

Building Children's Futures

Using Children's Rights to recover
from the Global Pandemic

The Children's Report



Natasha Daniels and Danielle Kennan



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Foreword

by the Children and Young People's Advisory Group



As representatives of the Children and Young People's Advisory Group, we are delighted to provide this foreword to **'Building Children's Futures: Using Children's Rights to Recover from the Global Pandemic: The Children's Report'**.



Our group is made up of eight members from across Ireland, and we have been directly involved in guiding the research in this report from the start. We first came together as a group in December 2022, and since then we have had a mix of in-person and online meetings, facilitated by Foróige and the University of Galway. We have been a part of every aspect, from designing the approaches to data collection, testing activities to make sure they were clear for children and young people, analysing the data that was gathered, and helping to form the final recommendations. Five of us were also trained in the University of Galway's Youth As Researchers programme, and co-conducted the interviews with senior decision-makers.



In this foreword we want to set out our experience of being involved in this project and what we have gained from it. We will also explain why we think it is important for children and young people like us to have a seat at the table and meaningful opportunities to take part in initiatives and issues that affect us.

This project looks at the impact of the Covid-19 pandemic on children and young people's rights in Ireland. Our own experiences during the pandemic made us very aware that the effects on children and young people were both positive and negative, and affected many different aspects of our lives. **We also know that children and young people didn't understand how decisions were made during the pandemic.**

One of the things we found most interesting about the research was that it explored:

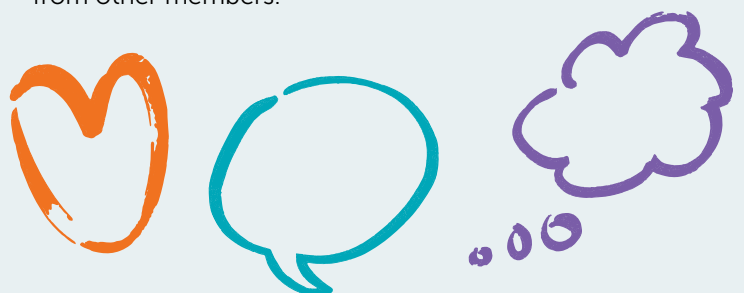
1. both the experiences of children and young people themselves, and

2. the thought process and intentions behind how decisions were made.

By hearing first hand from the people who were part of this, we were able to see behind the scenes, and we have a better understanding of how and why decisions were made.

It is not common for people our age to have this level of insight into the way that government works, and it has been amazing to have that opportunity.

Our experience of being on the Children and Young People's Advisory Group has been very positive. It has felt like a safe environment where we have been able to meet like-minded people, make connections, share our own views, and hear different perspectives from other members.



Being involved has built our confidence and inspired some of us to find and take up other opportunities where we can have our voices heard.

For those of us who co-conducted interviews with Natasha and Danielle, we had a mixed experience which varied according to who we were interviewing. Some interviewees treated us as the lead interviewer, speaking directly to us and simplifying what they were saying - it was great to be taken seriously and feel respected. However, others directed their answers to the adult researcher who was present, or used language that was hard to understand, which made it difficult for us to take part fully. We think it is important that young people who take on roles such as this are treated as equal participants by everyone involved, so that our participation is meaningful and not tokenistic. It is hard to say whether a young person being in the room affected the answers that we were given. We hope that interviewees didn't feel that they couldn't be as open with their responses because of a young person being present.

It was really important for us that our group was able to meet in person as well as online. Meeting in person made it easier to interact and get to know each other. We felt more comfortable to share our personal experiences and opinions when we were physically in the same space, and this helped us work well together as a team.

We think it is important that groups like ours have the time and support to meet in person, as it makes a real difference to our ability to participate.

We feel it was significant that we were invited to form the Children and Young People's Advisory Group.

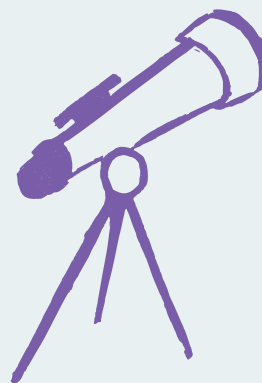
It is so important that children and young people have opportunities to shape policy and decisions on the issues that affect them - we need to be given a seat at the table where we are fully participating.

We have felt respected and listened to, that young people and adult facilitators in the group were all on one level rather than us being talked down to. This has been very helpful to allow us to express ourselves freely, have our voices heard, and hold the project team and decision makers to account.

More than this, we hope that our participation in this group will inspire other young people to feel that they can get involved in projects like this, be heard, and help to make change. If young people see other young people represented in this way, it can create a domino effect and encourage them to go for opportunities they might not normally go for.

Looking to the future, we hope our work on this research will help to shape how policies and decisions that impact on children and young people's rights are made in a positive way. We also hope that more children and young people will continue to be offered a real seat at the decision-making table, where their voices are heard and listened to, and they are able to contribute to making change for the better.

*Anna Finnegan,
Christopher O'Sullivan,
Cian Birmingham,
and Latisha McCrudden*



The Building Children's Futures: Using Children's Rights to Recover from the Global Pandemic is funded by the EU Commission and is being led by the Children's Rights Alliance in partnership with the Department of Children Equality Disability Integration and Youth, Tusla, Ireland's Child and Family Agency and Children and Young People's Services

Committees (CYPSC), Eurochild, UNESCO Child and Family Research Centre University of Galway, and Foróige. Using Ireland as a case study, the project aim is to explore how a child rights-based approach, utilising Child Rights Impact Assessments (CRIAs), can be embedded in decision-making in times of emergency.

We would like to sincerely thank all of the members of the Child and Young Persons Advisory Group for their dedicated work throughout this research report:

Amy, Kildare (17)

Anna, South Dublin (16)

Ash, South Dublin (16)

Christopher, South Dublin (18)

Cian, South Dublin (15)

Jack, Limerick (17)

Latisha, Roscommon (19)

Rayaa, Cork (17)

Our deepest gratitude and appreciation also goes to all the participants who took part in the research, both the children and young people and the senior public officials.



Executive Summary



Introduction

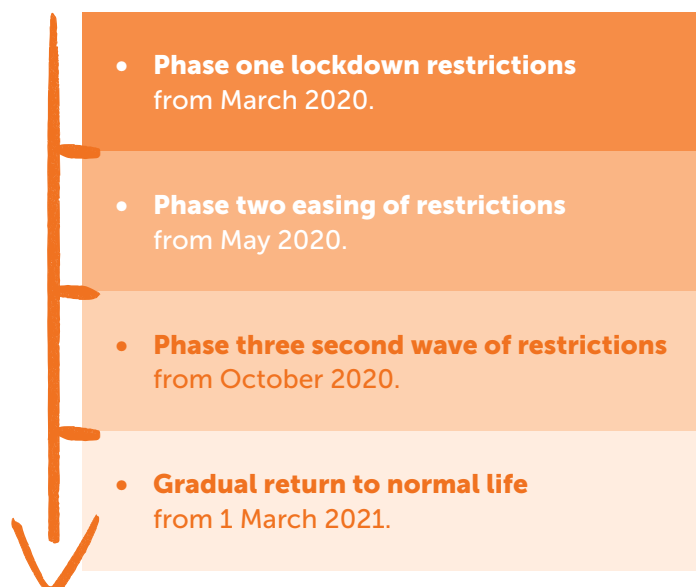
The Covid-19 pandemic was a worldwide crisis, which had a significant impact on children's lives. The effects were most damaging for children who were already living in disadvantaged circumstances (United Nations, 2020), with children from economically and socially disadvantaged backgrounds suffering the most (European Union Agency for Fundamental Rights, 2021). Using Ireland as a case study, the purpose of this research is to work collaboratively with children and young people to understand how a child rights-based approach can be embedded in decision-making in times of emergency.

The objectives of this research are:

- 1.** To examine the impact of the Covid-19 pandemic public health measures on activities and services for children and young people, with a focus on those that were disproportionately impacted.
- 2.** To document how decisions were made on measures introduced during the pandemic at national and local level.
- 3.** To document how child and youth participation structures operated during the pandemic and whether they had a role in informing decision-making.
- 4.** To develop solutions to support the Covid-19 recovery and prepare for future crises.

The Irish Context

During the period of the pandemic Ireland introduced stringent public health measures, with the number of confirmed cases within the community being a core consideration. The implementation and easing of restrictions had four distinct phases:



At a governance level, decisions on the public health restrictions introduced in response to Covid-19 were taken at the national level, with responsibility delegated to a special executive committee on Covid-19. Several cross-sectoral and cross-departmental groups, including the National Public Health Emergency Team (NPHE), guided and supported the executive committee to inform the government's response. Government departments, state agencies and county councils, with responsibilities in the area of children and young people, were tasked with determining how to continue to deliver on their mandates, while operating within the parameters set by public health. The Government's response was guided by five strategic national response plans, which demonstrated an evolving response to the crisis wherein children were not an immediate consideration, but increasingly came under focus.



Research Methodology

To achieve the objectives of this research, the researchers implemented, in collaboration with children and young people who acted as co-researchers, a qualitative research study conducting consultations with children and young people living in disadvantaged circumstances and interviews with senior public officials. The process of conducting the research in collaboration with the children and young people was implemented as follows:

- First, the researchers worked in partnership with nine young people (aged 14-18) from across Ireland. These formed a Children and Young People's Advisory Group (CYPAG), established and facilitated by Foróige. The CYPAG were actively involved in advising on all aspects of the research.
- Secondly, the UNESCO Child and Family Research Centre in University of Galway trained a group of the CYPAG members as youth researchers to collaborate in conducting the interviews with public officials.

Six consultations were conducted with children and young people experiencing disadvantage about the impact of the pandemic on their lives. In total, 50 children and young people from across Ireland; 30 boys and 20 girls aged between 8 and 17 years, took part in the consultations. The children recruited included, children and young people living in poverty and experiencing educational disadvantage, children and young people with special educational needs, children and young people accessing health, mental health, and disability services and Traveller children.

In addition, research interviews were conducted with senior government and public officials on how decision-making structures operated at a local and national level during the pandemic. Interviews were conducted with 13 officials who had responsibility for either directly or indirectly advising government on the public health measures to be introduced during the pandemic or were responsible for the application of public health measures within their sector. Their remits spanned public health, primary and secondary education, health, mental health and disability services, special educational needs, early learning and childcare, child protection and welfare, sport, community development and participation and inclusion.

Research Findings:

Consultations with Children and Young People

The children and young people who took part in this research identified the following rights as being impacted by the pandemic:

- Right to education,
- Right to play,
- Right to recreation and leisure,
- Right to health and access to healthcare,
- Access to family.

The research examined the pandemic's impact on the children and young people's activities and access to services, as they relate to each of the above-mentioned rights.

The research found that during school closures the children faced numerous challenges with homeschooling, including **technical difficulties, chaotic online classes, difficulty accessing support** from their teachers and **difficulty accessing devices** for online learning. The Traveller children and many of the children experiencing poverty and educational disadvantage reported little or no engagement with homeschooling or online learning. For children and young people with disabilities and special educational needs, the challenge of not having access to their resource teacher was very evident. While there was some evidence of resource teachers going to the children's home, there was no evidence of a systematic approach to support these children. The lack of support for parents was also an issue raised by the children with disabilities. Many of the children expressed a preference to keep schools open, when asked what they would have done if they had the power to make decisions. However, they also recalled that the back-to-school restrictions, in the form of masks, hand sanitising, and social distancing, as primarily a negative experience. Nevertheless, there was an acknowledgement of their important role in protecting them from Covid-19.

The closure of sports, indoor activities, group meetings, summer camps, sports facilities, shopping centres, parks and playgrounds negatively impacted children's right to play, recreation and leisure. Most children reported missing sport and their hobbies as well as the opportunities these provided for social interactions. It was evident that the cessation of play and leisure activities negatively impacted children's

physical and mental health, leading to feelings of **boredom, sadness, annoyance, and anxiety**. It was reported that the pandemic was a worrying and frightening time for children and young people, in particular for those who were already experiencing anxiety and depression. The restrictions led to an increase in playing video games, spending time online and more time indoors. When the children and young people were asked what they would have done if they had the power to make decisions, the children shared a preference for keeping outdoor facilities such as parks, playgrounds and beaches open, as well as some sport and other outdoor activities. They also shared that they would have opened some shops relevant to indoor entertainment.

The research participants who access health and/or disability services identified many disruptions to the services they need due to Covid-19 restrictions, with some sharing the view that if they had the power to do so they would have prioritised decisions in relation to access to healthcare. The young people reported disruptions in their access to Occupational Therapy, Physical Therapy and Speech and Language Therapy during the pandemic. Where services moved online, there was some evidence of children finding it challenging to engage with their therapist remotely. This study also found that while some children enjoyed spending more time with their families, others did not enjoy the intensity of being confined to the family home. Children and young people also reported missing interactions with their wider extended family. The fear of health risks to family members added to their burden.

The vast majority of children and young people identified the government as the key decision-makers during the Covid-19 pandemic. They were of the view that children and young people did not have a say regarding the public health restrictions but believed that they should have had an input. Their suggestions in terms of how this could be achieved broadly fall within three categories: ask them in person, ask them online and ask them in school. They suggested that access could have been achieved via schools, sports clubs, social media or public broadcasting. In terms of how to collate their perspectives, providing children and young people with an opportunity to vote was a common theme. Suggestions included voting via an online survey, asking a question via a social media post, with the more likes a post receives being a potential way to vote or asking them a question via the news and having a way for them to reply. In person or online meetings to hold focus groups was also suggested.

In terms of children's access to information during the course of the pandemic, children identified firstly, family (parents and grandparents) and secondly, the news (on TV and radio) as their primary sources of information. In the later phases of the pandemic when children returned to school, they identified school as a source of information.

However, many of the children identified the information as incomplete, that it was directed at adults and the language was not easy to understand.

Research Findings: Interviews with Public Officials

Senior public officials recalled that in the initial phase of the pandemic, they were operating in a vacuum. How the virus was transmitted and the severity of the virus for young people was unknown. The priority in this initial emergency phase was on the health and safety of the population, with limited focus on the wider rights of different population groups, including children. A focus on children and young people only began to emerge when there was a better understanding of the virus and data became available on the impact of the public health restrictions on children and young people's lives. It was also in response to parents and advocacy organisations beginning to advocate on behalf of children and the presence of children's champions in key advisory roles within the structures formed to guide the government's response. However, initially there was no strategic approach to ensuring that professionals with an expertise in children and young people were central to the Government's response.

As the virus persisted and evolved, decision-making became an increasingly challenging exercise in balancing children's rights and the risks presented by the virus to the wider population. Until the vaccine was administered controlling the spread of the virus remained the priority and the curtailment of rights was viewed as a necessary trade-off from a population solidarity perspective. In addition, balancing the rights of all stakeholders (for example both teachers and children) and reopening after an extended period of closure were core challenges. The political pressure to administer the vaccine as soon as it became available negatively affected children accessing health and disability services, with therapists and health professionals redeployed to the vaccination program.

The data reveals that public officials in government departments, state agencies and county councils sought to uphold children's rights during the pandemic by seeking to ensure continuity of services and supports. While their approaches to mitigating the impact of the public health restrictions were varied, common themes emerged in the data in terms of the measures different state entities took to uphold children's rights. Common measures included, continuing to work to core policy objectives and principles, despite the changed working environment. Keeping services as open as possible, by working with government and public health officials to have them designated as an essential or critical service and ensuring some level of discretion was maintained

for one-to-one interactions with children in very vulnerable situations. Transitioning to new forms of service delivery, particularly online service delivery, and for children and young people experiencing disadvantage, developing new or investing in existing additional programmes, such as the summer, additional or class educational programmes. Introducing measures to retain and support staff and adapting their roles as necessary. Maintaining outreach and online support to children and families. Finally, working in partnership with the community and voluntary sector emerged as essential, in particular for ensuring continuity of services and support to families living in vulnerable situations. Local Community Response Forums coordinated targeted responses at the local neighbourhood level.

During the pandemic, Ireland conducted two government consultations with children and young people, focusing on mental health and mask wearing. Public officials reported some engagement with existing participatory structures, such as the county councils engaging with Comhairlí na nÓgs (local youth councils), and the Department of Education engaged with the Irish Second Level Students Union. School inspectors also played a role in gathering student perspectives on their experience of remote learning and returning to school. However, some public officials reported limited capacity or access to child and youth consultation mechanisms, particularly hard-to-reach children. The Crisis Communication Group advising NPHET adopted an evidence-based communications approach. While the amount and speed of real time research happening during the pandemic by the Crisis Communications Group was significant, in the form of a weekly quantitative and qualitative tracker of public opinion and awareness, it was not inclusive of children and young people. These trackers informed the Crisis Communication Group, and in turn NPHET, about public opinion and awareness of government messaging on public health measures and also, provided a better understanding of the impact of restrictions on the public. The trackers were not inclusive of children despite a good deal of engagement with this cohort of the population.

It was evident that efforts were made through innovative approaches to share information about the pandemic and the public health measures with children and young people. The government invested in social media campaigns, such as the #Antiviral Campaign and the SciComm Collective initiative (a youth advisory group proficient in youth friendly science communication). Efforts were also made to communicate daily briefings on Covid-19 in an accessible manner through the daily press briefings and through educational programmes delivered by the national broadcaster. Given this engagement with children and young people in terms of information delivery, capturing their awareness and opinion could have been undertaken.

Conclusions and Proposed Solutions

Drawing on the research findings, the following are the conclusions and proposed solutions developed to support recovery from the Covid-19 pandemic and prepare for potential future crises.

An Evidence-Based Response

The findings reiterate the importance of an evidence-based approach to decision-making and the importance of this evidence being informed by the views of children and young people. Despite the profound impact of the public health restrictions on children's everyday activities and access to services, similar to research findings in other countries (Lerch and Sedletzki, 2022) the research found that there were limited opportunities in Ireland for children to meaningfully participate in decision-making during the pandemic, even in the later stages. This was corroborated by the findings from the consultations with children and young people. The vast majority of the children and young people said that they did not have a say in relation to the public health measures introduced. They were also of the view that their voices should have been heard by asking them online or asking them in school.

It is recommended that:

1. In a crisis, decisions on restrictions to be imposed must be informed by research data and/or consultations on how they will or will likely impact children's rights. This data should be disaggregated to take into account the impact or likely impact on children and young people experiencing disadvantage. This should include a focus on those that this study and previous research found were disproportionately impacted by the government's response to Covid-19. These are as follows:

- Children and young people living in poverty and experiencing educational disadvantage.
- Children and young people with special educational needs.
- Children and young people accessing health, mental health and disability services.
- Children and young people from Traveller and Roma Communities.

- Refugee/asylum seeking children and young people.
- Children and young people at risk of violence, abuse and neglect
- Children living in emergency accommodation.

2. The lived experience and perspectives of children and young people, including children and young people experiencing disadvantage, as well as their parents and advocates, should inform the research data and/or consultations underpinning decisions on restrictions to be imposed during a crisis.

3. The voices of children and young people should also be central to informing the evidence base for communication strategies in future crises.

4. Continued support should be provided to Hub na nÓg in their efforts to improve cross-sectoral awareness in relation to existing participation structures and resources available as well as capacity building to support public officials to consult with children and young people on decisions directly affecting them.

5. In addition to decisions being informed by research evidence and/or consultations, professionals with an expertise in children and young people should be strategically positioned within the decision-making or advisory structures informing the government's response to the crisis.

Child Rights Considerations for Decision-Makers in Times of Emergency

As found in previous research in Ireland, the transition to online learning proved to be a poor substitute for in person education (Department of Children Equality, Disability, Integration and Youth, 2023a). Traveller children and children experiencing poverty and educational disadvantage shared that they experienced greater difficulty engaging with online learning. These children did not engage with homeschooling at all, or at best in a minimal way. The challenge of not having access to their resource teacher and the negative impact this had on their learning, was a particular concern for children with disabilities. The impact of social isolation on children and young people's physical and mental health was also evident in the data. In previous research, this was found to be a particular concern for children with disabilities and special educational needs (Barron and Emmett, 2020). In addition, restrictions imposed on sports, leisure and other outdoor activities were also reported to have a negative impact on children and

young people's mental and physical health. Similar to previous research (O'Connor et al., 2020), disruptions were also reported by the children and young people regarding their access to health and special care services.

It is recommended that:

6. The closure of schools should be a measure of last resort. If the closure of schools is a necessary and proportionate response, it should be accompanied by a re-opening strategy to open them as quickly and safely as possible.
7. In the event of homeschooling, there should be improved support and monitoring of the engagement and progress of children and young people, in particular children with disabilities, children with special educational needs, Traveller children and children experiencing poverty and educational disadvantage.
8. Given the importance of play and recreation activities for children and young people's physical and mental health, as well as the opportunities it provides for social interaction, greater priority should be given to safely creating these opportunities for children and young people.
9. Where possible, disruptions should be avoided to health and special care services for children and young people.

Measures to Mitigate the Impact of the Crisis on Children's Rights

Operating within the public health restrictions imposed during Covid-19, this research found that government departments, state agencies and local government sought to introduce measures to ensure continuity of services and supports and mitigate the impact of the public health restrictions on children's rights. Common approaches emerged in the data in terms of the measures different state entities took to ensure continuity of services and supports. Some of these measures outlined above were intended to offset the disproportionate impact on children and young people experiencing disadvantage. In future crises, learning can be drawn from the measures adopted. However, it is evident from the experiences of the children participating in this research, that some of the measures taken to mitigate the impact of the public health restrictions did not have the desired effect or were insufficient to minimise the impact on children and young people experiencing

disadvantage. Also, some measures adopted to mitigate the impact of the public health restrictions were ad hoc in nature and not mainstreamed.

It is recommended that:

10. If restrictions on children's rights are necessary, a child rights impact assessment should be conducted, and consideration given to measures that can be implemented to mitigate against violations of their rights and ensure the appropriate balance is maintained between the impact of the restrictions and the wider public benefit. These measures should be mainstreamed with clear guidance provided on effective measures that can be taken to respond and minimise the impact on children.
11. To inform future guidance on effective measures that can be taken to respond and minimise the impact on children, further research should be undertaken to determine how measures introduced could be optimised to mitigate the impact, especially on children and young people experiencing disadvantage.
12. Measures should also be taken in normal times to ensure schools are better prepared and more agile to transition in times of crisis. These measures could include improved access to IT equipment, improving students' computer literacy and investing in additional resources and supports for children and young people experiencing disadvantage.
13. Given the critical role of the community and voluntary sector in providing targeted support, in particular to children and families living in vulnerable situations, consideration should be given to designating these services, or aspects of these services as essential. The valuable role of the County Councils through the Community Response Forums in coordinating local service delivery, should also be acknowledged and supported.

Introduction



On 12 March 2020, a national briefing with the Taoiseach (Ireland's Prime Minister) Leo Varadkar was televised in Ireland. During the briefing, the Taoiseach spoke of the seriousness of the unprecedented pandemic that the country faced, the tragic reality unfolding and the loss of lives to come. He informed the nation of the closing of all schools, colleges, and childcare facilities across the country and he asked people to come "together as a nation by staying apart". The country was entering uncharted territory and everyone was facing a frightening and uncertain future not experienced previously. This was particularly true for children.

"No children have ever been alive for a pandemic before" (research participant, boy, 13).

During this time, protecting public health and saving lives became the focus. An emergency that called for drastic actions to be taken in the face of such a grave public health threat. Words and phrases such as restrictions, confirmed cases, testing, personal protective equipment (PPE), social distancing, isolating, stop the spread, and essential workers all became widely used. Everyone, especially children, was grappling to understand their meaning and the role they played in this changed reality.

"They should like put it [the information] in an understanding way" (research participant, girl, 11).

"... don't know like the type of words for like testing and everything" (research participant, boy, 13).

In Ireland and around the world, senior public officials with decision-making responsibilities were in "unchartered territory" not having "witnessed a pandemic like this before in living history" (Taoiseach, Leo Varadkar, 12 March 2020 briefing). As the pandemic continued and new variants began emerging, public officials had to take decisions in the interests of public health. As time progressed and government implemented varying degrees of public health restrictions, the impact of the decisions on children's lives and particularly children and young

people experiencing disadvantage began to emerge.¹ Reports published exposed that many children were experiencing increased exposure to abuse, neglect, poverty, hunger, social exclusion, and mental health difficulties due to the pandemic restrictions (Eurochild, 2020; Government of Ireland, 2020a). It became apparent that the suffering of children and young people experiencing disadvantage was compounded due to the restrictions and the curtailment of their rights.

The UN Convention on the Rights of a Child (UNCRC), ratified by the Government of Ireland in 1991, is inclusive of a range of civil and political and economic, social and cultural rights of children up to 18 years of age. The Convention explicitly states that all children have equal rights, without distinction of any kind. Influenced by its commitments under the UNCRC, Ireland's national policy framework is underpinned by a vision of an Ireland "where the rights of all children and young people are respected, protected and fulfilled; where their voices are heard and where they are supported to realise their maximum potential now and in the future" (Government of Ireland, 2014, p. 2). Ireland's national policy framework spans from 2014-2020 and was extended to cover the period of the pandemic. However, the unprecedented Covid-19 pandemic resulted in situations "where there were clear and grave consequences for children's enjoyment of their human rights" (Lundy et al., 2021, p. 262).

The Covid-19 pandemic was a worldwide crisis and, according to the UN, for some children the impact has the potential to continue into their adult lives (United Nations, 2020). There is also a consensus that the harmful effects of this pandemic were not equally distributed among children (Lundy et al., 2021; United Nations, 2020). According to Lundy et al. (2021, p. 271), "[a]cross children's rights and children's lives it is clear that the negative impacts of coronavirus do not fall equally". For some children, the restrictions were compounding an already difficult situation and making life much more challenging (United Nations, 2020; Van Lancker and Parolin, 2020). The effects are said to be the most damaging for children who were already vulnerable or in disadvantaged situations (United Nations, 2020), with children from economically and socially disadvantaged backgrounds suffering more (European Union Agency for Fundamental Rights, 2021).

It is imperative that children's views on their experience of the pandemic are heard, to understand how their lives were impacted and how the

¹ The terms children experiencing disadvantage and children living in vulnerable situations are used interchangeably in this report. They are understood in accordance with the OECD's definition of vulnerability. According to the OECD, "child vulnerability is the outcome of the interaction of a range of individual and environmental factors that compound dynamically over time" (OECD, 2019, p. 16). Individual factors with the potential to contribute to child vulnerability include disability, mental health difficulties, immigrant background, experiencing out of home care and maltreatment. In addition, environmental factors with the potential to contribute to child vulnerability include material deprivation, parental health, health behaviours and education level, family stress, family violence, schooling and their neighbourhood (OECD, 2019). Child vulnerability is not caused by a single contributing factor, but more so due to the interaction of several factors over time (OECD, 2019) compounding their effect on the child's development and life outcomes.

enjoyment of their rights were affected. This is critically important for children disproportionately impacted by the restrictions during the pandemic. The UNCRC states that children have a right to be heard and their views given due weight on all matters that affect them, and this right “does not cease in situations of crisis or in their aftermath” (UNCRC, 2009, p. 28). It is of critical importance to learn what happened during the Covid-19 pandemic and for this learning to be informed by the perspectives of children, so that Ireland and other European countries can be better prepared to uphold children’s rights and to protect their best interests in future times of emergency.

“The more you know about the past, the better prepared you are for the future”. Theodore Roosevelt.

Research Background

This research report is part of a wider project titled, *Building Children’s Futures: Using Children’s Rights to Recover from the Global Pandemic*. The project is funded by the European Commission and is being implemented by a consortium of government, non-governmental and research partners in Ireland. The Children’s Rights Alliance is leading the project, working in partnership with the Government Department of Children, Equality, Disability, Integration and Youth, Tusla, Ireland’s Child and Family Agency and Children and Young People’s Services Committees (CYPSC), Foróige, a national youth development organisation, Eurochild, and the UNESCO Child and Family Research Centre in University of Galway. These partners were selected to ensure the critical links are inbuilt between research and policy and practice implementation.

This research report is a preliminary output of the wider project. Using Ireland as a case study, the purpose of this research is to work collaboratively with children and young people to inform the wider project aim of how a child rights-based approach can be embedded in decision-making in times of emergency.

The research objectives are:

1. To examine the impact of the pandemic public health measures during Covid-19 on activities and services for children and young people, with a focus on those that were disproportionately impacted.
2. To document how decisions were made on measures introduced during the pandemic at the national and local level.
3. To document how child and youth participation structures operated during the pandemic and whether they had a role in informing decision-making.
4. To develop solutions to support the Covid-19 recovery and prepare for future crises.

To achieve these research objectives, the researchers implemented a qualitative research study in collaboration with children and young people. Six working groups with 50 children and young people (aged 8-16) experiencing disadvantage were conducted to consult them about the impact of the pandemic on their lives. Research interviews were also conducted with 13 senior public officials to understand how decision-making structures operated at a local and national level during the pandemic. Both participant groups were in a unique position to share their first-hand experiences of the pandemic, to develop an understanding of how decisions were made during the pandemic and in turn the impacts of the decisions on the lives of children.

The process of working in collaboration with children and young people was twofold. First, the researchers worked in partnership with a Children and Young Persons Advisory Group (CYPAG), established and facilitated by Foróige. The researchers actively involved the CYPAG in shaping and informing all aspects of the research from data collection to data analysis to co-developing the research recommendations. Secondly, the UNESCO Child and Family Research Centre trained a subset of the CYPAG members as youth researchers to collaborate in conducting the interviews with the public officials.

Structure of the Report

To address the research objectives, this report is structured as follows:

Section 1 Context - This section outlines the social context in Ireland at the time of the Covid-19 pandemic and details the different phases of the pandemic in Ireland. The Irish governance context during the pandemic, inclusive of the structural and policy context is outlined.

Section 2 Literature Review – This section presents the existing evidence from national and international research on the impact of Covid-19 restrictions on children’s everyday lives as it relates to their rights. The focus is on the disproportional impact on children and young people experiencing disadvantage.

Section 3 Methodology – This section outlines the research methodology. It provides further details on the process of working in collaboration with children and young people, explaining the role of the CYPAG and the youth researchers. It explains the development and implementation of the data collection instruments and provides further details on the research sample and the research process. Ethical considerations and the limitations of the research are outlined.

Section 4 Child Consultation Findings – This section details the findings from the consultations with the children and young people. The children and young people’s experiences and perspectives of how their rights were impacted during the pandemic are presented. In addition, the children’s views of their role in decision-making during the pandemic are outlined.

Section 5 Public Official Interview Findings

– In this section, the findings of semi-structured interviews conducted with public officials with decision-making responsibilities during the Covid-19 pandemic are presented. The findings are focused on the extent to which children’s rights informed decision-making during the pandemic at the national and local level and the role of child and youth consultation mechanisms.

Section 6 Discussion – This section discusses the findings from the children’s consultations with the findings from the public official interviews to address the core research objectives and bring the learning to the fore.

Section 7 Conclusions and Recommendations

– This section outlines recommendations based on the knowledge gained from the children and the public officials to support the Covid-19 recovery and prepare for future crises.



The Irish Context

While Covid-19 was a global pandemic, how children experienced it depended on the national context. In this section, the Irish context is set out, starting with a focus on the social context, specifically the numbers of children living in vulnerable and disadvantaged circumstances at the time of Covid-19. The section then introduces the legal, policy and structural context responsible for promoting and protecting children's rights in Ireland, including the child's right to have their voice heard. The section then outlines how the pandemic evolved in Ireland, explaining the different phases of the pandemic and the structures and policy framework governing the management of the pandemic in Ireland.

Social Context in Ireland

There are approximately 1.2 million children under the age of 18 years in Ireland, accounting for 23.6% of the total population (Department of Children, Equality, Disability, Integration and Youth, 2022). Out of this total population of children, there are a significant number living in vulnerable and disadvantaged circumstances. In Ireland in 2020, the year the Covid-19 pandemic started, over 100,000 children were living in consistent poverty² (Children's Rights Alliance, 2020). Approximately 2,000 children were living in direct provision and 1,876 were on the waiting list for Child and Adolescent Mental Health services (Children's Rights Alliance, 2020). There were 2,327 children experiencing homelessness (Children's Rights Alliance, 2023) and 5,882 children were living in care (Tusla, 2020). These numbers represent the circumstances within which some of the most vulnerable and disadvantaged children in Ireland were growing, living, and learning in 2020 when the Covid-19 pandemic public health measures were introduced. They also provide evidence of the existing childhood inequalities in Ireland before the pandemic. Since the pandemic began, there is growing evidence in Ireland and internationally of the growth of inequalities experienced by children in vulnerable situations in the wake of the pandemic (Eurochild, 2020; Darmody, et al., 2020; Lerch and Sedletzki, 2022; Children's Rights Alliance, 2023).

Legal, Policy and Structural Context Promoting and Protecting Children's Rights

As noted in the opening section, Ireland ratified the UNCRC in 1991. Ireland has not incorporated the Convention into national law, but protection is given to children's rights through a range of constitutional, legislative, policy and other measures. Most notably, in 2012, a referendum to amend the Irish Constitution resulted in a new provision explicitly recognising and affirming the natural and imprescriptible rights of all children. In 2014, the Irish Government published a comprehensive national policy framework, *Better Outcomes: Brighter Futures*, the governing policy framework in place at the time of Covid-19³. Underpinned by the vision of all children's rights being respected, protected and fulfilled, this policy framework adopts an outcomes-based approach (Government of Ireland, 2014, p. 2). It articulated a shared commitment and roadmap for government departments and agencies, statutory and non-statutory organisations that work for and with children to achieve five core national outcomes. These national outcomes are focused on children and young people's health, education, safety and economic security and working to ensure children and young people are better connected, respected and contributing.

Tusla, the national Child and Family Agency, is the leading state agency with responsibility for improving child well-being and achieving better outcomes for children in Ireland. Operating under the Department of Children, Equality, Disability, Integration and Youth, Tusla holds responsibility for delivering a range of universal and targeted services, inclusive of child protection and welfare services, including family and community-based support services, alternative care, educational welfare, psychological services, early years services and domestic, sexual and gender-based violence services. Working in collaboration with Tusla, Children and Young people's Services Committees are the key structure established by the government to plan and coordinate service provision for children and young people towards the achievement of the identified outcomes at the local county level in Ireland.

In the context of child participation, it has been said that "Ireland presents an interesting case study whereby the government has championed and invested in child and youth participation since the turn of the last decade" (Horgan and Kennan, 2021, p. 5). While the importance of children having their voice heard in all matter affecting them has been a strong policy commitment since 2000, in 2011 the Irish Government established a Citizen Engagement Unit within the Department of Children and Youth

² Consistent poverty can be defined as when the household income is below 60% of median income and the household is deprived to two or more basic necessities (Department of Children and Youth Affairs, 2019, pg. 59).

³ In 2023, a new National Policy Framework for Children and Young People aged 0-24 was introduced (Department of Children, Equality, Disability, Integration and Youth, 2023).

Affairs. This unit spearheaded the development of a National Strategy on Child and Youth Participation 2015-2020, under the Better Outcomes: Brighter Futures national policy framework. This strategy was developed to support children and young people to have their voice heard in personal and public decisions that relate to the achievement of the national outcomes. Later the Department of Children and Youth Affairs, renamed as the Department of Children, Equality, Disability, Integration and Youth, established Hub na nÓg a national centre of excellence providing guidance and resources for policymakers and practitioners to support them to meet their commitments to give children and young people a voice in decision-making. A key resource developed was the National Framework for Children and Young People's Participation in Decision-Making. It was developed to support professionals working with children and young people to improve their practice (Department of Children, Equality, Disability, Integration and Youth, 2021). The roll out of capacity building and training has been ongoing since the launch of Hub na nÓg in 2021.

Government-supported child and youth participation initiatives will often take the form of issue-specific consultations or project-based advisory groups. The Department of Children, Equality, Disability, Integration and Youth conducted four consultations with children and young people during the pandemic. Two of these, focused on mental health and mask wearing, were conducted in conjunction with the Department of Health and initiated to inform decision-making on the public health measures being introduced during the pandemic. Inspectors within the Department of Education conducted a further consultation on children's experience of remote learning and returning to school (see further pg's 26-27).

The Government has also established and provides ongoing support to permanent child and youth participation structures. These include Comhairle na nÓg and the Comhairle na nÓg National Executive⁴, Dáil na nÓg⁵, the National Youth Assembly⁶, school councils⁷ and the Irish Second Level Students' Union⁸. During Covid-19 these national participation structures adapted to continue to operate online. Members of the National Executive progressed their work online via Zoom, selecting sustainable transport solutions as their topic of focus. They were facilitated to meet with government officials and topic experts,

including officials from the Department of Transport Climate Action Unit, the National Transport Authority, and the Dublin City Council Climate Action Regional Office. The Comhairle na nÓg National Executive's final proposal was a Youth Travel Card which would provide a 50% discount on all public transport systems for all young people aged up to 23 years. With the support of Department of Children Equality, Disability, Integration and Youth and the Department of Transport, this proposal was adopted and came into force in May 2022 (Department of Children Equality, Disability, Integration and Youth, 2023b).

Phases of the Covid-19 Pandemic in Ireland

The Covid-19 pandemic restrictions in Ireland were implemented at different phases of the pandemic, with the number of confirmed cases within the community being a core consideration. In summary, the implementation and easing of restrictions had four distinct phases.

Phase One: Lockdown Restrictions began on 12 March 2020, with schools, colleges and childcare facilities closing immediately, and people encouraged to work from home where possible. Two weeks later, with Covid-19 confirmed case numbers continuing to rise, a stay-at-home order was issued with limited exceptions to leave home. The exceptions, for example, included frontline workers and essential workers. Playgrounds were closed, all indoor and outdoor sports were cancelled, attending churches and places of worship was not permitted, non-essential businesses closed, there was no mixing with other households and people had to stay close to home to exercise during this time.

Phase Two: Easing of Restrictions began on 18 May 2020, with some minor easing of restrictions, although it was decided to keep schools closed until the next academic term. In June, easing of restrictions continued with a change in advice from "stay at home" to "stay local" and people were encouraged to meet outdoors. During this time sports returned, playgrounds re-opened, and churches and places of worship were accessible again. With the exception of some localised lockdowns, in late June, all businesses re-opened including, cafes, restaurants, hairdressers, cinemas and indoor play. In September 2020, schools

4 Comhairle na nÓgs are the child and youth councils operating in each of 31 Local Authority areas in Ireland. They are the main government supported participation structure for 12-17 year olds. With over a thousand members, they are designed to provide children and young people with a voice in local and national decision-making (Department of Children, Equality, Disability, Integration and Youth, 2021b). The Comhairle na nÓg National Executive comprises 31 members, with one representative drawn from each of the 31 Comhairlí na nÓg. They work together on a national topic that has been voted on by the broad Comhairle membership over a two-year term.

5 Dáil na nÓg is the national youth parliament, which sits biennially, bringing together members from all Comhairlí to debate an issue of national interest and vote on a programme of work for the National Executive.

6 The National Youth Assembly was formed by government in 2021 and formally launched in 2022. It is a new national level participation structure to provide young people (12-24) with an opportunity to share their views on policy related topics of importance to young people.

7 School councils are participation structures operating within state schools

8 The Irish Second Level Students' Union is the national representative body for second level school students in Ireland.

reopened with higher-level education remaining online. All schools adhered to new protocols to help reduce the risk of Covid-19 transmission such as the formation of 'bubbles' and 'pods' with no or limited mixing outside of those groups, in addition to changes to the physical environment.

Phase Three: Second Wave Restrictions began on 6 October 2020, and continued until March 2021. In October 2021 some restrictions were implemented including, reduced public transport, restricted indoor gatherings, working from home where possible, although schools remained open. On 19 October

2020, lockdown type restrictions were implemented, again with the exception of schools and childcare facilities, which remained open. Some of the Phase 3 restrictions were briefly eased in December leading up to the Christmas period, however this added to a significant surge in Covid-19 cases in late December 2020, continuing into early 2021. As a result, in late December Ireland re-entered lockdown type restrictions once again with schools remaining closed until March 2021. Figure one below, adapted from a Growing Up in Ireland special Covid-19 report, visually depicts these earlier phases of the Covid-19 pandemic.

The COVID-19 pandemic in Ireland February - December 2020

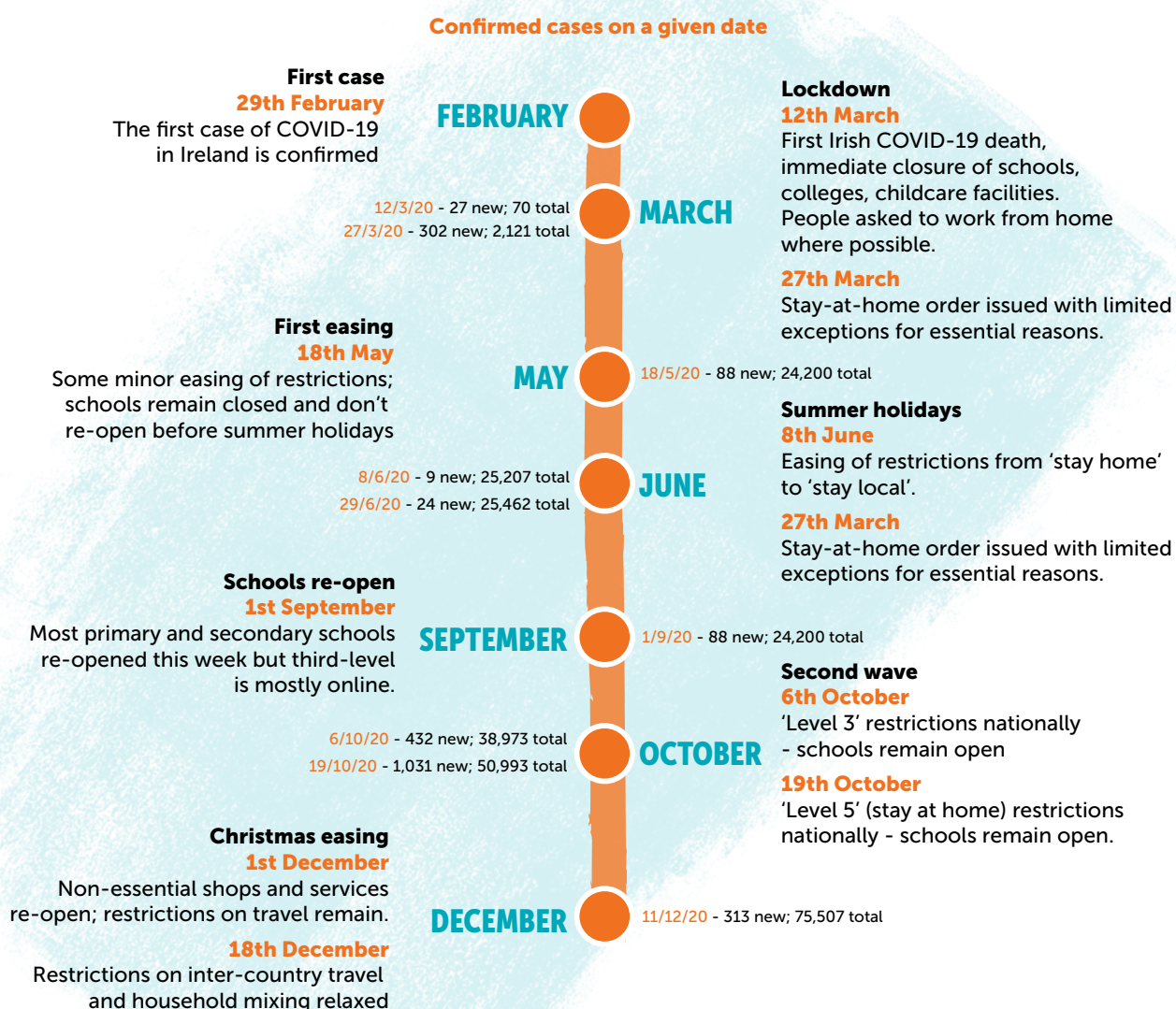


Figure 1: Covid-19 Timeline in Ireland February 2020 – December 2020 (adapted from Murray et al., 2021)

Phase Four: Gradual Return to Life began on 1 March 2021, with a staggered back to school plan, beginning with the youngest primary school aged children and those in exam years in post-primary school. The gradual returning to normal life continued, aided by many months of vaccinations being administered to the most vulnerable and Covid-19 confirmed case numbers remaining low. However, with an increasing number of cases and pressure on the hospital system, on 25 November 2021, NPHET recommended wearing of face masks/coverings by children aged nine years and above on public transport, in retail and other indoor public settings. Additionally, it was recommended that this be introduced for children in third class and above in primary schools. This measure was introduced on a temporary basis until February 2022. However, following a review, children in 3rd class and above with a medical exemption or complex needs were exempt with effect from 30 November 2021 (Hendrick, 2022).

During this period, Ireland was also making progress with the Covid-19 vaccination programme. From 8 January 2022, the National Immunisation Advisory Committee (NIAC) recommended that vaccination be offered to all children aged 5 to 11 years, with a particular focus on children with underlying conditions, children living with a younger child with complex medical needs or living with a person who is immunocompromised. As of 14 February 2022, vaccine uptake ranged from 15.6% in those aged five years to 31.4% in those aged 11 years (Hendrick, 2022).

A review determined that, out of 42 European countries, in 2020 Ireland had the third most stringent restrictions at the early stages of the pandemic in 2020 (Köppe and Cazaciuc, 2021). The review found that Ireland closed workplaces and businesses much longer than any other European country, had more strict public transport restrictions and was also in the top five countries of the most stringent stay-at-home requirements and school closures in 2020. In addition, Ireland had one of the most stringent lockdowns in the EU during the second wave of the virus in 2021 (Köppe and Cazaciuc, 2021).

Covid-19 Governance Structures

In Ireland, decision-making related to the pandemic was the responsibility of a small group of cross-government public officials who were members of the Special Cabinet Committee on Covid-19, established on 3 March 2020. The Taoiseach chaired the Committee, and its membership included the Tánaiste, the Minister for Health, and other senior Department Ministers. This Special Cabinet Committee was supported by several groups to help guide and inform a public-health led and whole-of-society approach to decision-making during the pandemic (Government of Ireland, 2020b).

As set out in Figure 2, these groups guiding and informing the Special Cabinet Committee included the following: a Senior Officials Group, with members from across all Government Departments, a Crisis Communication Group, with a responsibility for co-ordinating a whole-of-government communications response and the National Public Health Emergency Team (NPHET), to co-ordinate the public health response to Covid-19. NPHET was also informed by a range of subgroups and a HSE National Crisis Management Team, responsible for strategic leadership within the Health Service during the Covid-19 emergency, and an Expert Advisory Group, comprising medical and scientific experts and a patient representative (Government of Ireland, 2020b). A representative of the Department of Children and Youth Affairs sat on the Vulnerable People Subgroup and on the Health Legislation Subgroup. As the pandemic progressed, part of the Special Cabinet Committee's remit was the commissioning of social impact reports as a process of on-going monitoring of the impacts of restrictions on the public and public service delivery.

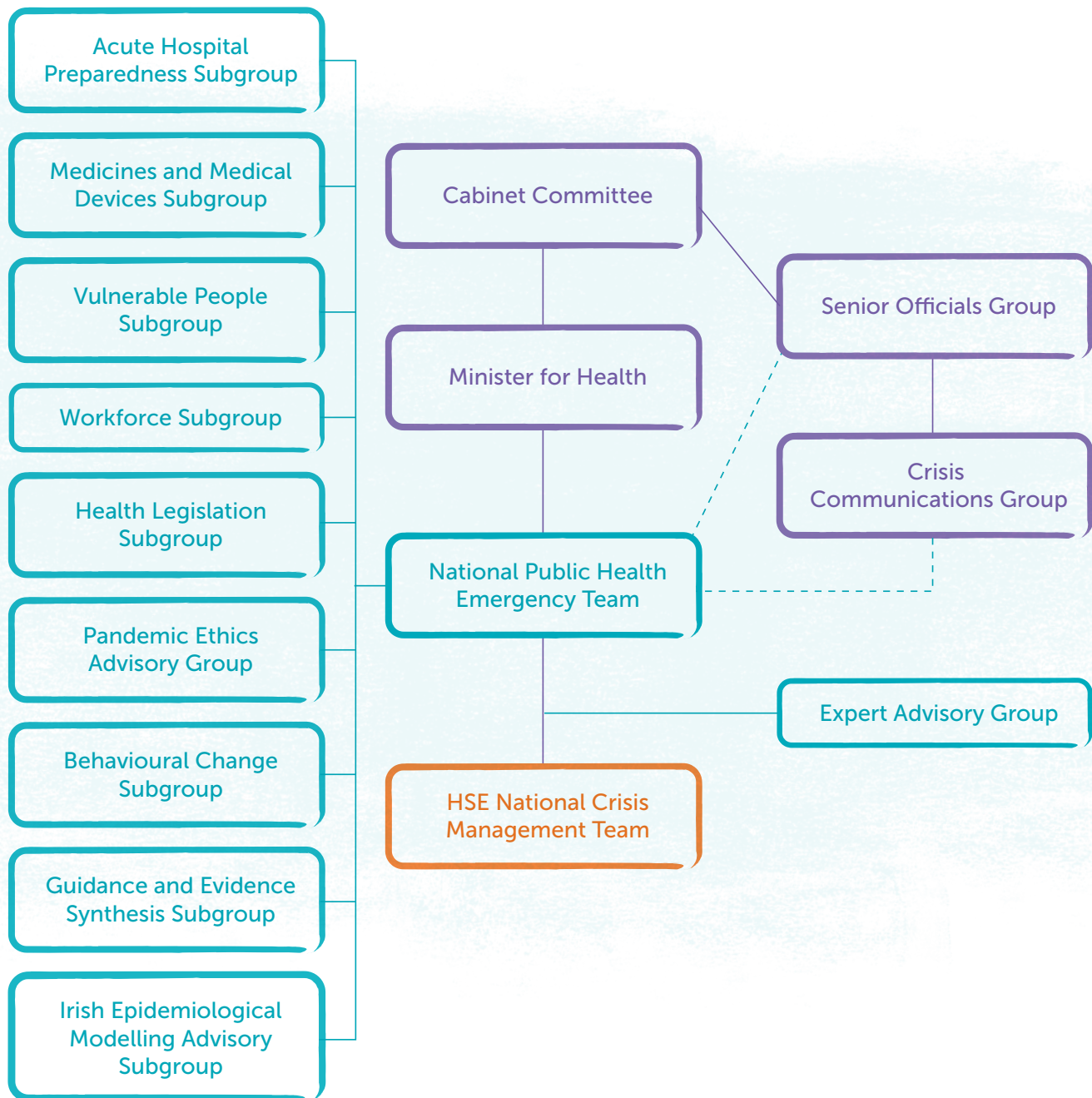


Figure 2: Overview Diagram of Governance for Covid-19 (original source: Government of Ireland, 2020b, p.3)

NPHEM, which operates in line with the World Health Organisation, played a critical role during the pandemic providing “guidance, support and expert advice on the development and implementation of a strategy to contain COVID-19 in Ireland” (Government of Ireland, 2020b, p. 4). The provision of this guidance was communicated to the Minister for Health and the Special Cabinet Committee for Covid-19 to aid their national decision-making. Chaired by the Chief Medical Officer, NPHEM was established on the 27th January 2020. Membership of NPHEM was multi-disciplinary and multi-sectoral, comprising representatives from across the health and social care services. These included representatives from the Department of Health,

the Health Service Executive, the Health Protection Surveillance Centre, the Health Information and Quality Authority, the Health Products Regulatory Authority, a Paediatric Consultant, an Ethics Adviser and others with relevant expertise in health and/or other related matters (Government of Ireland, 2020b). The chairs of the expert advisory group and the subgroups were also members of NPHEM. Directly after each meeting, NPHEM communicated in writing guidance on the public health measures required. This was communicated to the Minister for Health for cross-government consideration to assist decision-making in response to the Covid-19 public health emergency. Actions and recommendations arising from NPHEM meetings were also communicated in

writing to the CEO of the Health Service Executive and shared publicly, being announced during Covid-19 daily briefings (Government of Ireland, 2020b).

In addition, there was a dedicated webpage on the Department of Health website sharing the agenda and minutes from NPHET meetings. Following the provision of guidance from NPHET and the resulting cross-governmental public official decision-making, the confirmation and announcement of the resulting restrictions was the responsibility of the Special Cabinet Committee on Covid-19.

At the local government level, each County Council established a Covid-19 multi-disciplinary group, known as Community Forums. Working under the stewardship of the County Councils, membership of these Community Forums included key providers, for example, in the area of education, health and social work, the Children and Young People's Services Committees and community and voluntary agencies. Having valuable context and location specific knowledge of the people using services in different locations across Ireland, these Community Forums played a central role in coordinating the government's response to the pandemic within local communities.

The national governance structures remained in place until October 2021, when the governance structures began a process of disbanding, with the Covid-19 pandemic de-escalated from an emergency approach to a public health approach to manage the disease (Government of Ireland, 2021b). This involved streamlining and mainstreaming of the government management of the pandemic including the subsuming of the special Covid-19 Committees and groups into the appropriate and existing government structures. In addition, the role of NPHET changed to a mainstream surveillance role within the Department of Health and Health Service Executive (Health Protection Surveillance Centre). The High-Level Taskforce on the Vaccination Programme transitioned to the Health Service Executive National Immunisation Office (Government of Ireland, 2021b).

Covid-19 Governing Policy Framework in Ireland

In Ireland, during the Covid-19 pandemic each Government Department held responsibility for policies and services within their remit. This responsibility included the consideration and the provision of guidance on the continued delivery of essential services and non-essential services as permitted within the restrictions and guidelines. It also included stakeholder engagement, on-going monitoring of the impacts of the restrictions on the public and public service delivery and any associated mitigation of these impacts. Public officials with decision-making responsibility faced a dilemma,

namely "how to implement public health measures in response to a pandemic in a manner that is equitable, reasonable, proportionate, in compliance with national and international legislation and which does not discriminate against particular groups or individuals" (Department of Health, 2020, p. 3). An Ethical Framework for Decision-making in a Pandemic was published by the Government in March 2020 to guide the decision-making process during the pandemic, considering that "many of the issues encountered in planning and responding to a pandemic involve balancing rights, interests and values" (Department of Health, 2020, p3). While couched in the language of ethics as opposed to rights, the framework aimed to ensure "the least restrictive measures to achieve public health goals should be employed, and more coercive measures should only be used in circumstances where the least restrictive measures have failed or may fail to achieve the public health goal" (Department of Health, 2020, p6). Within the Ethical Framework there is reference to the importance of stakeholders being consulted (to the greatest extent possible in the circumstances) within decision-making processes. While not specifically referring to children, the framework states that the views of stakeholders should be taken into account and consideration should be given to the disproportionate impact on particular groups.

An evolving response to the pandemic was necessary due to the evolving nature of the virus itself. From March 2020 to August 2021, the Government published five strategic cross-governmental response plans to guide the government's response to, and management of, the pandemic at different stages. The first strategic plan, The National Action Plan for Covid-19, published in March 2020 referred to children only in terms of those living in detention and in relation to the provision of childcare for essential workers (Government of Ireland, 2020c). The second strategic plan, titled Roadmap for Re-opening Society and Business was published in May 2020. It referred to children in terms of the prioritisation of a phased re-opening of childcare facilities, returning of education facilities for the next academic year and the opening of sport facilities, playgrounds and beaches where social distancing was possible (Government of Ireland, 2020d). This guidance on reopening society and business was informed by inputs from relevant government departments and agencies. Notably, the Department of the Taoiseach prepared three social impact reports assessing the social impacts of the pandemic restrictions and some of the measures taken to mitigate these impacts in May and June 2020. These social impact reports included the consideration of vulnerable people, including children.

The third strategic plan, Resilience and Recovery 2020-2021: Plan for living with Covid-19, published in September 2020, was the first strategic plan to explicitly include the consideration of rights, noting the importance of non-Covid-19 health services for

those with additional needs to uphold their rights. In addition, this plan acknowledges the “the longer this disease is with us, the more complex the issues and the higher the impact of the ongoing restrictions on every aspect of our lives” (Government of Ireland, 2020e, p.6), with the added acknowledgement that the virus itself was impacting some people more than others, as were the restrictions. This strategic plan prioritises keeping schools open, the child vaccination programme, child protection services, and the reduction in waiting times for family law issues. Children living in direct provision were also acknowledged as being vulnerable and needing extra support (Government of Ireland, 2020e).

The fourth strategic plan published in February 2021, “Covid-19 Resilience and Recovery 2021 The Path Ahead”, acknowledges that “while less affected by the virus itself, the impact of measures to protect society have had an enormous impact on children and young people, especially those that are vulnerable” (Government of Ireland, 2021a, p. 19). It also acknowledges that school closures were very challenging for all children and families, but specifically for those with special education needs, identifying these as a priority group to return to school. Children in care and children experiencing violence were identified as government priorities, as well as, the staggered return of childcare and afterschool care, health, and social care services as quickly as possible. The report acknowledges the long-term impact on child and adolescent mental health of school closures and the disruption to the usual pattern of in school teaching and learning.

The fifth strategic plan published in August 2021, “Reframing the Challenge, continuing our recovery and reconnecting” marked a shift in focus from population level protection to a more individual level approach, with a continued focus on children, families, and other vulnerable groups. This plan acknowledged the potential for an increased need for Tusla services in the future due to the impact of pandemic restrictions, as well as consideration of the long-term negative impacts of the restrictions on children from poorer backgrounds, migrant and ethnic minorities and those experiencing homelessness (Government of Ireland, 2021b).

These five strategic plans published during the pandemic, prioritised an extensive range of measures to mitigate the impact of Covid-19 in Ireland, with evidence in later plans of the consideration of the impact of the public health restrictions on children. In later plans, there is evidence also of the prioritisation of some social services and of the importance of adapting and innovating to respond to and manage the impacts of Covid-19 (Government of Ireland 2021b).

Literature Review on the Impact of the Pandemic Restrictions on Children's Rights

During the pandemic it is estimated that ninety-nine per cent of children worldwide (approximately 2.3 billion children) experienced some form of restrictions implemented due to Covid-19 (Save the Children, 2020a). The restrictions impacted children globally in different ways at different stages of the pandemic, with the unintended consequences of lockdown affecting children and young people experiencing disadvantage the most (Sinha et al., 2020). Since the beginning of the pandemic a growing body of research has emerged focusing on the impact of the pandemic on children. Research has consistently found that the pandemic restrictions have had a significant impact on children's realisation of their rights (Lerch and Sedletzki, 2022; Bhatia et al., 2021; Lundy et al., 2021; Department of Children Equality, Disability, Integration and Youth, 2020; Larkins et al., 2020; Ombudsman for Children, 2020). This research, while not all situated within a child rights framework, established that the pandemic restrictions impacted children's access to, or right to, education (Lundy et al., 2021; Darmody et al., 2021; Darmody et al., 2020), their right to play, recreation and leisure (Lerch and Sedletzki, 2022; Lundy et al., 2021; Murray et al., 2021; Barron and Emmett, 2020), their right to the highest attainable standard of health (Lerch and Sedletzki, 2022; Murray et al., 2021; Barron and Emmett, 2020; Department of Children Equality, Disability, Integration and Youth, 2020), and access to healthcare (Murray et al., 2021) and to special care for children with disabilities (NHS Confederation, 2022; O'Connor et al., 2020), their right to protection from harm (Bhatia et al., 2021; Donagh, 2020), to healthy and sufficient food (Darmody et al., 2021; Van Lancker and Parolin, 2020), to family time (Lundy et al., 2021; Murray et al., 2021), their right to be heard (Lundy et al., 2021; Mallon and Martinez-Sainz, 2021) and the right to information (Lundy et al., 2021). This section of the report reviews the existing literature in relation to how each of these children's rights were impacted by the pandemic restrictions, the impact of this on children's lives and how these impacts were particularly evident in the lives of children and young people experiencing disadvantage.

Right to Education

The pandemic created the largest disruption of education systems in history including school closures, large scale moves to online learning and later, restrictions within the school environment upon return. As a result, children's right to access education was impacted (Lerch and Sedletzki, 2022; Lundy et al., 2021) and even more so children in vulnerable situations (Dermody et al., 2021). The

large-scale change to online learning occurred in many countries, including Ireland. This aimed to ease the effects of school-closures and learning disruptions for children, however, was a poor substitute for in-person learning (Department of Children Equality, Disability, Integration and Youth, 2023a), causing many challenges for all children (Murray et al., 2021). Online learning was especially difficult for children living in poverty, children from rural areas (Lundy et al., 2021), children in larger families, as well as children with special education needs (Lerch and Sedletzki, 2022; Asbury, 2020) and increased the risk of widening educational disparities (Masonbrink and Hurley, 2020). Children living in direct provision expressed that their right to privacy, play and rest, food, and access to information and education were all impacted due to them living in direct provision during the pandemic, with their right to education impacted the most (Ombudsman for Children, 2020). The many negative impacts of the pandemic restrictions on children's education are well documented (European Commission, 2023; Lerch and Sedletzki, 2022; Lundy et al., 2021; CSO, 2020; Lancker and Parolin, 2020).

In Ireland, a survey of parents conducted by the Central Statistics Office, found that 40.7% of parents with children in primary school and 45.7% of parents of children in secondary school reported that enforced school closures had a major or moderate impact on their child's learning (CSO, 2020). In the same study, 42.2% of parents with children in primary school and 43.2% of parents with children in secondary school reported that enforced school closures had a major or moderate impact on their child's social development (CSO, 2020).

The International CovidUnder19 study, designed by children for children, focused on exploring the experiences of 26,000 children across 137 countries on the realisation of their rights during the first six months of the pandemic. It found that children who reported poor or no access to the internet were more likely to say that access to good education was better before the pandemic (Lundy et al., 2021). In addition, this research found that some children lacked supportive home-learning environments, sharing their perspective that getting support from their teachers was better before coronavirus. This was particularly true for asylum-seeking children and migrant children (Lundy et al., 2021), with these children experiencing greater challenges to participate in learning during the pandemic (Save the Children, 2020a; Save the Children, 2020b; You et al., 2020). A European Commission monitoring report of Traveller and Roma children in Ireland found that school closures also had a disproportionate impact on these groups (European Commission, 2023). These related to a lack of access to a supportive home environment in terms of parental assistance, overcrowding and lack of access to devices, internet and in some cases electricity supply (European Commission, 2023).

In addition, these children also suffered due to the ceasing of outside of school supports, including homework clubs and lack of access to local community facilities with internet connectivity and study space (COVID-19 NGO Group, nd).

School closures and education related restrictions had a substantial impact on children with disabilities. Research found that it was difficult for them to access online materials in the same way as their peers (Lundy et al., 2021). As well as impacting formal learning, school closures prevented children with special education needs accessing supports (Masonbrink and Hurley, 2020, Darmody et al., 2020) and from receiving potential referrals to specialist services in Ireland (Darmody et al., 2020). Internationally, school closures resulted in a loss of essential services and supports for children with disabilities, including engagement with specialised educators and a structured learning environments (Masonbrink and Hurley, 2020).

Young people attending post-primary education when the pandemic related school closures were implemented experienced additional challenges in relation to sitting their exams (Department of Children Equality, Disability, Integration and Youth, 2020), particularly students who were to sit state examinations. In Ireland in 2020 and 2021, the format of the Leaving Certificate examination changed due to school closures, resulting in disruption to the students learning experience (Ombudsman for Children, 2022). In 2020, students received a calculated grade in each subject based on the school's estimate of the student's performance. In many jurisdictions, governments cancelled state examinations and student grades were calculated by adopting a new system of school-based assessments that determine their university entrance (Darmody et al., 2020). Second-level principals reported considerable stress and challenges in relation to student engagement due to the uncertainty in relation to state exams, especially in DEIS schools (Mohan et al., 2020). In an Irish consultation with young people aged between 15 and 24 years focused on their mental health during the pandemic, the Leaving Certificate, the Junior Certificate, and exams in general emerged as something they were "finding hard during the pandemic" (Department of Children Equality, Disability, Integration and Youth, 2020). In addition, how the Leaving Certificate examinations were "handled" emerged as a challenge for the participants, with them expressing that they wanted clarity on what was going to happen and they felt largely ignored by decision makers in relation to examinations (Department of Children Equality, Disability, Integration and Youth, 2020).

The pandemic restrictions resulted in some positive impacts to children's enjoyment of their right to education, as reported in the multi-country Child Rights Impact Assessment Report (Lerch and Sedletzki, 2022). The positive impacts reported

include more opportunities for independent learning, improved digital abilities, active involvement of parents, improved internet access and computer equipment, and for some children who have social anxieties, better engagement with learning.

Right to Play, Recreation and Leisure

Children's right to play, recreation and leisure was not upheld during the Covid-19 pandemic (Lerch and Sedletzki, 2022; Lundy et al., 2021). In the International CovidUnder19 survey, children reported missing sports and activities (56%) and stated the worst thing about the pandemic was missing their friends, with the impact particularly evident among children with disabilities (Lundy et al., 2021). Fewer children with disabilities reported they had friends they could talk to if they needed support (46%) compared to children without disabilities (51%) (Lundy et al., 2021). This concurs with other research finding that children with special needs were impacted more due to social isolation (Barron and Emmett, 2020). An Irish quantitative survey of 188 parents of children with special needs (4 to 13 years), and of children with special needs themselves (10 to 18 years), found that children and parents all agreed that the hardest impact of social restrictions on these children was not being able to have face to face contact with their friends (Barron and Emmett, 2020).

A review of research conducted in 2020, including studies in Europe and North America exploring children's play and the impacts of pandemic restrictions on play, concluded that outdoor play was reduced during the pandemic with children spending more time indoors and more time playing video games or having screen time (Kourti et al., 2021). The international multi-country assessment of children's rights during the pandemic reported that the ceasing of sports, indoor activities, group meetings, summer camps and use of sports facilities, as well as the closure of parks and playgrounds had an impact on the physical and mental health of children (Lerch and Sedletzki, 2022). The reported increase in indoor play, and specifically watching TV was also evident in an Irish study of children and parents of children with special needs (Barron and Emmett, 2020).

In Ireland, a youth mental health government consultation conducted via a survey in the summer of 2020 explored difficulties experienced by young people aged between 15 and 24 years during the pandemic. Many of the difficulties reported related to their right to play, recreation and leisure, including their loss of a social life, the lack of sport and cancellation of summer plans (Department of Children Equality, Disability, Integration and Youth, 2020). This disappointment and sense of missing out on excursions, such as a family holiday or trips, organised cultural activities and sports and exercise also emerged in the Growing Up in Ireland study (Murray et al., 2021).

In summary, the existing research portrays the impacts of the pandemic restrictions on young people's right to recreation and leisure, and the resulting impact of this on their health, including their mental health.

Right to the Highest Attainable Standard of Physical and Mental Health

In April 2020, the United Nations Committee on the Rights of the Child warned of the "grave physical, emotional and psychological effects of the Covid-19 pandemic on children" (UN Committee on the Rights of the Child, 2020), with the European Network of Ombudspersons for Children (ENOC) and UNICEF pledging to closely monitor the situation. The International multi-country assessment of the impacts on children's rights during the pandemic conducted by ENOC and UNICEF, presented evidence of negative impacts on children's health, including increased anxiety and depression, feelings of loneliness, physical pains, and fatigue (Lerch and Sedletzki, 2022). Staff in organisations working with Roma communities, with children and young people who were refugees and with children who have grown up in alternative care have reported high levels of post-covid trauma and depression (Reaching In, 2023).

In Ireland, a mental health consultation conducted via an online survey (survey of youth aged 15-24 years), found that the pandemic restrictions had a negative impact on the health and wellbeing of young people, particularly those experiencing disadvantage (Department of Children Equality, Disability, Integration and Youth, 2020). Participants reported feelings of loneliness, isolation, and reduced access to health services during the pandemic (Department of Children Equality, Disability, Integration and Youth, 2020). In the same consultation, young people identified mental health as the most common negative effect of Covid-19, including overthinking, worry, anxiety, depression and a sense of hopelessness (Department of Children Equality, Disability, Integration and Youth, 2020). In the Growing Up in Ireland Study, children reported feelings of low mood during the pandemic (Murray et al., 2021). Children with special needs and their parents all reported that the children's mental health has been negatively impacted by social distancing and their inability to socialise with their peers (Barron and Emmett, 2020).

Children experiencing poverty were found to be particularly vulnerable as they rely on school-based services for their nutritional, physical, and mental health needs (Masonbrink and Hurley, 2020). Children and families experiencing homelessness and living in shared accommodation during the pandemic dealt with overcrowding and shared living services. In addition, these children lacked access to healthcare and suffered from the closure of non-

profit groups that provide aid and other support services (Rosenthal et al., 2020). The Ombudsman for Children's "Life in Lockdown" research accessed the views of six children living in direct provision during the pandemic in Ireland via telephone interview (Ombudsman for Children, 2020). This research found that these children experienced amplified isolation during times of restrictions, and they expressed worry for their safety and fear for their future. The only positive impact emerging from the literature of the pandemic restrictions and the subsequent impact of these on the mental health of children is the potential for an increased awareness and consideration of children's mental health literacy and coping strategies (Lerch and Sedletzki, 2022).

Right to Access Healthcare

According to the World Health Organisation Pulse survey on continuity of essential health services during the COVID-19 pandemic, 90% of countries reported disruptions to essential health services during the pandemic (World Health Organisation, 2020). The World Health Organisation refers to "the collapse of essential health services – including health promotion, preventive services, diagnosis, treatment and rehabilitative and palliative services" and the likely impacts of this on the most vulnerable populations, including children (World Health Organisation, 2020, p. 1). In addition to the wider impact of the pandemic restrictions on health services, children also experienced diminished access to health care due to the loss of school-based services and disruption of health care provision delivered within the school setting (Masonbrink and Hurley, 2020). During the pandemic, it emerged that children were at a lower risk of contracting and being seriously ill or dying from Covid-19, however, the redirection of acute and primary care services to dealing with the virus, the cancellation of elective procedures and difficulty providing in-person care led to concerns regarding a lack of access to healthcare (Darmody et al., 2020).

In the Growing Up in Ireland Study, a survey of parents of 12-year-olds conducted during the pandemic, found that approximately 6% reported their child missed out on required services in relation to medical care, disability services, or support for problems with emotional or mental health problems. This increased to 10% reporting that their child didn't have access to necessary dental care (Murray et al., 2021). The percentages were higher in the International CovidUnder19 Survey, with 21% of children reporting they experienced less access to critical health services during the pandemic (Lundy et al., 2021). It is said that this lack of continuity of care is likely to have disproportionately affected more disadvantaged groups (Darmody et al., 2020).

Right of Children with Disabilities to Access Special Care

The public health restrictions due to Covid-19 exacerbated the inequalities that children with disabilities experience (Byrne and O'Hagan, 2020). In the United Kingdom, there was a significant backlog of children waiting for community health services, including speech and language therapy, community paediatrics, occupational therapy, physiotherapy and neuro-developmental assessments for those with suspected autism and attention deficit hyperactive disorder during 2022 (NHS Confederation, 2022). This was noted to be partly due to the redeployment of staff during the pandemic to prioritise the urgent response to control the virus. In Ireland, parents of children with special education needs reported that support for emotional-behavioural difficulties was affected by the pandemic, with these supports being stopped/postponed (61%), moved to online support (21%) or reduced (13%), with similar patterns reported for access to social services and educational support (O'Connor et al., 2020). Similar disruptions to services were also outlined in a report by Inclusion Ireland (Inclusion Ireland, 2022).

Right to Protection from Violence, Abuse and Neglect

Due to the pandemic restrictions resulting in extended isolation and social and physical distancing, domestic abuse and family violence increased around the world (Usher et al., 2020). International research provides evidence of increases in exposure to violence and abuse and increased contact with emergency child helplines (Larkins et al., 2020). Donagh (2020) reported that young people tell practitioners that school is often one of the only safe places they have. However, due to school closures during the pandemic this safe place was taken away from at risk children (Masonbrick and Hurley, 2020; Lerch and Sedletzki, 2022). Children were at an increased risk of experiencing all forms of violence during a pandemic (Bhatia, et al., 2021; Cooper, 2020), with restrictions inadvertently removing safeguards and protections, and reducing reporting mechanisms to identify, monitor and report child welfare concerns (Lerch and Sedletzki, 2022; Donagh, 2020). This trend was evident in Ireland, as during the early months of the pandemic restrictions, the number of referrals received by the Tusla, the Child and Family Agency, reporting suspected child violence or abuse significantly decreased (Darmody et al., 2020). More time spent at home, coupled with increased economic stress increased the risk for domestic violence, child abuse and neglect (Masonbrick and Hurley, 2020). Yet, the isolation decreased reporting opportunities and pathways. According to Bakrania, et al. (2020), the pandemic exposed and entrenched pre-existing social inequities in the prevalence of violence against children.

The Right to Healthy and Sufficient Food

During the Covid-19 pandemic, many children who rely on school meals to sustain their nutrition experienced hunger (Sinha et al., 2020), with the number of children facing food insecurity during the pandemic said to be substantial (Van Lancker and Parolin, 2020). The CovidUnder19 study reported that 20% of respondents experienced food shortages within the first 6 months of the pandemic (Lundy et al., 2021). In Ireland, a survey of 1,130 parents conducted in January 2022 (21 months into the pandemic) found that 14% reported that were very close to food poverty/insecurity, 14% reported they did not feel they could provide their child with a sufficiently nutritious diet, and with 3% reported they had used a food bank (McLoughlin and Flannery, 2022). In Ireland, The Growing up in Ireland study also reported that in addition to many children missing healthy and sufficient food due to restrictions, children reported a greater consumption of junk food and sweets during the pandemic (Murray et al., 2021). The loss of food security during the pandemic has impacted vulnerable children the most (Sinha et al., 2020). School lunches are associated with improvements in academic performance, while food insecurity (including irregular or unhealthy diets) is associated with low educational attainment and a negative impact on the physical health and mental wellbeing of children (Lancker and Parolin, 2020). Children and families living in direct provision reported their access to food and basic resources was significantly impacted due to travel restrictions and closure of on-site shops (Ombudsman for Children, 2020).

Right to Family Time

During the pandemic, due to social distancing, many children and young people missed opportunities for interaction with family members and friends and they missed the celebration of many key milestones, such as birthdays (Lundy et al., 2021). According to Lundy et al., (2020) children experienced a sense of loss related to a lack of physical closeness and an inability to hug family and friends. In addition, children and young people were also fearful about the health risk to family members that the virus caused (Lundy et al., 2021), adding to their burden. In Ireland, during the pandemic young people reporting feelings of loneliness and isolation and that they missed relatives and friends due to the restrictions (Department of Children Equality, Disability, Integration and Youth, 2020). However, some evidence has also emerged reporting that some children enjoyed spending more time with their families or connected more with their families during the lockdowns (Keane et al., 2022).

The Right to be Heard

Children have a right to have their views heard and for due weight to be given to their opinions, including in times of emergency. In the international multi-country assessment of the impact of state measures on children's rights report, all 13 participating countries utilised a Children's Rights Impact Assessments (CRIAs) and Children's Rights Impact Evaluations (CRIEs) to help examine if children's rights were respected, protected, and fulfilled during the pandemic. This report found that no children in any of the participating countries were consulted on the adoption or renewal of COVID-19 related measures (Lerch and Sedletzki, 2022). The report stated that children and young people were largely absent from decision making during the pandemic, stating that "one of the greatest failings of the pandemic response has been its lack of recognition of children as rights holders" (Lerch and Sedletzki, 2022, p. 9) during a time that has such a profound impact on their lives.

There is evidence of some issue-specific initiatives in Ireland (Fleming and O'Hara, 2020; Department of Children Equality, Disability, Integration and Youth, 2020), in the UK (Sachs and Rigby, 2020; Royal College of Paediatrics and Child Health, 2021), and internationally (Cuevas-Parra, 2020; Lomax et al., 2022) to seek children's views during the pandemic. The international CovidUnder19 study explored if children's right to be heard was upheld during the pandemic. The respondents believed that children's interests were often invisible or considered less important compared to adults (Lundy et al., 2021). It was reported that 35% of children did not know if they were being listened to by the government and a further 38% reporting that felt that their voices were not taken into consideration by their government during Covid-19 decision-making (Lundy, et al., 2021). Within the same study, when the responses were filtered to just children with disabilities, this percentage rose to 48% feeling unheard. Within the existing literature it is generally agreed that for the majority of children "restrictions were often imposed without the adequate consideration of children's rights and best interests and without children themselves being consulted" (Lerch and Sedletzki, 2022, p. 9).

In Ireland, four consultations led by the Department of Children Equality, Disability, Integration and Youth were conducted during the pandemic, two relating to Covid-19 and two were unrelated (Department of Children Equality, Disability, Integration and Youth, 2023b). The first Covid-19 relevant consultation was conducted in conjunction with the Department of Health. In collaboration with spunout.ie, an online survey was disseminated to young people, aged 15 to 24 years, focusing on their mental health during the pandemic (Department of Children Equality, Disability, Integration and Youth, 2020). The consultation, with 2,173 valid respondents, sought

to understand how young people experienced the COVID-19 pandemic. They were asked about what worked well for them and about the challenges they faced in maintaining their well-being. This consultation was designed to give young people an outlet "to provide feedback on what could be useful to them in improving their mental health and well-being throughout the pandemic" (Department of Children Equality, Disability, Integration and Youth, 2023b, p. 12).

The second Covid-19 relevant consultation was conducted in response to the increasing number of children contracting Covid-19, and the resulting decision of government to introduce mask wearing for children aged 9–12 years in venues such as schools, retail environments and public transport. To inform a review of this decision by NPHE, Hub na nÓg consulted with primary school children aged between 9 and 12 years to gain their experiences and views on mask wearing. The consultations took place in three schools in different settings across Ireland with children in fourth to sixth class, exploring their experiences of wearing masks in school. The draft report was presented to NPHE in February 2022, and mask restrictions in schools were relaxed in early March 2022 (Hendrick, 2021).

Two additional consultations were conducted during the Covid-19 pandemic, but on issues unrelated to the pandemic. The first focused on the reform of the Family Justice System in Ireland, with the second relating to children's rights in Ireland as part of the State's preparations for Ireland's reports to the Committee on the Rights of the Child.

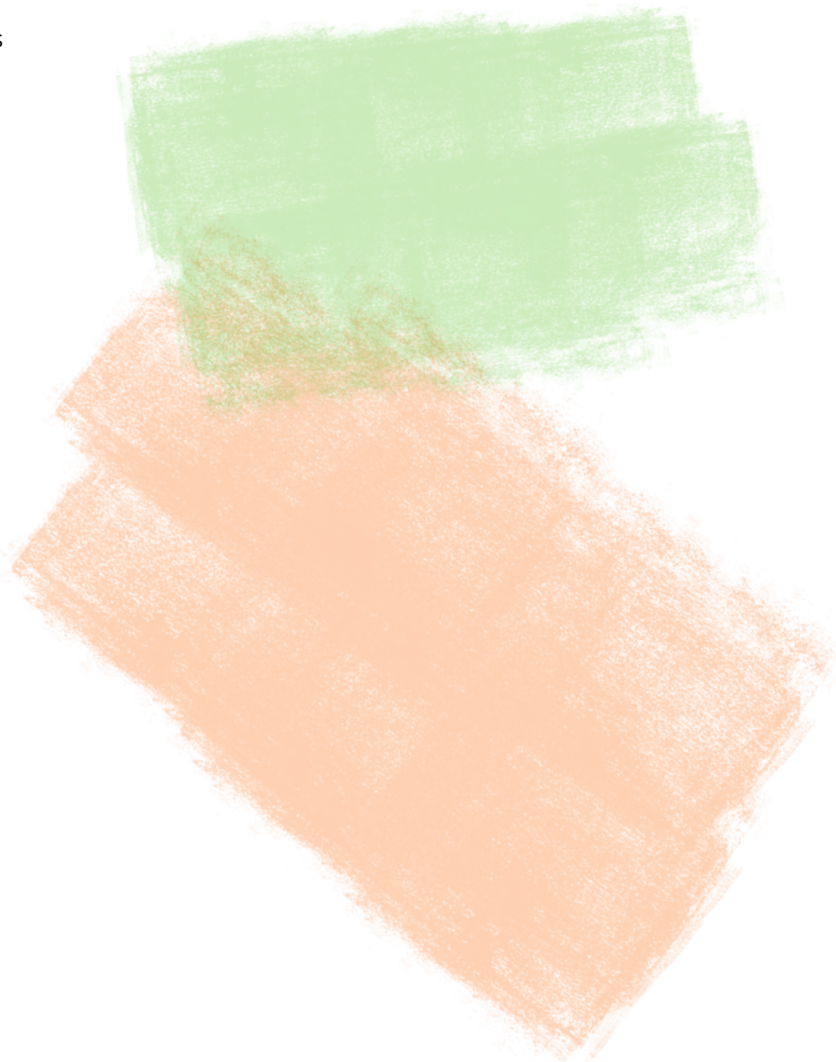
Within the Department of Education, Inspectors, who have a remit in terms of hearing student's voice, engaged in consultations with children and young people to better understand their experiences of remote learning and returning to school. In 2020, inspectors conducted separate consultations in both primary and post-primary schools (Department of Children Equality, Disability, Integration and Youth, 2023b).

The Right to Information

During the pandemic children were trying to understand an unprecedented, worldwide event that caused a lot of worry and changes to their everyday lives. In the Irish Growing Up in Ireland Study, 12-year-olds surveyed reported that parents and care givers were their primary source of information, concurring with international literature (Bray et al., 2021). It was also reported in the Irish study that watching or reading the news, school and social media were other important sources of information about the pandemic (Murray et al., 2021). Social media was suggested as an effective way to communicate with children and young people, and to receive feedback from them on

decision-making (Lundy et al., 2021). Children have a right to information about matters that impact them, however the CovidUnder19 study reported that “many children reported feeling forgotten by their governments because little effort was made to communicate with them about the drastic changes that they were experiencing” (Lundy et al., 2021, p.277). In addition, children also reported that they felt “insufficient efforts were made to communicate with them directly, and to disseminate child-friendly information about the pandemic” (Lundy et al., 2021, p.278). The respondents of this study suggested that information should not only be shared with parents, but also more directly with children, with a child mentioning enjoying a press conference held in New Zealand by Jacinda Arden speaking to children about Covid-19 and assuring them of the Easter bunny’s status as an essential worker.

In conclusion, it is evident from previous research in Ireland and elsewhere that the Covid-19 pandemic measures impacted children’s rights in a variety of ways, primarily negatively, and in particular children who were at risk of disadvantage before the pandemic. There is clear evidence that access to services was an issue for children during the pandemic, especially for children requiring healthcare and special care services. The important role in person schooling plays in supporting a child’s right to education emerged, as well as the critically important role school plays in the provision of other rights, including child protection, food security and access to health services provided within the education system. In addition, the lack of opportunities for children to participate in decision-making via meaningful consultation during the pandemic was evident from previous international research, as well as a lack of child appropriate communication. The evidence points to the significant impact of the pandemic public health measures on children’s rights and a lack of inclusion of children within the processes of decision making during this time of emergency.



Research Methodology

Using Ireland as a case study, the purpose of this research is to work collaboratively with children and young people to explore how a child's rights-based approach can be embedded in decision-making in times of emergency. The research objectives are:

1. To examine the impact of the pandemic public health measures during Covid-19 on activities and services for children and young people, with a focus on those that were disproportionately impacted;
2. To document how decisions were made on measures introduced during the pandemic at the national and local level;
3. To document how child and youth participation structures operated during the pandemic and whether they had a role in informing decision-making;
4. To develop solutions to support the Covid-19 recovery and prepare for future crises.

To address these research objectives, the researchers collected qualitative data from two distinct groups of research participants, children and young people experiencing disadvantage and public officials with decision-making responsibilities during the Covid-19 pandemic. Using a children's rights lens, consultative working groups were conducted to gain children's perspectives on the impact of Covid-19 on their lives, specifically the impact on their activities and the services they were accessing. In parallel, semi-structured interviews were conducted with public officials to gain their perspectives on how

decisions were made related to the public health measures introduced during the pandemic and the consideration given to children's rights. The research engaged children and young people not just as research participants, but also as co-researchers, actively involving them in shaping and informing all aspects of the research process. Ethical approval was secured from the University of Galway Research Ethics Committee on 15 November 2022.

The Collaborative Approach to Conducting the Research

The researchers worked in partnership with a Children and Young People's Advisory Group (CYPAG) for the duration of the research cycle. In addition, a sub-group of the CYPAG who volunteered to be trained as youth researchers co-lead the interviews with the public officials.

Children and Young People's Advisory Group

Foróige, one of the five project partners, established the CYPAG comprising nine young people (aged 14-18) from across Ireland. The role of the CYPAG was to advise on the development of the data collection protocols, to review all communication materials to ensure they are child and youth friendly, to aid data analysis and to collaborate on developing solutions and recommendations to support the Covid-19 recovery and prepare for future crises. In collaboration with the funder, it was agreed that the researchers and the CYPAG would meet six times during the project, scheduled at specific time points in the research cycle (see Table 1 below). These meetings between the CYPAG and the researchers were organised and facilitated by Foróige.

Meeting Schedule	Status	Aim	Attendance
Meeting 1 - December 2022	Online	Introductions and CYPAG capacity building.	8
Meeting 2 - January 2023	In person	Devise and review participant recruitment materials and data collection plans and materials.	8
Meeting 3 - March 2023	Online	Finalise interview questions.	6
Meeting 4 - May 2023	In person	Data analysis.	4
Meeting 5 - June 2023	Online	Data analysis and devising recommendations.	9

Table 1: CYPAG and Researcher Meetings

Youth Researchers

Five members of the CYPAG volunteered to work in partnership with the researchers to conduct the interviews with the public officials. These young people took part in capacity-building activities to develop their research skills. They completed the Youth as Researchers Training Programme, developed by the UNESCO Child and Family Research Centre in University of Galway. This training involved a one-day in-person training workshop at University of Galway and a follow up 2-hour online session. The training covered an introduction to research and the research cycle, research ethics, research methods, specifically an introduction to research interviews and training on how to develop interview questions and conduct a research interview. The follow-up session involved the trained youth researchers conducting a mock interview to practice their new knowledge and skills.

Working Group Consultations with Children and Young people

Sampling

Children and young people (aged 8-16) experiencing disadvantage and who were disproportionately impacted by the public health restrictions during the pandemic were identified as the target groups for this research. At the project proposal stage a scoping review of the literature determined groups of children and young people disproportionately impacted by the government's response to Covid-19. It identified the following groups:

- Children and young people living in poverty and experiencing educational disadvantage;
- Children and young people with special educational needs;
- Children and young people accessing health; mental health; and disability services;
- Traveller and Roma Communities;
- Refugee/asylum seeking children and young people;
- Children and young people at risk of violence, abuse and neglect; and
- Children in emergency accommodation.

The target sample size of the study was determined by including a small sample of participants (approximately six), from across the nine identified groups to ensure the inclusion of children and young people's perspectives who were disproportionately impacted by the public health restrictions. An important consideration in determining the sample size was an awareness that these are hard to reach

groups of children and young people, in addition to the need to operate within the resources available for the study.

Non-probability sampling methods were utilised for this qualitative study. The working group participants were purposively targeted if they fell within a population group identified from the scoping review as being disproportionately impacted by the government's response to Covid-19. Convenience sampling was used, utilising known organisational contacts who have access to the participants falling within the population groups of interest. Snowball sampling, which draws on the research participants contacts is a method that can be used specifically to help recruit participants from hard-to-reach populations (Bryman, 2016). This approach was also utilised to allow for existing participants in the study to make referrals or suggestions about other contacts with similar experiences that may be of relevance to research focus.

Recruitment

Recruitment was aided by engaging with the networks of the project partners: the Children's Rights Alliance, Tusla, Ireland's Child and Family Agency and Children and Young People's Services Committees (CYPSC). These project partners shared an open recruitment call among their networks. The University of Galway research team followed up with a targeted phone call to those organisations that work directly with the population groups of interest. These organisations were asked to act as a gatekeeper and identify potential research participants. Parental packs, containing a parental information sheet and a parental consent form were distributed to the parents of potential research participants via the gatekeepers or directly to parents in response to the open recruitment call. Recruitment began in mid-January 2023 and was ongoing until July 2023. In total, 50 children and young people took part in six working groups.

Data Collection

Each working group took place across two sessions. The first session focused on capacity building, sharing information about the project and building the children and young people's awareness and knowledge of their rights. The second session consulted the young participants on what activities and services were most affected by the public health measures introduced during Covid-19. The consultation also gathered their views on how they perceived decision-making and communication associated with pandemic measures. The working group sessions were structured around a range of creative activities/participative tasks for children and young people, relating the activities directly to their rights and cognisant of different age ranges, backgrounds and abilities. Both working group sessions were conducted on the premises of the organisations that supported the recruitment phase

and thereby were familiar to the children and young people. A Facilitators Handbook was developed to guide the researchers step-by-step through the working group sessions. This handbook was developed in collaboration with the CYPAG. The delivery of the two working group sessions was piloted in February 2023, with a group of children (n = 6). The participants were aged between 10 and 12 years, with three boys and three girls participating.

Data Analysis

The data from the working groups was transcribed and thematic deductive analysis conducted, guided by children's rights themes. At the fourth CYPAG meeting, raw, anonymised data from the working groups was shared with the CYPAG members present to aid in the identification of the themes emerging and to guide the University of Galway's interpretation of the data.

Interviews with Public Officials

Sampling

The University of Galway conducted desk-based research to develop a sampling frame of the key decision-making structures responsible for responding to the Covid-19 pandemic, at both the local and national level, and with a particular focus on those that had a remit in the area of children and young people. The desk based research was supplemented by the expert knowledge of the Children's Rights Alliance and project partners. Based on the sampling frame developed, a sample of senior public officials working within these structures at the time of Covid-19 were purposely selected and prioritised for inclusion in the research. Snowball sampling was also used on the basis of the recommendations of those already interviewed.

Recruitment

The University of Galway sent the public officials selected to be part of the research an email invite with a project information leaflet attached. If they expressed an interest in being involved in the research, a consent form was subsequently sent to them. All those who returned a signed consent form were included in the research.

Data Collection

Between March and June 2023, 13 senior public officials were interviewed in collaboration with the youth researchers. The interviews were focused on how decisions about public health measures were made what consideration was given to children's rights and the role child and youth participation structures played in the decision-making process. All the interviews were conducted online, scheduled after school hours between 4pm and their close of business to facilitate the involvement of the youth co-researcher. While the interviews were

conducted in collaboration with a youth researcher, the University of Galway research team has sole responsibility for data handling, storage and retention.

Data Analysis

The interviews were transcribed and coded using NVivo software. Inductive thematic analysis was conducted. At the fourth CYPAG meeting, raw, anonymised data from the interviews was shared with the CYPAG members present to aid in the identification of the themes emerging and guide the University of Galway's interpretation of the data.

Research Limitations

This year long research study was limited in its size and its scope. The time lapse between the early stages of the Covid-19 pandemic and the data collection, in particular the data collection with the children, was also a limitation of the research. Three years is a long time in a child's life and especially in the case of younger children and children living disadvantaged and at times chaotic lives. In these circumstances, it was challenging for the children to recall the public health measures introduced and impact of these on their lives. In an effort to mitigate this challenge, prior to commencing data collection, the researchers used a picture-based timeline of Covid-19 to discuss and help the research participants recall the different phases of the pandemic and the different restrictions imposed.

A further limitation of the research was that refugee/asylum seeking children and young people, children and young people accessing child protection services and children and young people living in emergency accommodation at the time of Covid-19 were not successfully recruited. Therefore, their lived experiences are not included in the data collected for this research. This was despite ongoing one-to-one engagement with many different gatekeepers working with these cohorts of children and young people. It is understood that the primary reasons recruitment was not successful with these cohorts were as follows. No expression of interest by the children and their parents to take part in the research, the absence of ethical approval from a key service provider which was not feasible within the time available, and again the time lapse between recruitment and the pandemic. Many children living in direct provision or in emergency accommodation at the time of the pandemic were no longer accessing these services. Previous research available about the lived experience of these cohorts of children and young people is included in the literature review.

Consultation Findings

This section presents the findings of the working group consultations with children and young people experiencing disadvantage and who were disproportionately impacted by the public health measures during the pandemic. The findings presented focus on the impact of the pandemic public health measures on the children and young people's activities and access to services during Covid-19, as well as whether their views were taken into consideration when decisions were being taken on public health measures to be introduced and how these decisions were communicated to children and young people.

The findings are clustered under different rights the children and young people identified as being impacted by the pandemic. One to two members of the University of Galway research team conducted the working group consultations with the children and young people. A picture card game was played to support the children and young people to identify their rights impacted during the pandemic, with each card identifying a right children have under the UNCRC. During the card game, each working group was asked to identify the rights that were impacted during Covid-19. Across the six working groups, the children identified four central rights: the right to education, the right to play, recreation and leisure, the right to health, healthcare and special care and the right to family. The children were asked to share how the pandemic restrictions impacted their activities and access to services under these rights. Prior to presenting the findings under each of these rights, a profile of the research participants is set out below.



Profile of the Research Participants

In total, 50 children and young people from across Ireland, 30 boys and 20 girls aged between 9 and 17 years,⁹ took part in the working group consultations. Table two below provides a summary of the profile of the young research participants across the six working groups conducted.

Working Group	Gender
1	6 Male
2	3 Female, 4 Male
3	8 Female, 4 Male
4	5 Female, 5 Male
5	3 Female, 3 Male
6	1 Female, 8 Male

Number of Participants	Age Range
6	15 - 17
7	10 - 12
12	11 - 13
10	9 - 12
6	9 - 13
9	9 - 12

Table 2: Profile of the research participants across the six working groups

The children recruited included children and young people living in poverty and experiencing educational disadvantage, children and young people with special educational needs, children and young people accessing health, mental health, and disability services, migrant children and children from the Travelling Community. Table 2 does not disaggregate the children into these different social groups. While the children and young people were recruited from organisations and schools working directly with the different social groups of interest to this study, early on the intersectionality of disadvantage became apparent. Many of the children could be categorised as being a member of one or more of these social groupings, for example experiencing educational disadvantage and accessing health services or having special educational needs and being a member of the Travelling Community. Therefore, their experiences were cross cutting. It is also important to note from the outset that the different cohorts of children broadly faced similar challenges and there was no evident difference between the experiences of girls and boys. However, where there were particular challenges faced by one or more social groups these are highlighted in the findings below.

⁹ While the intended age range of the research participants was 8-16, no eight year olds were recruited and one research participant had turned 17 at the time of the working group consultation.

The Right to Education

The children identified various ways the pandemic public health restrictions impacted their access to education. The impacts they identified were primarily negative, with minimal positive impacts identified.

Home schooling and online learning

Many of the children across the groups reported that they liked being off school, at least initially.

“I liked being off school, I danced around the house” (girl, 11).

“It was better cause I was in my own environment so I could get a drink when I wanted to and go to the toilet” (boy, 12).

However, it emerged that being at home became boring after a while, and the children missed their friends from school. There was a divide among the children relating to engagement with homeschooling and online learning. Many of the children and young people identified at least one app or platform their school used during lockdown (for example, Kahoot, Seesaw, Class Jojo, Aladdin, Zoom), with some schools using more than one platform. Some children reported that the platform(s) was good, and they were able to access their work and ask their teacher a question, though it could take lots of time to get a reply. However, Traveller children reported they did not engage with online learning or homeschooling, that they did not know what to do and if they needed help, they had no one to ask. In addition, children in designated disadvantaged schools reported their school used the seesaw app for online learning, but they did not go on it and they did not do any work, feeling that it was too hard. Beyond these two cohorts of children and young people, there was evidence of engagement with online learning and homeschooling during lockdown, though this raised many challenges for the children.

“School online was chaotic” (boy, 11).

“You weren’t really learning anything cause half the people turned off their camera and went off and did something else while they were on the zoom call” (girl, 11).

Children reported challenges including experiencing technical difficulties, needing the help of their teacher with their work, difficulty gaining support from their teacher, difficulty using parent’s phone for work, with some reporting they did not have an iPad to use. A child in the group of Traveller children recalled not having access to his resource teacher during lockdown as having a negative impact on his learning. The group of children with disabilities recalled that their teacher and resource teacher sent pages and school supplies home for them during lockdown, with some children recalling that their resource teacher came to their home.

“I missed my resource teacher she is so nice” (boy, 12).

“My resource teacher came to my house during Covid-19, the school sent him out” (boy, 12).

Some children expressed that they felt they were falling behind with their schoolwork during the pandemic, remembering most of the work they did from home was revision.

“We are not as smart as before” (boy, 11).

“We didn’t get to do big tests we needed for our grading and stuff” (girl, 13).

“Some of the stuff we were learning like we have learned a year ago but because of Covid-19 we had to slow down our education. We fell behind.” (boy, 11).

One group of participants recalled that there were no school lunches during the pandemic, and they identified this as a negative impact of the restrictions. The children with special education needs believed that they were impacted more compared to other children. The challenges they identified included feeling it was difficult on their parents, that it was **“harder for parents watching children struggling”** (boy, 15) during the lockdowns and that these parents were not getting any help, with the children asking to **“get families with special need child more help”** (boy, 15). In addition, the children with disabilities believed that they experienced more challenges due to the extra support they need with their schoolwork,

with one participant sharing **“cause didn’t get as much help with schoolwork”** (boy, 12), and another sharing we **“couldn’t get special help from our resource teacher”** (boy, 12).

Back to school restrictions

While the children overall expressed a preference to keep schools open, when the children considered later phases of Covid-19 on their return to school, they described many negative impacts of the pandemic restrictions on their experience at school. These included wearing face masks, using hand sanitiser, pods and social distancing. The children also recalled missing school trips and school tours during the pandemic and cold classrooms because the windows were open. The children reported that wearing face masks had a negative impact on their comfort and learning when they returned to school. Many children who wear glasses discussed the challenges of their glasses fogging up and others discussed difficulty breathing, especially for children with asthma. Some children also raised the issue of communicating with their teacher, sharing that the face masks made this challenging.

“...like when we came back and we wore masks it was harder to breathe” (boy, 11).

“It was annoying because every time we talk the teacher couldn’t hear us properly” (girl, 11).

Some children acknowledged that the masks were positive as they recognised the masks were to help protect them against getting Covid-19. The children also recognised the benefit of using hand sanitiser to help protect against Covid-19, but there was a consensus that it was not nice to use. The children recalled that it made their hands dry and it stung if they had cuts on their hands.

“My hands were extremely dry” (girl, 11).

“Good to keep your hygiene so you don’t get sick” (girl, 11).

Social distancing and school pods when children returned to school were identified as negatively impacting the children’s enjoyment of their right to education. While the children did recognise the role these restrictions played in preventing the spread of the virus, they found restrictions regarding who they sat with and who they played with during breaktimes difficult, with one girl recalling it was

“kinda upsetting cause I couldn’t talk to my sister or my cousin” (girl, 11). They also recognised that the school day was just different than before Covid-19.

“...couldn’t borrow school things like a pencil, sharing wasn’t caring at that time” (boy, 11).

“Pods affected me and my friends cause we would sit and talk a lot and we could not do that anymore” (boy, 12).

The Right to Play, Recreation and Leisure

The children across all the working groups spoke about the impact of Covid-19 on their right to play, recreation and leisure, in particular outside of the home and with friends. The primary impacts of the restrictions that emerged from the children’s perspectives included an increase in playing video games and spending time online, missing sports and hobbies, missing their friends and playing more with siblings.

Playing video games/screen time

Playing videogames, online or on their phone, emerged as one of the main ways most of the children spent their time during lockdown. Most of the children expressed that this was a positive impact of the restrictions, but it became boring and repetitive over time. They shared that they played online more during this time both alone and with friends, and that they spent less time outside. Some children adjusted to the new reality with one participant sharing that **“I liked being inside, I got used to it”** (boy, 10), and another sharing **“I couldn’t play basketball, so I got a basketball video game instead”** (boy, 12).

Missing sports and hobbies

Most of the children expressed that they missed playing sports or participating in their hobbies during the pandemic, including football, basketball, swimming, dancing, boxing, and soccer. Due to their sports activities stopping, different children shared that they felt **“bored”, “sad”, “annoyed”** and **“depressed”** about this. One participant with a disability shared that **“last weekend was the first time I was in a swimming pool in 3 years”** (boy, 16), and that he felt **“sad”** to have missed his hobby for so long. They also shared that they could not go out to play on the grass, in playgrounds or parks during the pandemic due to closures, as well as missing indoor playcentres and cinemas. Another participant recalled that they **“could not go on [family] days out as they had police out”** (boy, 15), referring to the 5km restrictions. One participant who lived rurally recalled

that it was “annoying to stay at home but at least the farm kept me busy” (boy, 15).

Missing their friends and playing with siblings

The children missed their friends during the pandemic, due to restrictions and again this was said to make them feel “sad”, “annoyed” and “depressed”. The 5km rule emerged as a barrier to friends meeting, as well as the closure of parks and playgrounds. One participant expressed that “if there is another virus I would like the opportunity to spend time with my friends”, (boy, 14). In addition, not being able to go to shops and shopping centres was identified within two consultations in urban areas as a negative impact of the restrictions on the children’s enjoyment of their play, recreation, and leisure. It also impacted their time with friends, “we used to go around the shops and like buy stuff but when Covid-19 happened we all had to stay inside” (girl, 11). One participant shared that “Saturday mornings ya wake up and there were no friends there” (boy, 9). However, some participants explained that they were able to keep in contact with their friends by calling them, some played online with them, “felt happy with more time online with friends” (boy, 11). Some children shared that they met with their friends from a distance, and one participant shared that he could see his friend through the bush in his garden, which he enjoyed. Children also shared that they played more with children in their estate.

It also emerged that some children played more with their siblings, due to more time spent at home, which was a positive impact for some children, sharing “... played more with my sister and brother”, and that “it wasn’t really that bad because my Dad made a swing and sandpit at home” (girl, 11). However, other children did not enjoy this extra time with siblings and family as much, sharing that “staying at home was not the best” (boy, 10). Some of the children also expressed that they played more with their pets during the pandemic, a positive impact of the restrictions. The group of Traveller children felt they were impacted more compared to other children sharing that “other people stayed at home on their trampoline and stuff but we had to travel around” (boy, 9).

The Right to Health, Healthcare and Special Care

Across five working groups, children expressed their right to health, including mental health, their right to healthcare and for children with disabilities the right to special care was impacted during the pandemic. These rights are presented in this section together as they were interlinked within the consultation discussions. The primary impacts of the restrictions from the children’s perspectives that emerged included the impact on their mental health, and their physical health, as well as their access to health

and special care services and Covid-19 testing. The participants did not report any positive impacts of the pandemic restrictions in relation to their health and access to services.

Mental Health

The children expressed that they felt “worried”, “lonely”, “different”, “bored” and “frightened” during the pandemic. They were worried about family they could not see, sad when they could not get out to play and lonely because they didn’t have access to their friends. One participant expressed that he felt “bored cause I couldn’t go to anyone during Covid-19” (boy, 12). Another participant felt that the social isolation restrictions did not affect him physically, but he expressed “I was going crazy in my room” (boy, 11), feeling the restrictions were affecting him mentally, and that “candy” helped with this. One other participant shared how he felt at the beginning of the restrictions when schools first closed, recalling, “I felt frightened. When I saw the warnings Covid-19 was going to start on the TV I thought I was going to be locked in my room” (boy, 10).

The young participants that were accessing mental health services believed that the pandemic restrictions caused more challenges for children with mental health needs.

“I think it changed some people [more] than others because some people could have like depression and struggle with it, and anxiety and they had to be locked in their house, can make them more depressed” (girl, 11)

“some people can have like mental problems and it could affect them more” (girl, 11).

Physical Health

Some children recalled that they were getting sick more often in general, not necessarily with Covid-19 and that they did not go outside for fresh air as much. They also expressed that the lack of getting outside as normal affected them physically, with participants commenting; “I didn’t feel great, I felt run down” (girl, 11) and “I felt different” (girl, 11). Another participant shared that children were impacted physically due to missed opportunities to play sport, specifically sharing “like cause there wasn’t sport or anything we mightn’t have been as fit” (boy, 13). Another child shared that children with chronic conditions were potentially impacted more due to the pandemic restrictions, giving the example of her brother and his needs due to his asthma “children

with asthma and other stuff, my brother nearly had two asthma attacks and was rushed to the hospital (girl, 11). The children recalled lots of Covid-19 testing happening during the pandemic, and frequent antigen testing when they returned to school, sharing that getting tested for Covid-19 all the time was **“annoying”** and **“tickley”**. Many of the children also recalled getting Covid-19 at least once, with varying degrees of sickness reported.

Access to Health Services and Special Care Services

The children expressed that they felt they could not go to the doctor during the pandemic unless they were **“really bad”**, and that there were very long wait times to see the doctor if they did need to go. Some children mentioned they had an option to see the doctor on zoom during the pandemic. The children also reported that they could not go to the clinic to see the nurse and they did not go to the opticians as much during the pandemic. In addition, the participants recalled difficulty accessing medicine due to shop closures and one participant could not get his inhaler due to the GP **“being closed”**.

The research participants who access health services and/or disability services identified many disruptions to the services they need due to Covid-19 restrictions, and how these disruptions impacted them. One participant reported waiting eighteen months for surgery on his foot, due to health service delays during the pandemic. The participants also reported disruptions in their access to Occupational Therapy, Physical Therapy and Speech and Language Therapy during the pandemic.

“I couldn’t do physical therapy as much, I always do it a lot” (boy, 12),

“when I started going back to school my legs were killing me... I couldn’t go to my physio during Covid-19” (boy, 9).

A participant reported trying Speech and Language Therapy online but recalled that playing games with the speech and language therapist online was hard to do. The children shared that they believe children with disabilities were impacted more during the pandemic, with one participant sharing that **“children that have like disabilities and they weren’t able to get what they needed and stuff”** (girl, 13).

The Right to Family

Some children expressed that they missed family during the pandemic lockdowns and was a negative impact of the restrictions. They also shared that they worried about family they could not see but being able to speak to family on the phone helped with this, **“we talked a lot on the phone, like Facetime and stuff”** (girl, 11). In addition, some children with family in other countries missed opportunities to visit, for example a young polish child commented, **“we couldn’t go on holiday to see family”** (boy, 11). Other children shared that they spent more time with their family they lived with sharing **“it felt awkward and it was too much hours”** (boy, 11) and **“wherever you go you just see them”** (girl, 13). One positive impact of the restrictions some children shared was the memory of families getting takeaway food to have at home, with one participant remembering **“during Covid-19 my parents would always order food from fancy restaurants, and they would let me and my sister watch a movie in my sister’s room and have lots of snacks”** (boy, 10).

The Right to Housing

While the researchers were not aware of any of the children experiencing homelessness at the time of the consultations or during the pandemic, the difficulties for children experiencing homelessness was raised by many of the children across the working groups. The children appeared to be keen to raise the issue in general and some believed they were impacted more by the pandemic measures. One participant shared **“... some people could be homeless as well, and stuff could affect them more”** (girl, 11), another shared **“could you give homeless people shelter?”** (boy, 16), while another asked to **“test out the homeless they could die faster”** (girl, 11).

Children’s Right to Have their Views Heard

As part of the consultations, children were specifically engaged in activities related to their right to have their views heard. The children were asked to name “who decided on the restrictions or changes during the pandemic?” using a voting game. The majority of the children’s votes identified the Government as the pandemic decisions makers, with school and the hospitality sector getting one vote each. Next, the children were asked “did children and young people help decide on restrictions during the pandemic?” with the participants asked to individually vote “yes” or “no”. The vast majority of the children voted “no”, with one child voting “yes”. The children were also asked to discuss whether they thought children and young people should have helped decide on restrictions during the pandemic. The majority of the children were of the view that children should have

had an input into decision-making on the restrictions that impacted them during the pandemic.

“Ya probably cause it is our right, not theirs” (girl, 11).

“Ya at least have some vote, some choice” (boy, 11).

“Yes cause we have equal rights” (boy, 13).

“If they asked children we may have been able to help in some ways” (girl, 13).

“It wasn’t fair that we didn’t have a say in anything” (girl, 13).

One participant provided a specific example relating to mask wearing in school, sharing she thought that **“we could have been asked did we want to”** (girl, 11). One participant shared that she thought children should not have been asked to help decide because **“...children would have just voted to stay out of school”** (girl, 13).

In addition, the children were asked about how children and young people could have helped make decisions. Only four of the six groups responded to this question with all children within these groups agreeing that children could have helped make decisions, with the idea of giving them a space to “vote” emerging within three groups.

“Maybe they could give kids a little voting thing” (girl, 11).

“If it was to happen again I think some children should have a say in this cause like they do have really good ideas” (girl, 13).

The suggested ways to gain children’s perspectives fit into three categories: ask them in person (emerged in two consultations), ask them online (emerged in three consultations), ask them in school (emerged in four consultations). The ‘ask them in person ideas’ included setting up campaigns, for example in schools or in football clubs in local towns, and to ask them by conducting focus groups. The ‘ask

them online’ ideas included having zoom calls, email communication, via Facebook messenger, voting in an online survey and asking them on the news and have a way for them to reply. The example of setting up a website on a Facebook page was discussed, with the more likes a post received as a potential way to vote. The ideas that emerged in relation to ‘ask them in school’ included zoom calls with schools so the children **“... could help with the school decisions and with their health and how they feel...”** (girl, 11).

The participants were also asked if they had the power to make decisions during Covid-19 what would they have done, with the children making many suggestions across all six consultation groups. Overall, suggestions emerged relating to three specific rights: the right to education, the right to play recreation and leisure and the right to healthcare. It emerged that the children shared a preference for keeping schools open to avoid homeschooling, **“keep schools open and use masks and pods cause online was boring and frustrating”** (boy, 12). Some children also shared that they would not decide on mask wearing at school if they had the power to, **“... I would ask them to not make the mask rule”** (boy, 11). The children shared a preference for keeping outdoor facilities such as parks, playgrounds and beaches open, as well as some sports and activities to allow them to enjoy their right to play, recreation and leisure, with one participant sharing their view to **“open up the parks so people can play and have fresh air at the same time”** (boy, 9). The children also shared that they would have opened some shops relevant to indoor entertainment e.g., Gamestop and Currys. The children shared that they would have prioritised decisions to help **“unlock healthcare so we can always go to healthcare”** (boy, 12). In addition, they would have more Covid-19 testing, quicker vaccines, less wait times, mental health check-ups, hire more nurses, build more hospitals and had enough beds for everyone. The children expressed they would have ensured people could see relatives and that they would have allowed occasions such as first holy communions to continue to happen.

Children’s Right to Information

As part of the consultations, children were also engaged in activities related to their right to have their views heard. The children were asked “did anyone tell children and young people information about the decisions being made?” A slight majority of the children voted ‘yes’, and the rest voted ‘no’, across the six consultation groups. Those who voted ‘yes’, identified two primary sources of information, firstly family (parents and/or grandparents) and secondly the news (on the TV and radio).

“My grandparents would also be telling us what they had heard”

(girl, 11).

“I came in home and mam told me, mam said don’t be going near dirty stuff”

“We heard about it on the news, during Covid-19 they were talking about it every day. They were telling us the new rules, like the new restrictions” (boy, 13).

“They never really told us though... like oh ya your not going to be able to breathe for six hours, your also not going to be able to go outside and am you can never see your friends for like a year... they never did that, they never actually told us. I think if they did tell us they kinda made it... like they humbled it, like they made it in a way that it didn’t sound like what it was actually gonna be. They made it sound better than what it was actually gonna be” (girl, 11).

In addition, during the later phases of the pandemic when the children were back at school, they identified school as a source of information. Some of the participants shared that they understood why the decisions were taken and that they found the information easy to understand. The participants who voted ‘no’, identified three main issues they had with the information they received. Firstly, the information was incomplete, secondly it was directed at adults and finally the language was not easy to understand.

“No, they just came up on the news didn’t they” (girl, 11).

“They did tell us some things, but the adults got way more information” (boy, 11).

“They should like put it [the information] in an understanding way” (girl, 11).

“They could be using some sort of fancy words” (girl, 11).



Interview Findings

This section presents the findings of the interviews with the public officials. A member of the University of Galway research team and one youth researcher interviewed thirteen senior public officials. The findings document how decisions were made on measures introduced during the pandemic at the national and local level and whether child and youth participation mechanisms played a role in the decision-making process. The data also captures findings on measures taken to share information with children and young people on the pandemic and the public health restrictions introduced.

Profile of Participants

The 13 public officials interviewed were core to their government departments, organisations or teams' response to the Covid-19 pandemic. All public officials interviewed had responsibility for either directly or indirectly advising government on the public health measures to be introduced during the pandemic or were responsible for providing guidance and overseeing the implementation of policies and services within their sector, as permitted within the public health restrictions. In relation to the latter, these sectors included primary and secondary education, mental health and disability services, special educational needs, early learning and childcare, child protection and welfare, sport, community development and participation and inclusion.

The seniority of the public officials included members of NPHE (n=2), senior managers in state agencies with a remit in the area of children (n=2) and directors of services in two County Councils (n=2). One administrative officer supporting a County Council Community Response Forum joined and contributed to the interview with one of the County Council Director of Services. Within government departments the seniority of the research participants ranged from Principal Officer (n=1) to Assistant Secretary General (n=5). All the research participants confirmed that they had some familiarity with Ireland's Children Rights Obligations under the UN Convention on the Rights of the Child, but to varying levels.

Decision-Making at a National and Local Level During Covid-19

Decisions on the public health measures introduced in response to Covid-19 were taken at the national level, with responsibility delegated to the Special Cabinet Committee on Covid-19. As detailed in the context chapter, several cross-sectoral and cross-departmental groups with a national remit guided and supported the Cabinet Committee to inform the Government's response. At the more local

level, government departments, state agencies and county councils, were tasked with implementing the public health measures introduced by Cabinet and determining how to continue to deliver on their mandates, while operating within the parameters set by public health. This section of the chapter will document the interview findings on how decisions related to public health measures introduced during the pandemic were made in Ireland and to what extent children's rights informed the decision-making process.

Children's Rights and National Decision-Making on Public Health Measures

Initial Emergency Phase

In the initial phase of the pandemic, it is clear from the interview findings that the emergency took precedent. The interviewees recalled the first phase as being an "extraordinary situation" (P1), a time of fear and unknowns. There was a sense of fear, a sense of emergency, and "nobody knew whether it was safe to sit in a room with another person" (P3). Children were viewed as transmitters of the virus, but also what precisely would be the severity of the disease in young people was unknown. Within the national decision-making structures, the focus in this initial emergency phase was on the population as a whole, which included children, but there was a limited focus on specific needs of different population groups. The priority, as described by the research participants, was people's health and safety and ultimately, the right to life.

Early on, it began to emerge that young people who didn't have underlying risk factors and contracted Covid-19 were not as significantly impacted from a health perspective, compared to the general population. Alongside this, there was a growing awareness of the social impact of the public health restrictions on children's rights. It was evident from the data that this growing awareness was aided by emerging data and media coverage of the impact of the public health restrictions on children. It was also aided by parents and advocacy groups beginning to advocate for children, as well as the presence of children's champions in key advisory roles within the structures formed to guide the Government's response.

Highlighting the importance of data emerging, one research participant recalled:

“It wasn’t till data began to be collected about the impact on children, and it just shows the power of data in these situations, that people began to think, ‘Oh, you know, what impact is this having on children, you know, we have to look at that” (P1).

The Government captured data on the impact of Covid-19 on children’s lives in a number of ways. The first Social Impact Report, which included a focus on children, was available to government on 15 May 2020. It was also reported to have been captured by media monitoring, regular submissions and feedback from service providers as well as from consultations conducted with the public and in some instances children (see further below). Particularly in the context of children with additional needs, parents and advocacy groups played an important role in raising awareness about the impact of the restrictions on children’s rights. It was said that only when parents and advocacy groups became vocal about the impact of the public health restrictions on children’s lives that more serious consideration was given to the rights of children with additional needs. The presence of children’s champions or children’s advocates in government established advisory structures also played an important role in raising awareness about the impact of public health restrictions on children’s rights. As one research participant recalled in the context of decisions taken in the Department of Health:

“[T]hose who are working, you know, in roles where they were meeting children and young people and families, definitely advocated for them. So there was, at various points, there were discussions around this does or doesn’t suit young people” (P3).

It emerged from the data that initially there was no strategic approach to ensuring that professionals with an expertise in the area of children were central to the Government’s response. It happened by chance that some senior public officials had this expertise. However, early on Tusla was invited onto the Senior Officials Groups. While at the local level, Tusla, Ireland’s Child and Family Agency and Children and Young People’s Services Committees (CYPSC) formed part of the Community Response Forums.

Balancing Rights and Risks

Despite the growing awareness of the social impact of the public health restrictions on children’s rights, it is evident from the data that in all phases of the pandemic decision-making at the national level was an exercise in balancing rights and risks. As described by one of the research participants, public health as a profession is very mindful of and tuned into human rights and they take a holistic view of population health. Nevertheless, public health officials were:

“[T]rying to balance that as best they could but there was all sorts of trade-offs and unfortunately, you know, there was a worry all the time, pre-vaccine, you know, about our older population and the risks to them” (P5).

Ultimately, controlling the spread of the virus was the priority and significant weight was placed on this desired goal. The political pressure to control the spread of the virus was significant, with the vaccine being viewed as the “get out of jail card” (P3). It was acknowledged that the Government priority to vaccinate the population significantly impacted the delivery of services for children, specifically services for children with disabilities.

“[T]he minute this thing arrived, it had to be in someone’s arm the next day. Like it was mad. The pressure was mad. So like, we had a fantastic vaccination programme but to deliver that, we pulled every single medical professional and paramedic, as we call paramedic professions, so all the therapists. Anyone who we could train to stick a needle in an arm, we pulled and what was the downside of that? Disability services. So we pulled a lot of therapists away from services” [P3].

It was clear from the data that it was understood that achieving this goal of curtailing the virus would require many trade-offs and a significant number of these would curtail children’s rights, with no direct benefit to the children. However, it was understood as being of significant benefit from a population solidarity perspective:

“[I]f we simply have measures being adopted by people on the... on the basis of the risk the disease poses only to them, then we fail, ultimately, to maximise the control of the disease at population level, and what I really mean by that is although the risk to you [young people] is lower, younger people live with older people. They live with family members who are vulnerable. They interact with grandparents. There’s a lot of activity that takes place around education and those kinds of activities so a lot of social mobilisation. So from a population solidarity point of view, it was important” (P4).

In the later phases of the pandemic, when significant headway had been made in curbing the spread of the virus, there was also some acknowledgement that the response to re-opening was slow at times and particularly in the context of reopening of schools and the return to sporting activities for children. It was said that the trade-offs need to be kept under constant review, to ensure the correct balance is maintained. According to the research participants, however, there were some significant challenges at play. Re-opening itself was a challenge, when schools and other services were closed for such an extended period. While the priority, it was said, was to get children back to school as quickly as possible, the reality of getting over one million children back to school safely was no small feat and required close collaboration with public health officials. Alongside children’s rights, there were also many different stakeholder’s rights to consider. For example, in the context of re-opening schools, there were the parents and teachers whose interests and concerns also had to be weighed up, as described below:

“[R]eopening proved to be so much harder because people wanted black and white reassurances that it is safe, and that doesn’t exist. That never exists, and so, so particularly, I think, when you come to looking at schools, there was a lot of fear amongst teachers around Covid-19 and whilst, I think, medics were very used to thinking of themselves as being on the frontline, teachers weren’t” (P8).

At the national level, it is evident that curtailing the spread of the virus was the priority and measures were introduced to protect the population as a whole, with limited consideration of children and young people. When significant headway was made in controlling the spread of the virus, significant challenges were still at play. As set out in the following section, when implementing the public health measures at the local level efforts were taken to curtail the impact of the measures on children’s rights.

Children’s Rights and Local Decision-Making on Policy Implementation and Service Delivery

Government departments, state agencies and county councils, with responsibilities in the area of children, operated during the pandemic within the public health restrictions introduced by Cabinet. When asked whether children’s rights were considered, while operating within the public health parameters set by Cabinet, all research participants spoke about how they sought to work effectively and to “keep things going in a meaningful a way as possible” (P1) to ensure continuity of services and supports. It emerged from the data that they sought to uphold children’s rights in the following ways: continuing to work to their core policy objectives and principles; keeping services as open as possible or pivoting to new forms of service delivery; retaining and supporting staff and adapting their roles as required; running campaigns, operating helplines and making resources available to support families; and working in partnership with the community and voluntary sector. Each of these are examined in turn.

Working to core policy objectives and principles

The research participants spoke about how they did not lose sight of their core policy objectives and principles when operating within the public health restrictions. While the working environment became more complicated and staff had to work harder in all contexts, whether it was to keep children safe from harm, provide them with an education or continue to deliver specialist services, the situation was managed to ensure core policy objectives and principles were adhered to as much as possible. At times, these were existing policy objectives and principles or in some cases, as explained by the research participant below, supplemented with new ones to ensure services were sustainable and the infrastructure and workforce was maintained during the pandemic.

“So we very quickly, on the 12th March, [we] set out the suite of objectives that we wanted to achieve during that closure period. I think, at that point, we all believed or hoped it was a short term issue but we, we very clearly identified what our objectives were...we agreed what our objectives were and then, tried to kind of bring about a plan of action to address those objectives” (P2).

Keeping services open

The research participants reported that they sought to keep services as open as possible, while working within the public health restrictions. It was reported that in all phases of the pandemic every measure was taken to comply with public health advice, such as adapting buildings and enforcing public health measures, including social distancing and use of personal protective equipment (PPE), to keep services open as much as possible. At times, according to the research participants, this also required designating a service as essential and pivoting to a new form of service delivery. In terms of the former, at the outset of the pandemic the Government designated some core services as essential for children and young people experiencing disadvantage. Tusla’s emergency child protection work was designated as essential and thereby, in the context of referrals, the service was maintained and social workers were permitted to visit families equipped with PPE. Within health services, a prioritisation of services was conducted with emergency care and some elements of critical primary care categorised as essential, permitting continuity of care. While early learning and childcare services were closed in the first phase of the pandemic, in the first quarter of 2021, when schools and other services were again closed early learning

and childcare was designated as an essential service for children experiencing significant disadvantage and for children of essential workers. Within primary and post primary schools, the Department of Education funded the implementation and expansion of their summer programme, retaining (in schools that offered it) an in person educational experience for children with special education needs and children at risk of educational disadvantage in the Summer of 2020. With regards to all services, it was said that the Government permitted a certain level of discretion when required.

“[W]e [the Government] would always give a little bit of wriggle room around children we thought were particularly vulnerable or particularly, you know, at risk or anything that we felt that was any crisis, that they [the professionals] had to be able to do whatever they needed to do, you know, especially on a one to one basis” (P3).

Pivoting to new forms of service delivery

The research participants also spoke about the many ways they adapted service delivery and adopted new ways of working to retain and support services as much as possible. For example, for children and young people attending designated disadvantaged schools, alternative arrangements were put in place for the provision of school meals, working in partnerships with the community and voluntary sector. For children and young people with disabilities and complex needs, in the spring of 2021, the Department of Education established the supplementary programme to supplement the online learning provision of this target group through home or school based in person tuition. On children’s return to school, recognising that some children and young people were not already accessing services and supports, the Department established a class programme to provide targeted, tailored supports for all children in need of additional support during the pandemic. A research participant also provided the example of a Sports on the Green initiative, where the Football Association of Ireland, the Gaelic Athletic Association and Rugby coaches gave up their time to play on Greens with children at a safe distance during the period of sporting facilities being closed.

Many services pivoted to online service provision. In terms of health services, it was reported that there was a higher proportion of continuity of mental health services than other health services, because these services could be delivered more readily online. In the context of education, many schools pivoted to online learning, although it was acknowledged that in any future emergency situation schools would

need to be better prepared and enabled to transition to online education. The research participants also spoke of an awareness that not everyone could access online education and of the fact that it was not suitable for younger children. To address this issue in part, the example of the Government engaging with the national broadcaster RTE to deliver Home School Hub (an educational television programme) was mentioned. Many research participants also spoke about accessing public funding to supply children and their families with the technology required to access online education. It was reported that some funding was accessed via Children and Young People's Services Committees and the Department of Education encouraged schools to lend devices to families and provided some funding for additional devices when required.

Retaining and supporting staff and adapting staff roles

The senior public officials interviewed reported that another way that they sought to continue to achieve children's rights, within the parameters set by public health, was by retaining and supporting staff. Retaining staff and existing infrastructure required investment, but speaking in the context of the early years sector it was recognised as crucial for positive children's outcomes.

"We wanted to ensure that staff could be retained, so important for children's learning outcomes, for their attachment, for their relationships" (P2).

Guidance and supports were also required for staff to help them to adapt to new forms of service delivery. Changes were also required in terms of staff roles. For example, school inspectors moved away from an inspection role to an advisory and supportive role, supporting schools and the Department of Education to maintain teaching and learning during Covid-19. In context of child protection and welfare, it was reported that the Gardaí were required to adapt roles to take on a more proactive child protection role by visiting families, given that children had less contact with the usual referral sources, such as schools.

Maintaining Outreach with Families

Maintaining outreach with families was another element of the Government's approach to supporting children and families during the pandemic. This took a variety of forms at both the national and local level. The research participants spoke about the targeted campaigns implemented nationally, such as the Keep Well Campaign, promoting the physical and mental health and well-being of individual people and their wider communities. There was the Still Here Campaign, which focused on reminding people that domestic and sexual violence services were

still operating, and the Lets Play Ireland Campaign, promoting the fundamental importance of play. As children began to prepare for the return to early years education and school, the Let's Get Ready campaign was designed to prepare them for the transition to a changed school environment. Operating helplines was another element of the Government's outreach. For example, the research participants spoke about the crisis text line for leaving certificate students, and at the more local county council level, the community call helpline was in operation for all age cohorts to link people with services and practical and social supports.

Supports were also provided in the form of online guidance and resources being made available and accessible for example through the government. ie supporting children and parents website and the pre-school at home hub. Other targeted resources were available for different disadvantaged social groups. One local authority in the area, for example, distributed play packs to children in the most deprived rural areas. In partnership with the community and voluntary sector, other initiatives were supported for different cohorts of children by identifying local need and supporting community groups to work with these children and families. As described by one research participant, "very much identifying local needs with the local groups and letting them [community partners] off because they know best" (P10). At the neighbourhood and community level, it was said that libraries also played a significant role in terms of outreach to children and communities and running projects to engage children and young people.

Working in partnership with the community and voluntary sector

It is evident that the community and voluntary sector played an essential role, supporting in particular families experiencing the most disadvantage throughout the pandemic. As explained by this research participant:

"I would have to say, our community and voluntary sector, I mean, they were never really designated an essential service nationally, but they were certainly designated an essential service by us, and largely, their services continued throughout the pandemic and we helped them with money for PPE equipment and all that sort of stuff that they needed to protect themselves" (P11).

In addition to continuing to provide existing services in so far as possible, at times the community and voluntary sector stepped in to fill gaps in service provision. When school meals could no longer be provided to children in deprived areas attending DEIS schools, at times the provision of school meals was delivered through Family Resource Centre, Meals on Wheels and other community partners. Partnerships were also formed with some community organisations to support children who didn't have access to laptops, iPads or other forms of technology to access education online. According to some of the research participants, what worked well in terms of supporting children and families experiencing disadvantage was the coordination of the agencies and organisations response through interagency networks. In the early stages of the pandemic, the county councils most notably mobilised and coordinated Community Response Forums to support interagency coordination and information sharing. As described by this research participant:

“[E]ach County Council had the multi-disciplinary groups set up under Covid-19 with all the key providers and...that was a very useful forum in terms of, you know, addressing the impact within the local community...so you'd have education, social work, you know, health, community and voluntary agencies at the table, all talking about, you know, their service users...and the impact on them, you know, and so you'd be coming up with agreed actions and they'd either be across agency or it might be single agency” (P11).

In addition to acknowledging the benefits of the interagency approach, the value of a targeted response at the local neighbourhood level was noted. Nevertheless, as described by this research participant, there is scope for this to be strengthened further.

“So, I suppose, really what we learned, I think, through Covid-19 was, you know, this national/regional, even city-wide approach, we need to be a bit more agile, I think, in everything that we do and I think that whole, small neighbourhood piece needs to be strengthened” (P7).

Allocation of Funding

In relation to all the measures taken during the pandemic to ensure continuity of service provision, as detailed above, a common thread throughout the data was the need to designate new funding or re-direct existing funding. Across all sectors the research participants were operating within, they spoke about making funding available or repurposing existing funding for community groups, for PPE and the adaptation of spaces, to maintain existing infrastructure, for extra staffing posts, for ICT supports, and all other actions taken. One research participant also spoke about the important role of funding in terms of being an enabler to secure the successful implementation of measures to mitigate the impact of the closures on children at the local level by becoming conditional on funding. For example, in the early years sector it was reported that ongoing government funding to service providers was conditional on maintaining contact with families.

The Role of Child and Youth Participation Structures

To understand whether children had a role in decision-making during the pandemic, the research participants were asked whether they had access to child and youth consultation mechanisms during the pandemic and if so to what extent these were utilised to hear the views of children and youth. The two Directors of Services with the County Councils reported engagement with their respective Comhairle na nÓg. Engagement on the one hand for the purpose of informing the Councils of particular issues and concerns regarding children and young people, with some evidence of this resulting in additional funding being allocated to address the concerns of children and youth. On the other hand, one of the Councils reported reaching out to the Comhairle na nÓg for support to engage their peers when the Council delivered child and youth focused initiatives. Across the other sectors the research participants were operating within, there was some evidence of engagement with consultation mechanisms and advocacy organisations. Some of the research participants recalled the two consultations the Department of Children, Equality, Disability

Integration and Youth conducted in conjunction with the Department of Health. These consultations were focused on young people's mental health during the pandemic and the impact of wearing masks on primary school children, as reported above.

Engagement was particularly evident within the Department of Education. From the outset, the Department engaged with the Irish Second Level Students Union (ISSU), the key mechanism to hear the voice of second level students. The ISSU sat on the second level examinations advisory group. As described by one research participant:

“[T]he students’ voice was very strong in the context of the decisions that were made around calculated grades, accredited grades, offering students, you know, options to sit either to take a calculated grade or to sit exams, which was the kind of final version of what happened. But the student voice was definitely, you know, very much at the table and very influential in the context of the decision making around the State examinations, and they continue to be very much part of tha” (P6).

School inspectors also played a role in conducting focus groups with children and young people on their return to school in 2020, about their experience and the impact of the pandemic on their teaching and learning. In relation to children with disabilities and children with special educational needs, it was reported that within the Department of Education, there was an emphasis on engaging with advocacy groups and parents of children with disabilities. A new Special Education Consultative Forum was established. It was noted that engagement was facilitated by virtue of Zoom, which presented opportunities for wider online engagement. In addition, the volume of parents and students contacting the Department during the pandemic provided an opportunity to hear their views.

While all research participants demonstrated an awareness of the right of children to have their views heard and there was evidence of engagement with participatory structures as outlined above, some of the research participants reported having little or no access to child and youth consultation mechanisms. According to one research participant:

“[What] I think we’re all struggling with really, is to try and find some kind of a communication channel where young people can communicate their views but also, something that they want to engage with... I think, the door is open. It’s just trying to find the model and the communication channel that would work” (P7).

While acknowledging that the Department of Children, Equality, Disability Integration and Youth have published a participation framework and an online platform of participation resources (Hub na nÓg), it was said that part of the challenge was to build the capacity throughout government, so that staff will feel able and supported to involve children and youth in decision-making even in times of emergency.

“Ultimately, that’s how it’s going to work best, if everybody feels empowered to do it and if it’s a thing they do regularly, then hopefully, they will do it in an emergency as well” (P1).

The challenge of accessing a representative group of children, inclusive of those whose voices are least heard, was also acknowledged.

It was reported that the Crisis Communications Group adopted an evidence-based communications approach, meaning that the group was regularly evaluating public awareness of public health advice and the public’s awareness of the behaviours needed to mitigate risk, as well as evaluating at times the effectiveness of the communication materials being issued. It was also said that, understanding the impact of the restrictions, was central to evidence based communication, as follows:

“doing research amongst the relevant cohorts to understand the extent to which they were being impacted by restrictions and what we could do, what government could do to help mitigate those risks” (P8).

These goals were achieved by working with the behavioural science group but also by tracking public opinion throughout the pandemic, using both a quantitative and qualitative weekly tracker. In terms of the former, every week during the pandemic, a market research company conducted a survey of approximately 1,300 adults. However, children and young people were not included in this quantitative tracker. They returned the results to the Crisis Communication Group, who would in turn brief NPHEt. Regarding the latter, weekly focus groups were conducted with different cohorts of the population, such as, people who were cocooning, homeless people, single parents and parents who were home schooling. Again, NPHEt were briefed on the insights emerging from these focus groups and it was said that this “played into

decision-making” (P8). Again, focus groups were not conducted with children, although it was mentioned that the Crisis Communications Group worked with a council of young adults to help in providing a better understanding of the impact of the pandemic on young people and to engage them in finding solutions.

Information Sharing

The research participants were asked whether any emphasis was placed on ensuring information about decisions made were communicated directly to children and young people using accessible language. It emerged that both existing and new child and youth consultation mechanisms played a role in developing and disseminating child friendly communications during the pandemic. For example, young people from youth representative groups in collaboration with SpunOut developed the #AntiViral information campaign, a government funded initiative. The purpose of the campaign was to highlight the significant efforts young people were making to curb the spread of the virus and to support young people to comply with the public health measures. The campaign was disseminated via TikTok and Instagram. The Department of Health established the SciComm collective, comprising young people proficient in science communication whose role was to develop and disseminate online content related to how young people could “work with the public health advice safely within your[their] world and then, once the vaccine became available, encouraging them to go and get their vaccine” (P8). It was also reported that the National Educational Psychological Service engaged the advice of young people in the development of Covid-19 related online content and materials targeted at primary and post-primary children.

“We would have got young people to come in and engage with those materials and do voice overs, you know, for those clips so that young people were hearing it from other young people.”

It was said that, in addition to seeking to make the information communicated at the daily press conferences as accessible as possible, on occasion young people were also brought into the press conferences to help with engaging a younger audience. On other occasions, the Chief Medical Officer and Deputy Chief Medical Officer spoke directly to children using communication channels that were accessible to them, such as Home School Hub (the educational programme delivered via the national broadcaster).

Discussion of Findings

In the aftermath of the Covid-19 pandemic and following unprecedented restrictions introduced on public health grounds, this research set out to achieve the following research objectives:

1. To examine the impact of the pandemic public health measures during Covid-19 on activities and services for children and young people, with a focus on those that were disproportionately impacted;
2. To document how decisions were made on measures introduced during the pandemic at the national and local level;
3. To document how child and youth participation structures operated during the pandemic and whether they had a role in informing decision-making;
4. To develop solutions to support the Covid-19 recovery and prepare for future crises.

Using Ireland as a case study and in collaboration with the Children and Young People's Advisory Group, the researchers conducted a qualitative research study, collecting data from children and young people disproportionately impacted by the pandemic public health measures and from senior public health officials who played a central role in the Government's response to the pandemic. This section of the report discusses the key findings as presented in the previous sections, situating them within the relevant literature and context in Ireland and structured in accordance with each of the research objectives. The final section of the report sets out key recommendations and proposed solutions drawn from the learning generated by this research.

The Impact of the Pandemic Public Health Measures on Children's Lives

Concurrent with previous research, this study found that the Covid-19 pandemic negatively impacted children's enjoyment of their rights. It found that, in particular, the pandemic had an impact on children's right to education, to play, to recreation and leisure, to health and access to healthcare and to family time. While the public health measures impacted all children in this regard, as reported in previous research findings of the OECD (2020), this research examined the social consequences of the Covid-19 pandemic on children and young people experiencing disadvantage, attempting to capture their lived experience of the pandemic. The findings related to each of the above-mentioned rights will be discussed in turn.

Right to Education

The participant children shared that they liked being off school at the beginning of the school closures, but it soon became apparent that there were many negative aspects. All the participant children expressed difficulty with homeschooling during school closures. They experienced challenges including, technical difficulties, chaotic online learning classes, needing the help of their teacher with their work, difficulty gaining support from their teacher, difficulty using their parent's phone for their work, or difficulties accessing other forms of technology. Thereby concurring with and adding to, the existing literature (European Commission, 2023; Lerch and Sedletzki, 2022; Lundy et al., 2021; CSO, 2020; Lancker and Parolin, 2020). Traveller children and children experiencing poverty and educational disadvantage shared that they experienced greater difficulty engaging with online learning. These children shared that they did not engage with homeschooling at all, or at best in a minimal way, as they did not know what to do or if they needed help they had no-one to ask and at times they did not have access to the schoolwork online. The children who did participate in online learning shared that they felt they were falling behind with their schoolwork during the pandemic. These challenges experienced during school closures concurs with previous research with Traveller and Roma children (European Commission, 2023) and with children experiencing poverty (Lundy et al., 2021). The challenge of not having access to their resource teacher and the negative impact this had on their learning, was a particular concern for children with disabilities, echoing previous research in the United States and Ireland (Masonbrink and Hurley, 2020, Darmody et al., 2020).

Internationally, school closures resulted in a loss of essential services and a decrease in supports for children with disabilities, including lack of engagement with specialised educators and structured learning environments (Masonbrink and Hurley, 2020). It emerged in this research that for some children with disabilities, their teacher and resource teacher sent school supplies home for them during lockdown and in some cases, the resource teacher visited the home. However, there was limited evidence of a systematic approach to support these children throughout the pandemic. As identified in previous research (Lerch and Sedletzki, 2022; Asbury, 2020), the children with additional education needs also shared in this study that they believed they were impacted more compared to other children. This research also brings to light the worry children with additional education needs experienced regarding their parents struggle during periods of homeschooling. They demonstrated an awareness of the lack of support available to children like themselves and families like their own at this time.

This research builds on existing evidence of the exclusion of children and young people experiencing disadvantage, in many cases, from accessing education during Covid-19, due to challenges related to online learning, inadequate support from teachers and schools and a dependence on support within the home environment. Thereby, as previously stated, increasing the risk of widening educational disparities for these already vulnerable children (Masonbrink and Hurley, 2020). The children in this research shared a preference for keeping schools open to avoid homeschooling. The children identified that wearing face masks, using hand sanitiser, pods and social distancing, and ventilation at school were negative impacts of the restrictions to their school life when they returned to school. However, the children stated their preference would be for measures to keep schools open. The children acknowledged in part that the masks, hand sanitising and social distancing at school had a role to play to help protect them from getting Covid-19, sharing children's perspectives of these is school public health measures for the first time.

However, the children did express that wearing face masks had a negative impact on their comfort and learning when they returned to school, in particular for children who wear glasses, children with chronic conditions e.g., asthma, that they caused difficulty breathing and difficulty communicating with their teacher. These findings build on the findings of Hendrick (2022) in Ireland and Thompson, (2022) in Australia related to the mask wearing mandate. Measures such as hand hygiene, physical distancing and indoor ventilation are agreed to be the preference of children as discussed in Thompson (2022).

Right to Play, Recreation and Leisure

The closure of schools and the public health restriction to 'stay apart' had a negative impact on children's social interactions. Similar to previous research, (Lundy et al., 2021; Department of Children Equality, Disability, Integration and Youth, 2020), all the participants reported missing their friends during the pandemic. Outdoor play was restricted, with children spending more time indoors and more time playing videogames, watching TV, and generally having screen time, as previously found by Kourti et al. (2021) and which also emerged in an Irish study of children and parents of children with special needs (Barron and Emmett, 2020). Most of the children expressed that playing online more was a positive impact of the restrictions at first, but it became boring over time. The International multi-country assessment of children's rights during the pandemic research, reported the ceasing of sports, indoor activities, group meetings, summer camps and use of sports facilities, as well as the closure of parks and playgrounds, negatively impacted children's right (Lerch and Sedletzki, 2022). Likewise, this was identified by the children in this research as a negative impact of the pandemic restrictions on

their right to play and recreation, with most of the children in this research reporting that they missed sport and their hobbies. The children overall shared a strong preference for keeping outdoor facilities such as parks, playgrounds and beaches open, as well as outdoor sports and activities to allow them to enjoy their right to play, recreation and leisure. It also emerged that not being able to go to shops and shopping centres was a disruption to the normal activities that children living in urban areas engage in.

In addition, it has previously been found that the ceasing of play and leisure activities has an impact on the children's physical and mental health (Lerch and Sedletzki, 2022) and this also emerged in the current research with the participants sharing that they felt 'bored', 'sad', 'annoyed', 'depressed' and 'different' about these changes.

Right to Health, Healthcare and Special Care

Previous research found that the ceasing of play and leisure activities has an impact on the children's physical and mental health, with children reporting that they experienced increased anxiety and depression, physical pains, fatigue (Lerch and Sedletzki, 2022), and feelings of loneliness and isolation (Department of Children Equality, Disability, Integration and Youth, 2020) during the pandemic. Likewise, the participants in this research shared that they felt 'bored', 'sad', 'annoyed', 'depressed' and 'different' about the changes during the pandemic, showing the toll of the social isolation on the children's mental health. Children who access mental health services shared the concern that staying at home could make depression worse.

Previous research reported children experienced reduced access to health services during the pandemic (Lundy et al., 2021; Darmody et al., 2020; Department of Children Equality, Disability, Integration and Youth, 2020; Masonbrink and Hurley, 2020), with the participants in this research also sharing this experience. Children with disabilities and children with special education needs were found to have been impacted more by the disruption to their access to health and special care services (O'Connor et al., 2020). In Ireland, parents of children with special education needs reported that special care services, social services and educational support were disrupted during the pandemic (O'Connor et al., 2020). The children and young people in this research reported similar disruptions, including disruptions in their access to occupational therapy, physical therapy and speech and language therapy. One participant reported trying speech and language therapy online, acknowledging the pivot in the delivery of these services, but recalled that playing games with the speech and language therapist online was hard. The children in this research were of the view that children with disabilities were impacted more during the pandemic, adding their voice to the available literature. As noted by Lundy et al. (2021), children were at a lower risk of contracting

and being seriously ill from Covid-19, however, the wider impacts of the public health measures placed them at high risk from both a physical and cognitive development perspective.

The Covid-19Under19 study reported that 20% of respondents experienced food shortages within the first six months of the pandemic (Lundy et al., 2021). The Growing up in Ireland study also reported that in addition to many children missing healthy and sufficient food due to restrictions, children reported a greater consumption of junk food and sweets during the pandemic (Murray et al., 2021). Children experiencing poverty and educational disadvantage also reported missing school lunches during school closures in this current study. The negative consequences of the pandemic, and the economic instability made children experiencing poverty more vulnerable as they rely on school-based services for their nutritional, physical, and mental health needs (Masonbrink and Hurley, 2020).

Right to Family Time

During the pandemic, due to social distancing, many children and young people missed opportunities for interaction with family members and friends (Lundy et al., 2021). This also emerged in this current research. In addition, children and young people have previously expressed being fearful about the health risk to family members that the virus caused (Lundy et al., 2021), thereby adding to their burden. The participants in this study also noted this, although they did share that being able to speak to family on the phone helped. Similar to other studies (Keane et al., 2022), there is evidence that some children enjoyed spending more time with their families or connected more with their families during the lockdowns. However, this was not the case for all children, with some indicating that staying at home was not the best for them or was too intense.

Decision-Making During the Pandemic at the National and Local Level

Decision-making on the public health measures introduced during Covid-19 happened at the national level. In Ireland, responsibility lay with the Special Cabinet Committee on Covid-19, who were guided and advised by several multi-disciplinary and cross-departmental groups. At this level, the data confirms that the priority was to curtail the spread of the virus. In the initial phase of the pandemic, senior public officials were operating in an environment of unknowns, with limited evidence on transmission and on the severity of the virus for children and other cohorts of the population. The focus was on the population as a whole and population wide restrictions were introduced to limit transmission. There was limited evidence, in the data or in the early strategic documents, of any specific emphasis being placed on children or children living in disadvantaged circumstances.

Soon after the pandemic commenced, research data, in particular the social impact reports produced by government, as well as the voices of children, their parents, and children's advocating internally within government and externally, played an important role in identifying the impact on children's lives and bringing this to the fore, in particular in the context of children and young people experiencing disadvantage. It was also emerging that children and young people who didn't have underlying risk factors were not as significantly impacted from a health perspective. Nevertheless, as the pandemic persisted and evolved decision-making became an increasingly challenging exercise in balancing children's rights and the risks presented by the virus to the wider population. As outlined in this research, until the vaccine was administered controlling the spread of the virus remained the priority and the curtailment of rights was viewed as a necessary trade-off from a population solidarity perspective. The need to balance the rights of all stakeholders was to the fore of the decision-makers minds. It was also evident that difficulties in re-opening after a long period of closure presented a further challenge. With the arrival of the vaccine, the pressure to administer the vaccine as quickly as possible was to the detriment of children accessing health and disability services, with therapists and health professionals being redeployed to the vaccination programme.

While the Special Cabinet Committee on Covid-19 held responsibility for decision-making on the public health measures introduced, each government department, state agency and county council maintained responsibility for the policies and services within their remit. The data reveals that, within their area of responsibility and operating within the parameters set by public health, the research participants sought to uphold children's rights by seeking to ensure continuity of services and supports and to mitigate the impact of the public health restrictions. While their approaches to mitigating the impact of the public health restrictions were varied, common themes emerged in the data in terms of the measures different state entities took to ensure continuity of services and supports and uphold children's rights. These common approaches included, continuing to work to their core policy objectives and principles, despite the changed working environment. Keeping services as open as possible, by working with government and public health officials to have them designated as an essential or critical services or ensuring some level of discretion was maintained for one-to-one interactions with particularly vulnerable children. Pivoting to new forms of service delivery in a manner compliant with public health restrictions, in particular online service delivery and, for children and young people experiencing disadvantage, the development of new or supplementary programmes to replace or supplement existing services impacted by the pandemic. Introducing measures to retain and support staff and adapt their roles as required

to meet the needs of children during the pandemic. Running campaigns, operating helplines and making online resources available to maintain outreach and support children and families. Finally, it emerged that working in partnership with the community and voluntary sector played an essential role, supporting in particular families in the most vulnerable situations throughout the pandemic. Operating within the community and coordinated by the local Community Response Forums, the community and voluntary sector were able to provide a targeted response at the local neighbourhood level in the absence of the availability of other services.

The Role of Child and Youth Participation Structures During the Pandemic

In the International multi-country assessment of the impact of state measures on children's rights, all 13 participating countries utilised a Children's Rights Impact Assessments (CRIAs) and Children's Rights Impact Evaluations (CRIES) to help examine if children's rights were respected, protected, and fulfilled during the pandemic. This assessment found that no children in any of the participating countries were consulted on the adoption or renewal of COVID-19 related measures (Lerch and Sedletzki, 2022). The research findings in this report, provide evidence of the situation in Ireland. From the perspective of the children and young people consulted as part of this research and who were disproportionately impacted by the pandemic, the vast majority of the children said that they did not have a say in relation to the public health measures introduced. They were also of the view that their voices should have been heard.

It is evident from the literature review and the interviews with the public officials, that two issue specific consultations with children and young people took place in Ireland during the pandemic to inform decision-making, led by the Department of Children, Equality, Disability, Integration and Youth in conjunction with the Department of Health. The first focused on mental health and the second focused on mandated mask wearing for children. It was also evident from the interviews with the public officials that there was also some engagement with existing participatory structures operating prior to the pandemic. There was evidence of engagement between the county councils and local Comhairle na nÓg's. The Department of Education engaged with the Irish Second Level Students Union (ISSU), the existing mechanism to hear the voice of second level students. School inspectors also had a role in gathering the perspectives of students on their experience of teaching and learning. While there was no evidence of specific engagement with children with disabilities, the Department of Education engaged with advocacy groups and parents of children with disabilities. However, other senior public officials reported not having the capacity

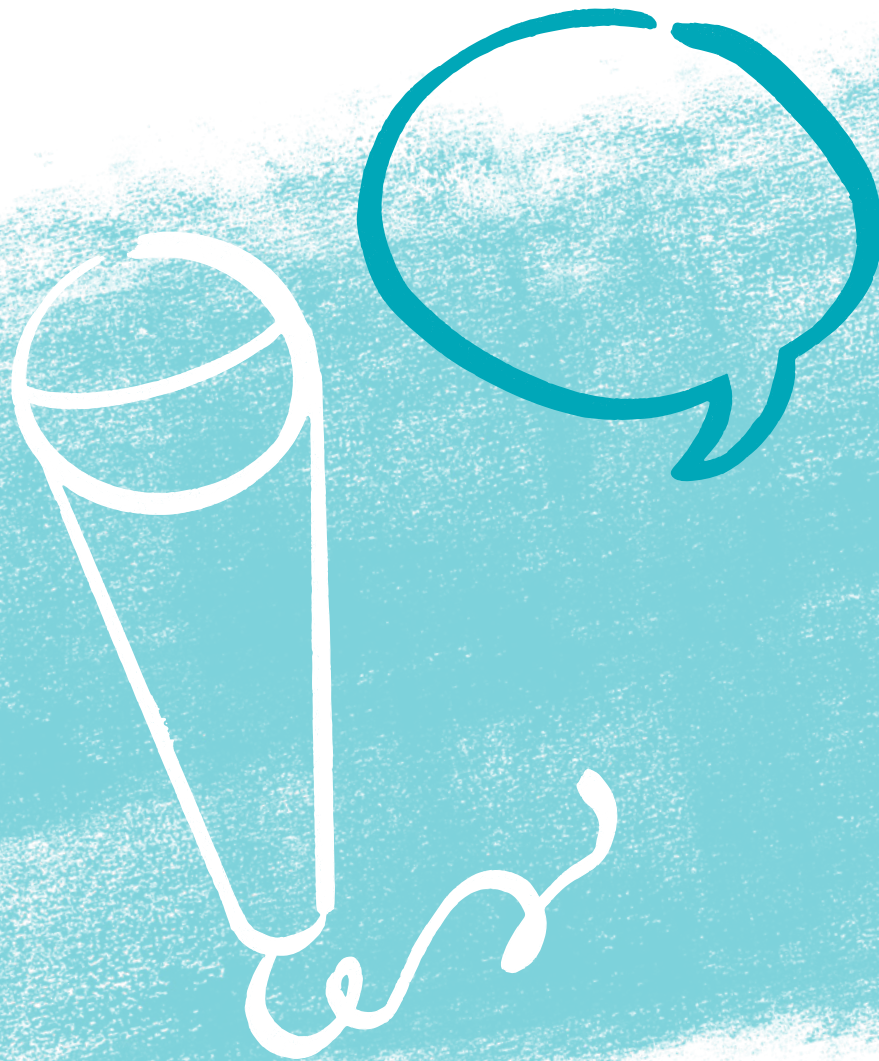
or having little or no access to child and youth consultation mechanisms, noting, in particular, the challenge of accessing a representative group of children, inclusive of those that are hard to reach.

The Crisis Communication Group adopted an evidence-based communications approach. While the amount and speed of real time research happening during the pandemic by the Crisis Communications Group, in the form of the weekly quantitative and qualitative tracker, was significant, it was not inclusive of children. It was evident that these weekly trackers, not only informed the Crisis Communications Group of public opinion and awareness of the Government messaging on public health measures, but that they also provided a greater understanding of the impact of the restrictions on members of the public and the steps that could be taken to mitigate this impact. While this tracking of public opinion and awareness informed NPHET and government decision-making, it included the views of adults only.

Returning to the findings of the children and young people consulted as part of this research, the children suggested that their perspectives could have been sought by asking them in person, asking them online or asking them in school. According to the children, they could have 'voted' to help share their opinions when decisions were being made in relation to the pandemic, via online methods, in person or in schools when possible. Online methods mentioned included via social media, a viewpoint echoed in previous research (Lundy et al. 2021).

While there was limited evidence, with the exception of the Irish Second Level Students' Union, of child and youth participation structures playing a role in informing decision-making during the pandemic, there were many innovative approaches to sharing information about the pandemic and the public health measures with children and young people. The Government invested in social media campaigns and information sharing, driven and led by young people, namely the #Antiviral Campaign and the SciComm Collective initiative. Efforts were also made to communicate the daily briefings on Covid-19 in a manner as accessible as possible and to communicate with children via educational television programmes delivered by the national broadcaster. The working group consultations with children and young people, identified that parents and care givers were the primary source of information for them, as previously found by Murray et al. (2021) and Bray et al. (2021). The children also stated that they get information from the news, on the T.V. and radio, potentially identifying these channels as important for the dissemination of child friendly and age-appropriate communication during times of emergency. Some of the children participating in the working groups shared that they understood why the decisions were taken, and that they found the information easy to understand.

However other participants found the information shared about the pandemic challenging to understand and identified three main issues they had with the information they received: firstly, the information was incomplete, secondly, it was directed at adults, and thirdly, the language was not easy to understand. This was also evident in other research, with children reporting that they felt insufficient efforts were made to communicate with them directly and in a child friendly manner (Lundy et al., 2021).



Conclusion and Proposed Solutions

For those working with and for children around the world, the Covid-19 pandemic presented an unprecedented crisis. With the onset of the pandemic and as it persisted and evolved, difficult decisions were made in the interest of public health. This research adds to the growing body of evidence that the public health restrictions had a significant impact on children's rights, curtailing their everyday activities and access to services. Yet, as Ife (2009: 139) reminds us, human rights need to be "defined, negotiated and enacted in different contexts". They cannot be devoid of the wider context, in this case a public health emergency. Restrictions can be placed on human rights on the grounds of wider public health and welfare interests, but the appropriate balance must be maintained between the impact of the restrictions and their benefit towards mitigating the risks at play. There is no one formula to how this can be achieved. The balancing act is dependent on the context and needs to be continually reassessed and informed by the available evidence.

The value of this research lies in the learning it brings to the fore from Ireland's experience of the Covid-19 pandemic. Learning on the impact of the Covid-19 public health restrictions on children's lives, specifically highlighting how certain cohorts of children and young people were disproportionately impacted, as well as learning on the decision-making processes behind the public health measures introduced. Central to this research is also a better understanding of the role of child and youth participation structures in informing decision-making and an exploration of how this can be improved informed by the perspectives of children and young people. Drawing on this learning, the following are the conclusions and proposed solutions developed to support recovery from the Covid-19 pandemic and prepare for potential future crises.

An Evidence-Based Response

In the initial phase of the pandemic, public officials were operating in a vacuum. How the virus was transmitted and the severity of the virus for young people was unknown. The priority in this initial emergency phase was on the health and safety of the population, with limited focus on the wider rights of different population groups, including children. A focus on children and young people only began to emerge when there was a better understanding of the virus and data became available on the impact of the public health restrictions on children and young people's lives. It was also in response to parents and advocacy organisations beginning to advocate on behalf of children and young people and was further enabled by the presence of children's champions in key advisory roles within the structures formed to

guide the Government's response. However, initially there was no strategic approach to ensuring that professionals with an expertise in children and young people were central to the Government's response.

Despite the profound impact of the public health restrictions on children's everyday activities and access to services, similar to research findings in other countries (Lerch and Sedletzki, 2022) this research found that there were limited opportunities in Ireland for children to meaningfully participate in decision-making during the pandemic. Some exceptions being the Department of Education's engagement with the Irish Second Level Student's Union to inform decision-making related to the examinations process, issue specific consultations on mental health, mask wearing and experiences of remote learning and returning to school and some evidence of county councils engaging with the Comhairlí na nÓg. The evidence-based approach adopted by the Crisis Communications Group, which was informed by a weekly quantitative and qualitative tracker of public opinion and awareness, was not inclusive of children. The limited opportunities to participate in decision-making, and particularly for children and young people experiencing disadvantage, was corroborated by the findings from the data collected in the working group consultations with children and young people. The vast majority of the children and young people said that they did not have a say in relation to the public health measures introduced. They were also of the view that their voices should have been heard. The children suggested that their perspectives could have been sought by asking them in person, asking them online or asking them in school. Similar to previous research (Lundy et al. 2021), the children and young people expressed a preference in particular, to have an opportunity to vote, via an online survey, social media or other mechanisms.

It is recommended that:



1. In a crisis, decisions on restrictions to be imposed must be informed by research data and/or consultations on how they will or will likely impact on children's rights. This data should be disaggregated to take into account the impact or likely impact on children and young people experiencing disadvantage. This should include a focus on those that this study and previous research has found were disproportionately impacted by the Government's response to Covid-19. These are as follows:

- Children and young people living in poverty and experiencing educational disadvantage.
- Children and young people with special educational needs.

- Children and young people accessing health, mental health and disability services.
- Children and young people from Traveller and Roma Communities.
- Refugee/asylum seeking children and young people.
- Children and young people at risk of violence, abuse and neglect and
- Children in emergency accommodation.

2.

The lived experience and perspectives of children and young people, including children and young people experiencing disadvantage, as well as their parents and advocates, should inform research data and/or consultations underpinning decisions on restrictions to be imposed during a crisis.

3.

The voices of children and young people should also be central to informing the evidence base for communication strategies in future crises.

4.

Continued support should be provided to Hub na nÓg in their efforts to improve cross-sectoral awareness in relation to existing participation structures and resources available as well as capacity building to support public officials to consult with children and young people on decisions directly affecting them.

5.

In addition to decisions being informed by research evidence and/or consultations, professionals with an expertise in children and young people should be strategically positioned within the decision-making or advisory structures informing the Government's response to the crisis.

6.

Children's Rights Considerations for Decision-Makers in Times of Emergency

Evidence emerging in this report identifies the important role of schools in supporting children's education, as well as the critically important role school plays for children and young people experiencing disadvantage in the provision of other rights, including food security and access to health services provided within the education system. As found in previous research in Ireland, the transition to online learning proved to be a poor substitute for in person education (Department of Children Equality, Disability, Integration and Youth, 2023a). Traveller children and children experiencing poverty and educational disadvantage shared that they experienced greater difficulty engaging with online learning. These children did not engage with homeschooling at all, or at best in a minimal way.

The challenge of not having access to their resource teacher and the negative impact this had on their learning, was a particular concern for children with disabilities. When asked what they would do if they had the power to make decisions during Covid-19, many of the children and young people in this research indicated that it was in their best interests to keep schools open.

The impact of social isolation on children and young people's physical and mental health was also evident in the data. In previous research, this was found to be a particular concern for children with disabilities and special educational needs (Barron and Emmett, 2020). There was also the concern among the young research participants that the mental health challenges some children were experiencing prior to the pandemic could be exasperated by the pandemic. In addition, restrictions imposed on sports, leisure and other outdoor activities were reported to have a negative impact on children and young people's mental and physical health. Children were of the view that outdoor facilities such as parks, playgrounds and beaches, as well as some sport and other outdoor activities should have remained open. Similar to previous research (O'Connor et al., 2020), disruptions were also reported by the children and young people regarding their access to health and special care services.

It is recommended that:

7.

The closure of schools should be a measure of last resort. If the closure of schools is a necessary and proportionate response, it should be accompanied by a re-opening strategy to open them as quickly and safely as possible.

8.

In the event of homeschooling, there should be improved support and monitoring of the engagement and progress of children and young people, in particular children with disabilities, children with special educational needs, Traveller children and children experiencing poverty and educational disadvantage.

9.

Given the importance of play and recreation activities for children and young people's physical and mental health, as well as the opportunities it provides for social interaction, greater priority should be given to safely creating these opportunities for children and young people.

10.

Where possible, disruptions should be avoided to health and special care services for children and young people.

Measures to Mitigate the Impact of the Crisis on Children's Rights

Operating within the public health restrictions imposed during Covid-19, this research found that government departments, state agencies and local government sought to introduce measures to ensure continuity of services and supports and mitigate the impact of the public health restrictions on children's rights. Common approaches emerged in the data in terms of the measures different state entities took to ensure continuity of services and supports. These measures included, continuing to work to their core policy objectives and principles, despite the changed working environment. Keeping services as open as possible, by working with government and public health officials to have them designated as an essential or critical services or ensuring some level of discretion was maintained for one-to-one interactions with particularly vulnerable children. Pivoting to new forms of service delivery in a manner compliant with public health restrictions, in particular online service delivery and the development of new or supplementary programmes to replace or supplement existing services impacted by the pandemic. Introducing measures to retain and support staff and adapt their roles as required to meet the needs of children during the pandemic. Maintaining outreach and support to children and families by running campaigns, operating helplines and making online resources available and working in partnership with the community and voluntary sector to support families in the most vulnerable situations throughout the pandemic.

Some of these measures outlined above were intended to offset the disproportionate impact on children and young people experiencing disadvantage. In future crises, learning can be drawn from the measures adopted by government departments, state agencies and local government. However, it is evident from the experiences of the children participating in this research, that some of the measures taken to mitigate the impact of the public health restrictions did not have the desired effect or were insufficient to minimise the impact on children and young people experiencing disadvantage. Also, some measures adopted to mitigate the impact of the public health restrictions were ad hoc in nature and not mainstreamed. For example, there was limited evidence of a systematic approach to support children and young people experiencing disadvantage to engage in home schooling and online learning.

It is recommended that:

- 11.** If restrictions on children's rights are necessary, a child rights impact assessment should be conducted and consideration given to measures that can be implemented to mitigate against violations of their rights and ensure the appropriate balance is maintained between the impact of the restrictions and the wider public benefit. These measures should be mainstreamed with clear guidance provided on effective measures that can be taken to respond and minimise the impact on children.
- 12.** To inform future guidance on effective measures that can be taken to respond and minimise the impact on children, further research should be undertaken to determine how measures introduced could be optimised to mitigate the impact, especially on children and young people experiencing disadvantage.
- 13.** Measures should also be taken in normal times to ensure schools are better prepared and more agile to transition in times of crisis. These measures could include improved access to IT equipment, improving students' computer literacy and investing in additional resources and supports for children and young people experiencing disadvantage.
- 14.** Given the critical role of the community and voluntary sector in providing targeted support, in particular to children and families living in vulnerable situations, consideration should be given to designating these services, or aspects of these services as essential. The valuable role of the County Councils through the Community Response Forums in coordinating local service delivery, should also be acknowledged and supported.

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