Italy, Kenya, Lebanon, Malawi, Mexico, the Netherlands, Palestine, the Philippines, the Republic of Montenegro, South Africa, Sweden, United Kingdom (England), United Kingdom (Scotland) and the USA.

Number of Responses

USA **29**
Canada **35**
Sweden **37**
India **65**
Scotland **97**
Phillipines **140**
Other **66**
Kenya **309**
South Africa **145**

Respondents by Gender

Women	**161**
Men	**66**
Prefer not to say	**4**
Other	**1**

Respondents by Role

Direct Service Providers	**131**
Service Managers	**62**
Policymakers	**39**

The top eight countries by number of respondents whose views are shared in this report were:

Kenya (60); the Philippines (44); South Africa (37); Scotland (29); India (14); Canada (11); the USA (10); and Sweden (7).

The top eight countries with the highest number of responses were:

Kenya (309); South Africa (145); the Philippines (140); Scotland (97); India (65); Sweden (37); Canada (35); and the USA (29).

This amounts to 857 or 93% of all responses reported here. All other countries contributed to a total of 66 (or 7%) of all responses.

In-Depth Findings—Part One:

Successes in Supporting Children's Wellbeing During COVID-19

The questions in Week 1 were open and general, with a focus on the circumstances and factors - both positive and negative - affecting children since the start of the pandemic. Through consultations with our Key Partners, we recognised how important it was to pay close attention to the many adaptations to services and policies that were underway, and so we began by asking about the innovations, including successful practices, currently underway with and for children and their families. To include a focus on the positive, the app began with questions that explored what had gone well up to that point in the pandemic.

A series of questions concerned respondents' views of the successes in their sectors, teams and organisations in relation to supporting children's wellbeing during COVID-19. The following four sections offer an overview of how respondents most commonly answered those questions. Key themes and verbatim quotes from our respondents are used throughout to illustrate the main points raised.

QUESTION	NUMBER OF RESPONSES
What has gone well in your sector's support of children's wellbeing during COVID-19?	**183**
What contributed to this?	**180**
What have you, your team, or your organisation done well, in your support of children's wellbeing during COVID-19?	**111**
What contributed to this?	**111**

"We have continued to support families throughout by communicating verbally over the telephone and offering moral support and guidance and by simply being there to talk to."

Direct Service Provider, NGO, Scotland

"We have managed to show flexibility, creativity and adaptability in reaching children and their families to provide support while protecting our staff."

Direct Service Provider, NGO, Greece

Successes and Effective Practices in
Sector Support of Children's Wellbeing

Word cloud from responses to the question, 'What has gone well in your sector's support of children's wellbeing during COVID-19?'
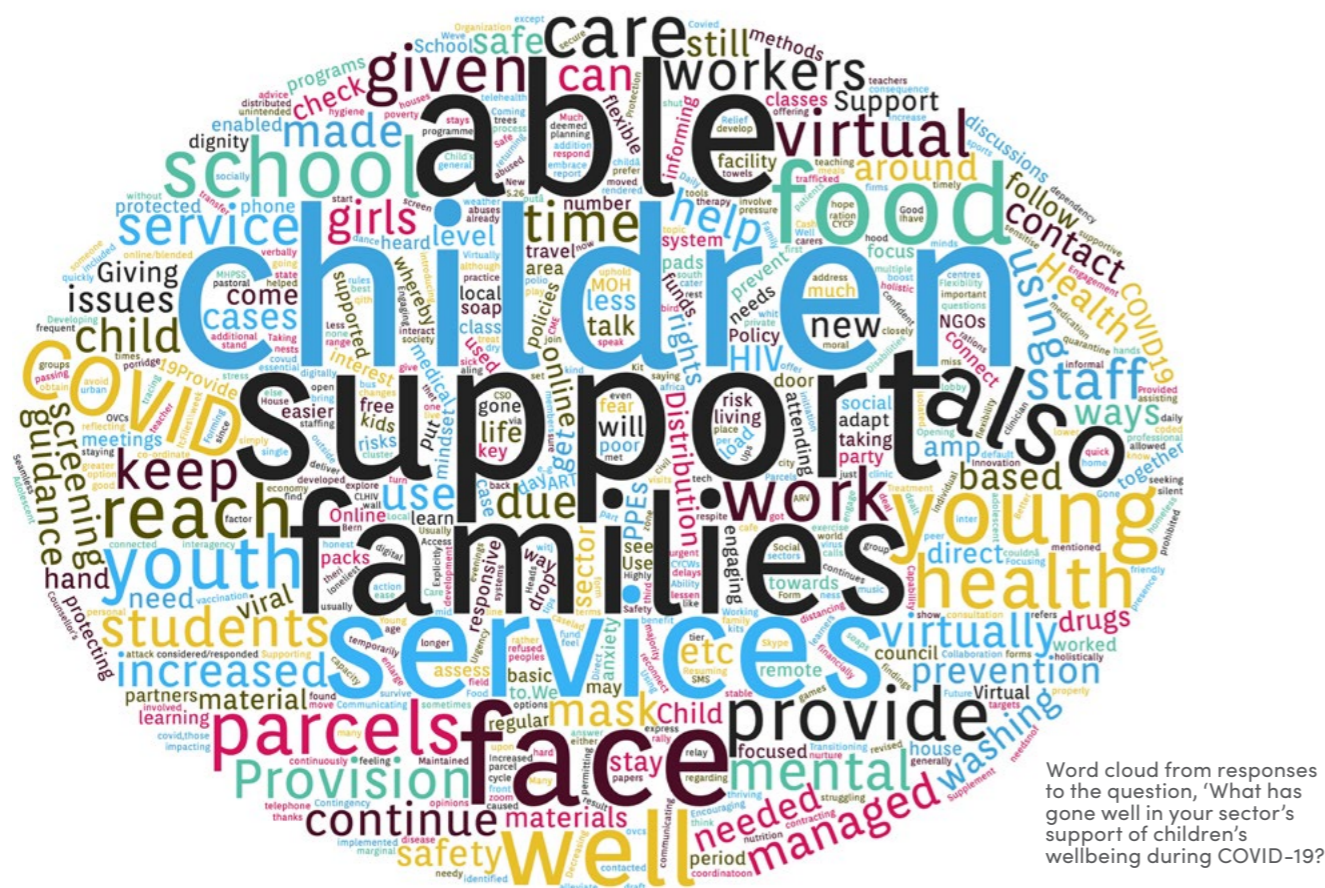
The respondents highlighted a wide range of beneficial and effective practices as part of their sectors' responses to the COVID-19 pandemic. The most commonly cited successful practices relate to:

- **Providing a range of supports for children's and families' needs**
- **Protecting children and caregivers against COVID-19**
- **Adapting practice**
- **Engaging in advocacy.**

The respondents offered accounts of continuing the delivery of a range of support services to children and caregivers despite pandemic-related restrictions, as well as providing additional services in response to children's and families' increasing needs as a result of COVID-19. Examples include: the provision of basic needs support such as food parcels, dignity packs and sanitation supplies; counselling and other forms of mental health and psychosocial support; as well as opportunities for children and young people to engage in creative and recreational activities. Such activities include: music, dance, painting, planting trees, family activity kits, sports activities and others.

Several respondents emphasised the importance of providing 'moral' support to families and helping

them 'stay connected' by maintaining telephone communication with them and by 'simply being there to talk to'. In addition to telephone and virtual communication, respondents mentioned arranging physical outdoor meetings that adhered to physical distancing guidelines.

'We have continued to support families throughout by communicating verbally over the telephone and offering moral support and guidance and by simply being there to talk to.'
Direct Service Provider, NGO, Scotland

'Flexibility in using virtual platforms to connect with children and families. Helping families stay connected. Helping staff assess safety and provide supports.'
Policymaker, Civil Society Organisation, United States

Respondents also highlighted their increased support for specific groups such as students, girls, children on antiretroviral medication, single-parent households, homeless children and families, and other children and families they described as most 'vulnerable' or 'needy'.

'Forming a nurture group to support our most vulnerable children.'
Direct Service Provider, Government, Scotland

'Highly responsive changes in practice to support the most vulnerable. Increased interagency working'
Direct Service Provider, Local Government, Scotland

'During lockdown, we had staff going around to the houses to drop off socially distanced packages with activities for kids to do around the house.'
Direct Service Provider, NGO, Canada

'As a teacher, before the opening of classes we had conducted a Mental Health Psychological Support Service for the students wherein each students were given a module that contains different activities to assess students' mental and well-being during this times. It also provides the students tips and suggestions on how they will be able to adapt to the current situation that we have and to how thet [they] will be able to manage their own mental health in this difficult situation.'
Service Manager, Government, Philippines

A considerable aspect of respondents' increased focus and responsibilities was protecting children, families and communities against COVID-19. The most commonly reported preventative measures were the distribution of personal protective equipment (PPE); awareness-raising and education (sometimes referred to as 'sensitising') about hygiene practices and the risks of COVID-19; ensuring children's and caregivers' adherence to safety guidelines such as using face masks and hand sanitisers; and screening for COVID-19. Awareness-raising often took place online and via text messages and telephone calls:

'Being able to screen in the communities for covid 19 Advising families via SMS and calls on how to prevent themselves from contracting Covid 19'
Direct Service Provider, NGO, South Africa

Responses also contained numerous examples of flexibility, adaptability and creativity in service provision in response to the myriad of challenges brought about by COVID-19:

'We have managed to show flexibility, creativity and adaptability in reaching children and their families to provide support while protecting our staff'
Direct Service Provider, NGO, Greece

'The creativity of our services to continue delivering under restrictive covid19 conditions and the commitment of staff and volunteers to continue working under these conditions.'
Policymaker, Civil Society Organisation, Belgium

'Very supportive and flexible organization willing to work with everyone. We have found ways to keep our young people safe and informed while keeping their minds at ease.'
Direct Service Provider, NGO, Canada

'We have had meetings whit [with] kids in Skype if we couldnâ€™t [couldn't] go see them.'
Policymaker (social service in community), Government, Sweden

The outcomes of the innovative use of communication technologies were often 'bringing people together', helping families 'stay connected', ensuring 'good communication' with caregivers, and providing better protection and more holistic services for children.

'Daily communication with the young people has been the key factor in sustaining a secure environment for them throughout the pandemic and less frequent communications with guardian/parents to relay findings and personal issues allowed for a holistic approach that positively devepoloed [developed] the relationships between the young people, parents and carers.'

Direct Service Provider, NGO, Scotland

The most commonly cited service adaptation was the use of virtual platforms to communicate with children and families and deliver services remotely. 'Televisits' were mentioned by six respondents as a concrete example of service delivery using virtual platforms.

Virtual platforms were also mentioned in relation to carrying out meetings with staff members, partners and networks which, according to one respondent, proved both time- and cost-effective.

Finally, a minority of respondents highlighted their continued advocacy, particularly for children with additional support needs:

'Working virtually. With the kind of advocacy I co-ordinate i work with young people 12-15 who have additional support needs and help them to exercise their rights in education . Usually this would be face to face but due to covid we have had to explore other ways of engaging young people and this has been to most young peoples benefit saying they prefer not having to talk face to face and can express more honest opinions virtually'

Direct service provider, Charity, Scotland

Notably, two respondents indicated that 'nothing' or very little had gone well in their sectors' response to the ongoing pandemic.

'nothing, absolutely';

Policymaker, NGO, Greece

'Nothing has gone well except few got mid day meals from school as ration.'

Direct Service Provider, NGO, India

Another respondent, a policymaker working for an NGO from Scotland, shared:

'Not very well. Support systems have been reduced. Many feeling pressure as no respite'

TELEVISITS

'The use of televisit form to check the progress of OVCs [orphans and vulnerable children]'

'Invention of televisit firms to check the progress of the children during the pandemic period.'

'The introduction of TELEvisit made my work easier since I would able to know how children are doing through telecommunication.'

'Enhancement of the televisit – this is daily phone follow up with the respective households of the children under our care, as physical contact was minimised'

'Televisits - refers to reaching the children through the phone.'

'Use of televisit forms'

24

25

Facilitators of Successes and Effective Practices in Sectors

"Strong strategic commitment to support our most vulnerable collectively" (Service Manager, Local Government, Scotland)

Funding	Commitment	Communication	Collaboration	Needs-Based approach	Adaptive behaviours and practices
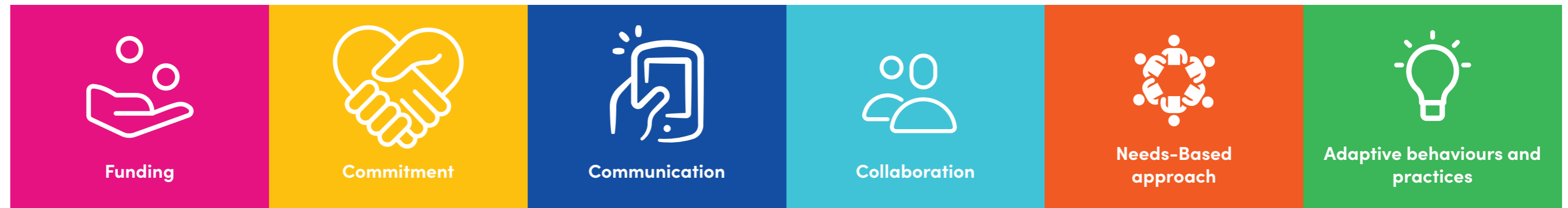
Common responses regarding what contributed to effective sectoral responses

When queried about what contributed to their sectors' successes in supporting children's wellbeing during the pandemic, respondents tended to highlight several key facilitators: funding; commitment; communication; collaboration; a needs-based approach; and adaptive behaviours and practices.

In addition to funding support for the distribution of hygiene kits, food packs, informational resources and other types of 'reactive' funding, respondents emphasised the role of commitment and dedication by both staff and the leadership:

'A commitment from all of us to stay in touch with the children we work with'
Direct Service Provider, NGO, Scotland

'Strong strategic commitment to support our most vulnerable collectively'
Service Manager, Local Government, Scotland

'Love for working with the children, timely updates on covid status and timely training on covid case management'
Director, Kenya (field of work unknown)

In contrast, a policymaker from Bangladesh shared:

'Lack of access and commitment of staff'
Policymaker, NGO, Bangladesh

Communication and collaboration were also frequently cited as contributors to success in sectoral responses. Effective communication was cited in the context of awareness-raising about infection risk, virtual communication with students and schools, and regular communication 'at all levels' of service delivery.

Various forms and levels of collaboration, partnership

and teamwork were also reported - including with coworkers, the management, governments, community volunteers, non-governmental organisations (NGOs), children and families, and other stakeholders.

'History and current status of workers in country. relationships with government and other ngo's. own organisational vision and commitment'
Service Manager, NGO, South Africa

'Good relationship with multi dissaplinary [disciplinary] team that supported with safety measures and food'
Direct Service Provider, NGO, South Africa

'Deepening relationships with the families of the young people we know. Many feeling able to ask for help and support where they would y usually.'
Direct Service Provider, NGO, Scotland

'Engagement with willing and able youths whom assisted in the dissemination of information and donations that enabled acquiring of PPEs.'
Direct Service Provider, NGO, Kenya

A direct service-provider working for an NGO in India, for instance, stressed the importance of involving children and community volunteers:

'The presence of children's collectives with a strong element of participation and the building of community volunteers by the organisation'

Furthermore, several respondents highlighted the importance of putting children's and families' needs and changing circumstances at the centre of relief and other support efforts. This represented a needs-based approach to service provision:

'Need-based approach as far as we acknowledge that we deal with the most vulnerable & the children'
Direct Service Provider, NGO, Kenya

'Increased service users' needs and number of service users, and requests from local and regional authorities to continue delivering services and help developing innovative ways to adapt service delivery to needs and new circumstances.'
Policymaker, Civil Society Organisation, Belgium

Adequate planning and training, in addition to other adaptive practices, were also reported as enablers of effective sector responses. Examples include training for virtual service delivery, education transition support, COVID-19 safety and case management and other risk management strategies:

'The CYCPs (Child and Youth Care Practitioners) also formed a working group in the spring focused on developing transition supports in anticipation of a more complex return to school in September.'
Direct Service Provider, Government, Canada

'We have decided the social piece is more important than the education piece. Once we have them engaged socially, we have been able to sneak in the education piece.'

Policymaker, NGO, Canada

'We developed and shared risk mitigation strategy as well as a cvid-19 [COVID-19] program advisory to our national offices in the region'
Service Manager, NGO, Ethiopia

Other less frequently mentioned enablers of effective sectoral responses include:

- Leadership, including having a 'vision' as a sector;
- IT;
- Governmental support;
- Good relationships with children;
- 'Being prepared to be challenged and try out new ways';
- The continuous monitoring of child welfare;
- 'Feeling of urgency'
- 'Happiness, play and joy'
- Others.

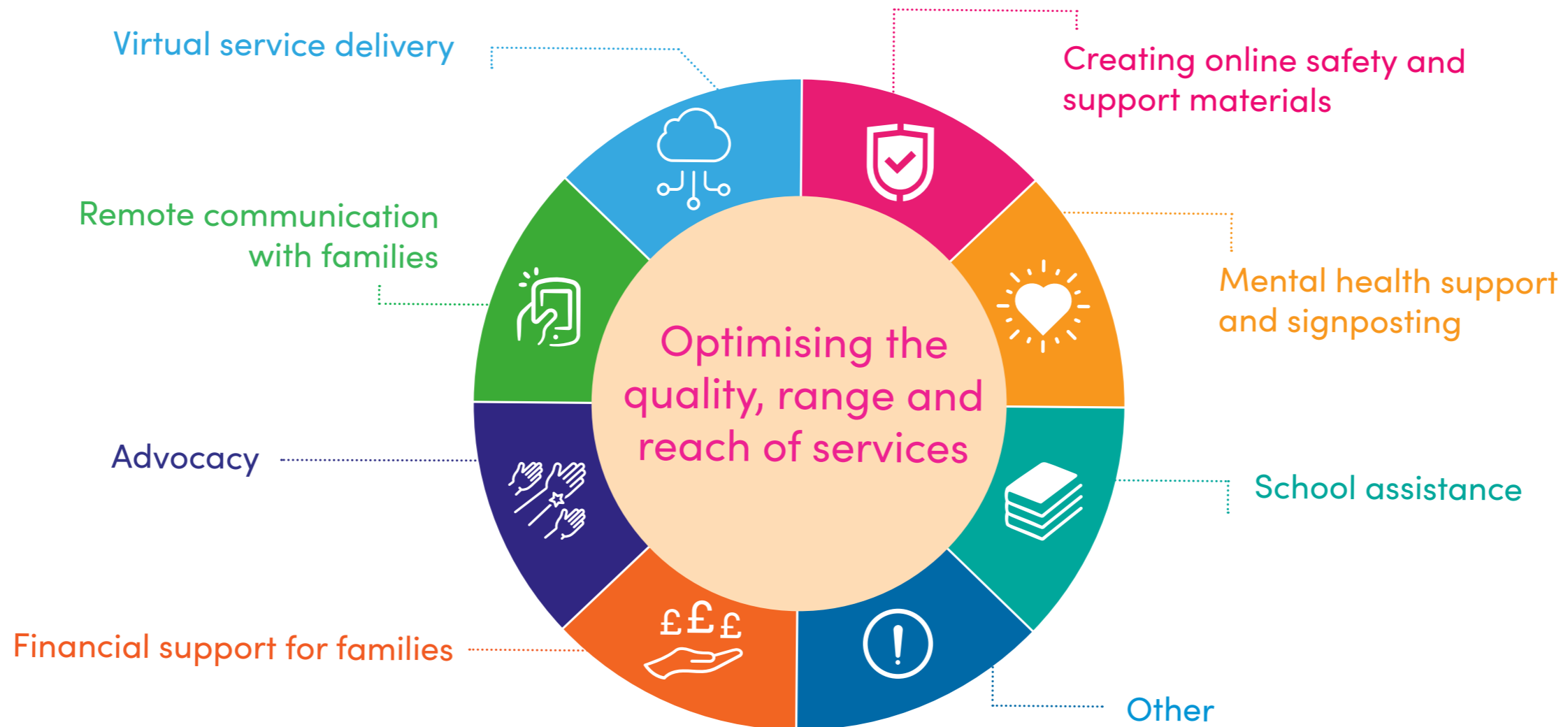Conversely, poor government leadership and the lack of funding were highlighted as barriers:

'Government's bad decisions. No strategy, no political will. Arbitrary policies.'
Policymaker, NGO, Greece

'No government funding'
Policymaker, NGO, Scotland

Successes and Effective Practices in
Respondents' Own Work or Organisations

Virtual service delivery

Remote communication with families

Advocacy

Financial support for families

Creating online safety and support materials

Mental health support and signposting

School assistance

Other

Optimising the quality, range and reach of services

Common responses to the question about what the respondents, their teams and organisations have done well to support children during COVID-19

In response to the question, 'What have you, your team, or your organisation done well, in your support of children's wellbeing during COVID-19?', respondents reiterated their successes in distributing essential supplies such as food parcels, PPE and hygiene supplies, in addition to creating awareness of COVID-19 risks.

'I personally i have being talking children and their caregivers on how to protect themselves from covid19,tell them to sanitize,keep Social distancing and avoid crowded place,wash their hands and stay at home, to my organisation they have being very supportive,giving

masks,sanitizers and food and also giving education on how to be during this pandemic to the children and community at large'

Policymaker, NGO, Kenya

Several respondents also highlighted that the provision of such essential items not only satisfied children's basic needs but also served to protect them against violence and other forms of abuse.

Numerous examples were also offered of optimising the quality, range and reach of services during the pandemic. Those include delivering virtual programmes, remote communication with families,

delivering mental health support and signposting, school assistance, financial support, advocacy, and others.

'Helping them through counselling specially the mental health. Supporting them with food item, masks, sanitizers, soaps. Organising online webinar on mental health and online trafficking. Visited the children and their parents. Kept in touch through phone calls and also educational support'

Direct Service Provider, NGO, India

'Providing mental support to the children by

connecting with them. Working with them on small activities so that they remain engaged. Reaching out to families with food and rations where needed. Reaching out to women amd [and] girls and providing tuem [them] with sanitary napkins for their menstrual health.'

Service Manager, NGO, India

One approach to optimising service delivery was delivering a range of services, programmes and trainings online. Those tended to be aimed at child safety and protection, treatment adherence, psychosocial support, justice and skills development.

"We managed to keep in touch with most of our young people despite them not engaging with online activities. The young people we work with are from deprived areas and did not engage online. We went out on the streets. Sometimes door to door. We started an emergency hotline for those most at risk and we managed to support those that needed one to one help, due to being made homeless or issues with addictions."

Direct Service Provider, NGO, Scotland

"We have signposted to appropriate mental health supports, we have treated each individual as an individual and tailored our support to them during the crisis and will continue to do so. We have enables young people to continue to exercise their rights and been a constant where there might be very little constants in a young persons life."

Direct Service Provider, Charity, Scotland

Delivering a Range of Services Online

'A child and youth care worker response to COVID-19' - an online training programme for child and youth care workers (South Africa)

Virtual programmes for children and young people (India; South Africa)

Virtual check-ins to monitor treatment adherence and share information about COVID-19 risks (South Africa)

Engaging young people in discussions and fun activities using virtual platforms (Scotland)

Information and training on life skills and online safety shared online (India)

Videos on online safety being distributed (India)

Online webinars on mental health and online trafficking (India)

Online justice administered for survivors of sexual harassment (Philippines)

Examples of virtual programmes, resources and other services delivered during the pandemic

Several respondents also shared they had created training and other resources to ensure children's safety online given children's increased use of Internet technologies during the pandemic:

'we ensure safe spaces for children online and offline thru privacy protection'
Direct Service Provider, Government, Philippines

'We have been able to guide parents on how to protect their children, especially while they are online'
Direct Service Provider, NGO, Philippines

Notably, online communication and service delivery were not always feasible for supporting young people and families in deprived areas:

'We managed to keep in touch with most of our young people despite them not engaging with online activities. The young people we work with are from deprived areas and did not engage online. We went out on the streets. Sometimes door to door. We started an emergency hotline for those most at risk and we managed to support those that needed one to one help, due to being made homeless or issues with addictions.'
Direct Service Provider, NGO, Scotland

Remote communication with children and families was also implemented via telephone calls, text messages and smartphone applications, such as WhatsApp:

'My organization did virtual work with youth childrenand families since we couldnt go out... We made sure all youth children families felt and are supported through calls messages and whatsapp group work... We made sure all are aware of how they should keep safe and we advocated for families that were in need of food for food parcels.'
Direct Service Provider, NGO, South Africa

Several respondents also emphasised the importance of providing continuous practical and social and emotional support to parents and caregivers:

'Being able to communicate with the parents of our families helps keep their spirits up as some families don't have much communication with others and they actually appreciate and look forward to that 1 phone call a week. So if we can help keep their mental health and wellbeing from spiralling into a depressive state then, in that respect,we are in turn helping to ensure that the parents are in a better place/mindset to then be a better parent to their children.'
Direct Service Provider, NGO, Scotland

The provision of mental health support such as counselling and signposting was also reported:

'We have signposted to appropriate mental health supports, we have treated each individual as an individual and tailored our support to them during the crisis and will continue to do so. We have enables young people to continue to exercise their rights and been a constant where there might be very little constants in a young persons life.'
Direct Service Provider, Charity, Scotland

Respondents also highlighted protecting children through advocacy, offering school assistance by helping with school fees and supplies and facilitating remote education, and providing financial support to families in need such as cash transfers and income generation programmes.

A minority of participants emphasised different types of learning as instrumental in their effective responses to supporting children's needs during the pandemic. These include learning from children and other stakeholders; learning from research; and learning to do relief work:

'We are trying our best to learn from children, from other people, organizations, and also from our targets and misses in the application of childrens particupation [participation]. These inputs into our continuing work with other stakeholders.'
Service Manager, Civil Society Organisation, Philippines

'Looked at the research international to learn what best works in natural disasters. Utilised that information to influence the strategic approach to support in Inverclyde for children and families'
Service Manager, Local Government, Scotland

'I think it is the shift to providing relief and response work. We are not good at it as we have been doing advocacy but still we learned so much'
Service Manager, Civil Society Organisation, Philippines

Facilitators of Successes and Effective Practices in Respondents' Own Work or Organisations

| DONOR SUPPORT | GOVERNMENT SUPPORT AND COORDINATION | ORGANISATIONAL SUPPORT AND LEADERSHIP | PRIORITISING THE NEEDS OF CHILDREN AND FAMILIES | STAFF RESPONSIVENESS, DEDICATION AND PRIDE | STAFF COORDINATION AND TEAMWORK | MOBILISING COMMUNITY LEADERS AND VOLUNTEERS | POSITIVE RELATIONSHIPS WITHIN AND ACROSS SECTORS |

Common responses to the question about what had helped in supporting children's wellbeing.

Respondents were asked what contributed to the things that had been done well in their own work, or their team's or organisation's work at supporting children's wellbeing during the COVID-19 pandemic. The majority of them emphasised donor support; government support; organisational support and leadership; prioritising the needs of children and families; staff responsiveness, dedication and pride; staff coordination and teamwork; mobilising community leaders and volunteers; and having positive relationships within and across sectors.

Donor support, including financial support, was mentioned by several respondents as enabling effective responses to children's needs.

Government support and coordination were often discussed in relation to having a well-planned, nation-wide response to meeting the challenges of the pandemic:

'A good national coordination that supported national guidelines'
Direct Service Provider, Civil Society Organisation, Sweden

'Scottish Government policy and guidance supports this approach, clear guidance from CLD/youth work sector about safe working practice. 3rd sector co-ordination of resource to tackle digital exclusion.'
Service Manager, Civil Society Organisation, Scotland

The importance of both financial and moral support from the government and the leadership was also emphasised:

'the administration is supportive of our efforts, financially, policy wise and morally'
Direct Service Provider, Government, Philippines

'the leadership fully supports our mechanism in delivering justice online through budget and moral support'
Direct Service Provider, Government, Philippines

Organisational support and leadership were mentioned as important:

'Continued funding, fund raising new areas, relationships with government for resources or local places etc where resources polled from, organisational commitment and leadership, recognized child and youth care workers that were deemed essential worker during lockdown to still SB able to work'
Service Manager, NGO, South Africa

Prioritising children's and families' needs was also highlighted as important in addressing pressing issues such as food insecurity, economic hardship and digital exclusion:

Word cloud from responses to the question about what had helped in supporting children's wellbeing.

'In our past experiences during emergencies, we observed that most relief packs address to the needs of the entire family like rice, canned goods, although these are basic necessities, too, we felt that children's needs during these times are most often neglected or not prioritized. Thus, we tried to fill-in this gap.'
Service Manager, NGO, Philippines

'The programme was a response to the needs of children, youth and families that became evident with the lockdown procedures imposed by government and also the economic impact on people's lives during this pandemic.'
Direct Service Provider, NGO, South Africa

'We have built into our fostering family support our new Self Care for Foster Carers project to ensure that fostering families are promoting their wellbeing during this difficult time.'
Service Manager, NGO, Scotland

Having knowledge of families' digital exclusion, in particular, was discussed as important for understanding and prioritising their needs:

'Knowledge of digital exclusion, and of the families we support.'
Direct Service Provider, NGO, Scotland

34

35

'The families needed to stay in contact with their support network and many families did not have the necessary devices to do so virtually'

Direct Service Provider, NGO (third sector), Scotland

'We applied for several COVID response type funds and for funding to supply young people with phone top up cards, food etc. this enabled us to go door to door and stay in touch with most young people. And those homeless could still phone us using phones and SIM cards we could supply.'

Direct Service Provider, NGO, Scotland

Staff coordination and teamwork, as well as staff responsiveness, dedication and pride, were also frequently reported as contributors to success.

'Being able to maintain communication through the telephone/on line services and having staff/ Volunteers who demonstrate dedication and committment [commitment] to the families that they are involved with.'

Direct Service Provider, NGO, Scotland

'Feeling of urgency'

Policymaker, Government, Sweden

'We have responsive staff that have taken pride in their work and, despite their own personal challenges, have shown up and given 150% every day to our children, youth, and families.'

Service Manager, NGO, Canada

Staff empowerment was also mentioned by one respondent:

'Full empowerment of the staffs and community social workforce who are fully trained on COVID-19'

Direct Service Provider, NGO, Kenya

Several respondents highlighted the importance of mobilising community resources such as community health volunteers:

'Mobilizing our community leaders and staff as response team,clustering of areas, baselining of affected families and resource generation.'

Direct Service Provider, Civil Society Organisation, Philippines

'The community health volunteers first went through the basic regulations of COVID 19, hand washing,mask wearing and keeping distance so they were able to disseminate the same to the caregivers and their children through household demonstrations of the same'

Service Manager, NGO, Philippines

'Our connectivity on the ground and realtionships [relationships] with the community'

Service Manager, NGO, India

Lastly, positive relationships within and across sectors were also frequently cited as enablers of effective responses:

'Positive relationships within and across sector, ability to hone into key issues, identify need , and evidence based solutions, marrying together practice wisdom snd [and] responses from staff with the voice and lived experiences of care leavers. Delegated and devolved decision making to front line staff who are closer to the issues.'
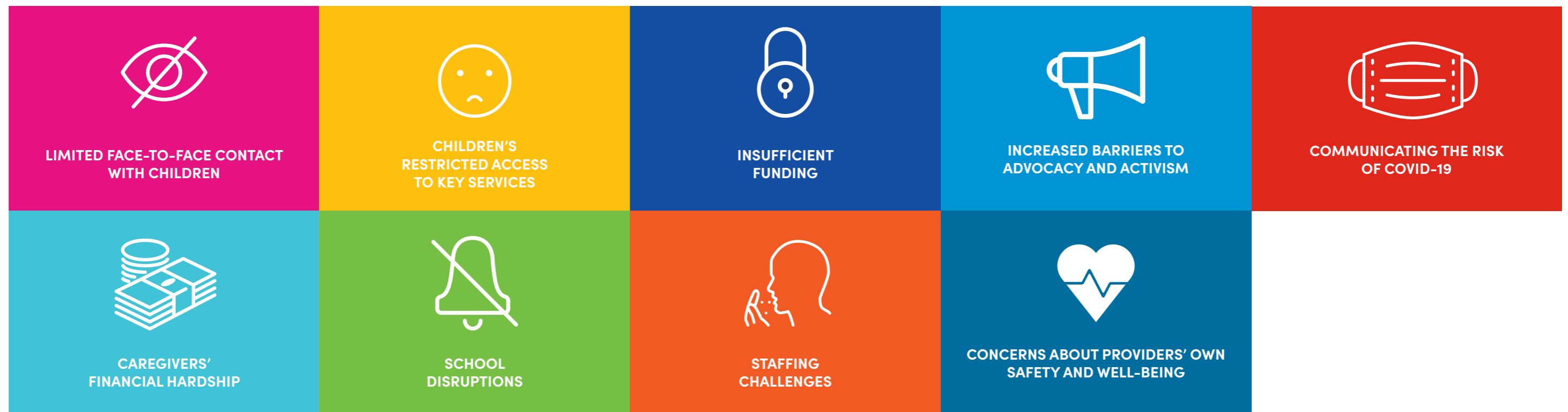
Policymaker, Civil Society Organisation, Scotland

In-Depth Findings—Part Two:

Challenges to Service Provision and their Impact on Children and Families

At the heart of the concerns that sparked the app's development were the obstacles to effective care for children being encountered in service delivery. In consultation with our Key Partners, we asked questions about these challenges in an open and general way to begin with, focusing on the circumstances affecting children since the start of the pandemic.

All the questions in the app are driven by an interest in children's human rights. Following discussions with Key Partners, we also sought to ask direct questions about children's human rights in the light of these challenges.

QUESTION	NUMBER OF RESPONSES
What has been the biggest challenge to supporting children's wellbeing during COVID-19 so far?	78
What was the outcome?	72
Were any of the challenges (that you described earlier this week) a breach of children's human rights?	53
Please tell us more about this.	45

Biggest Challenges to Supporting Children's Wellbeing During COVID-19

LIMITED FACE-TO-FACE CONTACT WITH CHILDREN	CHILDREN'S RESTRICTED ACCESS TO KEY SERVICES	INSUFFICIENT FUNDING	INCREASED BARRIERS TO ADVOCACY AND ACTIVISM	COMMUNICATING THE RISK OF COVID-19
CAREGIVERS' FINANCIAL HARDSHIP	SCHOOL DISRUPTIONS	STAFFING CHALLENGES	CONCERNS ABOUT PROVIDERS' OWN SAFETY AND WELL-BEING	

Most common responses to the questions regarding the biggest challenge in supporting children's wellbeing during the pandemic.

Respondents were asked, 'What has been the biggest challenge to supporting children's wellbeing during COVID19 so far?'.

They reported several main challenges to supporting children's wellbeing during the pandemic thus far. Some of those challenges were the limited face-to-face contact with children, children's restricted access to key services and school disruptions, which were mainly caused by lockdown and movement restrictions.

Other frequently reported barriers include the insufficient funding to support children's wellbeing, caregivers' financial hardship, communicating the risk of COVID-19 to children, staffing challenges and concerns about providers' own wellbeing, livelihoods and safety.

'Access to beneficiaries has been difficult as we were on lockdown and we couldn't have full remote activities. So the detection of cases of abuse was harder.'
Service Manager, Local Government, Scotland

Lockdowns and movement restrictions meant that many service providers had limited face-to-face contact with children, which was often compounded by some children's lack of access to Wi-Fi and mobile devices. Several respondents shared that this inhibited the quality of child contact and service provision, and made it more difficult to detect cases of abuse.

'For those children who are engaging even less with services than before it is difficult to reach out to them'
Service Manager, Local Government, Scotland

'Lockdown restrictions, if children didn't have smartphones. It means they didn't not take part in these activities. Not being physically present especially in violence case. Limited food parcels.'
Direct Service Provider, NGO, South Africa

'We can not offer enough occasions for play on the play therapy.'
Service Manager, Children's hospital, Sweden

'Schools are not allowing CYCWs to enter schools to provide prevention services. This might result in a surge of HIV infections, non adherence to ART and delay in response to all Gbv [gender-based violence] cases that are usually reported in school interventions.'
Direct Service Provider, Non-Profit, South Africa

'The biggest challenge was supporting children mostly on online means. At the start you will need to check their connectivity access and teach them how to use online platforms for more formal meetings, consultations and learning activities.'
Service Manager, Civil Society Organisation, Philippines

Respondents offered details about the difficulties with not having 'real time', 'in-person' connection with the children, as well as with children not having the privacy to talk freely with counsellors.

'The physical encounter with the children which is always the best way to monitor their progress was reduced to a minimum as through physical interaction you can be able to identify if a child has a problem through how they behave and thus be able to prompt them to open up about some of the challenges they are facing at home.'
Service Manager, NGO, Kenya

'The prolonged stay of children at home due to school closure posed the biggest challenge'
Direct Service Provider, NGO, Kenya

Monitoring and following up with children were, therefore, severely disrupted.

Yet, in some cases, face-to-face visits were still being carried out:

'[...] however some we are able to visit them and offer physical support.. so adhering and following Corona rules and regulations has really created a block in supporting our beneficiaries'
Direct Service Provider, NGO, South Africa

Word cloud from responses to the question about the biggest challenges in supporting children during COVID-19

Relatedly, respondents shared concerns about children's restricted access to key services such as health care, education and social services, particularly in children considered the most vulnerable. The pandemic had also exacerbated pre-existing difficulties in accessing services.

Respondents also shared their concerns that the allocated funding was not sufficient to address children's needs during the pandemic. 'Lack of resources' was a frequently cited challenge, especially in the context of persisting poverty and increased financial hardship experienced by caregivers as a result of the pandemic:

'Lack of sufficient funds to help some suffering families during the hard times of covid 19'
Direct Service Provider, NGO, Kenya

'Inadequate resource to meet the bigger demand'
Direct Service Provider, NGO, Kenya

'The food parcels are not enough we still need more things to support them as we are living in a community of poverty'
Direct Service Provider, NGO, South Africa

'The biggest challenge has been the disruption of the income generating activities that the families heavily depended on as their only source of income'
Direct Service Provider, Civil Society Organisation, Kenya

'Ensuring that children have access to adequate foodand [food and] good health care . This is due to loss of livelihoods for most caregivers during this period.'
Direct Service Provider, NGO, Kenya

'The socioeconomic issues that children living in poor and or rural areas faced. These were much

excercebated [exacerbated] during this time. More unemployment and hunger. Government did not support with as much food parcels or other means as needed for all the people in need.'
Service Manager, NGO, South Africa

'Loss of income putting food on the table and protecting them with ppe'
Direct Service Provider, NGO, South Africa

Several respondents specifically addressed what they believed was ineffective priority-setting to meet the demands for supporting the wellbeing of children during COVID-19:

'The number of children verses [versus] funds were not proportional.'
Service Manager, NGO, Kenya

'Second is how priorities and budgets are centered on the pandemic, exacerbating my first point about access to services restriction.'
Direct Service Provider, Civil Society Organisation, Philippines

Furthermore, school closures had caused disruptions in children's routines, which likely had a negative impact on children's wellbeing:

'Schools are not allowing CYCWs to enter schools to provide prevention services. This might result in a surge of HIV infections, non adherence to ART and delay in response to all Gbv [gender-based violence] cases that are usually reported in school interventions.'
Service Manager, NGO, Kenya

'Then other challenge was disruption in their routine. schools disrupted and they were confused and anxious and scared. we did a quick feedback exercise from youth we serve and those were some of the feedback given. the education

department also sent mixed guidance and messages. Lastly even though virtual connection was useful there were youth who could not participate as just have no access to phone or data. This also made it impossible for them to do remote learning with school so the orphaned and poor learners were very much impacted with now challenges linked to school drop out as we see increases non attendance across the country including our programmes.'
Service Manager, NGO, South Africa

Staffing challenges were also commonly reported. Examples include staff sickness, the compliance with safety measures by staff and the availability of PPE for staff. For instance, a service manager working for the government from the U.S. shared they had had to 'compete' with other agencies and government entities to receive sufficient amounts of PPE.

Concerns about staff also related to providers' own wellbeing and coping. For example, a service manager working for the government from the U.S. shared that staff had been struggling with balancing childcare and other personal responsibilities with work duties. A direct service provider working at a civil society organisation from the Philippines also raised concerns about staff coping and wellbeing during the pandemic and the impact of this on staff's capacities to provide for children and young people:

'We advocates and activists should also take care of ourselves as we grapple with the pandemic. We should practice it also when we preach to

children and young people about mental health and psychosocial wellbeing. This real life social and economic impact of the pandemic has also affected us, limiting our capacities to actively promote children's rights and well-being. How do we pour out when we don't have enough resources to support our own families? How do we maintain the campaigns and advocacies when funders cut back on their support to local NGOs? What do we do about people and children suffering when we ourselves are suffering too? These are challenging questions we had to respond to especially in the early months of the lockdown.'
Direct Service Provider, Civil Society Organisation, Philippines

Other less frequently reported challenges were communicating the COVID-19 risks to children, as well as the increased barriers to carrying out advocacy and activism:

'Third, this may be particular to our context and in countries all around the world, social movements are also challenged due to the shrinking civic spaces, sadly, socially and now even physically. Social protests are now difficult to mount and even when we express ourselves in social media, it may not also be safe. This time also endangers our lives as activists and the future of activism.'
Direct Service Provider, Civil Society Organisation, Philippines

'Transferring away from face to face advocacy'
Direct Service Provider, Private Sector, Scotland

Impact on Children and Families

Next, they were asked: 'What was the outcome of the challenges faced with supporting children's wellbeing during COVID-19?'.

Both negative and positive outcomes for children were reported in the context of challenges faced during COVID-19. The next two subsections explore those in more detail.

NEGATIVE OUTCOMES FOR CHILDREN	POSITIVE OUTCOMES FOR CHILDREN AND SERVICES
• **Reaching fewer children** • **Restricted access to basic needs and services such as food and medicine** • **Increases in teenage pregnancies** • **Increased exposure to gender-based violence and online abuse** • **Decreases in school attendance** • **Drug and alcohol use** • **Withdrawal of funding**	• **Good collaboration with various organisations** • **Staff coordination** • **Successful protection of children against COVID-19** • **Service innovations (e.g. online therapy; reaching children through neighbours)** • **Creativity in reponse to pandemic-related challenges** • **Involving and listening to children about their issues** • **A focus on supporting parents**

'There are children who were still never served'
Service Manager, NGO, Kenya

Negative Outcomes

Respondents reported a range of negative outcomes for children as a result of those challenges faced during the pandemic. Some positive outcomes for children and service delivery were also highlighted. Those included reaching fewer children as a result of movement restrictions and disengagement from services; children's restricted access to essential services and basic needs such as food and medicine; increases in child pregnancies, online abuse and gender-based violence; drug and alcohol abuse; decreases in school attendance; withdrawal of funding, and others:

'The outcome we had to connect Virtually and the most needy didn't take part.'
Direct Service Provider, NGO, South Africa

'Some children have disengaged from service'
Direct Service Provider, NGO, Scotland

'Children missing food and other basic needs. Missing food which often resulted in missing drugs'
Direct Service Provider, Civil Society Organisation, Kenya

'children not able to have a minimum of two meals in a day and have access to quality healthcare'
Direct Service Provider, NGO, Kenya

'Missing drugs and High Viral load to the children living with HIVS'
Direct Service Provider, NGO, Kenya

'restrained access to health and social services'
Director, Kenya (role unknown)

'Alot of children have fallen into the wrong hands in the name of being helped and as a result teenage pregnancy has been on the rise'
Service Manager, NGO, Kenya

'Most of girl child engaged in early marriages, unwanted pregnancies , defilement and school drop outs. The boy childs also engaged in bodaboda [bicycle and motorcycle taxi] operation and being envolved [involved] in drug and alcohol abuse.'
Direct Service Provider, NGO, Kenya

A direct service provider working at an NGO in Kenya indicated that there had been 'deteriorated standards of living', 'increased deaths of children', 'increased abuse cases' and 'delayed justice' as a result of 'shortage of resources' and 'increased vulnerable cases'.

A direct service provider working at an NGO in the Philippines highlighted the pros and cons of children's increased social media use during the pandemic:

'As observed, children became engaged more in social media in which they can share their feelings and thoughts, but in the other side it also became a medium for online sexual abuse and exploitation especially for children in the communities.'

One respondent, a policymaker working at a civil society organisation from Belgium, noted that there was uncertainty regarding the long-term implications for children.

Positive Outcomes

Respondents also reported several positive outcomes for children, families and services. For instance, several respondents reported an increased awareness of COVID-19 risks in children and a reduction in the spread of the virus as a result of measures implemented in their sector and/or their own organisations and work. Others highlighted innovations in service delivery such as online therapy and optimisation of service delivery by increased collaboration with partners and staff coordination.

Creativity was also highlighted as being important:

'We could not really do more during this time, we had to be creative to be able to do more because of all the movement restrictions.'
Direct Service Provider, Civil Society Organisation, Philippines

'We are planning to use some additional funding from Scottish government to try more creative ways'
Service Manager, Local Government, Scotland

No tangible outcomes for children were reported by a policymaker working at an NGO in Greece:

'There's an effort but no tangible outcomes as yet. Children in refugee camps lack access to wifi connection and devices'

Breaches of Children's Human Rights

Respondents were asked about whether any of the challenges described in response to earlier questions were a breach of children's human rights. Fifty-two responses were received: 25 (48%) of respondents answered 'Yes', 21 (40%) answered 'No', 3 (6%) answered 'Don't know' and 3 (6%) answered 'Not applicable'.
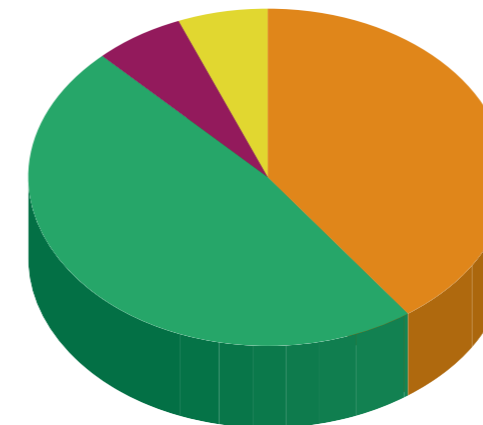
Were any of the challenges a breach of children's human rights?

■	Yes	48%
■	No	40%
■	Don't know	6%
■	Not Applicable	6%

'Children went with nothing to eat'
Direct Service Provider, NGO, Kenya

'vulnerable communities can not attend clinics since they can't afford face masks which are mandatory before entry at the facilities'
Director, Kenya (field of work unknown)

Several respondents specifically discussed instances of violence, abuse and exploitation. Common examples were gender-based violence, domestic violence and child labour:

'India is facing huge number of cases of child sexual abuses, rapes and online child sexual exploitation'
Direct Service Provider, NGO, India

'Children were forced to engage in inckme [income] generating activities some of which physically and psychologically.The number of cases reported of unwanted pregnancies due to gender based violence were extremly high'
Direct Service Provider, Civil Society Organisation, Kenya

'jn house violence caused them emotional and psychological violence.'
Direct Service Provider, NGO, Kenya

'However, there were reports of breaches in children's protection as a result of the quarantine measures imposed by the government. The pandemic also brought about challenges in child protection (e.g. online abuse and exploitation) and child participation (restriction in children's movement or not being informed or consulted at all).'
Service Manager, Civil Society Organisation, Philippines

'We can't always offer children the opportunity to play. We must comply with national Covid regulations.'
Service Manager, Children's hospital, Sweden

Other respondents shared that children's right to be heard had often been violated:

'Children's right to be heard / child participation has always been difficult to uphold'
Policymaker, NGO, Philippines

'Because even though they are children, they still have the right to be heard and to be given the chance to air out what they wanted the adults to do for them..'
Policymaker, Government, Philippines

'The children were not consulted in any of the actions in schools, including closure and exams'
Direct Service Provider, Private Sector, Scotland

Breaches of Children's Human Rights During COVID-19 Reported by our Respondents

Right to safety

Right to play

Right to health

Right to food and shelter

Right to education

Right to be heard

In-Depth Findings—Part Three:

Lessons Learned and Recommended Actions for Improving Outcomes for Children

The aim of this app is to capture people's learning and share it with others. Given the real-time nature of the responses collected through the app, we were keen to ask for respondents' immediately retrospective reflections with a view to learning for improvement at both practice and systems levels. These questions were asked roughly six to nine months into the course of the pandemic.

This set of questions concerned respondents' reflections on what they, or their organisation, would have done differently during the pandemic, and on what actions they believed would have resulted in better outcomes for children. The following two sections offer an overview of how respondents most commonly answered those questions. Key themes and verbatim quotes from our respondents are used throughout to illustrate the main points raised.

QUESTION	NUMBER OF RESPONSES
What would you, your team, or your organisation have done differently, if anything?	**65**
What actions across your sector would have resulted in better outcome(s) for children?	**65**

"Need to have a county or country tailored child policy that guides all sectors towards support of children's protection, provision, participation and prevention to help the sectors better outcom[e]."

Service Manager, NGO, Kenya

"Had we improved our skills in humanitarian work, we would have been more effective in working with our partners at the national and local levels for the provision of immediate services and support to children and their families."

Service Manager,
Civil Society Organisation,
Philippines

Lessons Learned

USING TECHNOLOGY IN SERVICES SOONER	GREATER REACH OF SERVICES	MORE EFFECTIVE EMERGENCY RESPOSNSES	MORE BASIC NEEDS SUPPORT
ENSURING BETTER COVID-19 AWARENESS AND PROTECTION	MORE EFFECTIVE COLLABORATION AND STAKEHOLDER INVOLVEMENT	INVOLVING CHILDREN	OTHER: OPEN OFFICES SOONER, ORGANISE ACTIVITIES FOR YOUTH, PROVIDE MORE MENTAL HEALTH AND MORE SCHOOLING SUPPORT

Common responses to the question, 'What would you, your team, or your organisation have done differently, if anything?'

The next survey question asked, 'What would you, your team, or your organisation have done differently, if anything?'.

Respondents offered a range of examples of actions that they could have implemented, providing adequate financial and other support had been available, to achieve better outcomes for children during the pandemic. One common set of responses pertained to using technology sooner and more effectively to reach young people, develop online learning materials and training, and administer online justice faster:

'I think we would have embraced the use of technology in our programs earlier so that we could have had better conversations with our youth about online safety and respect.'
Service Manager, NGO, Canada

Relatedly, several respondents indicated they wished there had been a greater reach of services so that the various needs of those served – such as children with HIV and adolescent girls – could be better addressed:

'If the caregiver all had phones, our organisation would have called all them   more regularly. if funds were available all vulnerable OVC should have been considered with service and not only the vulnerable Households who have children

living with HIV/AIDS'
Service Manager, NGO, Kenya

Other examples of better service responses that should have been implemented include:

'providing children living with HIV with pill boxes' to allow them to take their medication in public 'without fear', as well as with alarm clocks to help with medication management'
Service Manager, NGO, Kenya

'Continuous visit to households with positive OVC [orphans and vulnerable children] to ensure proper pill count is done'
Direct Service Provider, NGO, Kenya

'worked out a way to start community based support sooner'
Direct Service Provider, NGO, Scotland

'Created a phone list earlier. So that contacting our children and communities would have be easier'
Service Manager, NGO, India

Three respondents, all of whom are service managers working at NGOs in Kenya, indicated the need for better support for girls such as providing urgently needed services in the community, as well as more frequent and effective mentorship:

'Be more aggressive in mentorship and support of adolescent girls, this would probably have helped or prevented the large numbers that are currently affected by unplanned pregnancy.'
Service Manager, NGO, Kenya

The need for more effective emergency responses and more basic needs support was also highlighted. Some examples were putting aside emergency funds, networking among caregivers and staff and mobilisation of networks were all mentioned as responses that would have facilitated a more prompt and comprehensive service provision. Examples of specific responses the respondents wished had been implemented are:

Financial aid and a food delivery programme for households affected financially by the pandemic
Direct Service Provider, NGO, Kenya

'Encourage and empower the community to use the locally available resources to produce items like mask and sanitizer, produce food from their gardens to supplement wellwisher's support.'
Direct Service Provider, NGO, Kenya

A mobile health clinic giving out free medical care in poor communities
Direct Service Provider, NGO, Philippines

'Provide the poor households with startup kits so that they can continue with their business that went down during the pandemic period'
Direct Service Provider, NGO, Kenya

Respondents also frequently emphasised the need to ensure better COVID-19 awareness and protection in their communities. This includes distributing PPE to children and caregivers; engaging young people to increase awareness of risks; and having media campaigns (TV, online and radio) on the importance of safe practices during the pandemic:

'To training communities to be aware of Covid19 and what impact it cause. To install sense of accountability and self-awareness to individual's.'
Direct Service Provider, NGO, South Africa

The need for more effective collaboration and stakeholder involvement was also highlighted:

'Had we improved our skills in humanitarian work, we would have been more effective in working with our partners at the national and local levels for the provision of immediate services and support to children and their families.'

Service Manager, Civil Society Organisation, Philippines

'We would work more with Ministry of education advocating for equal educational opportunities for socially vulnerable children'

Service Manager, NGO, Montenegro

'Stakeholders involvement in policies formulation'

Direct Service Provider, NGO, Kenya

The need to involve children in service design and delivery was mentioned by several respondents:

'To include the children and their inputs and insights in all activities related to children, from conception, execution and assessment.'

Direct Service Provider, NGO, Philippines

'We trained children who willingly to volunteer in tutoring other children. It's a peer to peer approach or child to child approach for education and awareness raising on children's Rights'

Service Manager, NGO, Philippines

'Maybe consult all stakeholders, especially the children, before doing a plan...'

Policymaker, Government, Philippines

Other less frequent responses were opening offices sooner to encourage young people to drop in and stay in touch (Scotland); provide more mental health support (U.S.); and home school support (Kenya).

Notably, some responded to this question by emphasising their efforts and successes in supporting children's wellbeing during challenging times:

'Nothing. We tried our best.'

Direct Service Provider, NGO, South Africa

'I think my organization have done a great job in the lives of children by give out educational packs to each and every child during COVID 19 so that they can carry on practicing school work while staying home during this difficult time.'
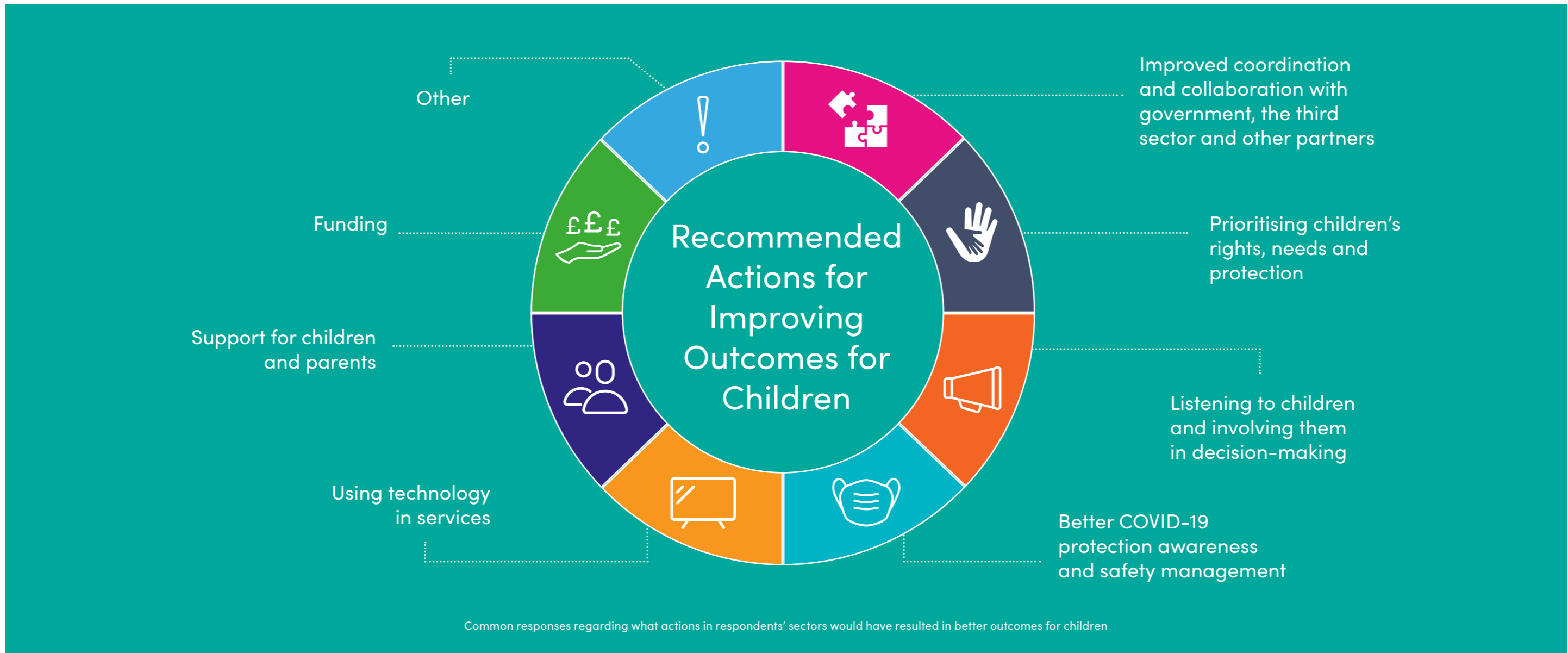
Direct Service Provider, Private Sector, Scotland

A direct service provider working at an NGO, in the child and youth care sector, in South Africa shared they would still have done the same things as this had been a 'trial and error' learning experience:

'At time because it was a first try in how we worked and doing trial and error learning, we would have done the same things to know what works and what does not work and after obtaining those results then use what we currently know to be working and not working going forward'

Direct Service Provider, NGO, South Africa

Recommended Actions for Improving Outcomes for Children

- Improved coordination and collaboration with government, the third sector and other partners
- Prioritising children's rights, needs and protection
- Listening to children and involving them in decision-making
- Better COVID-19 protection awareness and safety management
- Using technology in services
- Support for children and parents
- Funding
- Other

Common responses regarding what actions in respondents' sectors would have resulted in better outcomes for children

The survey question, 'What actions across your sector would have resulted in better outcome(s) for children?', yielded a diversity of responses. The most common responses related to:

- **Improved coordination and collaboration with the government, the third sector and other partners** – including coordinated action planning; information sharing during transition points in care; networking with government agencies to address emerging issues with children; better community-based support, and other strategies to ensure a holistic approach to service provision:

'Improved communication with community partnerships to ensure that all necessary information is being shared during transition points in care. Examples include Child welfare workers, residential staff, family, outpatient services, physician etc.'

Direct Service Provider, Government, Canada

'Need to have a county or country tailored child policy that guides all sectors towards support of children's protection, provision, participation and prevention to help the sectors better outcom[e]'

Service Manager, NGO, Kenya

'Coordinated action, explicit strategy and action plan, better in house competence in science'

Policymaker, Government, Sweden

- **Prioritising children's rights, needs and protection** – including ensuring children's basic needs (e.g. food, medication, sanitation) are met; understanding the needs of vulnerable and underserved children; and lobbying with the government to ensure adequate protection and provision for children and their caregivers:

'Understanding the different situations of children/adolescents, children with disabilities, children in street situations, children in rural areas, girls, children who identify as LGBT, children with migrant parents, etc'

Policymaker, NGO, Philippines

'Lobby with the government to put measures

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.'

Direct Service Provider, NGO, Kenya

'Creating a room for every child to be a fellow child's keeper and report any awkward activity spotted to responsible caregiver or authority.'

Direct Service Provider, NGO, Kenya

- **Listening to children and involving them in decision-making:**

  'Allowing children to be part and parcel of decision making on matters concerning covid - 19 prevention. Ensuring they actively participate in daily activities and let them speak on their own about matters affecting them during the period of pandemic'

  Service Manager, NGO, Kenya

  'Asking them to them directly and not assume that as adults we know what they want'

  Policymaker, Civil Society Organisation, Philippines

  'Through online Children's consultation that we have gathered information About How Children think and feel About their situation and observations in the community during this time of pandemic. These information helps us understand and see emerging issues of Children so we can also develop plans and actions accordingly to their needs.'

  Direct Service Provider, Civil Society Organisation, Philippines

- **Better COVID-19 protection, awareness and safety management** – including sensitising parents about risks; ensuring home visits adhere to safety guidelines; providing adequate PPE; and ensuring staff safety.

- **Using technology in services** - for example, establishing online services and referral mechanisms for children; online child protection apps; and digitalisation to mitigate the negative impact of school closures on learning:

  'More knowledge of digital platforms - initially we had to learn on the go.'

  Direct Service Provider, NGO, Scotland

- **Support for children and parents** - for example, reaching out to families to offer the necessary support; engaging children in recreational activities such as sports and interactive online clubs; offering counselling and play therapy; and providing positive parenting support:

  'Practicing parenting skills training (sinovuyo), this has enlightened the caregivers and the adolescent girls on good relationship and communication'

  Service Manager, NGO, Kenya

  'Policies also need to support parental employment since it is key to fighting child poverty.'

  Direct Service Provider, NGO, Kenya

- **Funding** - financial support (e.g. cash transfers and other emergency funds) for affected families; better resource allocation for programmes related to children; and more resources directed to rural areas and community outreach.

  'More secure finance for families under pressure as a result of unemployment or low income.'

  Policymaker, NGO, Scotland

  'Provision of one off cash transfers to caregivers.'

  Direct Service Provider, NGO, Kenya

- **Other** - for instance, keeping schools open; involving the community in planning and decision-making; and ensuring sufficient staffing levels.

A Note of Caution

While the survey generated useful insights into the respondents' work in relation to children and families, the findings should be interpreted with caution due to a number of factors.

- The numbers of respondents are modest, so the findings may not be representative of the experiences and challenges faced in those countries or sectors.

- The findings reported here have been produced by the COVID 4P Log research team and due to the format of the smartphone app survey, the findings cannot be shared with the respondents for commentary or review.

- The findings are derived from a short-form survey and lack context. Respondents' engagement with the survey varied, which may have affected the completeness of the data.

- We are aware some respondents had difficulties with engaging with the app due to workload pressures and technical issues, which might have affected their response rates.

Summary

This report presented a range of effective practices, challenges, lessons learned and proposed improvement actions for supporting children's wellbeing; these were reported by service providers and policymakers from 22 countries in response to a series of questions delivered via the COVID 4P Log smartphone app in the last quarter of 2020.

The majority of the findings reflect the experiences of respondents in the eight most represented countries - Kenya, South Africa, the Philippines, Scotland, India, Sweden, the USA and Canada.

The nuance in the present findings also reflects the range of roles, areas of work and sectors that characterised our respondents' work. Collectively, they were direct service providers, service managers and policymakers working in settings such as NGOs, the government and civil society organisations, and focusing on a range of child wellbeing, welfare and protection domains such as children and family services, education, advocacy and child's rights, justice, maternal health, and many others.

The report was organised in three main parts - each detailing common responses to a distinct set of questions relating to protecting and promoting children's wellbeing during the COVID-19 pandemic.

- The first part, 'Successes in Supporting Children's Wellbeing During the COVID-19 Pandemic', focused on examples of what had gone well in respondents' sectors and own work. A range of effective practices and facilitators were reported. Among those were meeting children's diverse needs, adapting practices to optimise the quality and reach of service delivery, protecting children and their caregivers from COVID-19, and many others. Common facilitators were funding, government support, staff commitment and responsiveness, a needs-based approach, and others.

- The second part discussed respondents' biggest challenges to supporting children's wellbeing during COVID-19, as well as the impact of those on children and families. Numerous pandemic-related and other socio-economic and organisational barriers were reported. Examples included the limited face-to-face contact with children, school disruptions and the insufficient funding to meet children's and families' needs. Those challenges often impeded children's access to essential rights and services.

- Finally, respondents reflected on 'Lessons Learned and Recommended Actions for Improving Outcomes for Children', answering questions about what could have been done better in providing optimal responses to children's needs during the pandemic. Most commonly, responses were concerned with using technology more effectively to reach children, offering more comprehensive basic needs support, involving partners, children and other stakeholders, and others.

Our hope is that this COVID 4P Log Learning Report series will generate new insights, and spark new questions and ideas to strengthen policy, service and practice with, and for, children and their families.

About this Report

This Learning Report has been produced by the Institute for Inspiring Children's Futures at the University of Strathclyde, Scotland, UK. **Inspiring Children's Futures**, with its many partners, has a strong track record of multi-level, multi-sector global engagement, policy development and practice improvement.

This Learning Report is part of a series of reports on the findings of the COVID 4P Log Smartphone app. Together, the reports from this series form the second of a three-part 'Inspiring Children's Futures in light of COVID-19' programme.

This programme is gathering evidence on protecting children's wellbeing in past epidemics; informing better policies and practices throughout the COVID-19 pandemic; and influencing change in the long shadow that COVID-19 will cast over the recovery phases ahead.

With our partners, we are strengthening global, national and local approaches to ensure that we are collectively delivering on the Justice for Children, Justice for All SDG 16+ Call to Action to "respond to children's distinct needs, and realise their full range of rights and opportunities, to achieve peaceful, just and inclusive societies for all".

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