

CHILDREN IN LOCKDOWN: RAPID ASSESSMENT OF THE IMPACT OF CORONAVIRUS ON CHILDREN IN THE UK



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UK RAPID ASSESSMENT – CORONAVIRUS

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ABOUT THIS DOCUMENT

This document aims to provide a rapid overview and assessment of the expected impact on children and families of coronavirus and the measures brought in to restrict its spread. It is intended to give a brief review of a wide range of topics, in line with Unicef's commitment to children's rights in their entirety.

This document was originally intended only to support internal decision-making around Unicef UK's response to the current pandemic. We have made it publicly available, however, as it is hoped that this rapid review could be a useful resource for others seeking to support children during this time.

This document has been drafted rapidly, and at a time when things are continuing to change on a daily basis. Much is reliant on predictions about the scale of the outbreak, the period of economic and social restrictions and the speed of the economic recovery. These predictions are being developed in the absence of much firm knowledge and they are changing almost hourly.

In many cases, the expected impact is described in qualitative, rather than quantitative terms, because of the difficulty of predicting how many people will be affected, and what resilience and resource they may be able to call on. In general, however, we would expect that those with the highest incomes, greatest social resources and fewest health problems will cope best, while those already struggling to manage a combination of low income, social isolation, mental and physical health problems will find it hardest to cope.

Many of the impacts described here will be most acute during the coming months when social isolation and school and business closures are in place. However, there will be many longer-term impacts, particularly as a result of the economic fallout, including job losses and reduced wages. This document seeks to identify both the immediate and the longer-term impacts with the hope that early support could prevent some of these long-term effects staying with this generation of children well into adulthood.

SUMMARY OF KEY ISSUES

Children's lives have been turned upside down by coronavirus. Already the response is exposing the fragile situation that many children and young people live in. Hundreds of thousands of children who rely on school, health and social systems and the support of the voluntary sector are being left unprotected as these systems are weakened. Thousands more, unknown to the system, will likely find themselves in need of support over the coming weeks, but as yet remain invisible to authorities. This report covers a wide range of expected impacts on children. Below, we highlight a few of the key concerns.

Loss of education: School closures will impact all children in the UK, but some will be far worse affected than others. Some children will face considerable challenges to continued learning at home. Schools, and organisations like the BBC, have made many learning resources available online, but 7% of children do not have access to a fixed broadband connection and 2% do not have any access to the internet at home. As a result, we are concerned about widening educational disparity between disadvantaged and non-disadvantaged children. Short-term closures and the potential loss of private sector-run nurseries in the longer term are likely to contribute further to inequality in education outcomes by reducing access to early childhood education.

Maternity care: There are concerns about staff shortages in NHS maternity units and the closure of more than a fifth of midwife-led units. Antenatal care is also being affected with more appointments being carried out remotely, and some missed altogether. The pressures that these services face will undoubtedly increase the risks for some mothers and babies. Support for new mothers to breastfeed will be significantly reduced, and as a result, breastfeeding rates may drop substantially, leading to potential long-term health issues for baby and mum.

The loss of choice and the stress of giving birth in these circumstances will also increase the risk of postpartum depression and anxiety among new mothers, while support following birth will also likely be reduced.

Child nutrition: Despite government schemes to provide alternatives for the 1.7 million children eligible for Free School Meals, we have concerns that families, especially those also facing job and income loss, will struggle to provide nutritious meals to their children for £3 per day, and that some lack the resources and an appropriately equipped kitchen to ensure that children eat healthily. Households who are self-isolating may be unable to access food at all. Children who are already struggling with food insecurity, and those with 'no recourse to public funds' will be especially at risk.

Foodbank providers have seen rapid increases in the demand for emergency food parcels and are also reporting a drop in food donations. Many food banks have had to close as a result of volunteer decline while others are operating at reduced capacity. Coupled with a drop in food availability this will result in further barriers to access for the most vulnerable.

Children's health and access to health services: Staff shortages and redeployments are likely to lead to reduced access to quality healthcare for children. Routine immunisations are essential health services, and disruptions to childhood vaccinations can lead to further outbreaks of infectious disease, to which children are the most susceptible. Access to sexual health clinics and support will be significantly impacted by the current crisis. There are concerns around STIs, unplanned pregnancies, access to counselling for sexual assault trauma and safeguarding young and vulnerable people.

When children are out of school they are typically less physically active, have longer screen time, irregular sleep patterns, and less favourable diets. We are likely to see an increase in obesity and an impact on children's mental health as a result of reduced exercise and poor nutrition, and both may have long-term effects lasting into adulthood.

Children's mental health: Children who already struggle with anxiety, and many who did not previously, are now feeling very anxious about coronavirus. They may worry about their health or the health of loved ones, particularly if parents are at high-risk or work in essential services. School is an important source of support for many young people, as well as being a respite for those who have a difficult time at home. For these young people, the period of school closure may be very hard to cope with.

Many of the ways in which young people manage their mental health – social support, physical activity, being outdoors or engaging in hobbies – are now impossible, and many young people who use mental health services are already unable to access essential mental health support.

Violence, abuse and neglect: While families are quarantined many children will face severe and immediate risks in their own homes. The stress of illness, confinement in the home and financial strain is likely to exacerbate volatile family situations leading to an increase in incidences of domestic violence, abuse or neglect. Stress for parents during this time might also contribute to an increased risk of substance misuse or worsening mental health symptoms.

While the risks are increasing, opportunities to report abuse or seek help will be reduced during the pandemic. School and youth groups are important for identifying children who are at risk and providing support, while also being a safe haven for children who are abused at home, but these will not be accessed by most children in this period. For those children who are known to social services, support will continue, but is likely to be subject to pressures due to staff sickness and challenges of working remotely.

Seventy-nine per cent of 12–15-year-olds have had potentially harmful online experiences in the previous 12 months. While schools are closed many children will spend longer periods of unsupervised time online. While this provides many opportunities for socialising and education, it also increases the risk of online harm.

A CHALLENGING CONTEXT

LOSS OF CAPACITY ACROSS LOCAL AUTHORITY-RUN SERVICES

There is little doubt that the impact of coronavirus will challenge local authorities' capacity to meet the needs of those accessing social services and other local authority-run services. Many argue that austerity has led to these services already being very stretched,¹ so a pandemic spells further complication, workload and increased vulnerability across the communities that the LAs seek to serve.

There will be reduced staffing levels within local authorities due to staff illness, self-isolation, and those with caring responsibilities as a direct result of coronavirus. The inevitable result will be reduced capacity within services to respond to vulnerable adults and children. Local authorities may also be unable to sign-post or refer to other agencies, including health services, where they are overwhelmed or operating office closures.

While capacity is reduced, coronavirus will almost certainly increase need within adult social care, as those over the age of 70 years and those with underlying health conditions are asked to self-isolate. This will increase vulnerability through reduced social networks, reduced access to healthy food and reduced access to practical help. £1.6bn from central government has been given to local authorities to help social services tackle coronavirus, but there have been criticisms that this money is not being released to the frontline.²

Among the children who rely on local authority services for support, are: 61,500 children subject to a child protection plans or on a child protection register;³ 96,000 children 'looked after' across the UK;⁴ 135,000 homeless children⁵; over 5,000 children living in B&Bs;⁶ around 2,300 children living in domestic abuse refuges; 90,000 children in England living in families who are effectively sofa-surfing⁷; 160,000 children living with a 'kinship carer';⁸ care leavers at risk of losing jobs and without support networks to fall back on, children in families with no recourse to public funds;⁹ and families vulnerable to coronavirus.

There will be a significant increase in demand for children's services as a result of coronavirus, both for children already accessing services and for those who do not currently have a social worker but will likely be at increased risk for many of the reasons outlined in this report. Children's commissioner for England, Anne Longfield, estimates that up to 2.3 million children in England are from a vulnerable family background. Of this, 1.6 million in August 2019 were not in receipt of consistent state support, if at all.¹⁰ It is these children that may end up presenting at local authorities as a result of the additional pressures placed on families.

¹ https://www.basw.co.uk/system/files/resources/basw_62617-9_0.pdf

² <https://www.homecareinsight.co.uk/ukhca-will-name-and-shame-councils-that-fail-to-support-care-providers-in-fight-against-covid-19/>

³ <https://learning.nspcc.org.uk/media/1185/child-protection-register-statistics-united-kingdom.pdf>

⁴ <https://learning.nspcc.org.uk/media/1622/statistics-briefing-looked-after-children.pdf>

⁵ https://england.shelter.org.uk/media/press_releases/articles/a_child_becomes_homeless_in_britain_every_eight_minutes

⁶ https://england.shelter.org.uk/media/press_releases/articles/with_a_household_becoming_homeless_every_4_minutes_better_protection_against_coronavirus_is_needed_for_families_in_emergency_accommodation

⁷ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/03/cco-letter-from-the-childrens-commissioner-to-the-sos-mhclg-dfe.pdf>

⁸ https://www.nuffieldfjo.org.uk/files/documents/Impacts%20of%20COVID-19%20on%20kinship%20carers%20and%20special%20guardians_NFJO.pdf

⁹ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/03/cco-letter-from-the-childrens-commissioner-to-the-sos-department-for-work-and-pensions.pdf>

¹⁰ <https://www.childrenscommissioner.gov.uk/2019/08/02/the-government-should-finally-make-left-behind-children-its-priority/>

LOSS OF CAPACITY ACROSS CHARITY SUPPORT SERVICES

Charity sector leaders have warned that many voluntary sector organisations could face collapse as a result of the coronavirus pandemic. Charities will miss out on an estimated £4.3 billion of income over 12 weeks from mid-March, and potentially much more.¹¹ Large-scale fundraising events have been cancelled (such as the London Marathon and Race for Life), face-to-face fundraising and shop-based charitable trading have generally ceased, corporate partners have less money to invest in charity ventures, public donors have less money or are concerned about their financial future, and there is concern about the availability of money through trusts as they see their own incomes fall.¹²

An estimated 24% of charities have no reserves, and these charities face imminent closure. Even many large charities are expected to run through reserves within 3-6 months.¹² Charities providing services are typically paid in arrears and there are concerns about penalties where contracts are based on Payment by Results.¹²

While charities can benefit from the government's Job Retention Scheme, if charities go bankrupt, staff will inevitably lose their jobs. Furthermore, if the Job Retention Scheme is used, employees will not be able to undertake work for their employer, meaning that charities may be unable to deliver support and services. On 8 April, the government set out an extra £750 million funding for frontline charities to help them continue to work in tackling coronavirus and its impacts.¹³ NCVO have welcomed this offer but say it will not be enough.¹⁴

This report highlights many impacts for children who either rely on voluntary sector support, or who may start to require such support as a result of the pandemic. As statutory services are stretched or are faced with a backlog once restrictions are lifted, this support will become even more crucial.

It is difficult to estimate the number of children and families who will miss out on support as a result of charity closures or reductions in capacity. Around 59% of voluntary organisations say that children and young people are one of their beneficiary groups; more than a third provide a service to beneficiaries.¹⁵ Around nine in ten UK households have used a voluntary organisation at some point, and 74% have used a service run by a voluntary organisation in the last year. Of those who receive a service, 14% receive emotional support or counselling; 19% receive advice or information; 15% attend a community or youth group; 9% receive ongoing care or support. Almost 3 in 10 are unaware that a service they use is operated by a voluntary organisation.¹⁵

Charities are adapting where possible to continue to provide support in innovative ways, including a move to virtual support and information.¹⁶ It may be that in the longer-term, these innovations will encourage access to charity support in new ways and even expand the capacity of some voluntary organisations to reach beneficiaries.¹⁶ However, in the short-term, these adaptations are likely to work better for some people than others, leaving the most vulnerable – for instance those without access to the internet, technology or safe spaces – behind.

¹¹ <https://www.civilsociety.co.uk/news/charities-face-closure-as-sector-set-to-lose-4bn-over-12-weeks.html>

¹² <https://www.childrenengland.org.uk/Handlers/Download.ashx?IDMF=ff922edd-e51a-434b-9a59-895cbb12d146>

¹³ <https://www.gov.uk/government/news/chancellor-sets-out-extra-750-million-coronavirus-funding-for-frontline-charities>

¹⁴ <https://blogs.ncvo.org.uk/2020/04/09/government-funding-for-charities-an-important-start-but-more-is-needed/>

¹⁵ <https://data.ncvo.org.uk/impact/beneficiaries/>

¹⁶ <https://www.civilsociety.co.uk/voices/how-charities-are-changing-the-way-they-deliver-during-covid-19.html>

LOSS OF BUSINESSES PROVIDING SERVICES TO CHILDREN

Following the forced closure of many public facing businesses during this pandemic, many small and medium sized businesses are expected to struggle to survive the coming months. A survey of UK businesses conducted in early March suggested that 20% ranked coronavirus as a high or severe threat to their organisation. Another survey found that more than a third of businesses feared that without support they would not survive past Easter.¹⁷

Nurseries and other childcare facilities are struggling to cover costs during closures.¹⁸ Across the UK there are around 2 million childcare places in day nurseries, childminders and playgroups.¹⁹ These not only provide early childhood education which prepares children for school and forms the foundation for educational achievement, they also allow parents to access paid employment.

There has been some controversy around charging of parents during closures, and speculation of wide-scale bankruptcies and lay-offs among nurseries. This is further compounded by fears that parents who lose their jobs during this pandemic will not send their children to nursery and income will be reduced as a result, even after the closures have been lifted. The UK already struggles with a shortage of childcare provision, with 28% of parents in the UK with a child under 3 saying that they would like to access more childcare than they can. This is the second highest level of unmet need across 29 European countries.²⁰ Disadvantaged children were least likely to access quality early years childcare.²¹

Families with a low income will be disproportionately affected if there is a further reduction in provision. Reduced places will likely push fees up, which are already very high in some areas. Families who lose income as a result of the economic impacts of coronavirus are particularly unlikely to be able to afford childcare. The 30 hours free childcare available for some is only possible where providers exist to deliver it. As a result, the attainment gap between the most and least disadvantaged children is likely to widen.

The government initially made a number of measures available to nurseries, like other businesses, and are continuing to fund the 30 hours free childcare entitlement.¹⁸ However, on 17 April, new guidance was published placing restrictions on these options which may cause additional problems for nurseries who had planned on the basis of what was originally suggested.²²

Organisations providing sports, leisure, entertainment and education services for children are also likely to be hit hard. Many of these organisations depend on fees paid weekly or monthly and will receive no income while social restriction measures are in place. Depending on the speed of recovery following this crisis, some businesses may take staff on again once closures are lifted. However, it is likely that some of the businesses providing valued services for children will be lost, restricting options for families.

¹⁷ <http://www.oecd.org/cfe/COVID-19-SME-Policy-Responses.pdf>

¹⁸ <https://www.gov.uk/government/publications/coronavirus-covid-19-early-years-and-childcare-closures/coronavirus-covid-19-early-years-and-childcare-closures>

¹⁹ Based on most recent published childcare provision figures for England, Wales, Scotland and Northern Ireland.

²⁰ EU Statistics on Income and Living Conditions 2016

²¹ <https://publications.parliament.uk/pa/cm201719/cmselect/cmeduc/1006/1006.pdf>

²² Nursery World. April 2020. <https://www.nurseryworld.co.uk/news/article/government-makes-u-turn-on-nurseries-access-to-furlough-cash>

THE IMPACT OF CORONAVIRUS ON CHILDREN

LOSS OF EDUCATION AS A RESULT OF SCHOOL CLOSURES

From 20 March 2020, all schools in the UK were closed to the majority of their students until further notice. There is currently no clarity about the length of closure. If schools do not reopen until the start of the next academic year, this would represent five and a half months out of school (including summer and Easter holidays), and a loss of around 700 million days of education in total.²³ The school closures leave around 10 million children out of school.²⁴

The government's advice states that all children who can stay safely at home must do so. However, schools remain open for children of key workers and vulnerable children, operating with a skeleton staff. Key workers include NHS staff, police, farmers and food retail workers, who need to be able to go out to work. Vulnerable children include those who have a social worker and those with Education, Health and Care (EHC) plans.²⁵

Primary assessments, including SATs, and exams, including GCSEs, AS levels and A levels, will not go ahead this summer, affecting more than 950,000 secondary-level pupils.²⁶ The calculated grade process has been developed by Ofqual and will take into account a range of evidence including non-exam assessment and mock results, with a standardisation process to try and make the results fair across schools.²⁷ While the system has been mostly welcomed as a reasonable approach in the given circumstances, there remain some concerns about how it will work in practice, and particularly whether any groups may be disadvantaged through unintended biases.²⁸ University representatives have confirmed that they expect universities to be flexible and do all they can to support students and ensure they can progress to higher education.²⁹

Early years childcare provision has also closed. There are around 2 million childcare places across the UK, including day nurseries, childminders and playgroups.³⁰ They provide an essential service both for allowing parents to work and preparing children for school. Many providers are private or voluntary sector organisations that may not survive prolonged closure. If childcare places are lost, parents may not be able to return to work and a likely increase in childcare prices could put early years childcare out of reach for many. Families in ethnic minority groups, especially where English is an additional language, particularly benefit from quality early years education which is crucial in reducing the attainment gap for this group.³¹

²³ Based on number of days left in spring term and total summer terms for England, Wales, Scotland and Northern Ireland, multiplied by numbers of students enrolled.

²⁴ Based on 95% of total numbers enrolled in England, Scotland, Wales and Northern Ireland, with c. 5% still attending, according to estimates based on surveys of schools in first week of closure.

²⁵ <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

²⁶ Estimate based on pupil numbers in Years 11 and 13 (England, Wales and Northern Ireland) and numbers entering Scottish SQA exams for 2018

²⁷ Ofqual, April 2020, <https://www.gov.uk/government/news/how-gcse-as-a-levels-will-be-awarded-in-summer-2020>

²⁸ Sutton trust, December 2017, <https://www.suttontrust.com/wp-content/uploads/2017/12/Rules-of-the-Game.pdf>

²⁹ <https://www.gov.uk/government/publications/coronavirus-covid-19-cancellation-of-gcse-as-and-a-levels-in-2020/coronavirus-covid-19-cancellation-of-gcse-as-and-a-levels-in-2020>

³⁰ Based on most recent published childcare provision figures for England, Wales, Scotland and Northern Ireland.

³¹ https://www.basw.co.uk/system/files/resources/basw_123326-4_0.pdf

The immediate impact on children

Children are less visible and less supported

Though schools remain open for vulnerable children and children of key workers, there is some evidence that many are not attending. This was supported by a snapshot survey of members of the National Association of Head Teachers (NAHT) across England, Wales and Northern Ireland, showing that in 94% of schools no more than 20% of pupils had attended. A separate survey from the ASCL union showed fewer than 10% of pupils in the "vast majority" of schools and most schools had between 1% and 5% pupils attending.³²

None of the UK education departments are currently publishing figures on attendance, but reports suggest that as few as 10% of vulnerable children allocated a school place during closures are actually attending school in some parts of the UK.³³ It is not possible to ascertain the reasons for children not attending, but concerns have been raised about the [safety of some children](#) at home during this pandemic.

Unequal access to learning

The loss of nearly four months education will impact all children in the UK, but some will be far worse affected than others. While some children will receive one-to-one parental support, others will struggle to continue any learning at home.³⁴ Children in families where parents have low levels of educational attainment, or are not fluent English speakers, will have less help for learning at home. Parental education already has a significant impact on children's education outcomes.³⁵ When parents are largely responsible for a child's education, the variation in outcomes could be substantial.

Schools, the BBC, and others, have made learning resources available online.³⁶ Schools may also be communicating with pupils and taking in work to mark online. However, around 7% of children do not have access to a fixed broadband connection and 2% cannot access the internet at home.³⁷

A recent YouGov poll found that nearly a third of children do not have a quiet room where they can study at home, rising to 40% of children in low income households.³⁸ Children with younger siblings or who are [providing care and support to adults](#) in the household may particularly struggle.

For [refugee and asylum-seeking children](#), who may have already had their education disrupted by displacement, school closure could cause further lasting disadvantage. Parents of children who receive specialist support for health or disabilities at school, including nearly 150,000 children attending special

³² <https://www.bbc.co.uk/news/education-51999539>

³³ <https://www.bbc.co.uk/news/uk-52228772>

³⁴ <https://www.theguardian.com/commentisfree/2020/mar/20/the-guardian-view-on-life-without-school-not-a-level-playing-field>

³⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2853053/>

³⁶ <https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/closure-of-educational-settings-information-for-parents-and-carers>

³⁷ Ofcom, Children's Media Literacy tracker, 2019

³⁸ YouGov. March 2020. https://docs.cdn.yougov.com/dxmskwi2rl/SMFResults_200324_Education.pdf

schools in the UK,³⁹ are unlikely to have the specialist skills, and sometimes equipment, needed to provide a good quality of education at home.

The longer-term impact

Widening the attainment gap

The inconsistent education that children receive will impact learning outcomes over the next few months. This, coupled with the challenge of returning to school following the pandemic, could have long term impacts on children's education. Summer learning loss, where children lose skills over the summer holidays, is a phenomenon well known to educators and researchers alike. One UK study showed that it took seven weeks to catch up on spelling following a 6-week summer holiday.⁴⁰ It seems particularly detrimental in schools in areas of low socioeconomic status.

It is likely that school closures and any loss of early years provision will widen the attainment gap which sees children from disadvantaged backgrounds do substantially worse at school. This gap, which leads to entrenched inequalities that follow children throughout their lives, is already a major concern in the UK. In 2019, for the first time in eight years, the attainment gap has stopped closing in early years and secondary schools. The gap in 2019 amounted to 18 months of progress by the end of secondary school.⁴¹ The trends suggest that earlier efforts to close the attainment gap were already starting to be undone, but the current school closures could see a significant widening of this gap for this cohort of pupils.

Schools supporting children post-coronavirus

The immediate impact of the coronavirus pandemic on children, highlighted throughout this document, will start to be seen most clearly as children return to school. The effects on children's mental health, their family and peer relationships, their physical health and health behaviours, as well as their education, will all be felt within the school. Teachers and other school staff will not only need to manage a potentially very wide variation in pupils' learning over the previous months but will also be supporting children who have suffered abuse, bereavement or a significant change in family financial position. This will be an unprecedented challenge for schools and will require careful assessment and support to be in place, putting a strain on the capacity of school staff and resources.

There are concerns about the future funding for schools to manage the long-term impacts of coronavirus. Per pupil funding fell in real terms by around 8% between 2009-10 and 2019-20. In the same period, local authority spending on children's services fell by around 20% per child. Some schools were already reporting financial difficulties before coronavirus. Around 28% of local authority maintained secondary schools were in deficit in 2018-19.⁴² When schools face new pressures they often have to buy in additional support; for

³⁹ Based on latest available pupil figures for England, Scotland, Wales and Northern Ireland.

⁴⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5635200/>

⁴¹ Education Policy Institute, July 2019, <https://epi.org.uk/publications-and-research/annual-report-2019/>

⁴² Education Policy Institute, March 2020, <https://epi.org.uk/publications-and-research/school-funding-budget-2020/>

example, one survey of schools found that in 2019, 66% were commissioning their own professional mental health support and counselling for pupils.⁴³ Reducing school funding and resources during this time will have a severe impact on the support available to children to recover from the impacts of this pandemic.

CHILDHOOD NUTRITION

Typically, issues about food security for families are the result of poverty, rather than food supply. Around 11% of children already experienced food insecurity, and those with no recourse to public funds are especially at risk.⁴⁴ 29% of households with children under 6 had worried about running out of food before they had enough money to buy more.⁴⁵

For these families, the additional pressures of children being at home instead of school, difficulties in buying an appropriate range of foods within their budget, and the likelihood of job insecurity is likely to see many struggling to maintain adequate nutrition. The number of adults who are food insecure is believed to have quadrupled since the coronavirus lockdown.⁴⁶ Those with children are especially vulnerable.

Free School Meal Provision

Due to school closures, many of the 1.7 million pupils who are entitled to benefits-related Free School Meals, will not be attending school. Schools have been asked to continue to provide benefits-related Free School Meals, either on site, through home deliveries or via the government's voucher scheme.⁴⁷ However, provision was initially patchy, with one poll finding that half of eligible adults had not received a Free School Meal substitute.⁴⁸ The government has now made supermarket vouchers worth £15 per week available to parents in England whose children would normally receive Free School Meals, with a similar scheme due to start after Easter in Wales. In Scotland, local authorities are still providing meals and in Northern Ireland direct payments are being made to families. Despite these schemes, there are concerns that families will struggle to provide nutritious meals to their children for £3 per day, and that some lack the knowledge and an appropriately equipped kitchen to ensure that children eat healthily.

Schools are not required to provide meals to infants (Reception to Year 2) who would have been receiving free school meals as part of the Universal Infant Free School Meals policy.⁴⁸ In many cases, schools will know which children in these years are eligible for benefits-related Free School Meals as well, because this information is used to calculate Pupil Premium Funding. However, it is possible that some of these younger children will not be known about if parents have not registered for Pupil Premium or Free School Meals.

⁴³ National Association of Head Teachers, February 2020. <https://www.naht.org.uk/news-and-opinion/press-room/huge-rise-in-number-of-school-based-counsellors-over-past-three-years/>

⁴⁴ Figure from 2016, <https://www.stateofhunger.org/wp-content/uploads/2019/11/State-of-Hunger-Report-November2019-Digital.pdf>

⁴⁵ <https://www.food.gov.uk/sites/default/files/media/document/food-and-you-wave5-combined-report-web-revised.pdf>

⁴⁶ Loopstra, R. April 2020, https://enuf.org.uk/sites/default/files/resources/report_covid19foodinsecurity-final_1_3.pdf

⁴⁷ <https://www.gov.uk/government/publications/covid-19-school-closures/guidance-for-schools-about-temporarily-closing>

⁴⁸ <https://schoolsweek.co.uk/coronavirus-how-schools-are-stepping-up-to-keep-disadvantaged-pupils-fed/>

Potential food availability shortages

Since the outbreak became more marked in the UK, there have been fears about food availability due to stockpiling of certain products by customers. The government and food industries have repeatedly issued statements to assure that food supply chains are operating and that there is no reason to think that there will be food supply shortages.⁴⁹ However, other experts are warning that the combination of stockpiling and potential disruption in supplies from other countries mean that food supplies are not secure, particularly for the most vulnerable, and that some form of rationing may be required.⁵⁰ A YouGov survey found that around 40% of food insecurity experiences since the lockdown were due to a lack of food in shops alone, and that this particularly affected families with children.⁵¹

Some estates and neighbourhoods suffer from a lack of access to healthy, affordable food, only having smaller shops with a limited range and higher prices than larger supermarkets. Poor facilities nearby are compounded for families who do not own a car to reach shops further afield.⁵² This will be severely exacerbated with the current restrictions to public transport, and the need for frequent trips, limited by what the individual can carry by hand, will increase the risk of exposure to coronavirus.

Access to foodbanks

In 2018/19 an estimated 215,000 children received at least one foodbank parcel across the UK.⁵³ Foodbank providers have seen rapid increases in the demand for emergency food parcels. Between April and September 2019, 823,145 three-day emergency food parcels were distributed by the Trussell Trust, an increase of 25% from the six months previously.⁵⁴ It is likely that low income and debt (two of the most common reasons for using a foodbank) will be an increasing problem for many in the coming months, and the increased food insecurity will make more people dependent on help from foodbanks. At the same time, public donations have substantially dropped, particularly in response to stockpiling and short-term food shortages, exposing the weakness of a system relying on donations at the end of the food supply chain.

Infant nutrition

Infant nutrition is essential for the health and development of babies. Evidence shows that breastfeeding offers many benefits, including protection from infection and reduced risk of obesity later in life. As staff across maternity services are reduced due to sickness and redeployment, support for new mothers to breastfeed will be significantly reduced. [Antenatal services are being reduced](#) or conducted remotely, making it more difficult to support and inform pregnant women about breastfeeding. Many new mothers rely on friends and family to provide support and advice, and professional or voluntary sector services will also be unavailable during this time. As a result, breastfeeding rates may drop substantially.

⁴⁹ <https://commonslibrary.parliament.uk/research-briefings/cbp-8862/>

⁵⁰ <https://www.independent.co.uk/news/uk/politics/coronavirus-rationing-food-fruit-vegetables-france-spain-supermarkets-a9418446.html>

⁵¹ Loopstra, R. April 2020, https://enuf.org.uk/sites/default/files/resources/report_covid19foodinsecurity-final_1_3.pdf

⁵² <https://www.fabians.org.uk/publications/a-recipe-for-inequality/>

⁵³ <https://www.stateofhunger.org/wp-content/uploads/2019/11/State-of-Hunger-Report-November2019-Digital.pdf>

⁵⁴ <https://www.trusselltrust.org/news-and-blog/latest-stats/>

There are reports of parents being unable to purchase infant formula.⁵⁵ This is likely to be the result of panic buying and may settle down as products work their way through supply chains. Unicef UK has issued guidance for parents and health professionals about how to cope in this situation.⁵⁶ Families who receive Healthy Start vouchers are at risk when infant formula and fruit and vegetables are in short supply as the vouchers cover these goods specifically.

The immediate impact on children

Previous estimates suggest that during summer holidays, up to three million children in the UK are at risk of going hungry, including two million who would not normally be eligible for Free School Meals.⁵⁷ The likely number of children going without food during lockdown is much higher. Children may also be undernourished as a result of a poor quality or non-nutritious diet.

Many families rely on school meals to ensure that children have a balanced, nutritious meal at least once a day. It is likely that many children will consume less nutritious food as a result of food shortages, lack of knowledge about healthy diets or how to prepare healthy meals, parental pressures and illness, and poverty. As a result, rates of obesity may increase over this period. Many children in lower income households increase BMI during the school holidays as a result of poor-quality food.⁵⁷

Concerns have been expressed that parents may try to 'water down' formula to make it last longer as a result of feared shortages. This can put babies at risk of malnutrition.⁵⁸

The longer-term impact

There is already a significant gap in obesity rates between the most and least deprived children, and this is likely to be exacerbated. The five-years ending in 2018/19 shows nearly double the rates of obesity in reception aged children in the most deprived quintile compared to the least deprived, and more than double at Year 6.⁵⁹ Childhood obesity is associated with significant long-term health problems, including obesity in adulthood, premature death, chronic illnesses like diabetes and cardiovascular disease, and musculoskeletal disorders like osteoarthritis.⁶⁰

The long-term benefits of breastfeeding are well-established and documented as part of the Baby Friendly Initiative.⁶¹ If breastfeeding rates are reduced as a result of lack of support, this could have an impact on obesity and other chronic health problems in later childhood and adulthood.

⁵⁵ <https://www.bda.uk.com/resource/covid-19-corona-virus-advice-for-the-general-public.html>

⁵⁶ <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/03/Unicef-UK-Baby-Friendly-Initiative-statement-on-infant-feeding-during-the-Covid-19-outbreak-2.pdf>

⁵⁷ <https://feedingbritain.files.wordpress.com/2015/02/hungry-holidays.pdf> (accessed: 30/08/17).

⁵⁸ <https://www.bda.uk.com/resource/covid-19-corona-virus-advice-for-the-general-public.html>

⁵⁹ <https://fingertips.phe.org.uk/profile/national-child-measurement-programme/data#page/7/qid/8000011/pat/6/par/E12000003/ati/101/are/E08000016/iid/92033/age/201/sex/4/cid/4>

⁶⁰ http://www.who.int/dietphysicalactivity/childhood_consequences/en/

⁶¹ <https://www.unicef.org.uk/babyfriendly/about/evidence-and-rationale-for-the-baby-friendly-standards/>

CHILDREN PUSHED INTO POVERTY

Children in low income households are at greatest risk of nearly all the negative impacts highlighted in this report. Child poverty increased last year by 100,000 children, with 4.2 million children (30% of children in the UK) now living in relative poverty after housing costs, up from 4.1 million last year.⁶² International comparisons show the UK has the fifth highest child poverty rate out of 31 European countries.⁶³ These families are likely to find it hardest to adapt to the new challenges of coronavirus.

In addition, it is expected that a large number of new families will face worklessness or poverty as a result of the economic impacts. On 14 April, the Office for Budget Responsibility published a scenario for the potential economic impact of the coronavirus crisis. Reliable predictions are more or less impossible at the moment, since the length of lockdown is unknown. However, the scenario suggests that real GDP could fall by 35% in the second quarter of 2020. Unemployment was forecast to rise by 2 million, to 10% of the working age population. The assessment is based on a three-month lockdown, followed by a three-month period over which restrictions are lifted. If the lockdown is longer, it is more likely that the economy will be 'scarred' in the longer term.⁶⁴

Despite the unprecedented interventions of the UK government, the Department for Work and Pensions reported that between 16 and 31 March, 950,000 new claims for universal credit were made, presumably in large part the result of job losses or small business closures.⁶⁵ A YouGov poll of 3,000 Brits, conducted on Monday 23 March, found that 5% of respondents had lost their job as a result of coronavirus, and a further 9% had had their pay or hours reduced.⁶⁵

As with any recession, it is likely that the people hardest hit will be those already closest to the poverty line. Those in informal or 'gig economy' roles are more likely to be vulnerable to job losses and to the slow recovery of wages. Those in single parent households will be particularly at risk, since they are reliant on one income, and may find it hard or impossible to work while also providing childcare or if they become unwell.

The immediate impact on children

It is almost certain that more children will fall into poverty, at least in the short-term during this period, as job losses and reductions in household income occur. Loss of income can have dramatic impacts on various aspects of family life, including [loss of housing](#), [health and mental health risks](#), [access to food](#) and dramatic drops in standards of living. These issues are described in more detail in sections later in this document.

Experiencing financial hardship has not only a material impact on children, but also a social one. Family relationships often suffer when households experience poverty. Children may be aware of the financial concerns and [experience anxiety](#), either for themselves or for their parents.⁶⁶ As outlined later in this report, financial stresses can manifest themselves in [conflict within the family](#), and even in [abuse or domestic violence](#). These can all impact on children's development and their physical and mental health.

⁶² Department for Work and Pensions, March 2020. <https://www.gov.uk/government/statistics/households-below-average-income-199495-to-201819>

⁶³ Data from the EU-SILC - % of children living in households with post-tax post-transfer income below 60% of national median.

⁶⁴ Office of Budget Responsibility. April 2020. <https://obr.uk/coronavirus-reference-scenario/>

⁶⁵ https://yougov.co.uk/topics/politics/articles-reports/2020/03/24/how-covid-19-affecting-british-opinions-jobs-and-w?utm_source=twitter&utm_medium=website_article&utm_campaign=stephan_coronavirus_poll

⁶⁶ Innocenti. 2014. <https://www.unicef-irc.org/publications/733-children-of-the-recession-the-impact-of-the-economic-crisis-on-child-well-being-in.html>

The longer-term impact

Depending on the speed of economic recovery some families may find that this is a short-term financial crisis. If jobs are recovered in the period after restrictions are lifted, some families may be able to avoid the worst impacts of reduced income. However, in some cases this could trigger longer periods of unemployment, may result in families taking on unsustainable debt, and lead to more structural poverty.

The two major economic impacts for families – worklessness and reduced income – are related but distinct. Evidence shows that both have an impact on children.

The effects of growing up in a workless household - including reducing educational attainment - have been shown to be significant for children, distinct from the impact of low income overall. Thirty-seven per cent of children in workless households do not achieve the expected standards at Key Stage 1, compared with 19% in low income working families; 75% failed to reach the expected level at GCSE, compared with 52% of children in low income households.⁶⁷

Worklessness is also associated with a wide range of other disadvantages for children, though the direction of causation is not always easily established. Children in workless households are more likely to experience parental conflict, poor parental mental health, parental drug and alcohol dependency, problem debt and homelessness. As discussed elsewhere, these all have significant negative impacts for children.⁶⁷

Experiences of poverty in childhood are also linked with negative health and cognitive outcomes for children. Evidence from the Millennium Cohort Study shows that any exposure to poverty while growing up has a significant impact on long-term ill-health, obesity and socioemotional problems. There is some evidence that socioemotional problems are more affected by longer exposure to poverty. Experiences of poverty in early childhood are particularly associated with obesity in adolescence, while experiences of poverty in later childhood are especially associated with mental health problems.⁶⁸

In the longer-term, children will also be affected by the policies chosen to support economic recovery or to protect specific groups. Analysis of the austerity period following the recession of 2008 shows that children tended to be losers in the policy response to the fiscal crisis, and that as a result child poverty reductions stalled.⁶⁹ This was true in nearly all rich countries, where protection of elderly people from poverty was prioritised over the protection of children.⁷⁰

The enormous cost in GDP and in government spending may result in higher taxes or further austerity measures down the line, all of which will have an impact on both family finances and services for children.⁷¹

⁶⁷ Department for Work and Pensions. April 2017.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/621364/improving-lives-helping-workless-families-web-version.pdf

⁶⁸ Lai ETC, Wickham S, Law C, et al. Poverty dynamics and health in late childhood in the UK: evidence from the Millennium Cohort Study. Archives of Disease in Childhood 2019;104:1049-1055. <https://adc.bmj.com/content/104/11/1049>

⁶⁹ Unicef & Oxford Press. 2017. https://www.unicef-irc.org/publications/pdf/Children_of_austerity.pdf

⁷⁰ Innocenti. 2014. <https://www.unicef-irc.org/publications/733-children-of-the-recession-the-impact-of-the-economic-crisis-on-child-well-being-in.html>
⁷¹ https://www.ft.com/content/8ccae8d2-6eb0-11ea-89df-41bea055720b?accessToken=zwAAAXEWURIAkdOMyujSbrAR6tOJ30G-oFVyCw.MEUCIG6xoTcvjfwRjknQLucTB-40EUiv2vq8VFS7eYkP7Oa_AiEAoG7NfPDfVt7crfpy5uf2Q5O682Ywp-wgJlPTRqspUc&sharetype=gif?token=0a172369-20a9-4769-b4c3-e6b9d628078c

DISRUPTED ACCESS TO CHILD HEALTHCARE

Coronavirus poses an unprecedented challenge for the NHS, at a time when there was already widespread criticism of under-funding. In the 30 years prior to this health crisis, the total number of hospital beds in England has more than halved, and beds in acute and general care have fallen by 34%.⁷² The UK has fewer acute beds relative to its population than many comparable health systems. In 2018/19, overnight general and acute bed occupancy averaged 90.2%, regularly exceeding 95% in winter, which is generally considered to be above a safe level. These shortages have been reflected in longer waiting times for A&E treatment and planned operations. This provides the starting point for an enormous surge in demand for health services.

Despite rapid increases in bed numbers, including building new hospitals, it is likely that some people will not access adequate health provision in this period, either for contracted coronavirus or for other health issues. Reductions in access to primary care will likely have knock-on effects on secondary and tertiary care down the line. The delay of planned operations will create a backlog that will take some time to clear, meaning that waiting times will see large increases with consequences for health outcomes for some time in the future.

The current evidence is that children are less severely affected by coronavirus than adults, and particularly compared to older adults. As a result it is not thought that paediatric care will be the frontline in fighting coronavirus.⁷³ However, paediatric specialists – as with other medical specialists – are likely to be called in to work on areas outside their specialisms to help deal with the increased demand on the NHS. As a result, it is expected that elective components of paediatric care are postponed. There is also expected to be a period in which large numbers of NHS staff are sick themselves or self-isolating, leading to staff shortages. It has been reported that significant numbers of NHS staff are unable to work in some areas due to illness or requirements to self-isolate due to vulnerability.⁷⁴

NHS England have issued guidance on paediatric care during the coronavirus pandemic. This includes 'keep[ing] children out of the healthcare system, unless essential', 'us[ing] telemedicine and other non-direct care, when appropriate', 'plan[ning] for admitting young adults up to 25 years of age and make contingency plans for admitting older adults.' The admission of young adults to children's wards could pose safeguarding risks. These are acknowledged by NHS England and hospitals are advised to take all reasonable steps to separate adults and children and to ensure that children are safe.⁷⁵

Although the evidence suggests that in general children experience coronavirus more mildly, there is still a lot unknown about the risks for vulnerable groups of children, including those who are immunocompromised.⁷³ Advice is for young people with a range of existing health problems to take shielding measures through social isolation. These conditions include: long term respiratory conditions such as severe asthma; immunocompromise; some forms of heart disease; and chronic kidney disease.⁷⁵

⁷² King's Fund. March 2020, <https://www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers>

⁷³ https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Specialty-guide_paediatrics-and-coronavirus_V1_17-March.pdf

⁷⁴ <https://www.bbc.co.uk/news/health-51714498>

⁷⁵ <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#children-at-increased-risk-of-covid-19>

The immediate impact on children

A large number of children depend on NHS services every year. Around one in seven young people aged 11-15 have a long-term illness, condition or disability, including asthma, diabetes, epilepsy, cancer and physical and mental impairments.⁷⁶ Nearly 1 in 4 report a long-term illness or disability. Every year in the UK, approximately 2,400 young people aged 15-24 are diagnosed with cancer.⁷⁷

There are nearly 150,000 children attending special schools in the UK,⁷⁸ with a range of complex health and learning needs, including some life-limiting illnesses and disabilities.⁷⁹ Many children with complex health needs receive support through specialist educational settings where trained staff and specialist equipment is available. Special schools have been asked to maintain provision at school, where wanted, for vulnerable children. However, if children have underlying conditions that make them vulnerable to coronavirus, the advice is to keep them at home. Equally, if special schools are unable to maintain adequate staffing levels due to sickness, they may not be able to provide this support. This could severely impact parents and siblings as well, since schools provide not only education but also care for pupils and respite for parents.

Across the UK, children under 18 accounted for nearly 6 million A&E attendances in 2018-19.⁸⁰ Almost half of deaths among young people (10-19) have external causes, including self-harm, traffic accidents, poisoning, assault, drowning and falls.⁸¹ While some of these are likely to be reduced in the coming months (e.g. traffic accidents), others, such as self-harm and accidents in the home, may increase. There is also concern about increased [domestic violence](#) and assault as a result of confinement to the home.

The 2018 HBSC survey found that over half of 14-15 year olds had visited their GP in the last 3 months.⁸²

There is a lack of information currently on the reasons for young people visiting GPs, so it is difficult to assess the impact of reduced or delayed appointments. While some health needs may be addressed through virtual GP appointments during this pandemic, data suggests that young women particularly feel very uneasy talking to their GP, a problem that may be exacerbated in virtual appointments. Virtual appointments are also impossible for those who do not have adequate, private access to the internet at home.

The health impact for children of reduced access to routine or emergency care will depend on the level of pressure on services locally and the reasons for needing healthcare. It is reasonable to suppose that, at the extreme end, this will result in delayed or inadequate care and may even lead to avoidable deaths.

Longer-term impact

The loss of routine or planned procedures, delays in healthcare provision and complications arising from difficulties in accessing adequate care may lead to long-term health problems for children, and even impact into adulthood.

⁷⁶ <http://www.youngpeopleshealth.org.uk/wp-content/uploads/2015/09/KeyData2015.pdf>

⁷⁷ http://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/09/AYPH_KDYP2019_Chapter6.pdf

⁷⁸ Based on latest available pupil figures for England, Scotland, Wales and Northern Ireland.

⁷⁹ <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2019>

⁸⁰ Based on available data for A&E or emergency care attendance by age group for England, Northern Ireland, Scotland and Wales.

⁸¹ http://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/09/AYPH_KDYP2019_Chapter2.pdf

⁸² http://www.youngpeopleshealth.org.uk/wp-content/uploads/2019/09/AYPH_KDYP2019_Chapter8.pdf

ACCESS TO MATERNITY AND NEO-NATAL SERVICES

Around 750,000 babies are born in the UK each year.⁸³ Pregnant women have been categorised as being at 'increased risk' of coronavirus, although evidence does not currently suggest that pregnant women are more likely to contract infection than others. There is some suggestion that pregnant women who contract the virus may suffer more severe symptoms, and that there could be an association with pre-term birth, though the absolute risks are considered small. Although there are only small numbers of cases, it seems that vertical transmission to the baby in the womb may be possible. The pandemic has also increased risk factors for perinatal mental health difficulties, as for mental health more generally, including social isolation, increased anxiety, financial concern and possible bereavement.⁸⁴ This makes access to support during pregnancy particularly important.

There are serious concerns about staff shortages on NHS maternity units. A survey of midwife service leads conducted by the Royal College of Midwives (RCM) has reported that one in five midwifery posts are now unfilled.⁸⁵ Prior to the outbreak, around 10% of midwife vacancies were unfilled across the UK, and this has now been found to have doubled to 20%. More than a fifth of midwife-led maternity units have been closed. These shortages are due to a combination of sickness, self-isolation due to symptoms in the households, and an existing shortage of midwives prior to the crisis.⁸⁶ In 2019, the RCM reported a shortage of midwives amounting to almost 2,500 posts across England alone.⁸⁷ The Chief Executive of the RCM has called for maternity support staff to be ringfenced from redeployment during the crisis.

Expectant mothers should have a booking appointment with primary care, ideally in the first 10 weeks of pregnancy, followed by a number of antenatal appointments and scans throughout pregnancy. This antenatal care is crucial for supporting early development of the foetus (including advice on lifestyle and supplements), identifying problems in the pregnancy, including risks to the mother and the foetus, and for ensuring that women's choices are informed, heard and respected.⁸⁸ Due to concerns about staffing in the NHS during this pandemic, there may be delays in receiving these parts of routine care for pregnant women. The current advice is for pregnant women to contact their maternity unit for advice around antenatal appointments.⁸⁴ Women who are not coronavirus symptomatic should still be attending appointments, though some of these may start to be conducted remotely where possible. Advice has been issued as to which appointments should be maintained as a minimum, and which may be omitted in the event of staff shortages.⁸⁹

There is evidence that in some places, maternity services are short of nearly half their midwifery staff as a result of the pandemic, leading to changes in provision which would not normally be deemed appropriate.⁹⁰ In many cases, this will mean that mothers do not have the same choice around birthplace, including no

⁸³ Office for National Statistics. 2019. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/vitalstatisticspopulationandhealthreferencetables>

⁸⁴ <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-28-covid19-pregnancy-guidance.pdf>

⁸⁵ <https://www.theguardian.com/society/2020/mar/29/midwife-shortage-doubles-as-nhs-staff-diverted-to-tend-covid-19-patients>

⁸⁶ <https://www.nursinginpractice.com/professional/midwifery-shortages-doubled-coronavirus-outbreak-warns-rcm>

⁸⁷ <https://www.rcm.org.uk/news-views/rcm-opinion/2019/england-short-of-almost-2-500-midwives-new-birth-figures-confirm/>

⁸⁸ <https://www.nice.org.uk/guidance/cg62/chapter/1-Guidance>

⁸⁹ <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic.pdf>

⁹⁰ <https://www.rcm.org.uk/clinical-advice-during-the-crisis/>

longer being able to have homebirths, or, in some cases, being encouraged to have homebirths. This is also impacted by concern around ambulance shortages. While maternity services will still be available in hospitals and midwifery-led units, there is a danger that some women will give birth at home without the appropriate care and support of midwives or other health professionals, putting both mothers and babies at risk. There are reports that some midwifery-led units have been requisitioned for coronavirus care because they have single rooms with piped oxygen.⁹¹

If women have suspected or confirmed coronavirus, this may impact on where they can go to give birth, and the support they can be given. While this is being managed as far as possible in a way that is clinically safe for mother and baby, it will undoubtedly increase risks, both for them and for the staff attending them.⁹²

During birth, women are encouraged to have a birth partner present. Due to the current pandemic, women are typically being restricted to one birth partner who can attend the birth as long as they are asymptomatic. Birth partners may not be allowed on antenatal or postnatal wards, however.

Women are being advised to attend early pregnancy services alone.⁹³ Attendance at these services may often be straightforward, but sometimes will result in bad news, including the loss of a pregnancy or concerns about foetal health. Receiving this news alone, without a partner or other support attending, could be devastating for some women.

Parents of babies on neonatal units are currently being allowed to visit in most places, but only if they are showing no symptoms of coronavirus. Individual units may change their visiting policies in response to the local situation and growing concerns about infections. Wider family, including siblings will not be allowed to visit. This will have implications for parents who have responsibility for another child. As well as causing considerable distress to parents, this may impact on breastfeeding support and bonding.⁹⁴

Follow-up appointments after discharge from hospital are likely to be managed remotely or postponed. This may have implications for babies at higher risk and make it difficult for staff to effectively monitor feeding, growth and overall condition of new-borns in the first few weeks at home. Home visits are also likely to be restricted in order to protect the health of staff and due to staff shortages.⁹⁴

Breastfeeding support will be severely disrupted during this time. For many mums, informal, social support is crucial for continuing breastfeeding, especially if the mother faces any difficulties.⁹⁵ While telephone advice lines and some forms of virtual support will be available, support through breastfeeding cafes, peer support, health visitor home visits, and access to lactation specialists will all be curtailed or cease altogether during this period of social isolation. Support available within hospitals will be reduced as a result of staff shortages. This will compound the problem of reduced breastfeeding support through postponed or virtual antenatal appointments.

⁹¹ <https://www.rcm.org.uk/clinical-advice-during-the-crisis/>

⁹² https://www.thh.nhs.uk/services/women_babies/COVID-19_infection_pregnancy.php

⁹³ <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-03-guidance-for-rationalising-early-pregnancy-services-in-the-evolving-coronavirus-covid-19-pandemic.pdf>

⁹⁴ <https://www.bliss.org.uk/parents/support/coronavirus-covid-19-information>

⁹⁵ <https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/s13006-019-0247-4>

The immediate impact on children

It is impossible to predict how the changes in provision will impact on the outcomes for mothers and babies. While NHS staff will be making careful assessments and seeking to provide the best possible care based on need, it is clear that the provision is not the optimum which would normally be expected and which is based on evidence for maximising the chances of a healthy birth. It is very likely that risks will increase as services are rationalised and stretched.

The impacts on new mothers' mental health – and, as a result, on their babies – are clearer. Many of the risk factors associated with post-partum depression will be substantially increased during this pandemic:

- Disappointing or risky pregnancy and birthing experience –due to restrictions on birthplace, staff shortages, restriction on birth partners and family support, anxiety around being in hospital during the pandemic and the loss of social experiences around and after birth due to social isolation.
- Relationship difficulties, abusive behaviour and family violence – due to stresses of social isolation and confinement to homes, financial concerns and anxiety of both partners (see also section on [Living in difficult home environments](#)).
- Stressful life events – beyond merely the experience of coronavirus and social isolation, stresses such as job loss and bereavement will become more common in this period.
- Lack of social support – One review found that '*Reducing social support is the most important environmental factor in the onset of depression and anxiety disorders.*'⁹⁶ Social isolation will severely impact new mums, many of whom rely on help from family and friends in the first weeks after birth.
- Financial difficulties – many families will face considerable uncertainty over jobs and reduced income. This will be particularly concerning at a time when a family is growing.⁹⁷

While these increased risks mean that incidence of postpartum depression is likely to go up, the support available for new mums – both professional and social – will be severely curtailed. At its most severe, postpartum mental health problems can put the health and safety of mother and child at risk. More commonly, postpartum depression may impact on mother-infant relationships in the first year postpartum, with increased insecure attachment found in 18-month olds.⁹⁸ It is also associated with early cessation of breastfeeding.

Access to breastfeeding support is associated with better breastfeeding outcomes in relation to any breastfeeding, exclusive breastfeeding and duration of breastfeeding.⁹⁹ Being unsure about whether the baby is receiving enough breastmilk is a common reason for stopping, and this may be aggravated by the lack of facilities for monitoring and weighing babies and for getting advice from health visitors during this pandemic.¹⁰⁰ It is likely, therefore, that this loss of support will have a detrimental impact on breastfeeding rates, meaning that fewer babies will have the benefits associated with breastmilk consumption (see also section on [Child nutrition](#)).

⁹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5561681/>

⁹⁷ <https://www.panda.org.au/info-support/after-birth/contributing-factors-for-postnatal-depression-or-anxiety>

⁹⁸ https://www.who.int/mental_health/prevention/suicide/lit_review_postpartum_depression.pdf

⁹⁹ <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001141.pub4/abstract>

¹⁰⁰ <https://bmjopen.bmj.com/content/5/11/e009144#boxed-text-2>

CHILDHOOD VACCINATIONS

Population vaccination coverage is already poor and declining in the UK. Coverage for MMR was at 90% in 2018/19 and for DTaP / IPV / Hib, it is 94%.¹⁰¹ GP surgeries have been asked to keep vaccination programmes operating as a priority, and all children should still be able to access vaccines. However, there are fears that parents may delay getting vaccinations because of concerns about attending a surgery during the pandemic. Some vaccines are provided through schools, including the HPV vaccine, Polio booster and Meningitis vaccinations. If missed, these should be provided as soon as possible after schools reopen.

The immediate impact on children

Approximately 2.3 million children under the age of five are due at least one routine vaccination each year.¹⁰² Delays in immunisations as a result of the pandemic could put some babies at increased risk of potentially serious illness, such as whooping cough. Most immunisations can be received at a later date, though Rotavirus vaccine is contraindicated after 15 weeks because of the increased likelihood of an adverse event and it is therefore unlikely that children would be given this as a catch up.¹⁰³

Longer-term impact

If levels of immunisation drop too low (generally suggested as below c. 95%), outbreaks of infectious illness can occur. This was seen earlier this year in relation to an outbreak of mumps among university students who were not vaccinated following the MMR scares in the late 1990s, known as the 'Wakefield cohorts'.¹⁰⁴ In 2018 there was also a steep rise in the number of measles cases following the same period of reduced MMR vaccinations in the 1990s, and the UK has since lost its WHO measles free status.¹⁰⁵ If outbreaks of these illnesses do occur as a result of missed or delayed immunisations, most children who contract them will recover, but some may face serious complications which can be life-threatening.

SEXUAL HEALTH

Access to sexual health clinics and support will be significantly impacted by the current crisis. The British Association for Sexual Health and HIV have issued guidance on provision of community sexual health services which indicates that there's an anticipated major disruption to services. Walk-in clinics are not operating and face-to-face HIV appointments have been suspended in favour of telephone consultations.¹⁰⁶

¹⁰¹ Nuffield Trust, February 2020. <https://www.nuffieldtrust.org.uk/resource/vaccination-coverage-for-children-and-mothers-1>

¹⁰² Based on population figures for UK aged 0, 1 and 4. <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesandnorthernireland>

¹⁰³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/855727/Greenbook_chapter_11_UK_Immunisation_schedule.pdf

¹⁰⁴ <https://www.gov.uk/government/news/mumps-outbreaks-across-england>

¹⁰⁵ <https://www.gov.uk/government/news/measles-outbreaks-across-england>

¹⁰⁶ <https://www.bashh.org/news/news/standing-with-you-covid-19-guidance-provision-of-sexual-services-to-the-community/>

Brook sexual health services for young people are running appointment-only services and providing support over the phone and online around access to emergency contraception and STI testing. There are concerns about privacy for young people accessing these by phone or online from their family home. Young people who have experienced sexual trauma, who are HIV positive, who are pregnant and want advice and support, who want to access abortion services, who have an STI or who are LGBTQ+ and are seeking urgent support around their sexuality or gender identity may find accessing advice remotely difficult or even dangerous.

LOSS OF HEALTH AND HEALTHY BEHAVIOURS, INCLUDING PLAY

A direct impact of the response to coronavirus has been to confine the majority of children to their homes for most of the day, reducing opportunities to play or relax outside. Beyond short periods of exercise, children are unable to spend time in public spaces. For children with no garden or private outdoor space, this will severely restrict access to outdoor play and fresh air. Once again, the impact of this will be felt disproportionately by children in lower income households. Parents with higher education levels are more likely to have more green space locally and to have a private garden.¹⁰⁷

School closures will also impact on the amount of physical activity that children engage in. 40% of parents say that their children get their recommended minimum 30 minutes of physical activity while at school. Walking to school and other places is the second most common physical activity engaged in by children, with 71% of children doing this in 2018/19.¹⁰⁸ Schools and leisure centres are particularly important for children with disabilities, as they are more likely to be able to provide the space and facilities required for physical activity.

Other extra-curricular activities have also stopped during lockdown. Across the UK, 50% of children and young people overall regularly take part in extracurricular sporting activity, 40% in youth clubs/scouts etc, 20% in community work, 19% in music, 8% in art, 12% in dance, all of which will be impacted by the coronavirus measures.¹⁰⁹

There is an expected increase of screen time for children. A number of activities which would normally be carried out face to face, including socialising and school learning, may largely move to online spaces, through online learning and social media. It is also likely that children will spend more time engaging in online play and other online activities.

The immediate impact on children

While there is no example of a lockdown on this scale from which to draw evidence of the impacts, we can see the impact of much shorter periods of school closure which indicate the negative consequences we would expect to see.

‘Evidence suggests that when children are out of school (eg, weekends and summer holidays), they are physically less active, have much longer screen time, irregular sleep patterns, and less favourable diets, resulting in weight gain and a loss of cardiorespiratory fitness. Such negative effects on health are likely to be much worse when children are confined to their homes without outdoor activities and interaction with same aged friends during the outbreak.’¹¹⁰

¹⁰⁷ Schalkwijk, Annemarie A. H. and van der Zwaard, Babette C. and Nijpels, Giel and Elders, Petra J. M. and Platt, Lucinda (2018) The impact of greenspace and condition of the neighbourhood on child overweight. European Journal of Public Health, 28 (1). pp. 88-94. ISSN 1101-1262. http://eprints.lse.ac.uk/86410/1/Platt_Impact%20of%20greenspace_2018.pdf

¹⁰⁸ Active Lives Children and Young People Survey. December 2019. <https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-01/active-lives-children-survey-academic-year-18-19.pdf?cVMsdnpBogROViY61iUjpQY6WcRyhtGs>

¹⁰⁹ <https://www.gov.uk/government/publications/extra-curricular-activities-soft-skills-and-social-mobility>

¹¹⁰ [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)30547-X.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30547-X.pdf)

Outdoor play, exercise, sunlight and access to green space have all been found to support good mental health and development in children.^{111, 112} Any limits or restrictions to these important health promoting factors will place children and young people under physical and mental strain, some of which will be compounding complex, existing needs such as obesity and mental health crises.

Access to extracurricular activities, including sport, music, art, drama, and dance, are critical to the realisation of children's rights and to their overall development. Nothing compares to play when it comes to social, emotional, physical and mental development and health promotion.¹¹³

The evidence on the impact of screen time on children is currently poor, and associations with health and wellbeing in children are generally mixed or weak.¹¹⁴ The evidence also comes from a different set of circumstances. There is no evidence to tell us whether the benefits of screen-based activities (for instance staying in touch with friends and accessing good learning materials) during this period outweigh the potential harms. It is important, therefore, not to conflate issues relating to the absence of typical healthy behaviours with increased exposure to screens.¹¹⁵ While prolonged physical inactivity in children is known to be harmful, attempts to limit screen time, especially during the pandemic, are not well-evidenced and could cause more harm to children's wellbeing.

Longer term impact

Lack of physical activity can have lasting impacts on children's long-term physical and mental health. Evidence from the Millennium Cohort Study found that lack of a garden and lower levels of local green space were associated with higher levels of obesity in later childhood.¹¹⁶

Engagement in extracurricular activities has been linked with academic achievement and aspiration, civic engagement, wellbeing and self-esteem.¹¹⁷ While it is hoped that most children will return to these activities once lockdown is lifted, there are risks to the provision of organised sporting and other activities operated by small businesses and charities who may not survive the economic costs of the pandemic. There is also concern that a prolonged period of relative inactivity could have lasting effects on children's health behaviours which are learned and habit-forming. Some research has found effects of childhood exercise that last well into adulthood.¹¹⁸

¹¹¹ <https://www.ncb.org.uk/sites/default/files/field/attachment/Housing%20and%20the%20Health%20of%20Young%20Children.pdf>

¹¹² <https://jech.bmj.com/content/early/2018/06/27/jech-2018-210436.full.pdf>; <https://www.designcouncil.org.uk/sites/default/files/asset/document/the-value-of-public-space1.pdf>

¹¹³ <https://www.playengland.org.uk/about-us/why-play-is-important/>

¹¹⁴ https://bmjopen.bmj.com/content/9/1/e023191?utm_content=consumer&utm_medium=cpc&utm_source=trendmd&utm_campaign=bmjo&utm_term=usage-042019

¹¹⁵ [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(19\)30062-8/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(19)30062-8/fulltext)

¹¹⁶ Schalkwijk, Annemarie A. H. et al. (2018) The impact of greenspace and condition of the neighbourhood on child overweight. European Journal of Public Health, 28 (1). pp. 88-94. ISSN 1101-1262. http://eprints.lse.ac.uk/86410/1/Platt_Impact%20of%20greenspace_2018.pdf

¹¹⁷ The Social Mobility Commission. July 2019.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/818679/An_Unequal_Playing_Field_report.pdf

¹¹⁸ <https://www.theguardian.com/lifeandstyle/2017/aug/28/young-at-heart-why-children-who-exercise-become-healthier-adults>

CHILDREN'S MENTAL HEALTH

A range of risk factors for poor mental health have been substantially increased during the coronavirus pandemic, including loss of routine, reduced access to outdoor space, social isolation, financial concern, relationship stressors, bereavement, concerns about education and future opportunities and health anxieties. These risk factors disproportionately affect children in lower-income households, as described elsewhere in this report, and these are also the families least likely to be able to afford adaptations which could alleviate the impact. As a result many children are likely to experience anxiety and depression during this period, and for those with an existing mental health problem this may be particularly difficult to manage.

Preceding the coronavirus pandemic, statistics of children and young people experiencing mental ill-health were already a cause for concern with significant increases over the past years. In 2019 11.2% of 5–15-year-olds reported mental ill-health, equating to approximately 812,300 children in England alone.¹¹⁹

Over 350,000 young people accessed NHS Mental Health Services in England alone in 2018/19.¹²⁰ One third of children referred to CAMHS received treatment, one third remained on the waiting list at the end of 2019 and one third were turned away because their problems weren't serious enough to meet the NHS' thresholds. The average waiting time for children and young people in England to access mental health support is 94 days.¹²¹ A large number of children therefore rely on voluntary services, school counsellors or private care. Many will not even have told anyone that they're struggling.¹¹⁹ The picture is similar in the other UK nations, with 26% of children in Scotland waiting more than 18 weeks to start mental health treatment.¹²²

Across the UK, 1 in 10 school children have a diagnosable mental health condition and 75% of young people who are experiencing mental health problems are not receiving treatment, largely caused by a lack of available mental health services.¹²³

Fearing being 'out of control' and 'being unable to tolerate uncertainty' are common characteristics of many anxiety disorders and many individuals with pre-existing anxiety may now be experiencing an exacerbation of their anxiety as a result of coronavirus.¹²⁴ For many children and young people who suffer from pre-existing mental health conditions, or from conditions such as autism, the sudden changes to their daily routines can cause anxiety and distress. Many children and young people might also find the current heightened focus on contamination and infection particularly distressing and may as a result be experiencing an increase in negative, automatic thoughts.

School closures are a particular risk for many children. They provide access to many of the protective factors for children, including routine, peer support, access to supportive relationships with adults, including professional mental health support.¹²⁵

¹¹⁹ <https://www.childrenssociety.org.uk/news-and-blogs/our-blog/new-mental-health-statistics-raise-concern-over-support-for-young-people>
¹²⁰ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics/number-of-children-and-young-people-accessing-nhs-funded-community-mental-health-services-in-england-april-2018-to-march-2019-experimental-statistics>

¹²¹ The Children's Society, 2017 https://www.childrenssociety.org.uk/sites/default/files/stick_with_us_-_tackling_missed_appointments_in_children_s_mental_health_services.pdf

¹²² <https://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2019-06-04/2019-06-04-CAMHS-WaitingTimes-Report.pdf>

¹²³ <https://www.childrenssociety.org.uk/news-and-blogs/our-blog/mental-health-statistics>

¹²⁴ <https://www.anxietyuk.org.uk/blog/covid-19-and-anxiety-part2/>

¹²⁵ The Lancet, April 2020. [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30109-7/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30109-7/fulltext)

The immediate impact on children

Research on the impact of quarantine evidences that the psychological impact of quarantine are wide ranging and long lasting and includes stress, anxiety and depression.¹²⁶ Children and young people are likely to experience anxiety and stress as their daily routines are disrupted due to school closures, and social distancing means that children and young people have limited leisure activities and opportunities for play with peers.

The NSPCC has seen a huge increase in calls to Childline in relation to coronavirus, with the main concern for children being anxiety and impact on mental health. *‘Over half of young people who spoke to Childline last week about coronavirus were counselled for their mental and emotional health around issues like isolation, arguments at home and removal of professional support from schools and the NHS.’* [5].¹²⁷

Children with pre-existing mental health conditions are likely to experience a worsening of symptoms due to stress, anxiety and fear as a result of the pandemic and related risk factors. A survey by YoungMinds in March found that 83% of respondents said that the coronavirus pandemic had made their symptoms worse.¹²⁸

Mental health support will be limited as practitioners within services such as CAMHS are no longer offering face-to-face support and new referrals are likely to experience longer waiting times due to an increase in demand for counselling and mental health care. YoungMinds’ survey found that a quarter of young people who use mental health services were already unable to access mental health support by the end of March.¹²⁶ Face-to-face support, peer support and group sessions have been replaced with online or telephone support, or postponed. Some young people may find this less effective or may worry about maintaining privacy if sessions are held remotely with family members close by.

Protective factors such as social contact, strong peer relationships and engagement in physical activity have also been temporarily lost or reduced as a result of the current pandemic.

New or exacerbated mental health issues will impact on children in a variety of ways. As well as short-term distress and difficulty coping with day-to-day life, they may experience negative impacts on relationships, education, self-care and physical health. Increases in self-harm and suicide are a particular concern, especially with reduced capacity for [adequate emergency treatment](#) or [longer-term support](#).

The impact of child mental illness can be devastating, with over 250 deaths by suicide among young people each year¹²⁹, and high rates of self-harm among teenagers. Around 110,000 14-year-olds across the UK self-harm at least once over the course of a year.¹³⁰

¹²⁶ [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)30460-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30460-8.pdf)

¹²⁷ <https://www.nspcc.org.uk/what-we-do/news-opinion/childline-coronavirus-counselling/>.

¹²⁸ YoungMinds. March 2020. <https://youngminds.org.uk/about-us/media-centre/press-releases/coronavirus-having-major-impact-on-young-people-with-mental-health-needs-new-survey/>

¹²⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables>

¹³⁰ <https://www.childrenssociety.org.uk/good-childhood-report/self-harm-in-children-statistics-facts>

Longer term impacts

Whilst we do not know what the long-term mental health impact will be of social distancing and isolation that are part of the coronavirus response, studies on the impact of quarantine in different contexts report heightened anxiety, irritability, depression and at the extreme end suicidal ideation. These studies also suggest that these impacts can be long term, highlighting the possibility that children may experience long term mental health impacts if their experiences of lockdown are negative.¹³¹

With the loss of healthy coping mechanisms like physical activity and social support, there is a danger that young people could develop unhealthy coping mechanisms, including substance misuse. This can form long-term dependencies that are hard to break and have wide-ranging and potentially devastating effects on all aspects of life.

The lasting economic impacts of coronavirus are also likely to impact negatively on children's mental health, as well as on the mental health of adults.¹³² There is a clear association between socioeconomic disadvantage and poor mental health among children. This is true of both low income, and more subjective reports of financial strain, both of which are likely to affect more children in the period after lockdown.¹³³ Reduced family income may impact on children's wellbeing in a wide range of ways, from reduced access to materials and activities¹³⁴, the impact of parental stress, or other life changes resulting from a different financial situation, such as loss of housing. These mental health effects have been shown to last into adolescence, even if the period of poverty was short-term.¹³³

¹³¹ [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)30460-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)30460-8.pdf)

¹³² Golberstein, E., et al. (2019). How do economic downturns affect the mental health of children? Evidence from the National Health Interview Survey. *Health economics*, 28(8), 955-970. <https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.3885>

¹³³ The Children's Society. 2019. https://www.childrensociety.org.uk/sites/default/files/the_good_childhood_report_2019.pdf

¹³⁴ Kirby, N. et al. (2019). Child mental health and resilience in the context of socioeconomic disadvantage: results from the Born in Bradford cohort study. *European Child and Adolescent Psychiatry*. 29, 467-477. <https://link.springer.com/article/10.1007/s00787-019-01348-y>

VIOLENCE, ABUSE AND NEGLECT

Evidence from previous quarantines suggests that incidence of domestic violence is likely to increase during the coronavirus pandemic as a result of prolonged isolation, increased stress on families and reduction in protections such as school, social contact outside the family, contact with wider family and social services.

Domestic and child abuse are underreported and frequently hidden, and as a result no accurate figures of the prevalence of abuse are available. In the year ending March 2019 an estimated 2.4 million adults experienced domestic abuse across England and Wales.¹³⁵ Two women a week are killed by a current or former partner in England and Wales alone.¹³⁶ Around 160,000 children are living in households where domestic abuse is taking place;¹³⁷ 62% of children who witness abuse of a parent are also directly harmed by domestic abuse.¹³⁸

In 2018/2019, around 227,500 child abuse offences were recorded by the police, of which only 4% resulted in a charge or summons. In the same year, Childline delivered 19,847 counselling sessions to children in the UK where abuse was the primary concern, with sexual abuse accounting for nearly half of these. At the end of March 2019, 52,260 children in England were the subject of a child protection plan (CPP) and 2,820 children in Wales were on the child protection register because of experience or risk of abuse or neglect. However, these figures are all likely to underestimate the prevalence of childhood domestic abuse. The Crime Survey for England and Wales, which asks adults about experiences of abuse in childhood, estimated that 8.5 million adults aged 18-74 years had experienced childhood abuse before the age of 16, an equivalent of over 20% of the adult population.¹³⁹

During quarantine, several risk factors associated with intimate partner violence are likely to increase, including relationship conflict due to prolonged confinement at home, and economic stress due to job loss and reduced income.¹⁴⁰ For children, school closures mean no respite from an abusive home environment.

In one county in China, reports of domestic abuse this February tripled compared to the same month last year.¹⁴¹ There are estimates of a 40-50% rise in cases in Brazil, and reports of significant increased calls or messages to helplines in Catalonia, Cyprus, Italy and elsewhere.¹⁴² In the UK, early evidence suggests that there may already be a surge in domestic violence leading to the deaths of women. A project which seeks to count the numbers of women killed by partners or fathers has recorded 16 suspected domestic abuse killings between 23 March and 12 April, at least double that of an average 21 day period.¹⁴³ It is likely,

¹³⁵ Office for National Statistics. November 2019.

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2019#understanding-domestic-abuse>

¹³⁶ <https://www.refuge.org.uk/our-work/forms-of-violence-and-abuse/domestic-violence/domestic-violence-the-facts/>.

¹³⁷ <https://www.womensaid.org.uk/what-we-do/hidden-victims/>

¹³⁸ SafeLives. 2015. <https://safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>

¹³⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/childabuseinenglandandwales/march2020#related-links>

¹⁴⁰ https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf;jsessionid=46043254EF4962B32C6309030C19E7A3?sequence=1

¹⁴¹ <https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic>.

¹⁴² <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>.

¹⁴³ Guardian, April 2020. <https://www.theguardian.com/society/2020/apr/15/domestic-abuse-killings-more-than-double-amid-covid-19-lockdown>

however, that many incidences of domestic violence will go unreported, at least during lockdown, because women will fear for their safety if they make reports during this time and are unable to move away.

Women already struggle to find opportunities to report abusive behaviour when in a highly controlling relationship, and during this period of confinement to homes these opportunities will likely be further reduced. Equally, children who are not attending school or other activities outside the home during this period are less likely to be identified as being at risk. Indications of potential abuse that may lead to intervention tend to become clear in social situations and face-to-face contact.¹⁴⁴

As key services – both statutory and voluntary - are impacted, there is less capacity within them to respond to concerns about domestic abuse. There is a danger that the threshold for support will go up significantly meaning only the most critical cases will be responded to. Children that already have a social worker and those with education and health care (EHC) plans will still be offered education provision within a school, but there is no obligation on parents to take this up - though social services are expected to follow-up any refusals with parents. Given the likelihood of increased numbers of children experiencing abuse, however, there is particular concern that children with no known risk in their homes are going to be missed.

The immediate impact on children

Children may experience physical harm as a result of domestic violence, either intentionally, or unintentionally as children try to intervene in violence directed at a parent or sibling. In 2018, 65 children under the age of 18 were killed as a result of assault, and in the year ending March 2019, there were 2,427 completed hospital admissions for under 18s due to assault (though it is not possible to say what proportion of these happened within the home or family context).¹⁴⁵ Physical injury could have even greater risks associated at this time due to NHS pressures.

There is a significantly higher risk of children witnessing domestic abuse between parents, which has traumatic impact on children. Witnessing domestic violence or abuse is the most commonly reported form of childhood abuse in the CSEW survey.¹⁴⁶ Rates of PTSD and impact on development are higher in children both being abused and witnessing abuse in the home. Psychological harm continues into adulthood.

Exposure to domestic violence is typically accompanied by a number of other adverse experiences or impacts on children's lives. Among those documented are parental substance abuse, parental mental health difficulties, financial difficulties, homelessness and social isolation, all of which have lasting impacts on health, wellbeing and functioning into adulthood.¹⁴⁷

Support services for domestic abuse are already poorly funded, and social care in many local authorities are running skeleton services. Community resources such as refuges, shelters, emergency housing and community support are more difficult to access, especially where they rely on volunteers to operate. There

¹⁴⁴ <https://www.nice.org.uk/guidance/ng76/documents/draft-guideline>

¹⁴⁵ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/childphysicalabuseappendixables>

¹⁴⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/childabuseinenglandandwales/march2020#related-links>

¹⁴⁷ Holt, S. (2017). The impact of exposure to domestic abuse on children and young people. *The Routledge Handbook of Global Child Welfare*, 211.

may also be a surge in reports of domestic violence once lockdown is lifted, making it hard to effectively and efficiently support the numbers of children affected.

Longer term impacts

While there is a clear, immediate risk for children during this period of school closures and social isolation, there are likely to be longer lasting consequences for family life, mental health and future relationships, including more children being taken into care.

We know that the effects of trauma last well into adulthood. Childhood exposure to domestic abuse impacts on a child's development, including behavioural and cognitive development.¹⁴⁸ There are higher rates of long term mental health issues, chronic disease and compromised functioning of the nervous and immune systems in adults that have suffered adverse childhood experiences.¹⁴⁹ Children learn relationship functioning and behaviours through their parents, and children who are exposed to domestic violence may come to see aggression as part of relationships. As a result, research suggests that for *some* children, these experiences can lead to a belief that violence is legitimate within relationships, and an association with perpetrating violence when they become adults.¹⁴⁸ Women are also more likely to become victims of domestic abuse if they were affected by it in childhood.¹⁵⁰

¹⁴⁸ Holt, S. (2017). The impact of exposure to domestic abuse on children and young people. *The Routledge Handbook of Global Child Welfare*, 211.

¹⁴⁹ https://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/en/

¹⁵⁰ <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>

ONLINE RISKS

As learning moves online, and with most children being confined to home, more and more children will spend longer periods on the internet. The online environment provides children with many benefits: as a way for them to be creative, relax, socialise, collaborate, learn, develop and have fun. Digital connectivity also brings opportunities for the most marginalised children, including those with special needs, refugee children, and children in care, by providing access to information and opportunities for them to fulfil their potential.

However, digital technology can also make children more susceptible to harm both online and offline. Children in vulnerable situations, and those who do not fully understand online risks, are at greater risk of harm.¹⁵¹

More than nine in ten (92%) children aged 5–15 go online using any type of device, and this increases with age, ranging from 52% of 3–4-year-olds to 99% of 12–15-year-olds. Online gaming is also increasingly popular in the UK; three-quarters of 5–15-year-olds who play video games do so online.¹⁵² Two-thirds of children who use the Internet in the UK have their own social networking site (SNS) profile, a little more than the European average of 59%.¹⁵³ Children in the UK are also among the youngest in Europe to go online – at an average age of 8.¹⁵⁴

Half of 9–16-year-olds in the UK go online in their bedroom or other private room.¹⁵⁵ This can lead to the intensification of exposure to risks such as cyberbullying, livestreaming of abuse and other forms of exploitation.

In the current period of social isolation, it is expected that children will have vastly increased, unsupervised time online, and this poses additional risks. On 27 March, Europol warned that it had received information which “*strongly indicates increased online activity by those seeking child abuse material*”, and that abusers expect children “*to be more vulnerable due to isolation, less supervision and greater online exposure*.”¹⁵⁶

The immediate impact on children

Children may be increasingly exposed to inappropriate content, including sexual, pornographic and violent images; some forms of advertising; racist, discriminatory or hate-speech material; and websites advocating unhealthy or dangerous behaviours, such as self-harm, suicide and anorexia. Around four in ten parents of children aged 5–15 are concerned about their child seeing content that encourages them to harm themselves. One in ten have either seen or received something scary or troubling online, like a scary video or comment (11%), or seen something of a sexual nature that made them feel uncomfortable (9%).¹⁵⁷

¹⁵¹ The State of the World's Children 2017: Children in a Digital World, Unicef

¹⁵² Children and parents: Media use and attitudes report 2018, Ofcom

¹⁵³ EU Kids Online, LSE: <http://www.lse.ac.uk/media-and-communications/assets/documents/research/eu-kids-online/participant-countries/uk/UKExecSum.pdf>

¹⁵⁴ EU Kids Online, LSE: <http://www.lse.ac.uk/media-and-communications/assets/documents/research/eu-kids-online/participant-countries/uk/UKExecSum.pdf>

¹⁵⁵ <http://www.lse.ac.uk/media-and-communications/assets/documents/research/eu-kids-online/participant-countries/uk/UKExecSum.pdf>

¹⁵⁶ <https://www.bbc.co.uk/news/technology-52067507>

¹⁵⁷ OFCOM Children & Parents Media Use & Attitudes, 2017

There is evidence that increased, unsupervised time on the Internet could lead to risky communication, such as with an adult seeking inappropriate contact or soliciting a child for sexual purposes, or with individuals attempting to radicalise a child.

Children using streaming services can be contacted by predators using the comments function on live videos, exposing them to the risk of grooming, or the child being coerced into appearing naked on camera or performing suggestive acts over webcams. These crimes are difficult to detect, hard to prove, and as a result there is little knowledge of the extent to which this is happening.

Perpetrators may make first contact via an online game and then switch to communicating via other means, for example Skype or Snapchat. Research into the exact scale or impact of online grooming is underdeveloped since the nature of the problem and the vulnerability of the victims means that many cases go unreported.¹⁵⁸ Close to a quarter of children aged 12–15 (23%) say they have been contacted online by someone they don't know who wants to be their friend. In an NSPCC survey of over 40,000 children, more than one in ten children who had video-chatted have been asked to get undressed. Of those who had livestreamed, more than one in twenty were asked to remove clothes.¹⁵⁹

There is an increased risk of cyberbullying, including children writing or creating hateful materials about other children, inciting racism or posting or distributing sexual images, including material they have produced themselves. It may also include the spreading of misinformation about the coronavirus. The rise of social media has meant that children and young people are in almost constant contact with each other. While much of this is positive, especially given the current risk of social isolation, 7 in 10 young people have experienced cyberbullying.¹⁶⁰ Victims of bullying are more likely to experience low academic performance, depression, anxiety, self-harm, feelings of loneliness and changes in sleeping and eating patterns.

All these forms of online abuse carry risks to children's mental health, and in some cases physical safety. The effects of online abuse, like other forms of abuse, can last into adulthood and have profound effects on future relationships, behavioural and cognitive development.

¹⁵⁸ Nuria Lorenzo-Dus, Cristina Izura and Rocío Pérez-Tattam, *Understanding Grooming Discourse in Computer-Mediated Environments, Discourse, Context and Media*, <http://dx.doi.org/10.1016/j.dcm.2016.02.004>

¹⁵⁹ https://www.nspcc.org.uk/what-we-do/news-opinion/livestreaming-video-chat-online-safety/?utm_source=Adestra&utm_medium=email&utm_content=NSPCC%3A%20Livestreaming%20and%20video-chat%20risks%20highlighted%20in%20latest%20survey&utm_campaign=caspar-newsletter

¹⁶⁰ Royal Society for Public Health. 2017. <https://www.rsph.org.uk/uploads/assets/uploaded/d125b27c-0b62-41c5-a2c0155a8887cd01.pdf>

DIFFICULT FAMILY RELATIONSHIPS

As families are asked to stay in their homes, young people will be required to spend prolonged periods of time with family members. For a minority of young people, home can be a toxic place and prolonged isolation with families may have severe negative consequences. While this is particularly true for families who were already struggling to cope, the pandemic is likely to increase the numbers of families facing additional difficulties. Parental substance misuse may be exacerbated by quarantine where, for example, it is used as a coping mechanism, or where going out to work or wider social contact was an important protective factor. Coronavirus is also likely to impact negatively on adults' mental health, just as on children's, and stress due to job loss or income reduction may place new pressures on relationships.

Furthermore, children who would normally get respite while at school, participating in other activities or spending time with friends and wider family will not get the benefit of these mitigating factors. The loss of this time apart may also place additional pressures on parenting skills, particularly where parents are trying to work at the same time.

Difficult home relationships cover a range of experiences, from feeling unsupported to trying to cope with problematic behaviours and conflict in the home. One measure of this is children's own reports of supportive family relationships. The Good Childhood Report found that although family relationships were predominantly very positive, around 4% of 10–17-year-olds surveyed reported a low score for relationship with their family.¹⁶¹

Sometimes, conflict may be directed at the young person specifically because parents reject aspects of the young person's identity. A disproportionately high number of LGBT+ youth access homeless services. Family rejection of their sexuality or gender identity is the most common reason cited for their homelessness.¹⁶²

For some children, a range of identifiable difficulties combine in the home environment. The government's *Troubled Families Programme* – intended to identify and support families with multiple problems including domestic violence, health problems, substance misuse, mental health problems, children at risk, anti-social behaviour and unemployment – works with 400,000 families across English local authorities.¹⁶³ However, eligible families must experience at least two of these problems, so this does not provide an accurate estimate of families facing the challenges described here.¹⁶⁴ In addition, many more families may start to face difficulties due to pressures placed on them through social isolation and anxieties around job losses.

Where parents are facing difficulties, support through peers or professionals is an important part of coping. During this pandemic, both social services support, and face-to-face contact with social networks will be negatively impacted, leaving parents without these sources of help. This may place additional pressure on children to provide this support themselves or make it harder for parents to protect their children from negative impacts.

¹⁶¹ The Children's Society, 2019. https://www.childrenssociety.org.uk/sites/default/files/the_good_childhood_report_2019.pdf

¹⁶² <https://williamsinstitute.law.ucla.edu/publications/lgbt-housing-instability/>

¹⁶³ <https://commonslibrary.parliament.uk/research-briefings/cbp-7585/>

¹⁶⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/389841/Estimating_the_number_of_families_eligible_for_the_expanded_Troubled_Families_Programme.pdf

The immediate impact on children

Previous research has found that children with difficult family relationships tend to report lower subjective wellbeing than children with supportive family relationships.¹⁶⁵ Family conflict has been associated with behavioural, emotional, social, academic and health problems.¹⁶⁶ Family relationship breakdown is also a common cause of youth homelessness.¹⁶⁷

Quarantine and loss of other social contact has been suggested as likely to cause a spike in divorce rates and breakdowns in relationships. This speculation was fuelled by an apparent spike following the easing of restrictions in Xi'an, China.¹⁶⁸ Concerns about health and finances, and the increased pressure of childcare may all contribute to increasing family conflict.¹⁶⁹ Data suggests that children in workless families are three times more likely to experience damaging parental conflict.¹⁷⁰

External social contact can be an important source of support in this situation. Positive peer relationships have been found to be a protective factor in outcomes for children who are maltreated or at risk¹⁷¹, or where they live in a disharmonious home.¹⁷² During the pandemic, however, peer relationships will be severely limited. Even online and telephone contact may be restricted if the young person is living in a toxic household.

During lockdown many young people will be faced with either hiding an important aspect of themselves or risking hostile relationships at home. In addition to conflict with their parents, young people may be placed in very difficult positions where their rights to privacy and their mental health are at risk.

While in most cases parental mental health difficulties do not have a severe impact on children, some can experience abuse, neglect, taking on caring roles or becoming anxious for their parents' wellbeing.¹⁷³

Children of parents who abuse alcohol or drugs may experience a range of negative impacts and this is a risk factor for experiencing physical and emotional abuse and neglect. Previous studies have shown that nearly half of serious case reviews featured substance misuse as a factor in child abuse.¹⁷⁴ It can also lead to behavioural and emotional problems for young people and to children taking on caring roles for parents or siblings.

At this time, support through professional and informal contact can be crucial but is likely to be under considerable strain [as local authority staff are redeployed or go off sick](#), and the expectation is that only the most severe cases will receive support.

¹⁶⁵ The Children's Society, 2019. https://www.childrenssociety.org.uk/sites/default/files/the_good_childhood_report_2019.pdf

¹⁶⁶ http://www.researchgate.net/profile/Edward_Cummings/publication/221811477_Family_Conflict_Emotional_Security_and_Child_Development_Translating_Research_Findings_into_a_Prevention_Program_for_Community_Families/links/562b9f3808aef25a2441c9b5.pdf

¹⁶⁷ <https://www.llamau.org.uk/what-causes-youth-homelessness>

¹⁶⁸ <https://www.newyorker.com/magazine/2020/03/23/to-have-and-to-hold-in-quarantine-and-in-health>

¹⁶⁹ <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.839.9016&rep=rep1&type=pdf>

¹⁷⁰ <https://www.eif.org.uk/files/pdf/reducing-parental-conflict-nhs-briefing.pdf>

¹⁷¹ <https://www.sciencedirect.com/science/article/abs/pii/S0145213409001744>

¹⁷² <https://www.sciencedirect.com/science/article/abs/pii/S089085670965111X>

¹⁷³ <https://learning.nspcc.org.uk/children-and-families-at-risk/parental-mental-health-problems/>

¹⁷⁴ <https://www.nspcc.org.uk/keeping-children-safe/child-protection-system/parental-substance-alcohol-drug-misuse/>

Longer term impact

Breakdown in family relationships – both between two parents and between parent and child – can have lasting impacts on children's lives, including family separation, loss of a family home, financial difficulties, loss of emotional support, homelessness and impact on children's education, behaviour and mental health.

CORONAVIRUS, POLICING POWERS AND CHILDREN

The police have been given new powers to respond to coronavirus. The powers that are contained within the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020¹⁷⁵ state that if members of the public do not comply, the police may:

- “Instruct them to go home, leave an area or disperse
- Ensure parents are taking necessary steps to stop their children breaking these rules
- Issue a fixed penalty notice of £60, which will be lowered to £30 if paid within 14 days
- Issue a fixed penalty notice of £120 for second time offenders, doubling on each further repeat offence.”¹⁷⁶

The immediate impact on children

Analysis of the new police powers reveal that children in Scotland may be particularly adversely impacted by the new powers introduced. The Scottish government is using powers from the UK Coronavirus Bill to make it an offence to contravene the strict public health guidance implemented. The powers, as they relate to Scotland, are outlined in the: ‘Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020’¹⁷⁷ which was laid before the Scottish Parliament on 27 March 2020. Significantly, in ‘PART 5 Interpretation and Expiry’ it states: *“In these Regulations – “child” means a person under 16 years of age.”*

This means that under these new powers in Scotland, a person 16 years or older will be treated as an ‘adult’ – something which is unacceptable under international children's rights standards. Additionally, under these guidelines 16–17-year-olds could potentially receive a ‘Fixed Penalty Notice’ and the monetary implications associated with such a fine.

More broadly, there is a possibility that large numbers of children in the UK could be subjected to these new police powers. However, some groups of children are already overrepresented within the youth justice system, including BAME children¹⁷⁸ and care experienced children.¹⁷⁹ The increased likelihood of being stopped may also make some children more reluctant to leave their homes even for the limited amount of time permitted, for example where children have precarious immigration status.

¹⁷⁵ <https://services.parliament.uk/bills/2019-21/coronavirus.html>

¹⁷⁶ <https://www.gov.uk/government/news/police-given-new-powers-and-support-to-respond-to-coronavirus>

¹⁷⁷ <http://www.legislation.gov.uk/ssi/2020/103/contents/made>

¹⁷⁸ <https://www.gov.uk/government/organisations/lammy-review>

¹⁷⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/765082/The_national_protocol_on_reducing_unnecessary_criminalisation_of_looked-after_children_and_care_.pdf

It is therefore extremely important – in order to avoid detrimental and criminogenic impacts – that police officers (and other personnel tasked with carrying out these functions) are proportionate, fair and adopt a progressive and child-first approach in how they choose to deal with children's actions.

CHILDREN FACING ADDITIONAL RISKS

CHILDREN IN DETENTION

For the year ending March 2019, in England and Wales, 628 children were placed in Young Offenders Institutions, 131 in Secure Training Centres and 73 in Secure Children's Homes;¹⁸⁰ in January 2020, there were 751 children in the secure estate population. In Scotland there were 24 children held in Young Offenders Institutions in March 2020.¹⁸¹ In Northern Ireland, 160 children were placed in youth custody in 2018/19.¹⁸²

Across the UK, prison visits have been suspended due to coronavirus. In light of these restrictions, children must be given adequate means to interact and communicate with family members (e.g. via written correspondence, phone-calls, video-link, etc.). Just as importantly, these avenues of communication are also necessary for children who may have parents in prison, who they can no longer visit.

Practically, because of coronavirus and the requirement for self-isolation, there is also the potential for large numbers of children to be locked in their cells for long periods of time. General Comment No.24 states that due regard should be given to children's need for: "...sensory stimuli and for opportunities to associate with their peers and to participate in sports, physical exercise, arts and leisure-time activities..."¹⁸³

Children in detention typically experience a range of difficulties which make them vulnerable. Children who end up in custody are three times more likely to have a mental health problem than those who do not.¹⁸⁴ They are also more likely to have a learning disability, to be dependent on drugs and alcohol, to have been in care settings, to have experienced neglect or abuse, to have been homeless, and to have been victims of crime.¹⁸⁵

The impact on children

Children with existing mental health and wellbeing conditions may be particularly negatively impacted by spending large periods of time in self-isolation in their cells and by loss of social contact with family and others outside the secure estate, including health and mental health care. Levels of self-harm in detention are already high and increasing.¹⁸⁶ However, it is likely that all children in detention will experience heightened anxiety as a result of coronavirus, both for their own health and for loved ones.

¹⁸⁰ <https://www.gov.uk/government/statistics/youth-justice-statistics-2018-to-2019>

¹⁸¹ <https://www.sps.gov.uk/Corporate/Information/SPSPopulation.aspx>

¹⁸² <https://www.justice-ni.gov.uk/publications/northern-ireland-youth-justice-agency-annual-workload-statistics-201819>

¹⁸³ Committee on the Rights of the Child. 2019.

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsqlkirKQZLK2M58RF%2F5F0vEnG3QGKUxFivhToQfGxYjV05tUAlgpOwHqJsFPdJXCiixFSrDRwow8HeKLLh8cgOw1SN6vJ%2Bf0RPR9UMtGkA4>

¹⁸⁴ Centre for Mental Health, <https://www.centreformentalhealth.org.uk/youth-justice>

¹⁸⁵ Annual Report of the Chief Medical Officer, 2012. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252662/33571_2901304_CMO_Chapter_12.pdf

¹⁸⁶ Youth Justice Board & Ministry of Justice. January 2020. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862078/youth-justice-statistics-bulletin-march-2019.pdf

In January 2020, the Chief Inspector of Prisons published a report calling for an overhaul of the way in which separation of a child within young offender institutes was managed. His review found that oversight arrangements were inadequate and often not implemented, children missed out on education and interaction with peers, and that periods of separation often went on for too long. He concluded that the current arrangements for separation “do not safeguard children’s wellbeing.”¹⁸⁷ During the coronavirus pandemic, when more children could be isolated and there may be fewer staff available, it seems even more likely that the needs of children in these settings will not be met. In particular, the criticism that checks on children who are separated are cursory or not carried out raises concerns about how a child’s health will be protected, particularly those who are experiencing symptoms of coronavirus, during isolation.

Unicef Executive Director Henrietta Fore has underlined (supported by a Technical Note¹⁸⁸) that children in detention are at heightened risk of contracting coronavirus and has urgently called on governments and detaining authorities to work towards releasing them from such settings.

There is also a possibility that increasing numbers of staff in the secure estate may contract coronavirus or need to self-isolate, leading to a reduction in workforce capacity. Some estimates suggest staffing could drop by 30%.¹⁸⁹ This could have an immediate impact on safety within these settings to the detriment of children.

¹⁸⁷ HM Inspectorate of Prisons. January 2020. <https://www.justiceinspectorates.gov.uk/hmiprison/wp-content/uploads/sites/4/2020/01/Separation-of-children-thematic-Web-2019.pdf>

¹⁸⁸ <https://www.unicef.org/press-releases/children-detention-are-heightened-risk-contracting-covid-19-and-should-be-released>

¹⁸⁹ Children’s Commissioner, March 2020, <https://www.childrenscommissioner.gov.uk/2020/03/25/calling-on-the-lord-chancellor-and-secretary-of-state-for-justice-to-ensure-the-rights-of-children-in-custody-are-upheld-during-the-coronavirus-outbreak/>

‘LOOKED AFTER’ CHILDREN

Currently there are over 96,000 children ‘looked after’ across the UK.¹⁹⁰ In England, as of March 2019, the number of children ‘looked after’ by local authorities was 78,150¹⁹¹; in Scotland, as of July 2018, there were 14,738 children who were ‘looked after’ by local authorities¹⁹²; in Wales, as of March 2019, 6,845 children who were ‘looked after’ by local authorities¹⁹³; and in Northern Ireland, as of March 2019, there were 3,281 children in care.¹⁹⁴

In addition to children in care settings, many children live with kinship carers, most often grandparents, either through informal arrangements or through a special guardianship order. In 2019, over 4,000 children left local authority care through a special guardianship order in England and Wales. Over 160,000 children are living with kinship carers in England and Wales, with over half of these guardians being grandparents.¹⁹⁵

Children in care settings are amongst the most vulnerable within society, as a result of previous experiences and a lack of resources available to them. They have been identified as vulnerable for the purposes of accessing school during the closures.¹⁹⁶

There are significant concerns about the impact on looked after children, and those who would be in care were it not for their kinship carers, as to the stability of these placements and family units amidst coronavirus. For example, what will happen to those whose foster carers become ill and are no longer able to look after them; residential homes unable to sustain staffing numbers that are required to run them safely; or if the kinship carer is a grandparent, with underlying health conditions?¹⁹⁷

In children’s homes, there is immediate concern about care for young people if large numbers of staff are sick or self-isolating at the same time. The additional pressures of isolation on foster families, and for the young people themselves, may place higher demand on children’s homes, as well as on social services.¹⁹⁸ There is little or no spare capacity in the existing system to allow them to cope with these additional pressures.

Fostering agencies are further highlighting the possible negative impact of coronavirus on placement stability, increasing the burden on what is already a strained resource.¹⁹⁹ If a large number of children are

¹⁹⁰ NB. The figure reflects 2016/17 statistics due to being UK wide <https://learning.nspcc.org.uk/media/1622/statistics-briefing-looked-after-children.pdf> More recent statistics for England context can be found at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_look_after_in_England_2019_Text.pdf

¹⁹¹ <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2018-to-2019>

¹⁹² <https://www.gov.scot/publications/childrens-social-work-statistics-2017-2018/>

¹⁹³ <https://stats.wales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-Looked-After/childrenlookedafterat31march-by-localauthority-gender-age>

¹⁹⁴ <https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-northern-ireland-201819>

¹⁹⁵ Nuffield Family Justice Observatory. April 2020. https://www.nuffieldfjo.org.uk/files/documents/Impacts%20of%20COVID-19%20on%20kinship%20carers%20and%20special%20guardians_NFJO.pdf

¹⁹⁶ Department for Education & Public Health England. April 2020. <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

¹⁹⁷ <https://www.childrenscommissioner.gov.uk/2020/03/17/supporting-children-during-the-coronavirus-outbreak/>

¹⁹⁸ <https://www.childrenengland.org.uk/Handlers/Download.ashx?IDMF=ff922edd-e51a-434b-9a59-895cbb12d146>

¹⁹⁹ <http://www.tactcare.org.uk/news/tact-featured-in-guardian-article-on-coronavirus-impact-on-fostering-sector/>

seeking placement because their carer is unwell or self-isolating, the LA will need to meet this increased demand.

The impact on children

All the risks identified elsewhere in this report, particularly those around loss of education, mental health and loss of healthy behaviours apply even more acutely to looked after children who are already more likely to experience difficulties in all of these areas. Looked after children are already more likely to feel isolated and cut off from friends and family, particularly those placed out of area, and this will be aggravated during lockdown.²⁰⁰

In addition, however, any changes in care arrangements resulting from sickness or self-isolation due to coronavirus are likely to impact children negatively given the importance of continuity for children in care.²⁰¹ Children in care may have reduced contact with their parents, or no face-to-face contact at all. Virtual contact only works for families with the technology available.

There are concerns for children living with kinship carers, especially grandparents and older relatives. Many of these may be in at-risk groups as a result of coronavirus and may be required to self-isolate for long periods of time. This will place additional pressures on the children they care for, and on themselves. Children cared for by older adults will be more likely to find themselves facing the challenges described elsewhere in this report in relation to [parents and carers at increased risk from coronavirus](#).

In children's homes, if staff-child ratios fall this can increase risks to children's safety. Concerns are being raised about the impact contact centres closing may have on children in care because it will impair their ability to have contact with birth families. Many children and parents require this contact for healthy development and a sense of family and belonging and there are concerns about how this will be managed, especially in the case of children and families who do not have ready access to the internet or video conferencing.

Concerns have also been raised about the impact of the government's decision to suspend complaints enquiries of care providers' during the coronavirus outbreak. This measure, intended to reduce the risk of infection and alleviate pressures on local authority services, could make it more difficult for children to access help to uphold their rights during this period.²⁰²

²⁰⁰ The Children's Society. April 2020. <https://www.childrenssociety.org.uk/sites/default/files/cv-19-impact-on-children-report-from-the-childrens-society.pdf>

²⁰¹

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/252661/33571_2901304_CMO_Chapter_11.pdf

²⁰² Article 39. April 2020. <https://article39.org.uk/news/>

CHILDREN AFFECTED BY REDUCED COURT ACTIVITY

Children come into contact with a variety of different courts in the United Kingdom. Coronavirus has resulted in significant disruption to the operation of all these courts.

Children in England and Wales (10–17 years) who have committed a criminal offence (usual a summary offence) can appear before a Youth Court.²⁰³ In 2018–19, there were 27,352 children proceeded against at Youth Courts in England and Wales. Children who have committed more serious offences can also appear before Crown Courts. In 2018/19 4% of all sentencing of children took place at the Crown Court.²⁰⁴

Children in Scotland can come before the Children's Hearing System (CHS) or adult courts. In 2018–19, 12,689 children were referred to the CHS on both 'offence' and 'welfare' grounds²⁰⁵, with a cohort (mostly 16–17-year-olds) also engaging with adult courts. In Northern Ireland, from October to December 2019, 329 children appeared at Youth Court.²⁰⁶ For the most serious offences, children may appear at the Crown Court.

In England and Wales, the Lord Chief Justice has stated that no new Crown Court proceedings (where a jury/members of the public are present) will begin because of coronavirus. This decision will have an immediate impact for children appearing (or set to appear) before Crown Courts, potentially resulting in cases being 'paused' or 'delayed'. Where possible, Crown Court cases can take place remotely via video-link.

In Scotland, guidance states that Children's Hearings System Panels will be reduced and, where they do take place, will be undertaken remotely.²⁰⁷ All jury trials have ceased, and Sherriff and JP Courts have been consolidated. 'Urgent business' will be heard, including new applications for child protection orders. In Northern Ireland, only 'urgent matters' will be heard within a consolidated court system; Care Orders, Prohibited Steps Orders, Emergency Protection Orders and Secure Accommodation Orders will still be heard.

Detailed guidance is urgently needed concerning how children's rights will be upheld in remote contexts – for example, ensuring appropriate legal assistance, an interpreter if required, etc. For Youth Courts in England and Wales (where there are no jury/members of the public present), official guidance around their functioning has been to state that: '*all hearings that can lawfully take place remotely should do so if facilities exist.*'²⁰⁸

Children come into contact with Family Courts on Public and Private law grounds. From September to December 2019, 7,693 children were involved in new public law applications and 20,996 in private law applications. There is already a backlog in Family Courts; statistics show increasing numbers of cases brought to family courts and longer times for care proceedings to reach first disposal.²⁰⁹ The guidance for

²⁰³ In certain specific circumstances, a child who is accused of committing a crime with an adult, can be appear before an adult Magistrates Court.
²⁰⁴ <https://www.gov.uk/government/statistics/youth-justice-statistics-2017-to-2018>

²⁰⁵ https://www.scra.gov.uk/resources_articles_category/official-statistics/

²⁰⁶ <https://www.justice-ni.gov.uk/publications/nicts-magistrates-court-bulletin>

²⁰⁷ <http://www.chscotland.gov.uk/recent-news/2020/03/changes-to-children%E2%80%99s-hearings-in-response-to-coronavirus/>

²⁰⁸ <https://www.judiciary.uk/announcements/review-of-court-arrangements-due-to-covid-19-message-from-the-lord-chief-justice/>

²⁰⁹ Family Court Statistics Quarterly, March 2020.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874822/FCSQ_October_to_December_final.pdf

Civil and Family Courts in England and Wales is that remote hearings should be conducted wherever possible, though some cases will be delayed where remote hearings are not deemed appropriate.

The impact on children

There is clearly potential for significant delays in cases involving children being heard. For children affected by Family Court decisions, any delay in a case being heard (or a backlog of cases developing) could have severe impacts on their wellbeing, health and safety, especially if the case pertains to a care, emergency protection or supervision application. It is extremely important therefore, that any delays in cases being heard are carefully monitored to ensure children are safeguarded and their needs are met.²¹⁰ This will be harder in the context of stretched social services, reduced home visits and school closures.

There are difficulties in getting assessments completed by experts for use in Family Courts because most cannot be done remotely, and many cases are being adjourned because of the difficulty of conducting fair hearings for parents.

The experience of conducting cases remotely seems to have been variable, with some saying that they have worked well, and others concerned about the impact on the experience for families and the ability to reach fair decisions. One anonymous circuit judge has posted concerns, saying: *"judges like me are compromised in their ability to conduct hearings with the empathy, fairness, understanding and compassion that is rightly valued as an essential element of the family court... there have been times that the extent to which I felt constrained has been uncomfortable and I worry about the impact on the parties, and the wider goal of delivering justice fairly."*²¹¹ Whether or not remote hearings carry inherent difficulties, it is likely that in the transition period many challenges will arise which could impact on children's wellbeing and the decisions made in their best interests. The President of the Family Division has recently announced a 'new rapid consultation on the use of remote hearings in the family justice system' to be undertaken by Nuffield Family Justice Observatory in April 2020.²¹²

These impacts must be contextualised alongside the possibility of court staff and members of the judiciary having to isolate due to feeling unwell, resulting in reduced workforce capacity, and in the context of severely stretched social services (see section on [Loss of Capacity in LA Services](#)).

For children who have been charged with a criminal offence, delays in hearing the offence in court can have a serious impact. CPS guidance states that: *"All cases involving youth offenders must be dealt with expeditiously and avoid delay, which has at its core the principle that there is little point in conducting a trial for a young offender long after the alleged commission of an offence when the offender will have difficulty in relating the sentence to the offence. To maximise the impact on the youth offender, the case must be dealt*

²¹⁰ <https://www.judiciary.uk/announcements/coronavirus-covid-19-message-from-the-lord-chief-justice-to-judges-in-the-civil-and-family-courts/>

²¹¹ <https://www.birketts.co.uk/insights/legal-updates/are-remote-hearings-suitable-for-all-family-cases>

²¹² <https://www.judiciary.uk/announcements/two-week-rapid-consultation-on-remote-hearings-in-the-family-court-launched/>

*with as soon as possible.*²¹³ This guidance should be taken into account when decisions are made about prosecuting young people during this period. For those who are prosecuted, the impact on wellbeing and on the chances of a fair hearing could be severe, though the extent of the impact will not be known until later.

²¹³ Criminal Prosecution Service. April 2020. <https://www.cps.gov.uk/legal-guidance/coronavirus-interim-cps-case-review-guidance-application-public-interest-covid-19>

CHILDREN WHO ARE HOMELESS OR IN UNSUITABLE ACCOMMODATION

The legal definition of homelessness is that a household has no home in the UK or anywhere else in the world available and reasonable to occupy. Homelessness includes ‘rooflessness’ (without a shelter of any kind, sleeping rough), living in insecure housing (threatened with severe exclusion due to insecure tenancies, eviction, domestic violence, or staying with family and friends known as ‘sofa surfing’), and living in inadequate housing (caravans on illegal campsites, unfit housing or extreme overcrowding).²¹⁴

At the start of the outbreak, approximately 135,000 children were homeless in the UK.²¹⁵ In England, 62,280 families are currently living in temporary accommodation – 5,400 of those in B&B-style accommodation with shared facilities. The number has increased by almost a third in the last five years.²¹⁶ These figures do not include hidden homeless families who are “sofa surfing”, rather than registered as living in temporary accommodation. Analysis conducted for the Children’s Commissioner’s Office using the English Housing Survey estimates that in 2016–17 there were an additional 92,000 children living in sofa surfing families.²¹⁷

There is a small but highly vulnerable group of homeless children who have been placed in temporary accommodation by children’s services, rather than by the council’s housing department. This includes families who are deemed to have made themselves “intentionally homeless”, and therefore are not entitled to a permanent home from the housing department, and those ineligible as a result of their immigration status. There is no publicly available data on how many families are being housed in this way.²¹⁷

There have been recent concerns about the conversion of former office blocks and warehouses into temporary accommodation. Many of the flats are small, single rooms, which do not come close to meeting national space standards. For example, it has been reported that some of the flats in Templefields House in Harlow measure as little as 18 square metres – a space that may be shared by a whole family, with parents and children living and sleeping in the same single room also containing their cooking facilities.²¹⁷

Three-year estimates of overcrowding, gathered by the English Housing Survey, suggest that in the period 2016–19, 788,000 households were overcrowded: based on the bedroom standard, which states that there should be a separate bedroom available for each cohabiting couple, adult over 21, pair of adolescents of the same sex, or pair of children under age 10 regardless of sex. This amounts to 3.4% of the population. Overcrowding has risen for social and private renters since the 1990s.²¹⁸

In the last year, concerns have been raised about the number of vulnerable children in the UK who have been placed in unregulated and unsuitable accommodation, due to a shortage of suitable placements,

²¹⁴ <https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health#facts-about-homelessness>

²¹⁵ https://england.shelter.org.uk/media/press_releases/articles/a_child_becomes_homeless_in_britain_every_eight_minutes

²¹⁶ https://england.shelter.org.uk/media/press_releases/articles/with_a_household_becoming_homeless_every_4_minutes_better_protection_against_coronavirus_is_needed_for_families_in_emergency_accommodation

²¹⁷ <https://www.childrenscommissioner.gov.uk/wp-content/uploads/2019/08/cco-bleak-houses-report-august-2019.pdf>

²¹⁸ House of Commons Library, March 2020, <https://commonslibrary.parliament.uk/research-briefings/sn01013/>

particularly for care leavers and older children who are living semi-independently. In 2018–19, nearly 6,000 children were placed in unregulated accommodation.²¹⁹

The outbreak has forced some people who had escaped the cycle of homelessness back onto the streets, with many of those who have managed to get jobs in factories or hospitality after a period of homelessness now finding themselves unemployed again due to cuts resulting from the current pandemic. The government, on 26 March, did write to Local Authorities asking them to urgently accommodate all rough sleepers due to coronavirus, but there may still be rough sleepers who are yet to access this accommodation.²²⁰

The impact on children

Families in temporary accommodation, and particularly those in B&B-style accommodation, face real difficulties in adhering to self-isolation requirements. This type of housing is not self-contained – the bathroom and kitchen are shared with other residents (both families and vulnerable individuals). This set-up increases children and their families' (including pregnant women) exposure to coronavirus. Recent government guidance encourages people to: *“avoid using shared spaces, such as kitchens or bathrooms, at the same time as each other”* and *“clean a shared bathroom each time you use it, for example by wiping the surfaces you have touched.”*²²¹ Such mitigation measures are challenging to adhere to in shared, temporary accommodation. Furthermore, families are often sharing a single bedroom, making self-isolation within the family for those showing symptoms impossible. While this B&B style accommodation is supposed to be temporary, for no more than six weeks²²², it is likely that families in this form of accommodation will be there for much longer as housing applications and services are suspended.²²³

Children living in overcrowded conditions face considerable challenges at the best of times, including lacking opportunities to study or play, poor health and poor mental health. During a quarantine, when children are not spending time at school or in public places, these challenges are aggravated further.²²⁴ They will also exacerbate the problems, highlighted elsewhere in this report, of widening disparity in educational attainment, impacts on children's mental health and ability to engage in health-promoting behaviours, such as physical activity and fresh air.

As well as these challenges becoming more severe for homeless children and children in unsuitable accommodation already, we would expect to see more children facing these challenges in the medium-term as a result of the economic impacts of this pandemic.

²¹⁹ <https://www.theguardian.com/society/2019/dec/25/revealed-thousands-children-care-unregulated-homes>

²²⁰ <https://www.theguardian.com/world/2020/mar/30/thousands-of-rough-sleepers-still-unhoused-in-england-say-charities>

²²¹ <https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>

²²² https://assets.publishing.service.gov.uk/media/5a969da940f0b67aa5087b93/Homelessness_code_of_guidance.pdf

²²³ Rosenthal, D. M., Ucci, M., Heys, M., Hayward, A., & Lakhanpaul, M. (2020). Impacts of COVID-19 on vulnerable children in temporary accommodation in the UK. The Lancet Public Health. [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30080-3/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30080-3/fulltext)

²²⁴ House of Commons Library, March 2020, <https://commonslibrary.parliament.uk/research-briefings/sn01013/>

CHILDREN WHOSE FAMILIES ARE SEPARATED

Often, in cases where a child's parents have separated, a child will spend regular time with each parent and may have alternating living arrangements moving between their parents' homes. These arrangements may be informally agreed between the parents or imposed by Family Courts.

One child in six is born into a single parent household. Nearly half of children experience the separation of their parents at some point during their childhood.²²⁵ There are around 3.5 million children living in separated families in Great Britain.²²⁶ Around 40% of children in separated families have at least weekly contact with their non-resident parent, and one in three children stay overnight regularly with the non-resident parent.²²⁷ There is limited data regarding the number of children in the UK who have a parent living abroad.

The *Staying at Home and Away from Others* guidance launched by the UK government on 23 March, poses specific challenges for the 2.4 million separated families living in the UK.²²⁸ While the guidance states that *'where parents do not live in the same household, children under 18 can be moved between their parents' homes*²²⁷, more detailed practical advice on how to maintain child-parental contact for separated families, while also abiding by the social-distancing and isolating measures, has not yet been provided.

Child Arrangement Orders (CAO) formally outline the contact arrangements for a child to see their separated parents. The Family Court have advised parents that CAOs can temporarily be varied in response to the UK government's Staying at Home and Away from Others policy, provided both parents agree, virtual contact is maintained, and any missed contact time is honoured at a later date. If separated parents cannot agree, a parent may exercise their parental responsibility and vary the arrangement to one they consider to be safe. If the actions of this parent are later questioned, the disagreement can be settled by the Family Court.²²⁸

Even where there is a willingness to manage this well between families, restrictions in use of public transport, and the distance between family homes may make this practically impossible for many. There are also fears that conflict may arise between families where contact is restricted due to illness or self-isolation.²²⁹

The UK government has also recommended against all but essential foreign travel, while several countries, including the US and EU, have grounded flights and closed their international borders.²³⁰ Border closures and increased travel restrictions have separated an unknown number of families. Amongst the most vulnerable are refugee and asylum-seeking children looking to be reunited with family members in the UK.

²²⁵ Nuffield Family Justice Observatory. March 2020. <https://www.nuffieldfjo.org.uk/coronavirus-family-justice-system/children-impacted-by-lockdown>

²²⁶ Department for Work and Pensions. March 2020. <https://www.gov.uk/government/publications/separated-families-population-statistics-april-2014-to-march-2018/estimates-of-the-separated-family-population-statistics-april-2014-to-march-2018>

²²⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875786/Full_guidance_on_staying_at_home_and_away_from_others_-_200324_1.pdf

²²⁸ <https://www.judiciary.uk/announcements/coronavirus-crisis-guidance-on-compliance-with-family-court-child-arrangement-orders/>

²²⁹ [https://www.lexisnexis.co.uk/blog/family-law/coronavirus-\(covid-19\)-impact-on-arrangements-for-children](https://www.lexisnexis.co.uk/blog/family-law/coronavirus-(covid-19)-impact-on-arrangements-for-children)

²³⁰ <https://www.gov.uk/guidance/travel-advice-novel-coronavirus>

There are over 5,000 unaccompanied asylum-seeking children in the care of local authorities in England²³¹, though there is limited data on how many children are currently applying for family reunification in the UK.

The impact on children

Children in separated families may also find they have reduced contact with one parent, and with wider family members. For many, this loss of contact will cause considerable distress and may remove an important source of emotional and practical support. They may also find themselves in the middle of family disputes that have the potential to ignite pre-existing issues, for example, linked to child maintenance disputes or domestic abuse, and which could have lasting effects on their relationships and wellbeing. There is also a need to make sure a child's right to be consulted on these decisions is being respected.

If the decision is taken that a child should remain with one parent/caregiver and not have any physical contact with the other parent, then a child may temporarily lose access to their family home. The consequences of this are likely to include a sense of insecurity, loss, and uncertainty impacting on mental health and wellbeing.

It is more likely that the parents/caregivers of children who have underlying health conditions that put them at a higher risk from coronavirus, or who live in households with vulnerable people, are going to be more concerned about moving the child to their other home. This increases the risk of these children not being able to see their other parents or relatives during the coronavirus response.

The negative effect of child-parental separation on a child's wellbeing, especially when the separation is sudden and unexpected, has been widely documented. Studies into the long-term implications of divorce and parental separation point to children, especially younger children, feeling scared, lost and rejected.²³² While the causes of child-parent separation from the coronavirus response are very different from parental separation, any form of sudden and, or, prolonged separation from a child's parent and caregiver can increase a child's vulnerability to poor mental health and wellbeing.

Family separation may also mean reduced contact with siblings and wider family who are important sources of support to children. Parents, caregivers and close relatives provide support and protection to their children, often shielding children and helping reduce stress from the effects of trauma and uncertainty.²³² This supportive family environment is of vital importance during times of community stress and crisis, such as the ongoing public health emergency. Separated families are being encouraged to use virtual means of communications to keep in touch with relatives. Emphasis has been placed on the benefits of video messaging over telephone communication in order to enhance social contact, but not all children will have equal access to these facilities.

²³¹ Department for Education. December 2019.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf

²³² <https://news.stanford.edu/2018/06/26/psychological-impact-early-life-stress-parental-separation/>

CHILDREN WHOSE PARENTS OR CARERS FACE INCREASED RISK FROM CORONAVIRUS

A large number of children will currently be facing additional anxieties due to having parents, carers and other family members at particular risk of contracting coronavirus or suffering severe health problems as a result of coronavirus. This will not only be contributing to strains on their mental health and wellbeing, but may also place them under even greater restrictions, and push them into new or additional caring roles.

The UK government has identified approximately 1.5 million people who are considered 'extremely vulnerable' to coronavirus.²³³ People falling into the extremely vulnerable group include: solid organ transplant recipients; people with specific cancers and receiving cancer treatments; people with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD; people with conditions that significantly increase the risk of infections; people on immunosuppression therapies; and women who are pregnant with significant heart disease.²³⁴ People in these groups have been advised to stay at home and avoid any face-to-face contact for at least 12 weeks, and to reduce to a minimum all but essential contact with other members of the household. It is not possible currently to identify how many of these will be caring for children.

More than 80,000 children in England and Wales are cared for by grandparents as kinship carers. Many of these will be older and more likely to suffer from ill-health than parent carers.²³⁵

Children whose parents are essential workers, particularly those in frontline health care practice, may be particularly concerned about the increased risk of infection for their parents and for themselves. There has been considerable criticism of delays in getting suitable Personal Protective Equipment (PPE) to health workers to prevent infection. Often those in low-paid jobs - such as supermarket workers, delivery drivers, factory workers and cleaners - are forced to work in close proximity with others. They are the least likely to be able to work from home on computers, and the least likely to receive more than Statutory Sick Pay (SSP) should they become ill or unable to work. Many will feel they have no choice but to keep working, unable to survive on SSP. Those with underlying health conditions are most at risk from coronavirus.

According to Asthma UK: *"Asthma is more prevalent within more deprived communities, and those living in more deprived areas of England are more likely to go to hospital for their asthma."*²³⁶ Diabetes is far more common among those living in poverty, and there is a strong link between lung disease and deprivation. We know stress, poor nutrition and lack of hygiene all impact vulnerability to coronavirus, and these are also strongly linked to poverty rates in the UK. The closure of schools and limitations on movements will increase these vulnerabilities.

²³³ <https://www.bmj.com/content/368/bmj.m1170>

²³⁴ <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19#what-do-we-mean-by-extremely-vulnerable>

²³⁵ Nuffield Family Justice Observatory. March 2020. https://www.nuffieldfjo.org.uk/files/documents/Impacts%20of%20COVID-19%20on%20kinship%20carers%20and%20special%20guardians_NFJO.pdf

²³⁶ <https://www.asthma.org.uk/support-us/campaigns/publications/inequality/>

There are particular concerns about one-parent households, where the parent is considered to be vulnerable, as the restrictions may make it very difficult to provide care for children. Visits between separated families may also be more difficult or risky where one parent is at high-risk from coronavirus.

The impact on children

It is likely that children of parents who have been identified as high-risk, or those exposed to coronavirus through work, will experience considerable anxiety about the potential for them or their parents to contract coronavirus. They may feel responsible for protecting parents and carers and place additional restrictions on themselves. This could have a severe impact on their mental health and wellbeing.

Children may also take on additional responsibilities in order to shield their parent, for example doing shopping, collecting prescriptions or caring for siblings. Some of these activities may put them at additional risk and are likely to interfere with their learning and recreation.

In some cases, children will be bereaved through the loss of a parent due to coronavirus. Any loss of a parent, and any loss due to coronavirus, is tragic. However, the death of a parent is already a part of reality for many young people. Around 23,600 parents of a child under 18 die every year, whilst 1 in 29, 5- to 16-year-olds have been bereaved of a parent or sibling.²³⁷ The impact of early parental death is unique to every child and depends not only on the loss itself, but on the level of disruption and the social context for the child. Unfortunately, known protective factors, including social support for the child and the surviving parent are likely to be disrupted by the quarantine measures surrounding coronavirus.²³⁸ In addition to the loss itself, the death of a parent can result in other consequences that impact the child, including financial hardship, loss of the family home, loss of social support and struggling at school. The negative impacts can last into adulthood and include effects on relationships, self-esteem, feeling of self-worth, loneliness and isolation and the ability to express feelings.

²³⁷ <https://www.childbereavementuk.org/death-bereavement-statistics>

²³⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3569022/>

YOUNG CARERS

The Children and Families Act 2014 identifies a young carer as a person under aged 18 who provides care for another person irrespective of age and does so not for payment. This could be care for a parent, grandparent, sibling, or another family member who is ill or disabled. The scale and range of caring activities varies from personal care and giving medication to looking after siblings, cooking, managing household finances, cleaning and shopping. Young carers may also provide emotional support, particularly for parents with mental health conditions or substance abuse issues.

Based on the 2011 consensus, there are more than 166,000 young carers aged between 5 and 17 years old in the UK. More recent research estimates the figure to be closer to 800,000.²³⁹ It is worth noting that these figures do not account for the many young people who are carers but have not yet been identified. According to the Children's Society, 39% of young carers reported that nobody at their school was aware of their caring role.²³⁹ Young carers are also 1.5 times more likely to be from BAME communities.²⁴⁰ Evidence indicates that BAME carers are less likely to be receiving practical and financial support with caring and more likely to miss out on accessing support for longer – often as a result of a lack of advice and information and struggling to access culturally appropriate services.²⁴⁰

The impact on children

Whilst some research has shown that young people often find caring very rewarding, bringing emotional and psychological benefits, there is a strong body of evidence that highlights the adverse impact it can have on carers' health and wellbeing. For young carers, this includes a strain on their health, social activities and friendships, educational participation and employment opportunities.

Statistics reveal that 27% of young carers aged 11-15 years old miss school and experience educational difficulties due to their caring responsibilities, whilst 68% of young carers are bullied in schools.²⁴¹ Elsewhere, young adult carers aged between 16 and 18 are twice as likely to be not in education, employment or training (NEET).²⁴² Furthermore, in a survey, researchers found that whilst nearly all parents reported that their child was in good health, parents of young carers were less likely to say their child was in 'very good' health than those in the comparison survey. The biggest difference was among parents of 5 to 11 year olds, where only 49% of young carers were reported to be in 'very good' health, compared to 66% of those in the comparison survey.²⁴³ During this period, young people are expected to continue to learn remotely, but young carers may find it impossible to manage studying and caring responsibilities, putting them at risk of falling behind (see section on [Loss of Education](#)). They are also less likely to get adequate

²³⁹ <https://www.childrenssociety.org.uk/what-we-do/helping-children/young-carers>

²⁴⁰ <https://www.childrenssociety.org.uk/sites/default/files/young-carers-of-bame-families.pdf>

²⁴¹ https://repository.lboro.ac.uk/articles/Young_carers_in_the_UK_the_2004_report/9470903

²⁴² <https://carers.org/press-release/new-figures-reveal-life-chances-uks-young-carers-are-under-threat>

²⁴³ <https://www.gov.uk/government/publications/the-lives-of-young-carers-in-england>

time for rest, relaxation, play and physical activities (see section on [Loss of Health and Healthy Behaviours](#)). This will likely impact negatively on their physical and mental health.

Coronavirus is likely to place additional strain on young carers, as wider support is less available and practical restrictions make some caring tasks more difficult. During this period, lockdown measures will have a significant impact on children's access to support services. Support that is provided by schools and local services are crucial in helping young carers to balance their own needs with those of the person they are caring for. When these services are unavailable, young carers' needs ought to be re-assessed to ensure they are not providing inappropriate or excessive care. However, with adult social services and health services stretched, it is likely that young carers will be taking on more, not less, caring responsibility for family members.

Children who share caring responsibilities for parents or siblings may also find themselves taking more responsibility if wider support networks are unable to visit and provide care, or if an adult in the family becomes unwell themselves. They may even start to take on tasks that they are physically not suited to (such as tasks requiring heavy lifting) or are insufficiently skilled to provide (for instance, medication management). This could place them at risk, as well as reducing the quality of care available to their family member. Young carers who care for a grandparent or other older relative may be particularly anxious or unable to provide care during the pandemic because of the additional risk of infection and the advice to stay away.

There are also concerns that children's caring role is often not recognised, and that this make it difficult for them to carry out caring tasks without being placed at risk. There are reports that young people are not being allowed to shop in periods allocated for priority groups, and concerns that when children are running errands they may be stopped by the police and fined because the essential nature of their role is not recognised.²⁴⁴

²⁴⁴ https://www.huffingtonpost.co.uk/entry/coronavirus-young-carers-support-family-illness_uk_5e8f2a10c5b6458ae2a53b6e?guccounter=1&guce_referrer=aHR0cHM6Ly93d3cuZ29vZ2xILmNvbS8&guce_referrer_sig=AQAAAKNtZL3oU4Yn2mVubI3STnwqVld-tqXd4q7b4z3Rh-QQG5LyS5s9nUt7gFBHWK535EZTj_torkfM5Kn2NYSycESc1vptBeu7gMVcmYPH5Ti2ArWrwZCFBTSQhKbKOlAF06AAK9bL3Mwb3dSfs0Btl8pAS8X7td4AwFLRxE9eA71Y

REFUGEE AND ASYLUM-SEEKING CHILDREN

Refugee and asylum-seeking children are among the most vulnerable in the UK. They are likely to have far fewer social and financial resources to draw on in a crisis. Parents of refugee children in the UK are more likely to be in low wage or insecure jobs and are at higher risk of losing income during the lockdown. Some Unaccompanied Asylum-Seeking Children (UASCs) may have no support in the UK.

In the year ending June 2019, 3,746 children under 18 applied for asylum in the UK. Of these, 3,406 were UASCs. In the same period, 4,563 children (including UASCs and dependents) were granted protection or leave to remain.²⁴⁵ There are over 5,000 unaccompanied asylum-seeking children in the care of local authorities in England.²⁴⁶ Unaccompanied Asylum Seeking Children who fall under the definition of a 'looked after'²⁴⁷ child should fall within the government's definition of vulnerable children, and it is likely that many will continue to have some access to school provision under the current arrangements.²⁴⁸

Some children in migrant families, including those refused asylum, will have 'No recourse to public funds' (NRPF). This means that they cannot access most benefits that are available to UK citizens and those with Indefinite Leave to Remain. As a result, they may not get access to NHS services free of charge, and some evidence suggests that this could even be happening in the context of infectious diseases for which everyone is entitled to free care.²⁴⁹ Following a legal challenge, they are now temporarily entitled to the Free School Meals alternative provision.²⁵⁰

The impact on children

Refugee and asylum-seeking children and their families are frequently dependent on statutory and voluntary sector services for information, advocacy and support to access their basic rights. During the coronavirus outbreak, many of these sources of support will be reduced or stopped altogether, and those that can only be accessed remotely may be inaccessible to some refugee and asylum-seeking families.

Refugee and asylum-seeking children will be particularly affected by school closures. For many, school is a place of safety where they feel welcome and much of their support network may exist through the school. Many have already missed out on parts of their education as a result of their past experiences and displacement. The cancellation of exams will equally be likely to cause anxiety and may disadvantage those who were working to catch up from previous lower predicted grades. The loss of the opportunity to attend school in the UK may exacerbate interrupted education and cause lasting disadvantage.

²⁴⁵ <https://www.gov.uk/government/statistical-data-sets/immigration-statistics-data-tables-year-ending-june-2019#asylum-and-resettlement>

²⁴⁶ Department for Education. December 2019.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/850306/Children_looked_after_in_England_2019_Text.pdf

²⁴⁷ <https://www.childrenslegalcentre.com/resources/local-authority-support-uasc/>

²⁴⁸ <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people>

²⁴⁹ <https://www.jcwi.org.uk/Handlers/Download.ashx?IDMF=a135b52c-e9d0-469c-aad8-3dde31aec7a1>

²⁵⁰ <https://dpglaw.co.uk/free-school-meals-extended-to-thousands-more-children/>

Refugee and asylum-seeking children are particularly likely to be in the group that has no, or limited, access to online resources and technology to support their home schooling. Some will be unable to open bank accounts and therefore to have a contract phone, or access to Wi-Fi at home. Children with limited English will likely face additional language barriers through remote learning without face-to-face support. They are also less likely to have parents with the knowledge of the UK education system, English language or resources to support their children's learning themselves.

Many refugee and asylum-seeking children will have experienced significant trauma and may be experiencing severe mental health needs. The social services on which they typically rely will be stretched. Some of the measures seen in the UK to manage coronavirus, such as lock downs, school closures and banned gatherings, are characteristic of conflict affected countries and as a result may have triggered young people with previous experience of these. Those who typically have support through mental health services may lose this support, or it may be less effective if delivered remotely. At the same time, concerns about their own health, access to food and services, loss of social contact and concern for family members who may be overseas is likely to exacerbate mental health difficulties.

Children who are in the middle of asylum claims will likely face disruption as screening interviews and substantive asylum interviews are cancelled and new systems are developed to avoid face-to-face contact.²⁵¹ No face-to-face appeal hearings will be heard at the First-tier Tribunal until at least the end of April. Judges will decide whether Case Management Review Hearings can be conducted over the phone to avoid a full hearing. Full hearings will only go ahead via video. It remains to be seen how this works in practice.

Young refugees and asylum seekers are often living on very low incomes and are unlikely to have accumulated reserves to help them in buying food, particularly if they need to buy in stocks to see them through a period of self-isolation. Young refugees who are exiting Asylum Support accommodation, and who would normally look to source part-time work to fund them while studying, are being transitioned to Universal Credit and told that they have to withdraw from full time study to be eligible. Normally, once refugee status has been granted, asylum seekers have 28 days in which to find new accommodation as 'section 4 support' is withdrawn. In at least some cases, extensions are being applied in this period where there is a risk of being made homeless.²⁵¹

²⁵¹ <https://www.refugeecouncil.org.uk/latest/news/changes-to-home-office-asylum-resettlement-policy-and-practice-in-response-to-covid-19/>

CHILDREN AT RISK OF STIGMA DUE TO CORONAVIRUS

Stigma and discrimination related to coronavirus may make children more vulnerable to abuse and psychosocial distress. There may be social stigmatisation of infected individuals or individuals/groups suspected to be infected.

Historically, viral diseases were often named after a region where they first occurred or were particularly associated, but the World Health Organization issued guidance in 2015 to end this practice because it was associated with stigma and racial discrimination.²⁵² In previous public health crises, people have often encountered discrimination and stigma. Human Rights Watch reported that people living with HIV in Kenya, South Africa, the Philippines, and the US were confronted by discrimination and stigma, and consequentially could not access health care, attend school or secure jobs. Public health research demonstrates that survivors of Ebola have encountered damaging stigma that had the potential to lead to eviction, loss of employment, abandonment and violence.²⁵³

The impact on children

There have been reports in the UK media of children having been bullied because of their ethnicity.²⁵⁴ There has also been an increase in reported hate crimes against adults of East Asian ethnicity.²⁵⁵

Reports from several countries, including the UK, the US, Spain, and Italy, among other countries, have reported incidents of hate crimes and documented bias, racism, xenophobia and discrimination against people of Asian descent. Incidents include physical attacks, violent bullying in schools, angry threats and discrimination in schools and workplaces, and derogatory language used in new reports and on social media platforms.²⁵³

Stigma can undermine social cohesion and prompt possible social isolation of groups. There may be lasting impacts on children's feeling of safety and belonging, even after the outbreak has subsided. Social and racial discrimination of individuals/groups suspected to be infected can result in psychosocial impacts, incentivizing people to hide their illness to avoid discrimination, prevent people from seeking healthcare immediately, and discouraging them from adopting healthy behaviours. This can contribute to a situation where the virus is more, not less, likely to spread, resulting in more health problems and difficulties controlling a disease outbreak.

²⁵² Nature, April 2020, <https://www.nature.com/articles/d41586-020-01009-0>

²⁵³ <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>

²⁵⁴ <https://www.bbc.co.uk/newsround/51467978>

²⁵⁵ <https://www.bbc.co.uk/news/uk-england-devon-51773774>

CONCLUSIONS

This report has given a rapid overview of the many ways in which children's lives are being turned upside down by coronavirus. As ever, the evidence suggests that the most vulnerable will be the hardest hit by this crisis. Those with the fewest resources to adapt to or mitigate the impacts of the pandemic will suffer the deepest shock and experience the slowest recovery, furthering entrenching inequalities which existed before coronavirus emerged.

The impacts described in this report cover all aspects of children's lives and will place additional strain on multiple sectors to support them, including schools, local authorities, health services, charities and businesses. However, many of these were already struggling to meet demand on their services or are facing severe reductions as a result of the economic impacts. This will make it extremely hard to support those children who will need help in the coming months and years.

Innovative and targeted interventions will be essential in supporting young people to recover from this shock. These must be based on best possible evidence to ensure that those most in need of support get the right help at the right time. Gathering the evidence and intelligence needed to make this possible is essential, both during this crisis and in its aftermath. Data will be critical to ensuring children are not lost in the cracks and this work should start now to ensure that a generation is not left unprotected.

Children themselves show remarkable resilience, creativity and adaptability, yet they are rarely consulted on decisions that affect their lives directly, especially in a crisis. Young people from all backgrounds should have the opportunity to influence the decisions made during this time so to ensure they reflect their best interests.

In the coming months, Unicef UK will look to work with other voluntary sector organisations, frontline services, policymakers and young people to respond to the coronavirus pandemic. We will continue to gather evidence and monitor the impact for children, and to ensure that all children in the UK enjoy their rights in full as we move beyond this crisis.