


**DRAFT WITNESS STATEMENT OF
NICCY MODULE 2C UK COVID
INQUIRY**

Certificate of Exhibit KY/4 – INQ



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FOREWORD

*We are not all in the same boat.
We are all in the same storm.
Some are on super-yachts.
Some have just one oar.¹*



The beginning of 2020 was an optimistic time for us in Northern Ireland as the New Year heralded the return of the NI Executive and Assembly with an ambitious programme outlined the New Decade

New Approach deal. As I read the document assessing progress on children's issues I felt, whilst not all children's rights issues were being progressed, so many would be, including poverty, education, mental health, palliative care and age discrimination. None of us were prepared for what followed and the effect that Covid-19 would have on all our lives. Nor could we envisage that by the end of March, two months after restoration, we would all be in lockdown and our children would not be attending school.

As I write this, 16 months after that first lockdown we still do not know the full long-term impacts of this pandemic on the lives of children and young people. Nevertheless, as we seek to 'build back fairer' we know enough to be able to set the trajectory of travel. Hence this report. Much has been written and discussed about the known impact of the pandemic on our children's education, physical, mental and emotional health; and as the NI Commissioner for Children and Young People, it is important that we provide a synthesis of all this work filling in the gaps

with our own areas of inquiry and providing a clear analysis and a set of recommendations as to how we shape the future.

We are not in this together and I utterly refute the notion that the pandemic has affected us all in the same way and this report demonstrates the distinct experience of so many different groups of children. The pandemic has laid bare the deep inequalities in our society particularly with regard to poverty and disability. As the quote above suggests yes we have all been in the same storm but the boats that we have been in to help us navigate that storm have been very different.

For many years the discourse about poverty and its impact on children and young people has been a superficial one and in some respects negligent. Successive governments have refused to effectively address this issue or to see the impact that public funding cuts, particularly to benefits, have had on children. Whilst it has been positive that we have tried to address the awful consequences of food poverty, period poverty and fuel poverty, they are 'sticking plaster' solutions - we must end this compartmentalisation of children's lives and end child poverty.

It was right, during the initial lockdown, that all energies were focussed on controlling the virus and protecting our elderly and vulnerable; we have much to learn about how we care for our vulnerable older population. However, as the pandemic progressed it became clear that too many of our children and families were struggling. As you read this report it will be apparent that services across all sectors worked tirelessly to respond to need but restrictions and regulations did not always provide the assistance necessary. We know that schools are much more than places where children and young people formally

¹ <https://www.damianbarr.com/latest/tag/We+are+not+all+in+the+same+boat.+We+are+all+in+the+same+storm.>

learn, they are places where they socialise, are nurtured, kept safe and well. The inability of the education system to be creative and respond in a timely manner to emerging issues has been deeply frustrating. The feeling of abandonment by families of children with special educational needs - particularly those in special schools - is real and justified. Schools were given insufficient support to stay open for the children and families who needed this support.

This report also highlights young people's frustration at the decision-making processes within Government particularly the Department of Education; it also starkly lays out how young people felt ignored and marginalised with insufficient information provided to them and little meaningful engagement.

I listened to this young person quoted below (referencing a press report) and still it distresses and shocks me that for months he felt like this.

"...do you remember the way they said about beds, that they only had specific rooms for you know normal kids and so the kids with special needs if they would have had to make the hard choice to put them down or let the other one live, they were saying this sort of stuff."

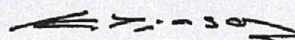
Too many of our children's lives have been devastated by the pandemic and this devastation must be alleviated as a matter of urgency. If, as you read this report, you think this is not about Covid-19 but also about inequalities and the need to properly realise children's rights then that is correct. The pandemic has exposed the fragility of the lives of thousands of families in NI but they are fragilities that have been known about for years. When I became Commissioner in 2015 my priorities were poverty, educational inequalities and mental health. Unsurprisingly these are the issues that have been highlighted

in the last 18 months. We do not need a 'Covid Recovery Plan' for Children we need to see the proper implementation of the Programme for Government, the Children and Young People's Strategy, the Recommendations from the UN Committee on the Rights of the Child and a child rights impact assessment (CRIA) approach to relevant policies, strategies and delivery plans. We must not waste our energies on new strategies but work with children, families and communities to implement what is necessary. Poor implementation of children's rights makes vulnerable children even more so during emergency situations.

I also need to be clear that I genuinely believe that the NI Executive and government worked hard during the Pandemic and it is intended that this report will be of assistance in progressing the learning. I present this report and my recommendations to our duty bearers.

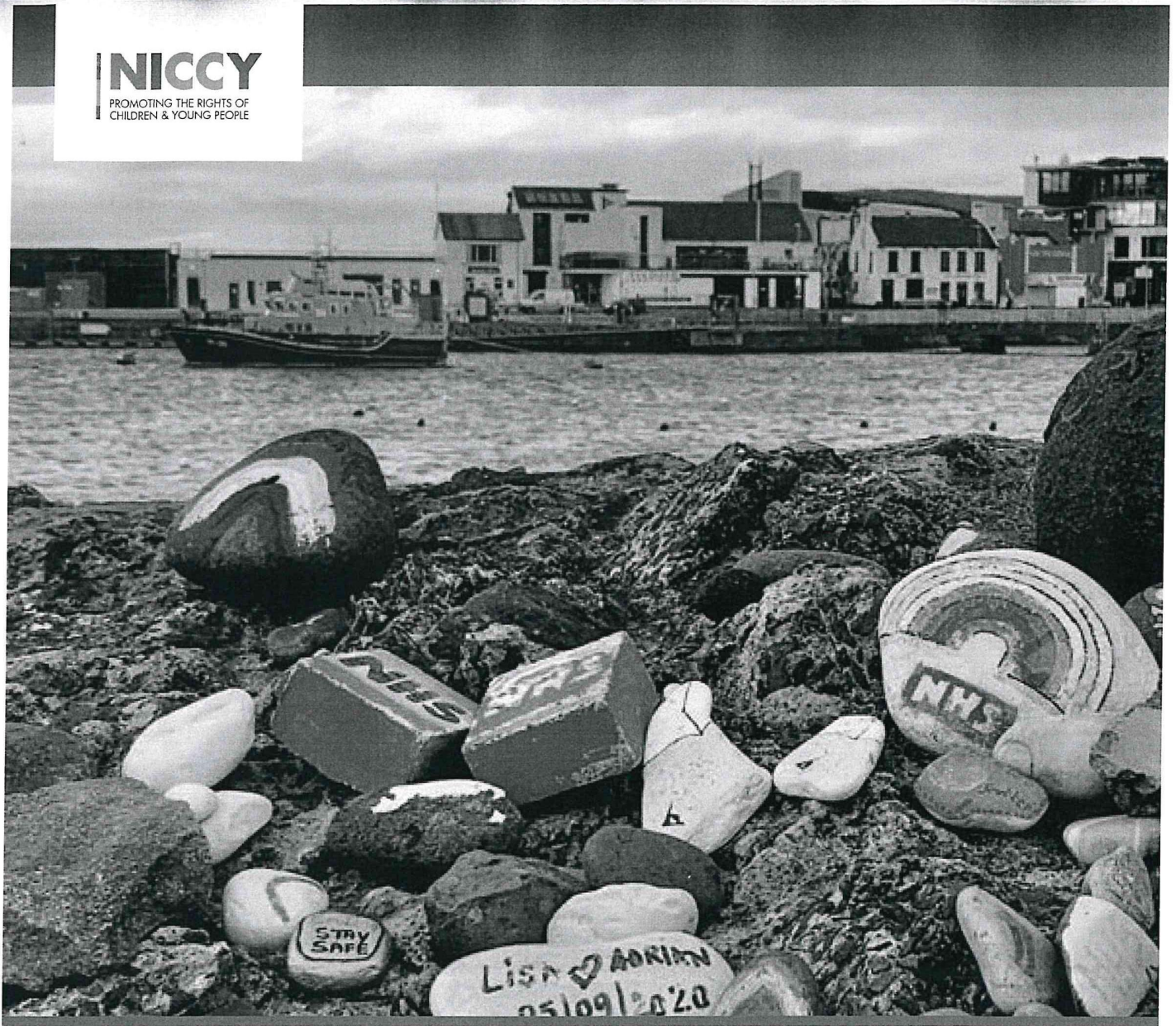
We are grateful to those at QUB and the children and young people who informed and participated in the preparation of this report. We also would like to thank the professionals who participated in the QUB research and the organisations that provided information or facilitated focus groups. I am personally indebted to all the staff at NICCY who have worked tirelessly on it and will continue to do so as we monitor implementation of the recommendations.

"People just assumed we were going to be irresponsible. We were always just told to think of older people but we were thinking about them and wanted to do our best. Who was thinking of us?"



Koulla Yiasouma

Northern Ireland Commissioner
for Children and Young People



1. INTRODUCTION

'Children are not the face of this pandemic. But they risk being among its biggest victims. While they have thankfully been largely spared from the direct health effects of COVID-19 - at least to date – the crisis is having a profound effect on their wellbeing. All children, of all ages, and in all countries, are being affected, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good. This is a universal crisis and, for some children, the impact will be lifelong. Moreover, the harmful effects of this pandemic will not be distributed equally. They are expected to be most damaging for children in the poorest countries, and in the poorest neighbourhoods, and for those in already disadvantaged or vulnerable situations. There are three main channels through which children are affected by this crisis: infection with the virus itself; the immediate socio-economic impacts of measures to stop transmission of the virus and end the pandemic; and the potential longer-term effects of delayed implementation of the Sustainable Development Goals'

UN Policy Brief: The Impact of COVID-19 on Children.¹

The COVID-19 pandemic is an unprecedented global crisis during the course of which national governments have necessarily had to introduce restrictive measures to protect the population from the spread of the virus. These restrictions have had a severe impact on the rights and best interests of children and young people. While the COVID-19 pandemic was a health emergency, the impact on children's health has been limited, no doubt in no small part due to the public policy responses, through emergency legislation and including restrictions on freedom of movement and association. Nonetheless, these in turn

impacted on outcomes for children across a much wider range of areas, directly and indirectly. As an Organisation for Economic Co-operation and Development (OECD) report noted,

*'Evidence from multiple high-income countries clearly shows that how a government responds to a crisis (whether directly for children or not) can have serious implications for child and family poverty, parental care, child mortality, health, nutrition, learning outcomes, parental labour market attachment, gender equality, parental mental health and suicide, homelessness and more.'*²

The aim of this report therefore is to provide a comprehensive assessment of the impact of the government response to the COVID-19 pandemic on the lives of children and young people across Northern Ireland. In assessing the impact of the pandemic, we have looked at several key areas including health, social/recreational activities, family life, education and economic wellbeing. We have placed a particular focus on vulnerable groups including children in care, children with disabilities, and children at risk of domestic violence and/or abuse.

NICCY has examined the Northern Ireland Executive's response to the pandemic including the introduction and easing of successive lockdowns and the introduction of emergency legislation. We have analysed the steps that the Executive has taken to mitigate the impact of the pandemic on the education, health and social, and family life of children and young people and to ensure young people and their families do not fall into poverty.

Our analysis has been informed by the statement issued by the UN Committee on

1 UN (2020) Policy Brief: The Impact of COVID-19 on Children. Available at: [UNSDG | Policy Brief: The Impact of COVID-19 on children](#)

2 OECD (2021), Youth and COVID-19: Response, Recovery and Resilience. Accessible at: [Youth and COVID-19: Response, recovery and resilience \(oecd.org\)](#)

the Rights of the Child (the Committee) on 8 April 2020 warning of the grave physical, emotional and psychological effect of the COVID-19 pandemic on children and calling on States to protect the rights of children.³ The Committee expressed concern about the situation of children globally, particularly those in situations of vulnerability, due to the effects of the COVID-19 pandemic. It pointed out that many children would be gravely affected physically, emotionally and psychologically, especially in countries that had declared states of emergencies and mandatory lockdowns, and outlined 11 recommendations

to states, to safeguard children's rights during the pandemic. In our analysis we have assessed how far the Executive has complied with the statement issued by the Committee on 8 April and, in particular, how far they have introduced measures which specifically address the 11 recommendations identified. Chapters of the report focus on each of these recommendations while at the same time looking at the impact of the pandemic on children's rights under the United Nations Convention on the Rights of the Child (UNCRC) more generally.

The UN Committee on the Rights of the Child's Recommendations to states on protecting children from the impact of the COVID-19 pandemic

1. Consider the health, social, educational, economic and recreational impacts of the pandemic on the rights of the child.

Although initially declared for short terms, it becomes clear that declarations of States of emergencies and/or disaster may be maintained for longer periods, leading to longer periods of restrictions on the enjoyment of human rights. The Committee recognizes that in crisis situations, international human rights law exceptionally permits measures that may restrict the enjoyment of certain human rights in order to protect public health. However, such restrictions must be imposed only when necessary, be proportionate and kept to an absolute minimum. Additionally, while acknowledging that the COVID-19 pandemic may have a significant and adverse impact on the availability of financial resources, these difficulties should not be regarded as an impediment to the implementation of the

Convention. Nevertheless, States should ensure that responses to the pandemic, including restrictions and decisions on allocation of resources, reflect the principle of the best interests of the child.

2. Explore alternative and creative solutions for children to enjoy their rights to rest, leisure, recreation and cultural and artistic activities.

Such solutions should include supervised outdoor activities at least once a day which respect physical distance protocols and other hygiene standards, and child-friendly cultural and artistic activities on TV, radio and online.

3. Ensure that online learning does not exacerbate existing inequalities or replace student-teacher interaction.

Online learning is a creative alternative to classroom learning but poses challenges for children who have limited or no access to technology or the Internet or do not have adequate parental

³ UN Committee on the Rights of the Child, (2020), Statement on Impacts of COVID Pandemic on Children and Young People. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CRC/STA/9095&lang=en

support. Alternative solutions should be available for such children to benefit from the guidance and support provided by teachers.

4. Activate immediate measures to ensure that children are fed nutritious food

during the period of emergency, disaster or lockdown, as many children receive their only nutritious meal through school feeding schemes.

5. Maintain the provision of basic services for children including healthcare, water, sanitation and birth registration.

Despite the increasing pressure on health systems and the scarcity of resources, children should not be denied access to health care, including to testing and a potential future vaccine, to COVID-19 – related and COVID-19 – unrelated medical treatment, mental health services and treatment for pre-existing conditions. Children should also have access to clean water and sanitation facilities during the period of emergency, disaster or lockdown. Birth registration services should not be suspended.

6. Define core child protection services as essential and ensure that they remain functioning and available, including home visits when necessary, and provide professional mental health services for children living in lockdown.

Confinement may expose children to increased physical and psychological violence at home, or force children to stay in homes that are overcrowded and lack the minimum conditions of habitability. Children with disabilities and behavioural problems, as well as their families, may face additional difficulties behind closed doors. States should strengthen phone and online reporting and referral systems as well

as sensitization and awareness activities through TV, radio and online channels. Strategies to mitigate the economic and social impact of the COVID-19 pandemic should also include specific measures to protect children, particularly those living in poverty and lacking access to adequate housing.

7. Protect children whose vulnerability is further increased by the exceptional circumstances caused by the pandemic.

These include children with disabilities; children living in poverty; children in street situations; migrant, asylum-seeking, refugee and internally displaced children; minority and indigenous children; children with underlying health conditions including HIV/AIDS; children deprived of their liberty or confined in police lock-up facilities, prisons, secure care centres, migrant detention centres or camps; and children living in institutions. States should respect the right of every child to non-discrimination in its measures to address the COVID-19 pandemic as well as take targeted measures to protect children in vulnerable situations.

8. Release children in all forms of detention, whenever possible, and provide children who cannot be released with the means to maintain regular contact with their families.

Many States have adopted measures to restrict visits and contact opportunities for children living in institutions or deprived of their liberty, including children confined in police institutions, prisons, secure centres, migration detention centres or camps. While these restrictive measures can be seen as necessary in the short term, over long periods they will have a marked negative effect on children. Children should at all times be allowed to maintain regular contact

with their families, and if not in person, through electronic communication or telephone. If the period of emergency, disaster or State-ordered confinement is extended, consideration should be given to reassessing the measures that prohibit such visits. Children in migration situations should not be detained nor separated from their parents if accompanied.

9. Prevent the arrest or detention of children for violating State guidance and directives relating to COVID-19, and ensure that any child who was arrested or detained is immediately returned to his or her family.

10. Disseminate accurate information about COVID-19 and how to prevent infection in languages and formats that are child-friendly and accessible to all children including children with disabilities, migrant children and children with limited access to the Internet.

11. Provide opportunities for children's views to be heard and taken into account in decision-making processes on the pandemic. Children should understand what is happening and feel that they are taking part in the decisions that are being made in response to the pandemic at all times be allowed to maintain regular contact with their families, and if not in person, through electronic communication or telephone. If the period of emergency, disaster or State-ordered confinement is extended, consideration should be given to reassessing the measures that prohibit such visits. Children in migration situations should not be detained nor separated from their parents if accompanied.

In addition to the UN Committee on the Rights of the Child's statement, in April 2020 the UN also published a more detailed Policy Brief: 'The Impact of Covid on Children',⁴ which provided three overarching recommendations:

- Rebalance the combination of interventions to minimise the impact of standard physical distancing and lockdown strategies on children in low-income countries and communities and expand social protection programmes to reach the most vulnerable children.
- Prioritise the continuity of child-centred services, with a particular focus on equity of access – particularly in relation to schooling, nutrition programmes,

immunisation and other maternal and newborn care, and community-based child protection programmes.

- Provide practical support to parents and caregivers, including how to talk about the pandemic with children, how to manage their own mental health and the mental health of their children, and tools to help support their children's learning.⁵

This briefing made the point that children would not be impacted solely at the time of the pandemic, but potentially could feel the negative impact throughout their lifetime if the response and recovery from the pandemic exacerbates inequalities for children and families. Conversely, well-designed, family-

⁴ UN (2020) Op Cit

⁵ Ibid

focused policies could have wider, long term positive benefits for society, as a UNICEF report has stated:

*'No one group in society better represents the future than the child population. Therefore, child-sensitive approaches to crisis recovery – ensuring that children are protected from harm, that their services are ring-fenced, and that they are seen as a priority group in the response – are not simply driven by good intentions, but should be seen as vital to ensuring that future generations are equipped to avoid crises such as COVID-19. Should the responses to the present crisis fail to fully account for the impact that public policy decisions will have on all children, progress towards to the SDGs is also at risk.'*⁶

Political context to the emergency of the COVID-19 pandemic in Northern Ireland

As 2020 started, Northern Ireland was in the middle of a political crisis where the main political parties could not reach agreement on the basis to form an Executive, and by this point Northern Ireland had been without a government for three years. While the civil service sought to ensure ongoing delivery of the government departments and their agencies, increasingly the lack of Ministers to make decisions meant that many important developments were halted.

Over this period of political vacuum, the Brexit negotiations were taken forward between the UK government negotiators and those representing the EU. Given Northern Ireland was the only part of the UK that would have a land border with the EU, and the way in which EU membership had played an important facilitatory role in the Belfast Agreement, the absence of a Northern Ireland

government to represent the interests of the population was extremely problematic. With the UK formally leaving the EU at the end of January 2020, and the third anniversary of the absence of government in NI was approaching, the Secretary of State for Northern Ireland, Julian Smith, and the Irish Minister for Foreign Affairs, Simon Coveney, hosted talks and brokered agreement between the parties. On the basis of the New Decade, New Approach Deal (NDNA), on 11 January 2020 a new NI Executive was formed and the Assembly restored.

The NDNA document drew together a range of commitments for action from the new Executive, many of which had previously been in progress but had been delayed due to the absence of the Executive, while others reflected problems that had emerged or worsened in the political vacuum. A number of these commitments were particularly important to ensure effective delivery on children's rights including:

- Addressing problems with the provision of health and social care services through reconfiguration of hospital provision, delivering reforms on health and social care and introducing a new action plan on waiting times;
- Publishing a new Mental Health Action Plan and Strategy, to improve delivery of mental health services;
- Addressing resourcing pressures in schools and publishing an independent review of education provision;
- Overcoming divisions in education through supporting educating children of different backgrounds together, and addressing the links between persistent educational underachievement and socio-economic background

6 Richardson, D. et al, (Dec 2020), Supporting Families and Children Beyond COVID-19 Social protection in high-income countries, (UNICEF). Available at: [Supporting Families and Children Beyond COVID-19: Social protection in high-income countries \(unicef-irc.org\)](https://www.unicef-irc.org/publications/Supporting_Families_and_Children_Beyond_COVID-19_Social_protection_in_high-income_countries)

- Extending existing welfare mitigation measures beyond March 2020 which were due to expire;
- Establishing an Ad-Hoc Committee to consider the creation of a Bill of Rights; and
- Developing and implementing a range of strategies, including an Anti-Poverty Strategy, Childcare Strategy, Climate Change Strategy, Disability Strategy, Racial Equality Strategy, Sexual Orientation Strategy and Gender Strategy.

The Executive was to develop a Programme for Government to outline how it would deliver on these commitments, but within two months the COVID-19 pandemic was to demand the full attention of the government, and population. Having observed the emergence of the virus in the Wuhan region of China, and then its sudden spread across a number of European countries, the first case of COVID-19 in Northern Ireland was diagnosed on 27 February 2020 and the first COVID-related death was on 19 March 2020. Schools and non-essential shops in Northern Ireland were closed from 23 March 2020, people were asked to work from home, there was no meeting up between households and regulations came into force on 28 March 2020 to enforce stay at home guidelines unless people had reasonable excuses not to do so.

The Coronavirus Bill, containing a range of measures applying to each of the four jurisdictions of the UK, was introduced at Westminster on 19 March 2020, and on 24 March 2020, the Assembly passed a Legislative Consent Motion granting that the Bill should extend to Northern Ireland. The Coronavirus Act 2020 temporarily amended the 1967 Public Health Act, and these changes will apply for a period of two years until March 2022. The amended Public

Health Act introduced a range of legislative changes including:

- emergency registration provisions for medical and social work professionals;
- powers to restrict public assembly;
- powers of detention and other powers to deal with 'potentially infectious persons';
- powers relating to travel (medical examination, detention, isolation or quarantine of persons; disinfection or decontamination of persons and things; prohibiting or regulating entry or exit of persons); and
- powers relating to mental health and mental capacity.

The Act provided for the Department of Health in Northern Ireland to make changes without prior Assembly approval if it was deemed 'proportionate' and 'necessary' to do so. Over the first twelve months to March 21, there were approximately 40 amendments to the regulations, as well as additional changes in relation to international travel regulations and standalone regulations such as those regarding face coverings. Some of these have been made on the same day as the decision or shortly thereafter which means that the usual consultation and scrutiny processes have not been operationally possible. Whilst processes have been established to improve risk-benefit assessments of proposed changes to regulations and restrictions through legislation, NICCY has raised concerns about the lack consultation with the office with respect to the development of emergency coronavirus legislation and its impact on children's rights.⁷

As the pandemic progressed, restrictions were eased over the summer months (2020), with a return to school from September –

⁷ For example, in meeting between NICCY and Chief Medical Officer, 10.03.21; in various correspondence with the Department of Education in relation to the Temporary Modification of Education Duties.

December 2020, interrupted by an extended half-term break in October 2020. A second full lockdown came into force at the end of December 2020. Schools remained closed after the Christmas break, apart from Special Schools and for vulnerable children and children of key workers. Non-essential shops were closed and the government advised people to work from home where possible. Northern Ireland embarked on the programme of easing lockdown restrictions from 23 April 2021, and despite an increase in cases linked to the Delta variant at the time of writing, the removal of restrictions has continued on a phased basis.

The work of the Northern Ireland Commissioner for Children and Young People through the COVID-19 pandemic

The Northern Ireland Commissioner for Children and Young People (NICCY) was created in accordance with 'The Commissioner for Children and Young People (Northern Ireland) Order' (2003) to 'safeguard and promote the rights and best interests of children and young people in Northern Ireland'. Under Article 7 of this legislation, NICCY has a statutory duty to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people by relevant authorities, and to provide advice on these matters.

In carrying out her functions, the Commissioner's paramount consideration is the right of the child or young person, having particular regard to their wishes and feelings. In exercising her functions, the Commissioner is required to have regard to all relevant provisions of the United Nations Convention

on the Rights of the Child (UNCRC), and to the role of parents in the upbringing and development of children. The Commissioner's remit is children and young people up to 18 years, or 21 years, if the young person has a disability or experience of being in the care of social services.⁸

The Commissioner is supported by a staff team of 25, led by the Chief Executive, working in a Legal and Investigations team, a Policy and Participation team and a Corporate Services team. In addition, she is advised by the NICCY Youth Panel, currently involving 154 young people and, through a range of methods is informed by the experiences and opinions of children and young people more generally across Northern Ireland.

Since the start of the COVID-19 pandemic, NICCY has consistently scrutinised the response of the Northern Ireland Executive, its departments and agencies, through information requests and meetings. Our focus was on providing advice, in 'real time' as the crisis unfolded. While much of this can be found in our formal advice papers on our website (www.niccy.org), a significant amount of this was delivered in meetings with Ministers, politicians, civil servants and other professionals responsible for the delivery of children's services, and in evidence sessions at the Northern Ireland Assembly.

NICCY was also very aware of the concerns of children and young people, and their families, particularly in the early stages, when there was little in the way of information accessible to children, and parents were suddenly having to address many practical difficulties in terms of supporting their children's education, allaying anxieties, and understanding the restrictions applied.⁹ We therefore established an information page

8 In this report we variously refer to 'children' and 'young people'. When using either term we are intending to be inclusive of all children and young people under our remit, unless otherwise stated.

9 See [Coronavirus - information for children & young people and parents \(niccy.org\)](https://www.niccy.org/coronavirus-information-for-children-and-young-people-and-parents)



on our website to hold information relevant to children and young people and their families, and the Commissioner made frequent statements and posted videos on social media where she sought to explain recent developments and reassure children and young people.¹⁰

In addition, over this time the Commissioner's Legal and Investigations team provided support to individual children and young people experiencing rights breaches in relation to a wide range of issues, many of which related to the government response to the COVID-19 pandemic.

Given the major changes affecting the education sector due to the pandemic, unsurprisingly most COVID-19 queries received by our Legal team related to education. These varied from calls to cancel exams, grading problems, the use of masks

and issues with the post primary transfer process. Other queries related to health waiting lists for children with additional needs, delays in health assessments, access to respite services curtailed due to restrictions and a lack of access to digital devices required for home schooling.

We publish this report at this point in the COVID-19 pandemic response, as the Northern Ireland Executive is starting to move forwards to develop its COVID-19 Recovery Plan. It is critical that this takes into account the impacts of the pandemic response on children and young people, and has a focus on the longer term goals for them. The report aims to draw out key learning from the pandemic response, to inform the continuing response to the COVID-19 pandemic, the Executive's Recovery Plan, and also to inform government responses to any future emergencies.

¹⁰ See, for example *Statement from the Commissioner on Covid 19* (1 April 20) (niccy.org) : <https://youtu.be/JMpBtZy4L9E>

Hearing directly from children and young people throughout the pandemic has been important for NICCY, to inform our interventions and advice to government. It has also been important to inform this report, and the recommendations it contains. The NICCY Youth Panel have worked with the Commissioner and her staff throughout the pandemic and have provided an important 'reality check' as to the difficulties they, their families and their peers were experiencing. As outlined in the methodology section, they have worked with us to engage with children and young people more widely across Northern Ireland, recognising that the Panel couldn't reflect all the views and experiences of children and young people, and that there were particular groups whose experience of the pandemic would be affected by their personal circumstances and that we needed to be proactive in hearing their voices.

Our report was also informed by many other organisations working with or on behalf of children and young people. At the beginning of the first lockdown NICCY contacted a wide range of organisations asking them to alert us to any child rights breaches that they became aware of as a result of the COVID-19 pandemic, and over subsequent months we were contacted by several. Many have also gathered information and published reports on the impact of COVID-19 on the children and families with which they worked, or on specific children's issues. These reports have proved excellent sources of information and we have drawn extensively on these in this report.

Methodology

In preparing this report, NICCY has sought to hear from a wide range of children and young people about their experiences of the pandemic, and through surveys and focus

groups have heard from a total of 4,385 young people. We have:

- Drawn upon our advice to government over the duration of the pandemic to date;
- Commissioned modules on two surveys with children and young people – the Kids Life and Times Survey (KLTS) and the Young Life and Times Survey (YLTS) – from ARK¹¹ who are based at Queen's University Belfast (QUB). These surveys sought views from children and young people directly and asked them about the impact of COVID-19;
- Commissioned a detailed qualitative research report from the Centre for Children's Rights at QUB. Researchers engaged with professionals from the statutory and voluntary sector working with children and young people on the impact of COVID-19 on the planning and delivery of services to children and young people across the 11 key areas identified by UNCRC;
- Engaged directly with groups of children and young people who may have been 'vulnerable', in terms of the uneven impact of COVID-19 and the response, by running a series of focus groups, facilitated by voluntary sector groups;
- Requested and analysed data from government and research literature from other sources including statutory bodies, voluntary sector organisations, and academic institutions; and
- Identified learning relating to the current COVID-19 emergency to inform recommendations on planning for the COVID-19 recovery.

¹¹ ARK is a Northern Ireland social policy hub, established in 2000 by researchers at Queen's University Belfast and Ulster University, with the primary goal to increase the accessibility and use of academic data and research.

Data Sources

Surveys of children and young people

NICCY commissioned modules in two surveys - the Kid Life and Times Survey (KLTS) and the Young Life and Times Survey (YLTS) to gather information on the experiences of children and young people during the Covid pandemic.¹²

The questions were developed through engagement with the NICCY Youth Panel. They reviewed the 11 recommendations from the UN Committee on the Rights of the Child's Statement, and identified the areas that would be appropriate to include in a survey, recognising that some recommendations could only be assessed through accessing other data sources. NICCY staff then worked with the Youth Panel members to draft a 'wish list' of questions and then to reduce these to ones they considered most essential. Together we then adapted these to suit the age ranges for the two surveys. ARK staff advised on amending these to ensure they were robust.

The KLTS is an annual survey which has been running since 2008. It uses online questionnaires and is targeted at P7 children in primary schools across Northern Ireland. The fieldwork for the 2020 KLTS was carried out between 12 October 2020 and 26 February 2021. There were approximately 25,450 P7 age pupils attending 842 primary schools (this included P7 age children in special and independent schools). Questions on the KLTS 2020 related to home and family, school and bullying, shared education and the impact of COVID-19 on children's rights. With regard to the latter, the survey was necessarily focused on the experiences of children during the first lockdown.

The response rate to the survey was lower than in previous years. 94 out of 842 schools participated in the survey, representing 11%

of schools. In previous years the response rate was usually over 20% but a lower response rate in 2020 was not unexpected given the COVID-19 pandemic and the impact of lockdowns and school closures throughout the fieldwork period. A total of 2,242 children logged on to the survey out of a target population of 25,450 P7 age children which represents a response rate of approximately 9 percent.

The YLTS is an annual survey which has been run since 1998 and records the views of 16-year-olds in Northern Ireland on a range of issues such as community relations, health, politics, sectarianism and education. By inviting respondents to suggest issues for the next year's survey, ARK makes sure that the topics covered are relevant to the lives of 16-year-olds in Northern Ireland today. In this year's survey, young people were also asked several questions specifically related to COVID-19, devised as explained above, by the NICCY Youth Panel.

Exceptional circumstances in 2020 and 2021 meant that the survey field originally planned for the last quarter of 2020 had to be postponed to May 2021. While the original intention was to include very similar questions as in the KLTS, the delay in fieldwork required that some of these were adjusted to reflect that there had been a second lockdown.

The survey sample was taken from the Child Benefit Register. As in previous years, the sample for the 2020/21 survey was provided to ARK directly by HMRC. The sample for the 2020/21 survey included the names and addresses of 5,000 randomly selected young people in Northern Ireland who celebrated their 16th birthday in April, May or June. 5,000 young people were invited to participate in the survey and the response rate was 42%.

12 Throughout this report we refer to the data from these two modules by the shorthand 'KLTS' and 'YLTS'.

From 2019 the YLTS has moved, primarily, to online completion although participants have the option to request paper or phone completion. All administration of the mailout for the survey was undertaken by an independent mailing company. Fieldwork was conducted in May 2021.

Queen's University Belfast Qualitative Research Report

NICCY commissioned a qualitative research report from Queen's University Belfast (QUB) to help inform our response: Corr, M-L, Byrne, B., McAlister, S., Templeton, M. (2021), *The Impact of COVID-19 on the Planning and Delivery of Children's Services: A Rights Review*, (Belfast: NICCY). The overall purpose of the project was to identify the impacts of the COVID-19 pandemic on the planning and delivery of services to children and young people. It aimed to identify the challenges experienced by professionals and practitioners working in statutory and voluntary sectors and examine the ways in which they responded whilst resolving the issues presented. The analysis assessed these in the context of the rights and best interests of children and young people in Northern Ireland with a view to aiding NICCY in framing recommendations for future emergency planning.

- Rapid review of literature. The review focused primarily on literature relating to the context of the pandemic in Northern Ireland and drew on sources related to a number of substantive issues (for example, education, health, family life, play and leisure). The key aim of the review was to inform the subsequent stages of the project including consultation with NICCY staff and Youth Panel, the recruitment of participants and the development of interview schedules;

- Consultation with NICCY Youth Panel and NICCY Policy & Legal Teams. The purpose of these consultations was to inform the design of the study;
- Interviews with professionals and practitioners representing statutory and voluntary sectors. Semi-structured interviews and focus groups were carried out with professionals and practitioners involved in the planning and delivery of children's services in the statutory and voluntary sectors in Northern Ireland. Interviews and focus groups aimed to gather participants' views on the challenges faced in their role and the impact that these had on the lives of children and young people they work with or on behalf of. Interviews also examined the ways in which participants responded to challenges, their views on areas of good practice and success and examples of where they thought responses could be improved.

Focus groups with groups of vulnerable children and young people

While this report addresses the impact of COVID-19 on children's rights generally, it has a particular focus on the rights of particularly vulnerable groups of children and young people. Based on our work over the COVID-19 pandemic, and cognisant of the types of groups the UN Committee on the Rights of the Child had highlighted, we identified a number of groups of children and young people that we wanted to hear from directly, to understand how their particular circumstances may have affected their experience of the COVID-19 pandemic and the impact of the government response. A number of voluntary sector organisations facilitated access to these groups of young people, generously providing support both to NICCY and to the young people to ensure

Focus Group	Code
Children and young people with experience of the Juvenile Justice Centre, supported by the Youth Justice Agency (YJA)	F1
Young People with mild/moderate learning disabilities, supported by MENCAP	F2
Young people with experience of living in care, supported by VOYPIC	F3
Young people who have had a cancer diagnosis and are being supported by Cancer Fund for Children	F4
Young People supported by MACS including Young people experiencing housing insecurity/independent living	F5
Children and young people with experience of secure care (3 sessions), supported by NIACRO	F6
Small group of newcomer young people from an ethnic minority background supported by Dungannon Youth Resource Centre	F7
Small group of young people from rural communities supported by Dungannon Youth Resource Centre	F8
Children and young people from the Roma community supported by Armagh Roma and Traveller Support	F9
Traveller children and young people supported by Armagh Roma and Traveller Support	F10
Separated or asylum seeking young people (2 sessions), supported by Barnardos	F11
Written feedback	Code
Young Carers supported by Action for Children	W1
Young people being supported through Linked In Project run by MindWise. Linked In works with young people leaving police custody who have a range of support needs	W2
Children with family members in prison supported by NIACRO	W3
Children with a heart condition supported by Children's Heartbeat Trust	W4

that their voices were heard. Given the public health restrictions, the majority of these took place on Zoom. While this allowed the focus groups to happen, nevertheless this proved challenging as many of the young people were experiencing 'Zoom fatigue'.

However, despite these challenges, we engaged with 74 young people through 11 focus groups and four written submissions. Hearing from these young people was extremely informative, as we heard about many experiences for the first time, and this highlights the importance of finding ways of hearing voices of the 'lesser heard' groups. We have taken steps to ensure that the voices of these children comes through in the report by quoting them directly and using the

following codes to associate the quote with the group (see above).

Ethical review

Ethical approval was sought and received from appropriate bodies for all the research undertaken by, or on behalf of NICCY to inform this report. NICCY undertook an internal ethical review process in relation to its focus group research, and also provided approval for the QUB research. The QUB researchers, and ARK team also went through the QUB ethical review process in relation to the QUB report, the YLTS and KLTS. Finally, one organisation that facilitated a focus group with a group of vulnerable young people also required NICCY to complete their ethical review process in advance of the meeting.

Associated reports

This is the Commissioner's comprehensive report outlining in detail NICCY's analysis of the impact of the response to the Covid-19 pandemic on children's rights in Northern Ireland. While it is the main report, it is accompanied by a number of other publications and communications:

- A shorter 'summary report' providing a brief overview of the findings and recommendations;
- A report providing more detail in relation to the experiences of children and young people through the COVID-19 pandemic, including further analysis of the KLTS and YLTS findings, and the focus groups conducted by NICCY;

- An 'easy read' summary of the report's findings;
- Information communicating the findings to children and young people; and
- The commissioned report from QUB: Corr, M-L, Byrne, B., McAlister, S., Templeton, M. (2021), *The Impact of COVID-19 on the Planning and Delivery of Children's Services: A Rights Review*, (Belfast: NICCY).

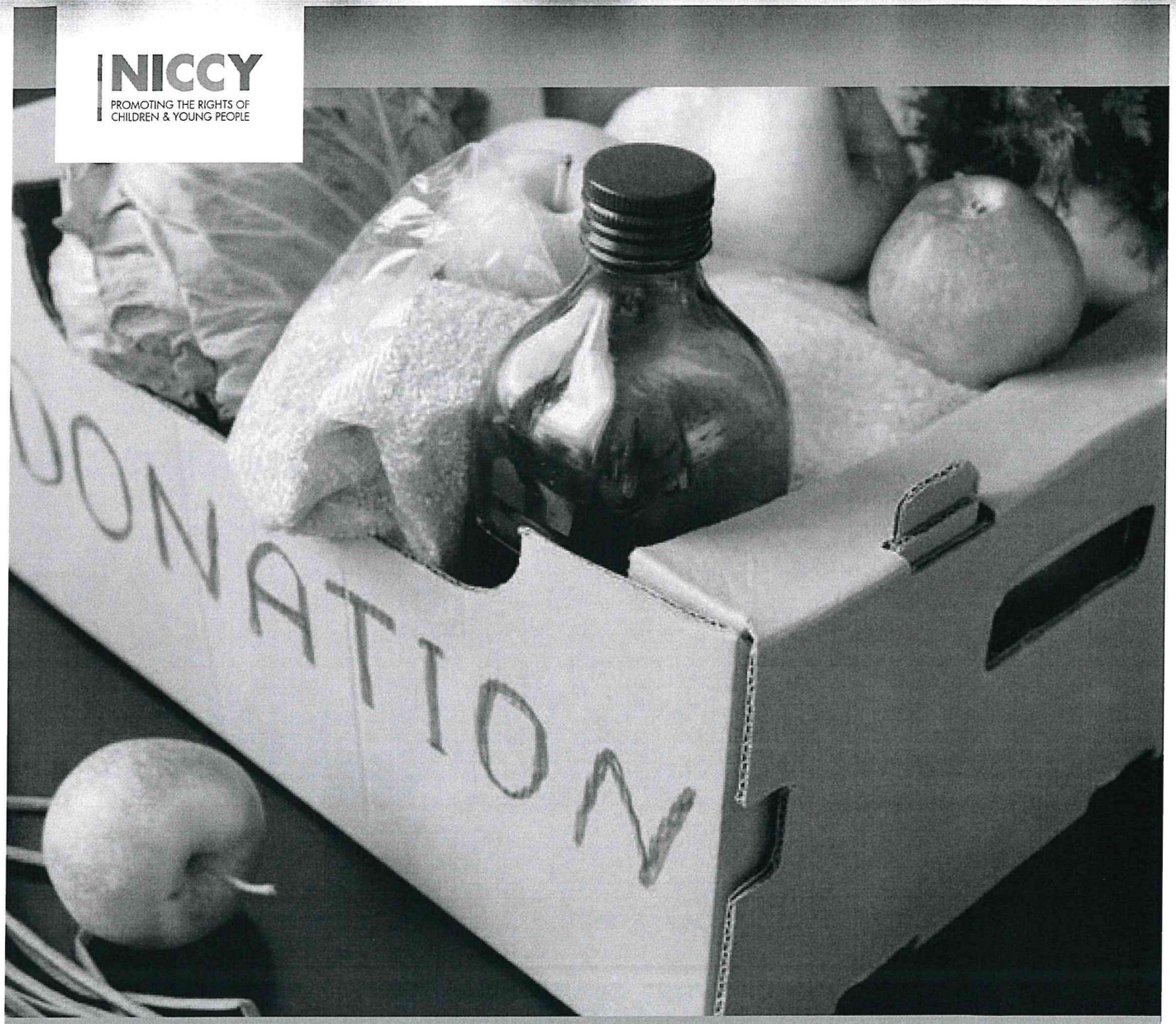
This full suite is available to download from the NICCY website.

"They should listen to young people more and take their needs into consideration as much as they do with adults. Just because we are younger does not mean we don't matter as much. Our education was greatly affected and our mental health as a whole was equally as greatly impacted. I felt as though, during the pandemic, we young people were almost blamed for the spread of the virus when the vast majority of us did everything we could to protect the older generation. But instead of listening to us and seeing we were trying to help, the government instead let the minority represent the majority. I would like the government to listen to us more and take us into consideration when they make decisions, especially on things that impact us such as education."

Young person, YLTS

'The government is talking to teachers, headmasters, and classroom helpers but have never bothered to talk to children. They should ask, as this survey has asked, do children feel safe in school, are they struggling with the fear of the virus...'

Young person, KLTS



2. POVERTY

Introduction

Article 27 of the United Nations Convention on the Rights of the Child (UNCRC) confers on all children the right to an adequate standard of living. While this recognises that the primary responsibility for this falls to parents or others responsible for the child, it also outlines the requirement on States to provide support to implement this right, with a particular focus on material assistance and support programmes, particularly in relation to nutrition, clothing and housing. Article 26 focuses specifically on the right of children to benefit from social security, taking into account the resources and circumstances both of the child, and their parents or those responsible for the child.

In 2016, the UN Committee on the Rights of the Child (the Committee) examined the UK and devolved governments' progress in implementing the UNCRC. One area of particular concern was the limited progress in eradicating child poverty, and the Committee encouraged UK Governments to establish clear accountability mechanisms for the eradication of child poverty, including the development of devolved child poverty eradication strategies, re-establishing SMART targets and regular monitoring and reporting of progress. The Committee also commented on the impact of welfare 'reforms' on children and young people and asked the UK Government to conduct a comprehensive assessment of the impact of all the social security and tax credit changes and, where necessary revise these in order to ensure that the best interests of children were given primary consideration. Finally, there were also

recommendations in relation to food poverty and homelessness.¹

As can be seen from the Committee's comments, child poverty was of concern prior to the COVID-19 pandemic. In March 2020, around one in four children (22%) were living in poverty, equivalent to more than 100,000 children.² Despite ambitious commitments in the Child Poverty Act 2010, and subsequent Child Poverty Strategies in Northern Ireland, there had been no sustained change in the levels of child poverty over the 18 years the data had been collated, with rates fluctuating from 23% to 28%. Indeed, children had consistently been the age group most likely to be experiencing poverty in Northern Ireland. Compared to 23% of children, only 15% of working age adults and 13% of pensioners were in poverty in 2019-20.³ While levels of unemployment were low, Northern Ireland had the highest figures for economic inactivity across the UK, and the levels of child poverty in working households had been increasing for many years. By March 2020, two in three children in poverty in Northern Ireland (66%) were living in working households.⁴

The New Decade, New Approach document agreed in January 2020, contained several Executive commitments to support working families and the most vulnerable, including commitments to extend existing welfare mitigation measures, develop and implement an Anti-poverty and Child Poverty Strategies,⁵ increase social housing and affordable home starts, and publish a Childcare Strategy. However, the onset of the COVID-19 Pandemic led to delays in the delivery of these

1 UN Committee on the Rights of the Child (2016), 'Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland', (Geneva, OHCHR), paragraph 71. Available at: <https://www.niccy.org/media/2536/un-concluding-observations-june-2016.pdf>

2 DfC, *Northern Ireland Poverty Bulletin 2019-20*, using the Relative Poverty, After Housing Costs measure.

3 Ibid.

4 Ibid

5 *New Decade, New Approach January 2020*

commitments, and indeed provided further challenges in relation to tackling child poverty.

This chapter of the report outlines how the COVID-19 Pandemic and the response to this impacted on the economy, employment and the incomes of families with children, the impact this had on children and young people, and how government, statutory agencies and the VCS sector responded. Finally, it outlines recommendations that should inform the Northern Ireland Executive's actions to address child poverty as it seeks to start the recovery process.

Impact of COVID-19 pandemic response on the economy and family incomes

Impact on industry

The Northern Ireland Quarterly Index of Services (IOS) for Q4 of 2020 reported a quarterly decrease of 5.0% in services output and a decrease of 6.6% over the full year. In contrast, the UK IOS output experienced a small increase of 0.6% over the same quarter and a decrease of 7.3% over the year. When the most recent four quarters are compared to the previous four quarters, the NI services sector decreased by 9.4% while the UK services sector decreased by 8.9%.⁶ The most significant impact was on hospitality and retail - sectors employing higher numbers of young people. Over the months following the first lockdown the UK Government introduced programmes that sought to prevent job losses and protect the economy.

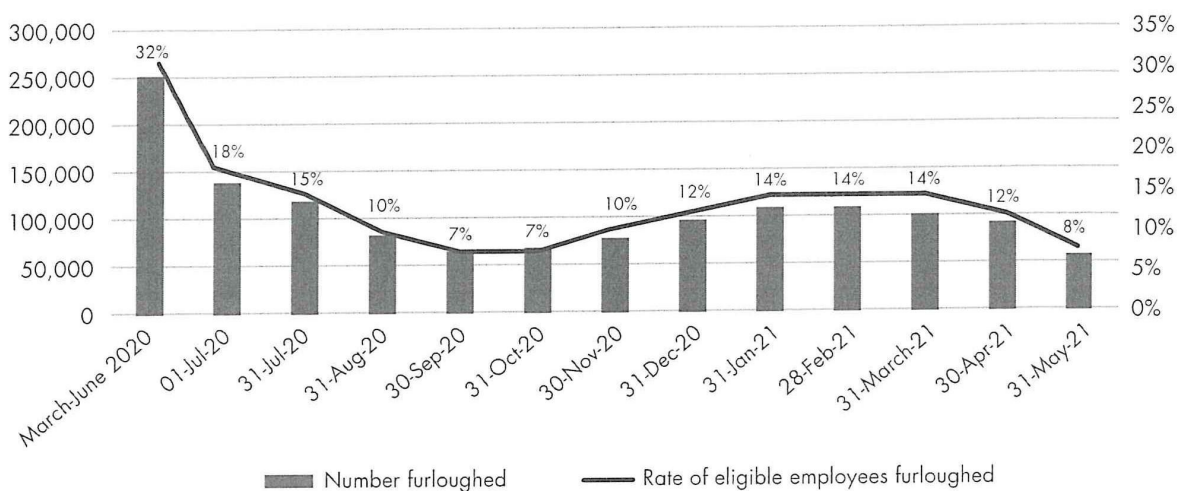
The Coronavirus Job Retention Scheme and Self-Employed Income Support Scheme

The Coronavirus Job Retention Scheme (CJRS) was announced on 20 March 2020 and was initially only intended to run between 1 March 2020 and 31 May 2020. However, it was subsequently extended on a number of occasions, most recently until 30 September 2021. Employers were able to apply for a grant that covered furloughed employees' usual monthly wage costs for unworked hours, up to a cap of £2,500 per month. Furloughed employees were entitled to furlough pay of no less than 80% of their usual monthly wage costs for unworked hours, up to a cap of £2,500 a month. From 1 July 2021, the level of grant was reduced each month and employers asked to contribute towards the cost of their furloughed employees' wages. Employers could 'top up' the wages to make up the gap between the furlough pay and the normal wage level, but this was not required.

In the first three months, around one in three (32%) of eligible jobs were placed on furlough - just under a quarter of a million posts (249,600). As can be seen in Figure 2.1 below, as the restrictions eased in summer 2020, the proportion of eligible jobs furloughed fell dramatically to 7% (around 65,000 posts), and increased again as restrictions increased. Provisional data for 31 May 2021 shows the lowest figure to date of 58,600.

⁶ NISRA (March 2021), [Northern Ireland Quarterly Index of Services: Quarter 4 \(October-December 2020\)](#), (Belfast: NISRA). Output estimates are calculated from the IOS aspect of the Quarterly Business Survey (QBS). The IOS has a sample size of approximately 3,500 businesses, covering all private service sector businesses with 100 or more employees and a representative sample of smaller businesses. The latest quarterly estimates are compared to revised estimates for previous periods.

Figure 2.1: Uptake of furlough scheme in Northern Ireland (March 20 – April 21)



Source: HMRC (1 July 2021), *Coronavirus Job Retention Scheme statistics*.⁷

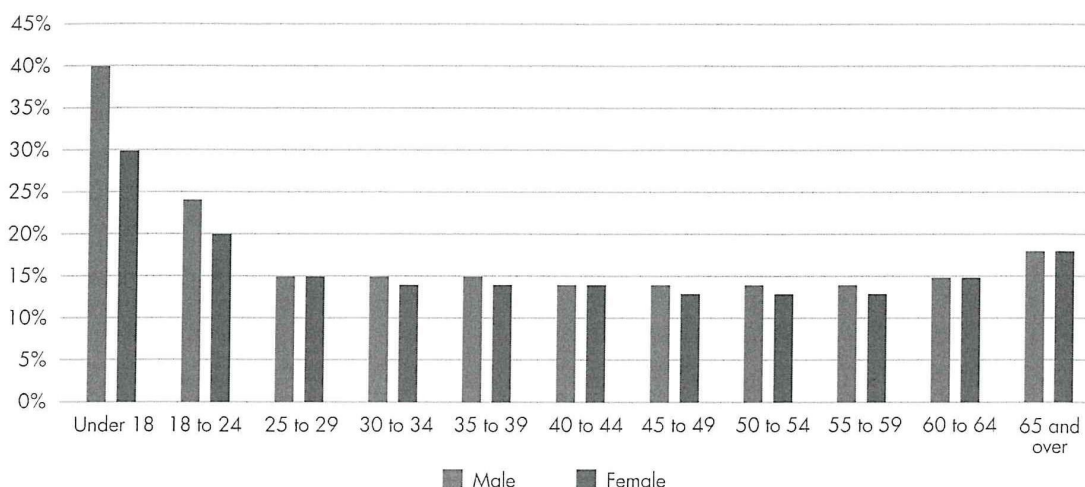
The fact that, when restrictions had been largely lifted in October, 65,000 'employments' remained furloughed, led to the suggestion that these employees may be vulnerable to being made redundant when the Coronavirus Job Retention Scheme ends in September 2021. However, Magill and McPeake of the Ulster University Economic Policy Centre, in their March 2021 analysis of Labour Market Statistics, took a more optimistic position, arguing that it is likely that the number remaining furloughed in October was falsely elevated and that 'the number of people at risk of unemployment once the CJRS support is removed is likely to be considerably less than the 65K low point in the series'.⁸ The lower figure for May 2021 would appear to support this position.



⁷ [Coronavirus Job Retention Scheme statistics: 1 July 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/coronavirus-job-retention-scheme-statistics)

⁸ [Magill, M., McPeake, M., \(23 March 2021\), Ulster University Economic Policy Centre Briefing Paper: Labour Market Statistics.](#)

Figure 2.2: UK employment furlough take-up rate at 31 January 2021, by age and gender of the employee



Source: HMRC (Feb 2021), Coronavirus Job Retention Scheme statistics.⁹

As Figure 2.2 above demonstrates, young people aged under 25 were significantly more likely to be furloughed than employees of other ages. Forty percent of employed young women and 30% of young men under 18 were furloughed, compared to around 15% of other age groups. Young people aged 18 to 25 were also significantly more likely to be furloughed than older workers.

In addition to this, a Self-Employed Income Support Scheme was rolled out from June 2020 for self-employed people, providing a cash grant of 80% of their average monthly

income up to a maximum of £2,500, paid out in a single instalment covering three months' worth of profits.¹⁰ As Figure 2.3 demonstrates, four in five of eligible self-employed people applied for the first grant by July 2020, a total of 78,000 people. These figures subsequently fell over the next three grants to a low of 56,000 by May 2021. The fifth grant will close on 30 September 2021, and at time of publication, no further waves of these grants were announced. These statistics highlight how self-employed people have been greatly affected by the COVID-19 pandemic.

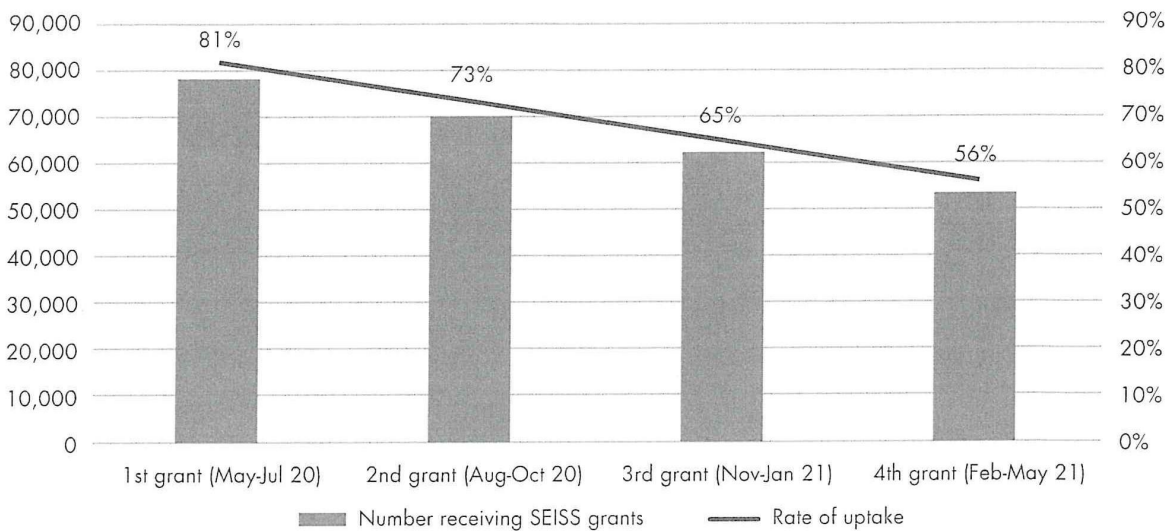
"I believe that the government needs to care for vulnerable children and young people in our society not just while schools are closed, but in the future post pandemic recovery. This includes addressing child abuse, child poverty and negative impact that has on a child's education, as well as continuity of free school meals. I also believe that the pandemic has exposed a wider mental health crisis in society that while not specific to just young people, it has affected them markedly due to the social isolation at a time of development and growth."

Young person, YLTS

⁹ Coronavirus Job Retention Scheme statistics: February 2021 - GOV.UK (www.gov.uk)

¹⁰ The exception was the fourth grant, which covered four months worth of profits.

Figure 2.3: Number of SEISS claims in Northern Ireland, and rate by eligible population



Source: HMRC Self-Employment Income Support Scheme statistics.¹¹

Unemployment and Economic inactivity

The ONS and NISRA labour market statistics published in March 2021 relating to the three month period ending in January 2021 indicated that total employment had fallen by 32,500 over the previous 12 months, the lowest employment rate of any UK region.¹² Young people aged 16-25 account for an incredible 27,000 of these employment losses, equating to a decrease in employment of 24% for this age group over the year.¹³

Magill and McPeake highlight the disproportionate impact on young people:

*'The young have been squeezed on two fronts. Firstly, job losses in sectors which have a relatively youthful workforce and a lack of opportunities for new entrants such as education leavers.'*¹⁴

Recognising this, in July 2020 the Chancellor for the Exchequer announced £2 Billion for a new youth employment scheme in Britain called 'Kickstart', aiming to help young people get jobs and experience; this went live in September 2020. Despite being allocated Barnett consequential for this programme, the equivalent Northern Ireland programme was significantly delayed. However, on 1 April 2021, the Finance Minister announced £20 million allocated to the new Jobstart programme (equivalent to the Kickstart programme) which was launched the following week. Given the devastating impact of COVID-19 on young people's employment, it is very disappointing that the launch of this programme was delayed more than six months compared to the programme in GB.

¹¹ HMRC Self-Employment Income Support Scheme statistics. HMRC coronavirus (COVID-19) statistics - GOV.UK (www.gov.uk)

¹² This analysis is contained in Magill and McPeake, (March 2021) Op Cit. While NI also had the lowest employment rate of any UK region prior to the pandemic, it has also experienced the second largest decrease in the employment rate of any region.

¹³ Ibid

¹⁴ Ibid paragraph 57.

Claimant Count

The Claimant Count consists of claimants of Jobseekers Allowance (JSA) and some Universal Credit (UC) Claimants - those who are required to search for work, i.e., within the 'Searching for Work' conditionality regime. In May, the NI claimant count stood at 54,300, equivalent to 5.5% of the NI workforce.¹⁵ Similar to UC applications, there had been a sudden increase in the claimant count in March 2020, although this did not peak until May 2020. See Figure 2.4 below.

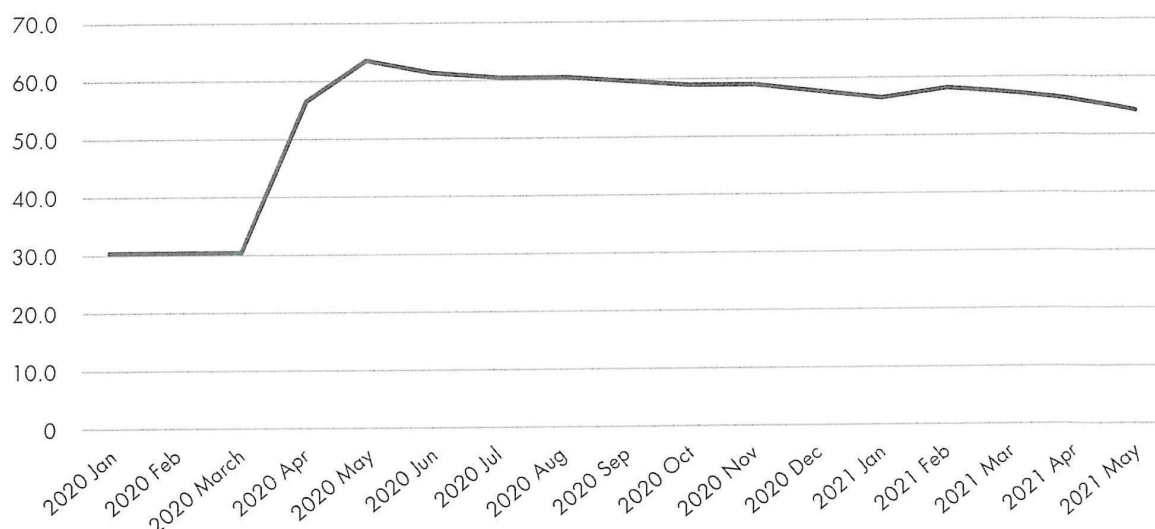
As Magill and McPeake point out, the Claimant Count figures include two groups of people who would not normally be counted as unemployed:

1. People employed but on low incomes, and assigned to the 'searching for work' conditionality group; and
2. Furloughed workers, as the reduction of pay to 80% of usual earnings will have moved some low-paid workers into eligibility for support under UC.¹⁶

Universal credit and benefit uptake

UC had been phased in across Northern Ireland over 2017-18. In February 2020 there were 65,200 UC claimants, and typically around 6,000 new claims per month over the previous 18 months.¹⁷ However, in March 2020, as the lockdown was suddenly introduced, there was a dramatic rise in the number of UC claimants, with 35,430

Figure 2.4: Northern Ireland Claimant Count (seasonally adjusted) in thousands of claimants



Source: NISRA (June 21), NI Claimant Count Tables (Belfast: NISRA). May 2021 figures are provisional and may be revised.

¹⁵ NISRA (June 21), NI Claimant Count Tables (Belfast: NISRA). May 2021 figures are provisional and may be revised.

¹⁶ Op Cit, Magill and McPeake, paragraph 13.

¹⁷ DfC/NISRA, (May 2021), Universal Credit Northern Ireland: data to February 2020, (Belfast, DfC). A slightly lower figure was quoted in DfC documents subsequently, however this figure is being used as it has been disaggregated by conditionality.

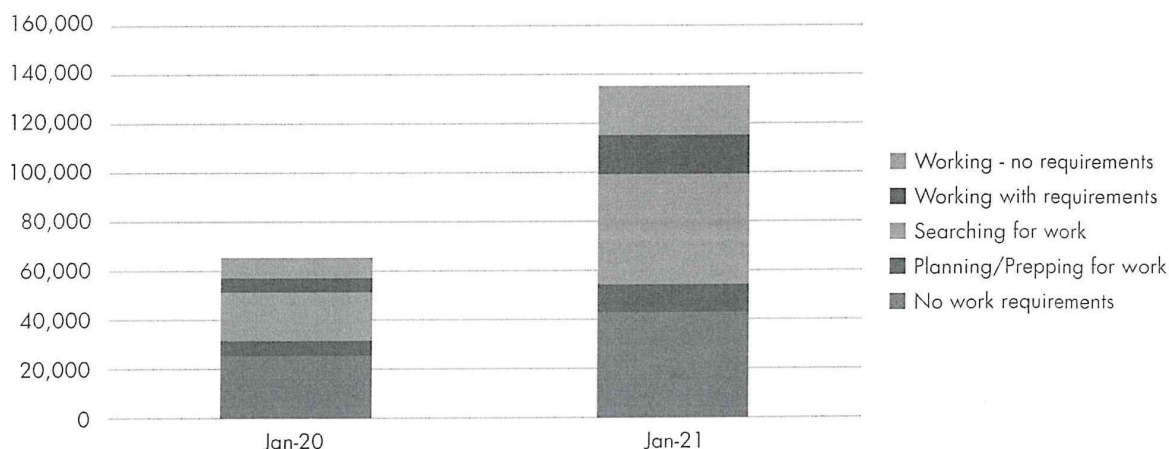
new claimants over that month.¹⁸ While new claimants remained high for the next two months, the new claimant numbers then subsided to a similar pattern as prior to the pandemic. It is to be noted that, in the face of doubling caseloads, and challenges to DfC of maintaining staffing capacity under lockdown, 'payment timeliness' remained consistently at 96%.¹⁹

As indicated below in Figure 2.5, in February 2021, there were a total of 135,710 UC claimants, twice the number from the previous year (65,150).²⁰ A total of 36,760 were working, compared to 14,430 twelve months earlier, on a low enough income

to be eligible.²¹ It is likely many of the new 'working' claimants may have been furloughed staff on 80% of their normal incomes. Of the 135,710 claimants, 30% (31,740) were lone parents with children, and 4% (4,050) were couples with children.²²

In April 2020, as part of the Chancellor's early economic response to the pandemic, he announced a £20 weekly top up to the standard UC allowance.²³ This was due to come to an end in March 2021, but this was extended to the end of September. The UK Government has announced that this payment will not be extended but 'phased out' in the Autumn.

Figure 2.5: Universal Credit Claimants by conditionality



Source: DfC/NISRA, (May 2021), *Northern Ireland Benefits Statistics Summary February 2021*

18 DfC/NISRA, (May 2021), <https://www.communities-ni.gov.uk/system/files/publications/communities/dfc-ni-uc-stats-feb-2020.pdf>, (Belfast, DfC).

19 DfC (March 21), *Covid-19 Support Achievements*, (Belfast, DfC).

20 Ibid

21 Ibid

22 Ibid

23 The £20 increase was made available only to those on UC, not those on 'legacy benefits' many of whom had disabilities. Also, people seeking asylum, struggling to make their asylum support payments of £39.63 per week stretch to cover their living costs did not receive this additional payment, but instead a significantly lower increase of £1.78. Red Cross (2021), *The longest year*: <https://www.redcross.org.uk/-/media/documents/about-us/research-publications/emergency-response/the-longest-year-life-under-local-restrictions.pdf>

"Working class families have struggled a lot during this pandemic and the Government's response, for example through free school meal provision, is disgusting. The underpaying of NHS workers and overall, the underfunding of the NHS affects the whole country and is a fault of the Government which needs an urgent address. Young people's mental health has been deteriorating in the pandemic, and the Government need to fund CAMHS with more money to provide sustainable help to young people. For example, eating disorders are often reflected on an individual's weight. Eating disorders are not weight disorders and each person suffering should receive help regardless of their weight and BMI. I understand this form of judgement is a result of underfunding, the Government need to fix this."

Young person, YLTS

This additional payment of £1,040 has been important to families on low incomes, struggling to make ends meet. Arguably this payment was not, in itself, a sufficient 'fix' to the benefit system which, following a decade of cuts and changes, has left low income families worse off, even after the additional £20 is taken into account.²⁴

Welfare reform mitigations

The Fresh Start Agreement in November 2015 had included a financial package of £585 million over four years to mitigate against 'Welfare Reform' social security cuts including the benefit cap and the 'bedroom tax'. However, this only targeted the cuts that predated the Welfare Reform and Work (NI) Order 2016, and not those introduced by the legislation that particularly affected payments to families with children.

The Northern Ireland Human Rights Commission's cumulative impact assessment of tax and social security reforms over nine years to May 2019, found that households with children have experienced much larger

losses as a result of the reforms than those without children. Losses were particularly dramatic for:

- Lone parent households - losing £2,250 pa on average;
- Households with 3 or more children - losing around £2,575 pa on average; and
- Households with at least one disabled child - losing around £2,000 pa on average.

The mitigation package was due to end by 31 March 2020, at which point thousands of low income households would have experienced a sudden 'cliff edge' in terms of their social security payments. However, with the return of the Assembly in January 2020, the *New Decade New Approach* document included a commitment to 'extend existing welfare mitigation measures beyond March 2020'.²⁵ The Minister for Communities stated her determination to meet this commitment and on 3 February announced that she would extend the Social Sector Size criteria (Bedroom Tax) mitigation, introducing

²⁴ Save the Children (March 2021), *Ten Years Too Long: A decade of child poverty in Northern Ireland*, (Belfast: Save the Children).

²⁵ *New Decade, New Approach* January 2020, p9.

legislation through accelerated passage to continue it after March 2020.

The Minister also stated her intention to extend other elements of the mitigation package through introduction of statutory regulations but the unexpected and sudden COVID-19 emergency led to a delay in the legislative processes. While the 2020 Budget Act allowed DfC to continue to make payments to people who would have otherwise been entitled to a Welfare Supplementary Payment as set out in the previous scheme, this has not yet been extended to include payments to mitigate the devastating cuts targeted at families with children.

The DfC Equality Impact Assessment conducted in January 2021 on its draft allocation in Budget 2021-22, indicated that the Department had not been provided funding to extend the mitigation package, including the elements aimed at offsetting the 'Two child limit'.²⁶

Meeting the basic needs of children

As the data above indicates, the impact of the COVID-19 pandemic response to the economy, jobs and family incomes, has been enormous across Northern Ireland, although not uniform. While experiencing upheaval in their daily lives, some families have been largely stable financially, while others have been plunged into poverty. This section explores how drops in family income have affected children, and outlines the actions taken by government to ensure their basic needs are met.

Homelessness

Given the direction from government to 'Stay at Home' and limit contact with others outside people's households during the pandemic,

there was recognition of the importance of preventing homelessness, particularly where this was due to mortgage or rent default. As a result, on 17 March 2020, the Chancellor Rishi Sunak announced mortgage payment holidays for people whose income was affected by COVID-19, originally for 3 months, but then extended by a further 3 months. Homeowners and landlords could apply for these until 31 March 2021; these were intended to ease the financial pressures on households whose income had been impacted by COVID-19. A ban was also placed on home repossessions until 1 April 2021 and on resulting evictions until after 31 May 2021.

In line with UK emergency legislation, an Act was passed in the Northern Ireland Assembly, the *Private Tenancies (Coronavirus Modifications) (Northern Ireland) Act 2020*, to protect private tenants from eviction by requiring at least 12 weeks' notice to quit a rented property. These actions have, no doubt, prevented numerous households with children from being made homeless, and it remains to be seen whether there will be a surge in repossession and evictions since the measures ended in June 2021.

Families with children

Between July and December 2020, 4,849 households presented as homeless, one third (34%) of which were families containing a total of 3,136 children.²⁷ Despite a general decrease in the number of homeless presenters, there was an increase in the numbers requiring temporary accommodation placements. On 4 January 2021, a total of 3,315 children were living in temporary accommodation, an increase of 11% from January 2020.²⁸ The majority of these children (86%) were living in private single lets and the remaining children were living in voluntary

26 DfC, (Jan 2021), Draft Budget 20-21 Equality Impact Assessment paragraphs 6.17 and 6.18.

27 DfC, NISRA, NIHE (March 21), *Northern Ireland Homelessness Bulletin, July to December 2020*.

28 Ibid

sector hostels (7%), NIHE hostels (6%) or in Hotels/B&Bs (1%).²⁹

Young people

The NI Housing Executive's 'Reset' plan, 'The Way Home; Homelessness responses to COVID-19' published in November 2020, highlighted that while the number of households presenting as homeless had dropped when compared with the previous year, this was not the case for young people aged 16-25, where there had been an increase from 1,419 to 1,544.³⁰ The increase was slightly higher for young men than young women.

As Table 2.1 below indicates, the increase in the number of young people requiring temporary accommodation placements was even more stark, an increase of 91% for 16 and 17 year olds, and an increase of 176% for 18-25 year olds.

The NIHE report noted that:

'The data suggests that young people have been significantly impacted by COVID-19 from a homelessness perspective. Young people have different experiences of, and

ways into homelessness than adults. They are frequently in 'hidden' homeless situations – staying with family, friends or other shared living arrangements – and lockdown measures, alongside loss of income, have seen many of these arrangements break down. Family tensions – always a key driver of youth homelessness – have also been exacerbated.

*We expect that these impacts on young people will continue and be potentially further compounded as some of the measures such as the Coronavirus Job Retention Scheme (furlough scheme) and protection for private renters (Private Tenancies (Coronavirus Modifications) (Northern Ireland) Act 2020) are removed or reduced. Now and in the longer-term, the Reset Plan will prioritise youth-specific responses to address the major repercussions of COVID-19 on young people experiencing, or at risk of, homelessness.'*³¹

In May 2021, the Minister for Communities, announced that the NIHE COVID-19 Reset Plan on Homelessness would be fully funded, and provided a further £9 million investment to bring the full homeless budget for 2021-'22 to £46 million.³²

Table 2.1: Young people requiring temporary accommodation

	16-17 year olds			18-25 year olds		
	Females	Males	All	Females	Males	All
June to December 2019	15	20	35	162	262	424
June to December 2020	24	43	67	378	794	1172
Percentage increase	60%	115%	91%	133%	203%	176%

Source: NIHE, (Nov 2020), 'The Way Home: Homelessness responses to COVID-19', (Belfast, NIHE)

²⁹ Ibid

³⁰ NIHE, (Nov 2020), 'The Way Home: Homelessness responses to COVID-19', (Belfast, NIHE)

³¹ Ibid

³² <https://www.communities-ni.gov.uk/news/homelessness-action-plan-fully-funded-minister-hargey>

Support with accessing food and paying for utilities

One of the first issues of concern identified as Northern Ireland went into lockdown was access to food and paying additional costs, particularly for low-income households. As the QUB research found, some groups of young people were more vulnerable than others, for example young care leavers struggled to access essential household items including food, toiletries and cleaning supplies, as well as paying for utility services, such as electricity and home heating.

Food parcels

Within two days of lockdown, on 20 March, the DfC had established an 'Emergency Leadership' group to enable it to work in partnership with the Community and Voluntary Sector (CVS) to identify problems and then shape the responses, for example in relation to accessing food. Food boxes were provided as an emergency response on demand, in recognition that problems accessing food were not only due to poverty, but also for people who were shielding, or single parents who were not allowed to take their children into shops with them, due to the restrictions that were in place. While there were some challenges, in general the partnership between statutory (central and local government) and voluntary sector organisations was felt to be very successful, in relation to being able to use the resources provided by the statutory agencies, and the CVS organisations being able to react quickly and creatively in finding ways of meeting the needs of individuals and families.³³

Over the first three weeks of the DfC Food Parcel service, 30,975 food boxes were provided to vulnerable individuals and families via 24 Council distribution centres.³⁴ A total of 204,006 food parcels were provided by DfC between April and July 2020.³⁵ In addition to this there was a huge response, both by established food banks and other food poverty groups, as well as new grassroots responses, to provide food to those who were struggling to access it, whether for financial or other reasons.

The Trussell Trust reported providing 78,827 food parcels in Northern Ireland from April 2020 to March 2021, of which 31,028 were to households including children.³⁶ This was an increase in 75% from the previous year, the largest increase of any UK region, other than London. The Trussell Trust reported that 'children, and households with children, have been more likely to need to turn to food banks during the crisis. When looking at the number of parcels distributed, children are overrepresented among those receiving a food parcel.'³⁷

Direct payments in lieu of Free School Meals (FSMs)

In addition to the food parcels provided to low-income households, on 26 March 2020 the Education Minister and Communities Minister announced the introduction of direct payments to families whose children would usually benefit from a school meal. Around 100,000 families received £2.70 per child per day for each day of term the schools were closed - paid directly into their bank accounts

33 Corr, M-L, Byrne, B., McAlister, S., Templeton, M. (2021), *The Impact of COVID-19 on the Planning and Delivery of Children's Services: A Rights Review*, (Belfast: NICCY).

34 [Update: Covid 19 Food Parcel Service | Department for Communities \(communities-ni.gov.uk\)](#)

35 Letter from DfC to Mr Gerry Quinn, 7 May 2021, [Food bank and food parcel statistics for NI - cais Rhyddid Gwybodaeth i Department for Communities \(Northern Ireland\) - WhatDoTheyKnow](#).

36 Trussell Trust, (April 2021), [Trussell Trust data briefing on end-of-year statistics relating to use of food banks: April 2020 – March 2021](#), (London: Trussell Trust).

37 Ibid p3

on a fortnightly basis.³⁸ Applications were not necessary for this payment, as the Education Authority provided bank details to DfC. This was originally intended to cover only the normal school term up to 30 June, during the first lockdown, but the Executive subsequently agreed to continue the payments over the school summer holidays, and Halloween half term break. In November 2020, the Education Minister stated that these payments would continue during all school holidays up to Easter 2022, and these payments were also continued during the second lockdown in Winter/Spring 2021.

While direct payments in lieu of FSMs were also made across the UK, the Northern Ireland Executive led the way by the speed in which they took this forward under the first lockdown, then extending it to include school holidays, and into the future.

Support with essential utilities

After food, an additional fundamental challenge for many families and young people on low incomes through the pandemic, was paying for essential utilities as many bills were higher during lockdown. Keeping homes warm was a particular challenge, particularly for children and families who were home-schooling.³⁹ While families with children were not eligible for the £44 million COVID-19 Heating Payment scheme unless there was an elderly or disabled family member, in December 2020, DfC launched the £3 million 'Warm, Well and Connected' programme. This largely addressed wellbeing but also provided some financial support during the winter months for heating homes. The pre-existing Discretionary Support Scheme was

also adapted to provide grants and/or loans to claimants facing emergency hardship due to the COVID-19 pandemic.

Support for Wi-Fi connectivity and devices for schoolwork

During both lockdowns children and young people needed to have access to digital devices and adequate wi-fi to engage with their education. However, for many families on low incomes or with a large number of children needing to share devices, this was extremely problematic. This is addressed more fully in Chapter 4: Education.

Groups of children particularly impacted by economic hardship

Low-income families

Those already in poverty are more likely to have been pushed further into poverty. When asked to agree or disagree with the following statement: 'My family is financially worse off because of Coronavirus, one in five YLTS respondents agreed (22%), and three in ten disagreed (31%).

Similarly, around one in five children in P7 responding to the same question in the KLTS agreed that their family was financially worse off because of COVID-19. Children from 'low affluence' families were more likely to agree (27%) than those from 'medium affluence' (20%) or 'high affluence' families (14%).

Magill and McPeake warned that

'an uneven distribution of the negative consequences of the pandemic carry a risk of existing special inequalities and gaps

38 Free School Meals Payment Scheme: <https://www.education-ni.gov.uk/free-school-meals-payment-scheme>

39 In addition, many households on low incomes were using credit meters, normally buying credit in person in local shops. As lockdown prevented this, energy companies provided different methods of authorising payments, including by phone and online, and agreed to suspend the cutting off of payment meters. Oil providers were also categorized as key workers to maintain the supply of home heating oil during lockdown.

*in the standard of living becoming further entrenched, or widening.'*⁴⁰

The uneven socioeconomic impact of the COVID-19 pandemic can be seen in the change in employment by qualification level: *'All categories of qualification below an undergraduate degree qualification have experienced a fall in employment. Conversely, there has been an increase in employment amongst people with undergraduate degrees and postgraduate qualifications.'*⁴¹

Children with disabilities or long-term health conditions

The Family Fund has monitored in detail the impact of COVID-19 on families with children with disabilities or long-term health conditions across the UK, through five waves of surveys. This provides a rich source of information on how these families have fared financially over this period.

When asked 'how has your total household income changed since the Coronavirus outbreak, around half (47%) families surveyed in Northern Ireland said that it had decreased, and a further half (50%) said that it had remained the same.⁴² Only 3% said that it had increased. The most frequent causes for decreases in household income were due to family members stopping working (25%), being put on furlough (21%), working fewer hours (17%), income from self-employment decreasing (17%) and benefits being reduced (19%). The amount by which incomes had decreased varied considerably, with a median decrease of £151 to £175.⁴³

To add to their financial problems, four in five households surveyed (80%) said that their costs had increased, the items most frequently costing more being food (99%), energy (94%), hygiene products (75%), school and stationary supplies (56%) and toiletries (53%). Only one in ten households (10%) were experiencing no difficulties keeping up with bills and/or credit commitments. Seventy-five percent identified themselves as 'struggling' and 15% as 'falling behind'.⁴⁴ The survey responses paint a bleak picture of families using up savings and having to increase their debt to make ends meet.

Parents were also asked about changes to the formal and informal support provided to their children. Seventy-three percent said that the formal support had decreased and 78% reported that informal support had decreased.

Problems with direct payments, provided to families to help to cover the costs of care for their children, were raised with the QUB researchers. They noted that 'as many families were unable to bring in personal assistants due to lockdown restrictions and were therefore unable to use the direct payments within a specified period of time, the benefit monies were subsequently being recalled'.⁴⁵ While the Department of Health stated that there should be flexibility allowed in how the money could be spent, for example, purchasing an iPad for schoolwork, in the absence of being able to bring in a personal assistant, or being able to save up the money to pay for respite care when that was allowed. However, there were delays

40 Op Cit Magill and McPeake, (2021), para 17.

41 Ibid para 36.

42 The data in this section is taken from Wave 5 of the survey, with a baseline of 110 families living in Northern Ireland. This is reflective of the data collected over the five waves, with relatively minor variations over time. Family Fund (March 2021), *The impact of COVID-19 - A year in the life of families raising disabled and seriously ill young children, Northern Ireland Findings*, (London, Family Fund).

43 Ibid

44 Ibid

45 Corr, M.L., Byrne, B., McAlister, S., Templeton, M., (2021), *The Impact of COVID-19 on the Planning and Delivery of Children's Services: A Rights Review*, (Belfast: NICCY) p18.

in providing guidance on this, and there was inconsistency in how much flexibility Trusts allowed.⁴⁶

Conclusion

At times, during the COVID-19 pandemic, debates have focussed on the importance of protecting lives at the cost of livelihoods or vice versa. This was always a false dichotomy as the two are inherently linked. In addition to considering the measures needed to protect people's health from COVID-19, the UK Government and Northern Ireland Executive have recognised the importance of preventing unemployment, maintaining incomes, and ensuring access to shelter, food and other basic necessities.

In this chapter we have reported on Government programmes to support household incomes and prevent unemployment, the patterns of uptake of these programmes and the numbers claiming universal credit, both employed or unemployed. In the absence of recent child poverty figures, it is not always easy to see the children in these statistics. This lack of visibility has, we would argue, made it easy in the past to target 'welfare reform' cuts at children. However, behind these statistics are parents on low incomes struggling to afford basic necessities for their children. The additional costs of food, technology, educational items required through lockdown, coupled with furloughed wages, unemployment or the threat of unemployment, restrictions on childcare, have placed families under a great deal of pressure through the COVID-19 pandemic.

It is not clear at the moment how many of those furloughed or self-employed receiving grants through the SEISS will be out of work as these schemes come to an end, and the impact of this on the number of children living in poverty.

Indeed, as things stand as this report goes to print, all of the financial support schemes are due to end in September: the Coronavirus Job Retention Scheme, the Self-Employed Income Support scheme, the £20 weekly Universal Credit top-up are all due to be discontinued at the end of September. There is a risk that many families will start to face severe poverty around this time.

What is clear is that, while few can have escaped the impact of the COVID-19 pandemic on how we live our lives, it has not been experienced evenly across all households. For some households the pandemic has had little effect on their financial situation while others have experienced significant hardship and difficulties making ends meet. Without a determined effort by the Northern Ireland Executive to support those who have fallen into poverty, or indeed into deeper poverty, there is a danger that pre-existing inequalities will widen and become further entrenched. As the Northern Ireland Executive looks to drive the COVID-19 recovery forward, it must ensure a focus on the most disadvantaged, including families with children and young people.

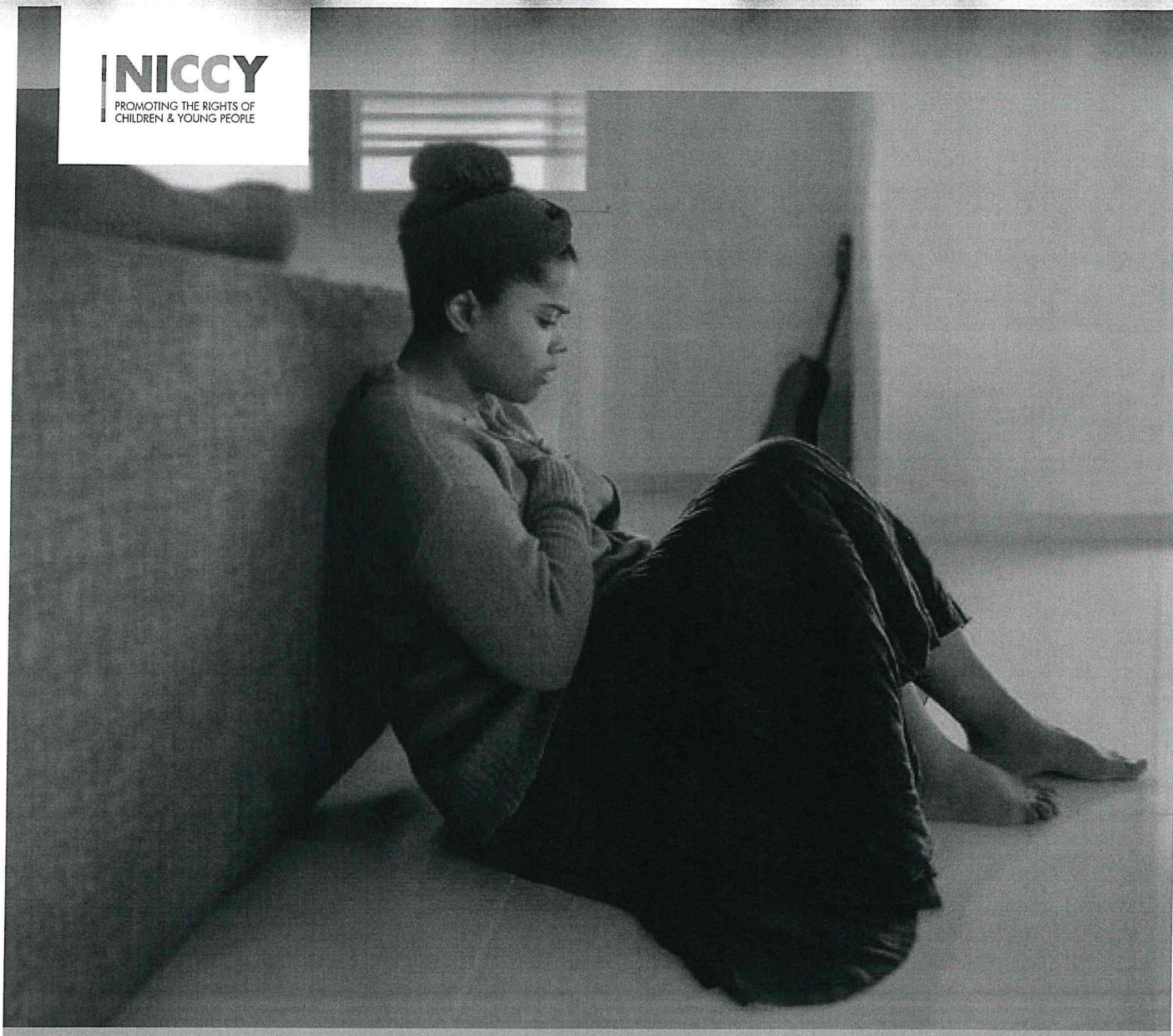
"We were all worried in case any of us got infected as my mum relied upon self-employed work at home as a childminder. This meant she would be out of business if any of us had to isolate or if we had the coronavirus. It would also mean my dad could take it into his work as a public servant."

Young person, YLTS

⁴⁶ Ibid

Recommendations

- 2.1 The NI Executive's Coronavirus Recovery Plan must prioritise rebuilding the economy with a focus on those who have been hardest hit, including unemployed young people and families in low-income work. The new Jobstart youth employment programme should be monitored and adapted as it is rolled out to ensure that it is providing the maximum benefit to young unemployed, or underemployed people.
- 2.2 The £20 additional weekly payment should be maintained on a permanent basis. At the same time the UK social security system should be transformed so that, once again, it becomes an effective 'safety net' for all in society. Benefits must be sufficient to provide an adequate standard of living to all recipients. A Minimum Income Guarantee should be provided, with the goal of ensuring that this is set at a level so that no children are living below the poverty line.
- 2.3 Until the social security system is transformed, the Northern Ireland Executive should extend the mitigations package to include elements to address child poverty and provide support for low income families, including continuing the mitigations relating to the social sector size criteria, the benefit cap, the payment for children transferring from DLA to PIP and the following new elements:
 - mitigation payments for families affected by the two-child limit and removal of the family elements of tax credits;
 - grants to address costs associated with employment;
 - a per-child payment for low income families; and
 - an expanded payment for low income families with young children.
- 2.4 The NI Executive should develop an ambitious Anti-Poverty Strategy, which should have a vision of eradicating child poverty, provide specific commitments on how it will progressively reduce child poverty over time, and a fully resourced delivery plan.
- 2.5 Eligibility for Free School Meals should be reviewed to ensure all children in poverty are included. Direct payments in lieu of FSMs should continue to be provided over school holidays on a permanent basis.



3. PHYSICAL AND MENTAL HEALTH

Background

The United Nations Convention on the Rights of the Child (UNCRC) takes a holistic approach to health, in that the underlying determinants of health are recognised, and rights relate to the whole continuum of health from prevention and health promotion to intervention and rehabilitation (UN 2013, at para. 2). Article 24 of the UNCRC is particularly relevant in the context of health, it states that 'all children and young people have the right to the best attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.'¹

During the most recent examination of the UK and NI as a devolved administration on its implementation of the UNCRC, the UN Committee on the Rights of the Child ('Committee') made a range of concluding observations in relation to health and health services, physical disabilities, and mental health.²

The Committee statement to State Parties on measures they should consider in response to the public health emergency made two main recommendations which related to health and the provision of basic services for children including nutritious food, water, healthcare, sanitation, and birth registration (Rec 4 & 5).³ The Committee emphasised that 'children should not be denied access to healthcare, including assessment and screening, testing and vaccinations, mental health services, and treatment for pre-existing conditions due to increasing pressure on healthcare systems and the scarcity of resources. The statement

also highlighted the need for State Parties to 'protect children whose vulnerability is further increased by the exceptional circumstances caused by the pandemic' (Rec 9). These points were reflected further in other UN guidance documents published during the pandemic where State Parties were advised to 'minimise restrictions on child-centred services, particularly those for the most vulnerable children,⁴ and to ensure the national response to COVID-19' contains specific actions for children's mental health.'⁵

This section of the report considers the impact of COVID-19 on children and young people's health and their access to health services, with a particular focus on those deemed most vulnerable to its impact i.e. infants and young children, children with pre-existing conditions, disabilities, children from disadvantaged communities and migrant groups. Government policy in relation to delivery of health services during the pandemic is discussed, along with recommendations on what Government needs to do to support those affected by the pandemic in the immediate and longer term.

Introduction

Before the pandemic, demand for child health services outstripped capacity and waiting lists were a growing problem which affected children and young people's access to high quality care.⁶ During the pandemic, many statutory services scaled back their services, prioritising 'emergency', 'urgent' or 'essential' services. Due to this scaling back existing health waiting time problems and health inequalities in Northern Ireland have

1 [OHCHR | Convention on the Rights of the Child](#)

2 Section B: Overview of the relevant articles of the UNCRC, General Comments and the Committee's Concluding Observations 2016 [Children and Young People's Strategy \(niccy.org\)](#), (para 56, 58, 60, 62, 64, 66)

3 UN Committee on the Rights of the Child (2020) Statement on Impacts of COVID Pandemic on Children and Young People. [Treaty bodies Download \(ohchr.org\)](#)

4 [Covid Children Policy Brief.pdf \(un.org\)](#)

5 [UN Policy Brief: Covid-19 and the need for action on mental health \(May 2020\)](#)

6 RCPCH State of Child Health 2020 [Prevention of ill health – RCPCH – State of Child Health](#)

been exacerbated.⁷ NICCY is currently undertaking a review of health waiting lists for under 18's and will report on its findings in September 2021, however it is clear that during the pandemic there has been an increase in the number and length of time children and young people are waiting for healthcare across a range of acute and community-based services.⁸

There has been a marked reduction in the availability of primary health care such as dental and ophthalmic services throughout the pandemic, with access restricted to emergency care only.⁹ There are concerns about the backlog created and the impact that delays or missed appointments will have on oral health and health screening. Northern Ireland already has very poor oral health outcomes for children, with 40% of 5-year-olds showing signs of decay, compared to 25% in England.¹⁰ New research from YLTS reported that 27% of 16-year-olds could not get medical treatment during the pandemic for a health issue not related to Coronavirus (e.g. from doctor, dentist, counsellor etc.).¹¹

One young person spoken to as part of the focus groups reflected on the difficulty of getting health treatment and how their condition had worsened:

"So like I had a sore tooth for a couple of weeks, didn't I? And they couldn't do a thing with it. So all they could do is give me

paracetamol and they weren't able to arrange a visit to the dentist. But there has been times, some with my physical health like I need to see a doctor and I was just rushed in an ambulance because it needed to be done..." (F6)

The QUB report on the impact of COVID-19 on children and young people found evidence that 'stopping vital public health and wellbeing services, that ensure children's right to survive and thrive, impacted greatly on children, especially those considered clinically vulnerable.'¹²

The report also reflected on tensions between professional groups within the healthcare system regarding the evidence base for decisions made to close or restrict access to facilities and services that impacted on children and young people, this includes some health screening programmes and respite services for children with disabilities and complex needs.¹³

Several reports have been critical of the disproportionate blanket application of health-related policy or guidance during the pandemic, referring to a lack of assessment of its implications for children as a group and a lack of service specific risk assessment and person-centred care around matters such as when and how services should close or reopen, and the implementation of policy around hospital visitations.^{14 & 15}

7 [Pivotal Public Policy Paper V8 \(pivotallppf.org\)](https://www.pivotallppf.org/)

8 [Outpatient waiting times | Department of Health \(health-ni.gov.uk\); Inpatient waiting times | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/inpatient-waiting-times/)

9 <https://www.health-ni.gov.uk/sites/default/files/publications/health/rebuilding-hsc.pdf> section (para 2.4, p7)

10 RCPCH State of Child Health 2020 [Prevention of ill health – RCPCH – State of Child Health](https://www.rcpch.co.uk/state-of-child-health-2020)

11 YLTS 2021

12 Corr, M.L., Byrne, B., McAlister, S., Templeton, M., (2021), *The Impact of COVID-19 on the Planning and Delivery of Children's Services: A Rights Review*, (Belfast: NICCY).

13 Ibid

14 COVID-19: Regional Principles for Visiting in Care Settings in Northern Ireland (Updated 26 February 2021)

15 JHRC [The Government's response to COVID-19: human rights implications \(parliament.uk\)](https://www.jhrc.org.uk/the-governments-response-to-covid-19-human-rights-implications/)

NICCYs legal team supported a sixteen year-old being treated as an inpatient in a mental health facility in March 2020. She was an in-patient during a period of 'lockdown' and the unit advised that direct visits from her immediate family could no longer take place. After a review of Covid related regulations and practice applied in other medical settings, NICCY made representations to the psychiatric unit noting that their policy made less allowance for visits than comparable settings. As a result the visitation policy at the unit was changed to allow direct contact.

Adolescent Mental Health

Mental health has been one of the most discussed impacts of the pandemic and particularly so in relation to children and young people.¹⁶ There is a growing body of international research which has documented the negative affect COVID-19 and the associated restrictions have had on children's emotional wellbeing and mental health.

Whilst a significant proportion of children and young people will have maintained good emotional wellbeing and mental health during the pandemic, and a small number may even have experienced improved mental health, a significant number will have experienced a deterioration. Research conducted in Northern Ireland through the YLTS and KLTS reported that 41% of Primary 7 respondents and 52% of 16-year-olds felt their mental and

emotional health had worsened during the pandemic (Figure 3.1 below).¹⁷ This is against pre-pandemic prevalence data for Northern Ireland which estimates that 1 in 8 children and young people have an emotional disorder such as anxiety or depression, and that rates of common mental health problems are 25% higher than in other parts of the UK.¹⁸

Figure 3.1 Children and Young people's views of impact of lockdown on mental and emotional health

	KLTS (%)	YLTS (%)
Worse during Lockdown	41	52
Better during Lockdown	13	13
Same as Before	46	35

Source: KLTS & YLTS

The long-term impact of the pandemic on children and young people's mental health has the potential to be significant, especially if appropriate support and intervention is not provided, and requires ongoing monitoring.¹⁹

"My mental health had worsened and my physical appearance had changed, so I was mostly concerned about others perceiving me in negative ways after not seeing them for over 6 months." (YLTS Survey response)

Many children and young people will have experienced the loss of a family member or someone else important to them during the pandemic. Children and young people's involvement in visiting loved ones in hospital and attending funerals has also been restricted throughout the pandemic. These

16 SSUNI (2021) *Mental Health Matters: A Report on Mental Health and Education during the Covid Pandemic.*: Barnardos NI (Aug 2020) *New Term, New Challenges, New Opportunities: Putting Children's Mental Health at the Heart of Education.*

17 KLTS & YLTS

18 www.hscboard.hscni.net/download/PUBLICATIONS/MENTAL_HEALTH_AND_LEARNING_DISABILITY/youth-wellbeing/Youth-Wellbeing.pdf

19 *Emerging Minds Conference: Emerging Evidence: Coronavirus and children and young people's mental health. Issue 8.* (annafreud.org)

circumstances may increase the likelihood of a traumatic bereavement.²⁰

One young person NICCY engaged with as part of the focus groups had lost their mum during the pandemic and had problems with trying to access bereavement support.

"Yes [I've sought support for bereavement], but there is a waiting list and my guess is, that it's as long as the Amazon river. So, (...) it was six months ago, around six months ago I lost my mum. So, I've had six months to comprehend what happened to mum, and it has sort of I guess you could say, got to the point where I don't think I'll even need it, particularly bereavement counselling or anything, or any support, if you know what I mean, like at all." (F5)

Young people with co-existing mental health and substance misuse problems faced significant challenges with a lack of integration and long waiting times for services before the pandemic and these challenges continue. The Mindwise Linked-In Project works with young people leaving police custody and who have a range of complex needs. Face to face contact is important for these young people to maintain a routine and to fully engage with support services. As one youth worker said, *"they can still get access to drink and drugs but they're not getting the support to keep safe and reduce harm". (W2)*

Mindwise project staff reinstated their face-to-face meetings with clients as soon as they felt it was safe to do so, and in line with health guidance. However, young people were impacted by isolation during the periods of restriction. This quote from a young person

illustrates this point of view, "I have been able to see x and my social worker face to face however my mental health appointments are over the phone which I don't enjoy as I don't like talking on the phone." (W2)

General Practice activity has been severely affected during the pandemic. A knock-on effect has been a fall in referrals to secondary care services, such as CAMHS. A significant increase in referrals to CAMHS has been predicted post lockdown, the full impact of which is yet to be seen by services, however, young people are presenting to statutory services with much more complex mental ill health,²¹ including those with pre-existing mental health problems whose condition has been made worse by the pandemic.²²

The Coronavirus Act (2020) introduced temporary changes to the Mental Health Order (Northern Ireland) 1986.²³ These changes mean that young people being treated for mental health problems are at risk of being detained for longer than necessary, and that people who are in need of treatment may have to wait longer to receive timely assessments.²⁴ While we accept that emergency provisions have been unavoidable at points during the pandemic, it is of the utmost importance that these modifications are closely monitored and steps taken to meet the conditions for their withdrawal as quickly as possible. Throughout the pandemic NICCY monitored the application of these temporary arrangements for children for their unintended negative consequences.

The Department of Health published a COVID-19 Mental Health Response Plan on 19th May 2020 in recognition of the wide

20 [Leading experts appeal for an understanding of childhood traumatic bereavement during and beyond the pandemic \(annafreud.org\)](https://annafreud.org/leading-experts-appeal-for-an-understanding-of-childhood-traumatic-bereavement-during-and-beyond-the-pandemic)

21 [HSC BOARD PERFORMANCE REPORT – 2014/15 \(Month 12 – March 2015\) \(hscni.net\)](https://hscni.net/hsc-board-performance-report-2014-15-month-12-march-2015)

22 [Coronavirus Report: Impact on Young People with Mental Health Needs \(youngminds.org.uk\)](https://youngminds.org.uk/coronavirus-report-impact-on-young-people-with-mental-health-needs)

23 [doh-amhu-01-2021.pdf \(health-ni.gov.uk\)](https://health-ni.gov.uk/doh-amhu-01-2021.pdf)

24 [Coronavirus Act - Temporary Changes to the Mental Health Order \(mindwisenv.org\)](https://mindwisenv.org/coronavirus-act-temporary-changes-to-the-mental-health-order)

scale and profound impact of the pandemic on the mental health of the population. There was an understanding that steps would need to be taken to prepare for an increase in demand for services. There was also recognition that very significant capacity challenges were faced by mental health services before the onset of COVID-19.

A specific subgroup was established to focus on the 'mental health needs of children and young people during and after the pandemic, to support recovery and to quickly raise any issues with the Department for resolution.'²⁵ NICCY monitored the specific actions related to children and young people through this subgroup and in periodic meetings with the HSCB and Department of Health, updates were sought around specific steps being taken by Government to meet increasing demand and the predicted 'surge' in referrals.

A considerable amount of data collection and analysis has been produced by this group regarding impact and lived experiences of children and families, regrettably there is little evidence to date of significant tangible actions being taken to address the immediate issues identified.²⁶ The publication of the Mental Health Strategy in June 2021 and work to update and engage children and young people on the Still Waiting Action Plan are positive steps to improve the system in the longer term if resources are made available.²⁷

Early Years Services

The risk of increased emotional or behavioural problems in younger children due to the pandemic is a concern.²⁸ The early years

period which describes the 0-3 years age group is a critical point when bonding and attachment with primary care givers is vital to good infant mental health. The pandemic has led to increased stress for many families which can have a direct impact on the emotional regulation of children. Family Support Hubs which signpost families and children to early intervention support have reported a considerable increase in demand for financial / material support from families during the pandemic, alongside the consistently high demand for parenting programmes and support for emotional and behavioural issues for children.²⁹ The correlation between early years support and improved life chances and positive future health outcomes is well established.³⁰ Many Early Years services, such as Sure Start, targets its support to children and carers living in the most deprived communities, these are the same communities that have been disproportionately affected by restrictions caused by the pandemic. During normal times these projects deliver a variety of health, family support and early education services which are designed to support children's learning skills, health and well-being, and social and emotional development. During the pandemic much of their direct face to face work had to stop, some programmes moved online, such as rhythm and rhyme and breast-feeding support and where possible some 'garden gate visits' were used to stay connected with families and provide support.³¹ Face to face engagement only started to resume as of 25 March 2021 with child only sessions,³² with parent and toddler

25 Covid-19 Mental Health Response Plan Action 5.1, DoH, May 2020

26 Covid Subcell working group papers- accessed May 2021.

27 [Mental Health Strategy 2021-2031 | Department of Health \(health-ni.gov.uk\); Interdepartmental Action Plan in response to the "Still Waiting" Report | Department of Health \(health-ni.gov.uk\)](#)

28 [Maternal mental health during a pandemic | Centre for Mental Health](#)

29 [PowerPoint Presentation \(hscni.net\)](#) (April-Dec 2020)

30 [Health Equity in England The Marmot Review 10 Years On executive summary web.pdf](#)

31 ['Sure Start' keeps families busy at home during pandemic - HSCB \(hscni.net\)](#)

32 [Weir welcomes reopening of Sure Start and youth services | Department of Education \(education-ni.gov.uk\)](#)

sessions permitted to restart from 24 May 2021.³³

Health Visitors also have a critical role in the early years health and development of children, for a significant part of the pandemic these staff were relocated to provide COVID-19 related care and services resulting in a reduction in the number of health assessments and home visits which can identify support needs.³⁴ Loss of health visiting appointments, in addition to restrictions in access to other early years services removed an important support system for parents, particularly first-time mothers and those from disadvantaged backgrounds. There is likely to be a range of consequences relating to this and there is anecdotal evidence of an increase in presentations to the health system around feeding problems for new-borns and research which is showing that the loss of socialisation of young children during lockdown has impacted on speech and language development.³⁵

Birth registration is necessary to access some types of child benefits, including milk vouchers, any delay in access to essential benefits is of concern. NICCY is aware that at the beginning of the first lockdown many public services had to adjust to non-face to face contact with the public, however NICCY has not seen any evidence that birth registration and access to benefits was affected other than immediately following the first lockdown.

Migrant children, including refugee and asylum-seeking children and unaccompanied minors generally face challenges with obtaining paperwork and registering with

healthcare providers and this was made more difficult during the pandemic.³⁶ These challenges were confirmed during the focus groups with individuals from the BME, Roma and Traveller communities. We were told that several young women (16-17 yrs old) from the traveller community became parents during the pandemic but had limited access to pre-natal and infant care after birth. We also heard that Roma families who were newcomers just before or during lockdown had significant problems registering with GPs, which meant that emergency medical care could only be accessed if paid for.

There needs to be concerted system-wide efforts and prioritisation of support for families and children, and the Voluntary and Community Sector should be at the centre of this. The closure of early years services has had a significant impact on the health and wellbeing of the communities and families they support. The removal of face-to-face contact has been particularly hard for those services that work with the most vulnerable or marginalised.

Children with Disabilities or Complex Health Needs

Research is showing the negative impact of the pandemic on disabled or seriously ill children's physical and mental health.³⁷ There is an inextricable link between physical health and mental health and this link is much more pronounced for children and young people with a physical disability. Children with a physical disability are at a much higher risk of developing a mental health condition compared to their non-disabled peers.

33 Assembly Written Question-AQW 18939/17-22

34 Rebuilding Health and Social Care System: Strategic Framework <https://www.health-ni.gov.uk/sites/default/files/publications/health/rebuilding-hsc.pdf> section (para 2.9, p9)

35 Education Endowment Foundation.

36 Corr et al. (2021), *Op. Cit.*

37 <https://www.familyfund.org.uk/Handlers/Download.ashx?IDMF=c7e2f959-c183-49e8-bef8-1a7ae8e12e6e>

Existing barriers in accessing support and services by children with disabilities or complex health needs have significantly worsened during the pandemic. It has been reported that children with disabilities and pre-existing and life-limiting conditions faced the most disruption to access to health care.³⁸ Another study reported that approximately 7 in 10 families with disabled children experienced a reduction in both formal and informal support during the pandemic, and that a reinstatement of support has been slow.³⁹

Schools have an extensive role in the lives of children and young people with special educational needs or disability because they often provide a range of interventions to meet children's health and care needs, as well as their learning. Many schools also have specialist resources and equipment that aren't easily accessible elsewhere, such as therapy pools, sensory rooms, and adapted outdoor play equipment. The loss of specialist support through the closure of schools, along with respite or day services has had a profound impact on this group of children and young people.

For this review, NICCY spoke with groups of young people with heart conditions or cancer diagnosis, some of whom were undergoing health treatment during the pandemic. Much of their experience of COVID-19 was no different to their peers, in that their education was disrupted, and their ability to socialise and enjoy leisure activities was affected. However, some of these young people had already missed out on school and socialising due to their treatment or illness and were finding it difficult to have to extend their period of isolation further due to COVID-19.

Some of the distinct ways that children and young people with health conditions experienced the pandemic are outlined here:

- Some young people found it easier to adapt to restrictions because they were used to isolating and being restricted in the type of things they could do. For others it felt reassuring that everyone was having to do what they were doing, and it became easier to stay in touch as everyone was online.
- Hospital stays have been shorter with more care provided in the community- this is what children and families want long term.
- Online teaching and a more flexible daily routine helped some young people to manage their health condition better and stopped them from having mental and physical burn-out.
- Having the option of telephone consultations was welcomed and for some groups of children tele-medicine was already something they were used to.
- Young people were more anxious about their health because of the fear of catching the virus due to their underlying health condition. Charities have had a very important role in reassuring families and young people and ensuring communication between clinical teams and families were maintained throughout the pandemic.
- For young people ready to transition from paediatric to adult services, the move was happening 'blind' without preparation and without time to build up relationships with new staff.
- The loss of face to face groups, including residential with other young people with health conditions was missed by young people. Whilst

38 Corr et al. (2021), *Op. Cit.*

39 <https://www.familyfund.org.uk/Handlers/Download.ashx?IDMF=c7e2f959-c183-49e8-bef8-1a7ae8e12e6e>

virtual group work was beneficial for social purposes, it was much harder to build relationships and provide therapeutic / psycho-social support this way.⁴⁰

Children with ongoing and long-term health conditions and their families should have access to all the support they need to ensure their child has the best attainable standard of health and wellbeing. The NI Executive must ensure that clear regional wide policies are in place to govern the prioritisation of healthcare provision during a pandemic, that all health policies are child rights impact assessed, and that decisions to reduce or withdraw services are proportionate to the challenges posed by the health emergency and remain in place for the shortest time possible.

Impact of School Closures on Health

The closure of schools has had a wide-ranging impact on children and young people that extends far beyond educational attainment. Schools are often the place in which early signs of health or developmental problems are identified and are a main referral route to many health services. Schools were restricted in their ability to carry out this important role whilst they were closed, and pupils were not physically attending.

In addition to being a referral route through to the health system, schools are also a hub for the delivery of health-related services such as educational psychology, occupational therapy, speech and language therapy and engagement with CAMHS. When schools closed the main channel families and children had with allied health professionals also closed. There are examples of health professionals such as Speech and Language Therapists attempting to maintain support for children by linking in with remote schooling

platforms, however, this appears to be down to the motivation of individual practitioners and schools, rather than a regional approach. The establishment of a system wide process to support Allied Health Professionals to maintain links with children during school closures could have been of great benefit. The independent counselling service for school (ICSS) which runs within post primary schools remained open during the school closures, although it moved to an online platform. Online drop-in sessions also continued to be provided.

Health check-ups and vaccination programmes normally carried out through schools could not happen when facilities were closed and this disproportionately impacted preschool and primary school age children. Whilst missed appointments were rescheduled in community health centres when schools were closed, going forward it is important that follow-ups are carried out to ensure health checks and vaccinations for all children are up to date.

For school-age children, school is also a hub for the delivery of an extensive range of extra-curricular activities from art, drama, music to a range of physical sports. Some children and young people struggled to find an alternative to these activities during lockdown.

"My physical health has deteriorated as I have gained quite a bit of weight." All of my social activities have been stopped completely as a result of this pandemic and so I have been stuck at home with my family. However, since my family has wifi I can indulge in many things, namely, gaming." (W4)

More generally, data from the KLTS and YLTS has shown the negative impact of the lockdown on some children and young people's physical health. As Figure 3.2 shows approximately 30% of children that responded to the KLTS and YLTS surveys

40 Feedback from NICCY led discussion groups with young people- Feb- Mar 2021.

reported that the lockdown had worsened their physical health.

Figure 3.2 Children and Young people's views of impact of lockdown on physical health

	KLTS (%)	YLTS (%)
Worse during Lockdown	33	31
Better during Lockdown	20	22
Same as Before	47	48

Source: KLTS & YLTS

The proportion of time young people were spending online for school-work increased considerably during the pandemic and was in addition to time spent online for social reasons.⁴¹ Young people NICCY spoke to talked about finding it difficult to 'switch off' or to distinguish between school-work and relaxing because of the amount of time they were spending in their bedroom and online.

"(..)I've also found I get frequent headaches whilst doing online schooling and have found it harder to have a regular sleep cycle. Naturally, the mental health of myself and my friends has declined since the pandemic started, and I've personally struggled with feelings of depression, anxiety, and paranoia." (W4)

Alternatively, some young people particularly those with mental or physical health conditions reflected on the positives of online learning / remote schooling.

"If having a bad mental health day, now that lessons are being recorded, it is easier to catch up on work missed. Otherwise, I would

have had to find someone that's in the 4-5 classes per day that I have missed." (F4)

Use of Technology to Access Health Services

Throughout the pandemic most statutory and voluntary and community sector health services moved to online / telephone-based support and advice. It is recognised that telecommunication has an important role in the delivery of a modern health and social care system, and the pandemic has fast tracked the move to a more blended approach to how services are run. The evidence base for such a system is developing and during the pandemic there have been reports that a remote model of service delivery has led to more contact and more positive engagement with some children and parents with support services.⁴² Child and Adolescent Mental Health Services reported to have maintained 'normal' routine services during most of the pandemic due to moving to remote forms of contact.⁴³

Whilst telecommunication should have a role in a modern health and social care system, the pandemic has also highlighted the importance of physical face to face contact. The mixed picture of the use of telecommunication for health and wellbeing support by the children and young people NICCY engaged with, reflects the need for a flexible and choice-based approach to its use with patients. The role of telecommunications as part of the health and social care service model requires in-depth evaluation.⁴⁴ Barriers to digital communication for certain groups must

41 [Covid-19: Lockdown measures and children's screen time - House of Lords Library \(parliament.uk\)](https://www.parliament.uk/library/record/index?chamber=lord&id=7542)

42 The Impact of COVID-19 on the Emotional and Mental Health of Children and Young People: Perspectives from the front line, CYPSP 2020

43 Letter from HSCB to NICCY- July 2020; Mental Health and Emotional Wellbeing Surge Cell (COVID 19) Outcomes Delivery Plan- May 2020 – March 2021 (Version 15).

44 Mental Health and Emotional Wellbeing Surge Cell (COVID 19) Outcomes Delivery Plan May 2020 – March 2021, Version 15, 18th November 2020, para 5.3, p20.

also be given full consideration if we do not wish to worsen existing health inequalities and social exclusion.

Health Protection for under 18's- Shielding and Vaccination

Throughout the pandemic, the evidence has shown that children and young people are at lowest health risk from COVID-19, with highest risk being with the oldest and those with certain underlying health conditions.

Because of this vaccine trials and vaccine administration focused on the oldest in the population first.⁴⁵

Before the vaccine was available and circulation of the virus was high, anyone deemed vulnerable to the virus was advised to isolate and informed that they would receive notification from their Doctor or Clinician via a shielding letter. In September 2020, the Royal College of Paediatrics and Child Health (RCPCH) raised concerns with NICCY about the robustness of the existing system to ensure that clear, accurate and timely information was being sent out to all clinically vulnerable children and their families. At that time all jurisdictions of the UK, apart from Northern Ireland, had adopted RCPCH shielding guidance that included appropriate accountability for Trusts and medical directors supporting child health professionals. NICCY wrote to the Chief Medical Officer seeking assurances that adequate measures were in place and was informed that guidance had been distributed to all relevant services.⁴⁶ As of April 2021, the RCPCH concerns remain about whether the system is robust enough

to be able to identify children by clinical vulnerability to COVID-19.⁴⁷

In December 2020, at the beginning of the vaccine roll-out in NI, the Joint Committee on Vaccination and Immunization (JCVI) which is the body advising the UK (and devolved) Governments on vaccine roll-out, advised that vaccination of certain groups of clinically extremely vulnerable 16- and 17-year-olds was reasonably safe and effective.⁴⁸

The quote below is from a young person aged 17 years old with a heart condition as they reflect on their experience of the pandemic and how receiving the vaccine reduced their anxiety about catching the virus.

"I found returning to a social setting after shielding was hard as I was very anxious and nervous about seeing people at the risk of possibly catching the virus. However, since I returned to school I was a lot more relaxed and especially now since I have got my two vaccines I am not as anxious or worried."
(W4)

For the first 7-8 months of the vaccination programme roll-out, under 16's, including those deemed extremely clinically vulnerable had not been offered the vaccine due to a lack of data to determine the risks and benefits, this has often meant very lengthy periods of shielding and ongoing stress and anxiety for children and their families.⁴⁹

"My little brother has medical issues and they were frightened at how it would affect him if it came into our home. They were worried about us all but his body cannot fight infection. We

45 JCVI Statement on Immunisation Prioritisation- April 2020

46 Letter from CMO in response to NICCY query- 20 October 2020.

47 Meeting between NICCY and RCPCH-

48 [Joint Committee on Vaccination and Immunisation: advice on priority groups for COVID-19 vaccination \(publishing.service.gov.uk\)](https://www.jcvi.org.uk/publications/jcvi-statement-on-immunisation-prioritisation-2020)

49 [UK government adopts RCPCH guidance on children and shielding | RCPCH](https://www.rcpch.co.uk/news/2021/04/uk-government-adopts-rcpch-guidance-on-children-and-shielding)

had not been in contact with anyone other than our household and all groceries etc were delivered to garage so they were very nervous.” (YLTS)

NICCY welcomes the recent decision in July 2021 to offer the vaccine to some young people aged 12 yrs old and over if they have an underlying health condition that puts them at higher risk of COVID-19 or if they live with someone who is immunosuppressed.⁵⁰ NICCY also welcomed the decision in February 2021 to prioritise one carer of each child with a statement of special educational need for early vaccination. The roll out of the vaccine to teaching staff within special schools was also positive, although NICCY wrote to the Health Minister in February 2021 seeking clarification about the limited number of staff included for vaccination and requesting further details on the evidence base for making this decision.⁵¹

The Committee statement on COVID-19 in April 2020 urged States to respect the rights of the child when taking measures to tackle the public health threat posed by the COVID-19 pandemic, this included with respect to vaccine testing and accessibility to vaccination.⁵²

“...children should not be denied access to health care, including to testing and a potential future vaccine, to COVID-19 related and COVID-19 unrelated medical treatment...”

At the time of writing, the JCVI remains undecided about whether to offer the vaccine to all under 18's, bar those 3 months from their 18th birthday.⁵³ A range of different factors are being considered as part of the decision making process, this includes the risk – benefit balance for children and the growing pressure from UN bodies like the World Health Organisation (WHO) for countries such as the UK, to share additional surplus vaccine to other countries to protect all adults across the world before vaccinating children.⁵⁴

Whilst the prevailing evidence is that the direct health risk from COVID-19 on most children and young people is low,⁵⁵ there is growing concern about the effect of ‘long covid’ for some children, particularly those with a history of infection.⁵⁶ Furthermore, as government policy starts to distinguish between vaccinated and unvaccinated people including in relation to the roll out of ‘vaccination certificates’ or ‘vaccination passports’, there is concern that unvaccinated children and young people will be treated differently in relation to access to travel, hospitality / leisure and employment.⁵⁷ There is the potential for very serious breaches of children’s rights unless a full and comprehensive assessment of all policy proposals is conducted. NICCY will continue to monitor developments closely and advise Government accordingly.⁵⁸

50 [JCVI updates vaccination guidelines | Department of Health \(health-ni.gov.uk\)](#)

51 NICCY Letter to Health Minister- 3rd March 2021

52 [Treaty bodies Download \(ohchr.org\)](#)

53 [JCVI issues advice on COVID-19 vaccination of children and young people - GOV.UK \(www.gov.uk\)](#)

54 [Episode #42 - Vaccines and children \(who.int\)](#)

55 [COVID-19 Greenbook chapter 14a \(publishing.service.gov.uk\)](#)

56 [Around 5% of children develop long COVID-19 symptoms, suggests new study \(news-medical.net\)](#)

57 [Are-vaccination-or-immunity-passports-lawful-under-the-Human-Rights-Act-An-analysis-by-CAJ-Apr-21.pdf](#)

58 Ibid

Conclusion

The pandemic has affected children and young people's health and access to health care in many ways. It has significantly widened existing health inequalities and presents the biggest challenge to the NHS since its inception.^{59 & 60} Whilst one off or covid specific funding is required to address covid specific pressures, sustainable targeted funding is necessary in the longer term to strengthen services and forge ahead with transformation plans to modernise the health and social care system.⁶¹

COVID-19 has instigated a necessity to work differently, and during the pandemic there has been many examples of greater holistic

multi-agency and multi-sectoral working, sharing of expertise, and outreach to children and young people. This in turn has prompted professionals to reflect on healthcare service delivery and question how it can be more effective moving forward.⁶² This has been one of the silver linings from this crisis and mirrors what children and young people want health services to look like in a post-covid world.⁶³

As we look towards a recovery from the COVID-19 pandemic, the NI Executive's decision making must take account of the complex and intersecting nature of the issues facing children, and it is vital that the holistic needs of infants, children and young people are fully considered.

"I've been feeling isolated but yet worried about catching the virus – I have been affected negatively it has been hard being stuck in constantly then when I do go to school I have anxiety in case I get the virus, so it is a no-win situation."

Young person, YLTS

59 Fair Society Healthy Lives (The Marmot Review) - IHE (instituteofhealthequity.org)

60 Rebuilding Health and Social Care Services: Strategic Framework, <https://www.health-ni.gov.uk/sites/default/files/publications/health/rebuilding-hsc.pdf>

61 Health Committee Briefing- 11 March 2021 [committee-25663.pdf](https://www.niassembly.gov.uk/committees/committees-25663.pdf) (niassembly.gov.uk)

62 Corr et al. (2021), *Op. Cit.*

63 Reimagining the future of paediatric care post-COVID-19, RCPCH, June 2020: <https://www.rcpch.ac.uk/sites/default/files/2020-06/paed2040-post-covid-report-20200626.pdf>

Recommendations

- 3.1 The NI Executive must adopt a cross-departmental mechanism which is committed to taking a 'child health in all policies' approach in all decisions at both regional and local levels.
- 3.2 The Health and Social Care rebuilding plans must be underpinned by the principles of children's rights and focus on system reform which strengthens their ability to reach all infants, children and young people through universal services and targeted provisions for the most disadvantaged.
- 3.3 The DoH response to the health waiting list crisis must include specific planning and resourcing to address health waiting lists for under 18's.
- 3.4 The NI Executive Covid Recovery Plan should ensure children's right to health is prioritised and that a comprehensive range of emotional wellbeing and mental health services are in place to meet the immediate needs of parents and carers, infants, children, and young people caused by the pandemic.
- 3.5 The HSC system should ensure that changes made to child health services in response to COVID-19 are fully evaluated and only retained and mainstreamed where they offer greater flexibility, choice and improved access and quality of care to children and young people.
- 3.6 In any future public health emergency, the following measures should be taken:
 - i. Restrictions to child health services should fully respect the best interests of the child, only be applied where necessary, be proportionate and remain in place for the shortest time possible.
 - ii. Where access to allied health related services such as speech and language therapy, educational psychology, and occupational therapy are impacted, alternative ways for children to access support must be provided.
 - iii. Public health emergency planning should have a child rights impact assessment process embedded within it to ensure that decisions take account of children's rights and best interests.
 - iv. Health and Social Care Services should have access to a robust Child Health Information system to ensure accurate and timely information is provided to all clinically vulnerable children and their families.