



Uned Atal Trais Violence Prevention Unit

A Health Needs Assessment:

The impact of COVID-19 on children and young people's experiences of violence and adverse childhood experiences

(full report)



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Barnardo's	Welsh Government
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Llamau	Cardiff Sexual Assault Referral Centre
Parent-Infant Foundation	Penllergaer Primary School
Media Academy Cymru	Cardiff Youth Centre

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Uned Atal Trais Violence Prevention Unit

Overview of the Wales Violence Prevention Unit

The Wales Violence Prevention Unit was established through funding from the Home Office in 2019. The core team comprises members from police forces, the Police and Crime Commissioner, Public Health Wales, Her Majesty's Prison and Probation Service (HMPPS), Home Office Immigration and the voluntary sector.

The Unit takes a public health approach to preventing violence (see figure 1), which involves seeking to understand the epidemiology of violence, and using this evidence to develop interventions focused on tackling the root causes of violence. Interventions are properly evaluated before being scaled up, if appropriate, to help more people and communities across Wales. Through this approach the Unit aims to develop a whole system response to the prevention of violence.



Figure 1. The four steps to a public health approach to violence

Abbreviations

HNA	Health needs assessment	NTE	Night time economy
VPU	Violence Prevention Unit	ACE	Adverse childhood experiences
COVID-19	Coronavirus	BAME	Black and minority ethnicity
FGM	Female genital mutilation	ASB	Antisocial behavior
LGBT+	Lesbian, gay, bisexual, transgender +	VAWDASV	Violence against women, domestic abuse and sexual violence
SEND	Special educational needs and/or disabilities	C/APV	Child and adolescent to parent violence
NEET	Not in education, employment or training		

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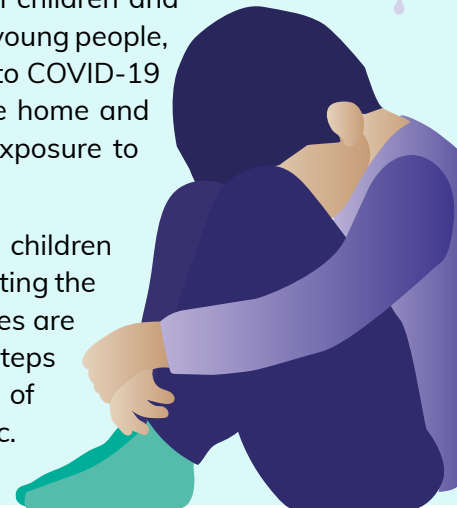
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1.0 Health Needs Assessment

1.1 Introduction

The novel coronavirus 2019 (COVID-19) pandemic has had, and continues to have, a huge impact globally. The pandemic has resulted in millions of deaths worldwide and over 143,000 United Kingdom (UK) deaths, causing overwhelmed health systems. Children and young people have been identified as one of the least vulnerable groups to the negative physical health consequences of the virus. However, experts have voiced their concern over the indirect impacts of COVID-19 on children and young people. The pandemic has resulted in many challenges for children and young people, including disruptions to education, support, social activities and routine. Due to COVID-19 restrictions, individuals have had to spend increased amounts of time in the home and spent a greater amount of time online, factors which increase the risk of exposure to violence and adverse childhood experiences (ACEs).

The current research project aims to, understand the impact of COVID-19 on children and young people's experiences of violence, explore what works best to mitigating the negative impacts and map the extent to which these services and programmes are being delivered in Wales. Subsequently the consideration of potential future steps are provided for COVID-19 recovery planning in order to address the issue of increased exposure to violence for children and young people due to the pandemic.



1.2 Project outline

A Health Needs Assessment (HNA) is a systematic process to assess the health problems facing a population. This includes determining whether particular groups are more susceptible to the health problem than others and identifying any inequalities in terms of service provision. A HNA can provide a platform for the consideration of next steps to mitigate the negative impacts of a given health issue on the different population groups involved (1).

This HNA uses a mixed method approach, including a literature review, population profile data, interviews with key stakeholders and the analysis of routinely collected monitoring data. The research will also consider surveys that were administered to children and young people during the pandemic to capture their opinions and personal experiences.

The approach aims to help key stakeholders working with children and young people, such as policy makers and organisations, to understand the impact that COVID-19 has had, and continues to have, on children and young people's experiences of violence and ACEs in Wales. Gaining a deeper understanding into the impact of violence and trauma in the pandemic will help the VPU to inform policy and practice, improving the provision of health and support services (short and long term) for children and young people during the pandemic and beyond.

The UN convention on the rights of the child define a child as less than 18 years old

A multiagency steering group from a range of organisations that work with children and young people in Wales was established to gather expert opinion to inform the research.

Project aims

1. To understand children and young people's (aged 0-18) experiences of violence and ACEs during the COVID-19 pandemic in Wales
2. To explore the impact of COVID-19, in the context of the wider determinants of health, and consider what implications this might have for children's health and wellbeing in the future
3. To explore 'what works' to mitigate the impact of adversity experienced by children and young people and how this is relevant to the COVID-19 context
4. To map the extent to which these services and programmes that are utilised to mitigate the negative impacts on children and young people are delivered in Wales
5. Provide a range of potential future actions and policy considerations to inform COVID-19 recovery planning, and to inform evidence-based action in the event of future infectious disease restrictions
6. Map and improve routine data-sharing across organisations and increase the availability of multi-agency data on children and young people within the VPU's Violence Intelligence for Prevention Hub

1.3 Literature review methodology

1.3.1 Aims and objectives

This literature review utilised information from academic and grey literature to; a) understand children and young people's experiences of violence and ACEs during the COVID-19 pandemic and b) explore the impact of the COVID-19 pandemic on the wider determinants of health and how these impacts may affect children and young people's health and wellbeing in the future. This evidence was combined with stakeholder views to provide further context, a population profile and information from surveys conducted by separate services with children and young people in order to gain a comprehensive understanding of the issue.

The literature review was conducted in real-time during the COVID-19 pandemic. Publications were monitored as they became available.

1.3.2 Search strategy

Searches were conducted through *Research Gate*, *Google Advanced* and *Google Scholar*. Searches were restricted by date; articles considered were those identified from the beginning of the pandemic in January 2020 and the search continued throughout the research project to enable the researcher to use the most up-to-date and relevant research. No restrictions were made by country but only evidence in the English language was included. See *Appendix 1* for the search strategy utilised for this research.

Additionally, evidence and information from experts in the field of ACEs was sought and used to inform and supplement the current research.

Due to the real-time nature of the literature search, the number of papers identified and screened is not available. Papers were screened for relevance as they became available.

The studies utilised within the report are comprised of a mixture of academic and grey literature. Grey literature included non-governmental organisation reports, government reports, policy papers, surveys and news articles. Academic literature included expert opinion pieces based on theory, literature reviews and reports based on empirical data. The evidence gathered mainly originated from the United Kingdom, including literature from Wales, Scotland and England. European and international literature was also used to provide context for the new and emerging subject area of COVID-19.

1.4 Interview methodology

1.4.1 Aims

The interview questions covered a range of topics and aimed to develop an understanding of:

1. The impact of COVID-19 restrictions on children and young people's experiences of violence and ACEs
2. The best practices in addressing the negative impacts
3. What groups are most negatively impacted by the COVID-19 restrictions in terms of violence and ACEs
4. The current operation and delivery of services for children and young people
5. Any implementation of changes during COVID-19 to services that support children and young people
6. What services feel they need to be providing going forward

1.4.2 Participants

Eleven participants took part in the interviews (nine 1-to-1 interviews and two 2-to-1 interviews). One participant could not attend an interview therefore their answers were sent via e-mail. Interviews were administered to a range of representatives from various sectors e.g. education, abuse, mental health, housing and online safety. See Table 1 for the specific organisations that took part in the interviews.

South West Grid for Learning (SWGfL)	Parent-Infant Foundation
Barnardo's	Penllergaer Primary School
BAWSO	Welsh Government
Cardiff Sexual Assault Referral Centre (SARC)	National Safeguarding Team & Cardiff SARC
Office of the Children's Commissioner for Wales	Cardiff Youth Centre
Media Academy Cymru	Llamau

1.4.3 Recruitment

An expert advisory group from various sectors helped to develop the interviewee list and recruit participants.

1.4.4 Ethics

The project was reviewed by the Public Health Wales Research and Development team who confirmed that the study did not require any further ethical approval to carry out the research.

1.4.5 Methodology

Due to the current COVID-19 restrictions, interviews were conducted via Microsoft Teams. The approximate duration of the interviews was 60 minutes. With the permission of the interviewee, the interviews were audio recorded and transcribed in order for the notes to be analysed.

1.4.6 Materials

The interviews were semi-structured and included 14 open-ended questions. All questions were asked in the English language.

1.4.7 Analysis

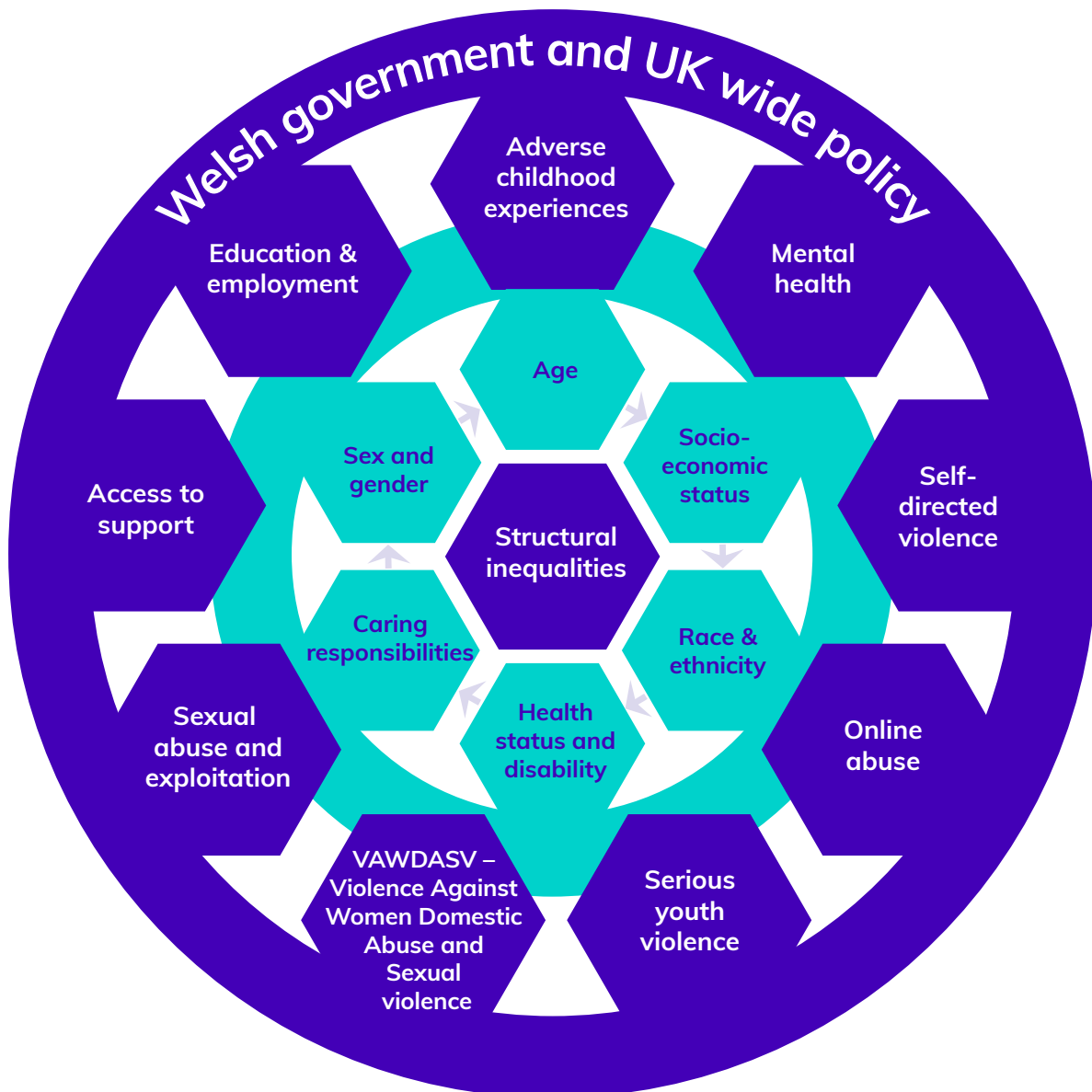
The qualitative data from the interview was thematically analysed using Atlas TI software.

The evidence gathered from the interviews was used in conjunction with the evidence from the literature to gain a deeper understanding of the issue in the Welsh context. All interview data was combined with academic evidence to form the report.

1.5 Summary diagram

The figure below demonstrates the scope of the research considered for this assessment based on early findings from the VPU monitoring reports, a rapid review focused on the impact of COVID-19 and associated government restrictions on children and young people (2) and other relevant literature. The scope focused on the impact that COVID-19 has had on children and young people, in terms of violence, ACEs and the wider determinants of health. The outer circle highlights UK and Welsh government policy and its potential to help alleviate the negative impacts experienced by children and young people.

Figure 2. Diagram of the scope of the research



2.0 Key findings

2.1 Introduction

The COVID-19 pandemic has had a detrimental impact across the world. Despite both the UK and Welsh government's measures to contain the virus through the implementation of restrictions, such as the stay at home measures and social distancing guidance, the high infection rate of COVID-19 has resulted in overwhelmed health services and over 143,000 UK deaths (3). Additionally, the COVID-19 pandemic and its associated restrictions have had a huge impact, economically, environmentally and socially.

Violence - "The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation." (4)

Since the beginning of the pandemic in 2019, experts have voiced their concern regarding the negative direct and indirect impacts of COVID-19 on children and young people, highlighting the particular concern of violence within the home. Research suggests that, despite the efforts of family and children's services to adapt their operations and continue working throughout the pandemic, children and young people have faced a reduction and change in access to support and safeguarding provision (5–7). Consequently, there is less opportunity to prevent abuse and identify and respond to children at risk. The impacts experienced by children and young people are likely to be both short- and long-term. Exposure to adversity and violence in childhood increases the risk of further negative outcomes in adulthood (8,9). For instance, children and young people who are exposed to violence are twice as likely to experience abuse in adulthood, such as physical abuse, sexual abuse and interpersonal violence.

The following chapters of this report will present and analyse the evidence found through the literature search regarding children and young people's experiences of violence and ACEs during the COVID-19 pandemic. It will link the literature to the qualitative interview findings to provide meaningful evidence to the impact of COVID-19 on the wider determinants of health and how these impacts may affect children and young people's health and wellbeing in the future.

2.2 Welsh demographics

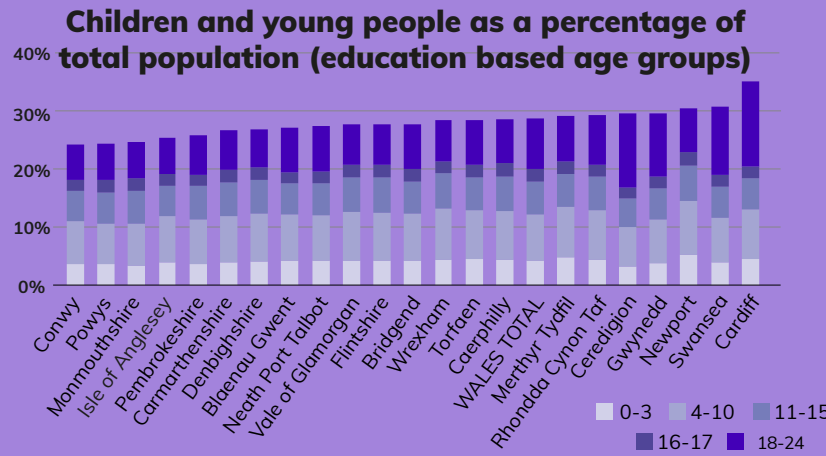
Figure 3, page 11 illustrates the population demographics of Wales and, further, the population demographics specific to children and young people (10–20).

- Wales has a total population of approximately 3.15 million people, with 20% under the age of 18 years. This proportion is greater in the more densely populated areas of South Wales.
- Wales' background is predominantly white British with approximately 8.9% of the population from minority ethnic backgrounds.
- Roughly a quarter of the population in Wales, and 3 in 10 children and young people, are living in poverty.

The statistics demonstrate that ACEs are prevalent in Wales and that risk factors for ACEs are high, for example, 20.5% of children and young people live in low income households and there are 109 looked after children per 10,000. It therefore highlights the importance of the current research, given that COVID-19 has exacerbated these factors and, consequently, the risk of ACEs in Wales is even higher as a result of the pandemic.

Figure 3.

Population Demographics of Wales

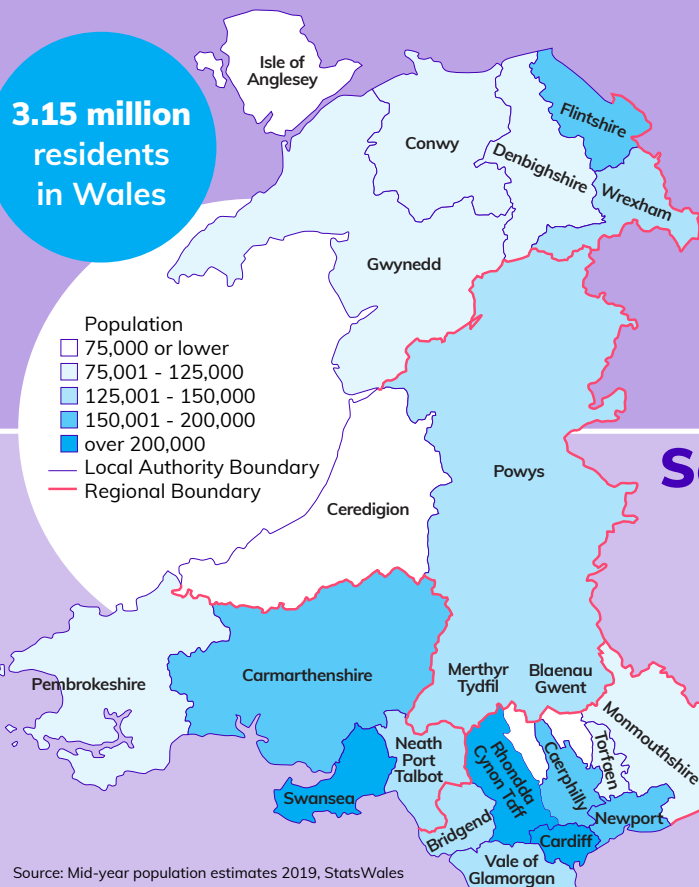


Age

0-17 year olds = 20% of Welsh population

18-24 year olds = 9% of Welsh population

Population of Wales by local authority (LA)



Gender

Welsh population by biological sex (2019)

51% (Female)
49% (Male)

Socio-economic status

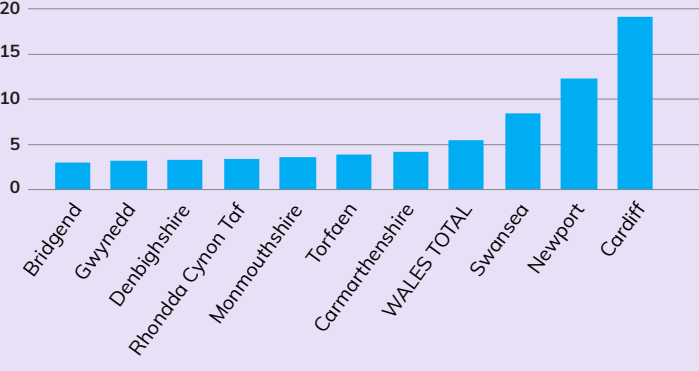
≈ 1/4 (700,000) people are living in poverty (2019)

20% of all households claim some form of housing benefit

3 in 10 children are living in poverty

Of the children living in poverty, over 70% live in a family who receive income related benefits

Black, Asian and Ethnic Minority groups as percentage of total population



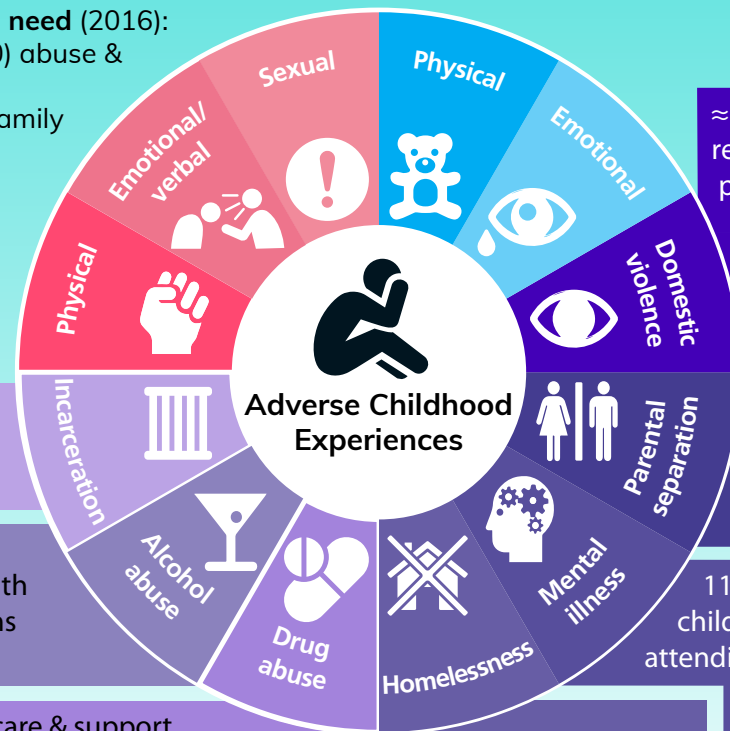
Ethnicity

8.9% of CYP resident in Wales are Black, Asian or other ethnic minority.

Expanded Adverse Childhood Experiences (+ Adverse Community Environments) Indicators of Risk and Harm across Wales.

LA registered children in need (2016):

- 10,055 (160 per 10,000) abuse & neglect
- 1,720 (27 per 10,000) family in acute stress
- 2,550 (41 per 10,000) family dysfunction
- 45 per 10,000 children on the child protection register (2019)



≈ 41,500 domestic abuse related offences recorded by police (2018/19)

25% of all children in need are subject to parental domestic abuse

38% of dependent children live in lone parent households (ONS, 2020)

11,754 (186 per 10,000) children and young people attending counselling 2018/2019

Rate of referrals to Primary Mental Health Support Services is 222 per 10,000 of the population (2016)

≈ 310,000 children in the UK have a parent in prison

999 hospital admissions involving CYP (<25yrs) with alcohol specific conditions (2018/19)

4,450 children receiving care & support due to parental substance misuse (2018/19)

12 per 10,000 admitted to hospital following illicit drug poisoning (2016)

91 per 10,000 household assessed as homeless (2019/20)

Care arrangements

- 7,170 looked after children (109 per 10,000 (2019))
- 261 per 10,000 children receiving LA care and support
- ≈30,000 carers under 25 years (Social Care Wales)

Criminal justice and detention

- ≈ 80 CYP in detention centres

Poverty and socio-economic status

- 20.5 % of CYP live in low income families
- 19.9% of pupils eligible for free school meals
- 83% of households in the most deprived areas of Wales had access to internet, compared to 92% of households in least deprived areas (2018/19 National Survey for Wales)
- 4.4% unemployment rate

Violence, community safety and hate crime

- Rate of police recorded crime in Wales 836 per 10,000 of the population (2019)
- 315 per 10,000 violence against person offences
- 30 per 10,000 drug offences
- 13 per 10,000 hate crimes

Education

- 53.8% of Year 11 students achieved 5 GCSEs grade A*-C (2018/19)
- 438 per 10,000 school age pupils received fixed term exclusions; 6 per 10,000 received permanent exclusions (2018/19)
- 449 school exclusions are as result of alcohol or drugs amongst school aged children.
- 22.4% of pupils with SEN in maintained schools (2020)
- 9.5% of 16-18 year old are NEET (2017)

2.3 The impact of COVID-19 on children and young people's experiences of violence

Children and young people experiencing violence remains a major global public health issue. Worldwide, approximately one billion (one in two) children suffer at least one form of violence each year. Consequently, over 40,000 children aged 0-17 die as a result of violence per year (4). In the UK, at least one child a week is killed on average, with children less than one year of age being most likely to be killed by another person, followed by children and young people aged 16-24 years (21).

40,000 children aged 0-17 die as a result of violence per year



Evidence suggests that ACEs and violence, such as sexual abuse, domestic abuse, serious youth violence, online abuse and neglect, have increased since the introduction of the stay at home and social distancing guidance. For example, between April and September 2020 there was an increase in the number of deaths or serious harm caused by abuse or neglect to children under five years old in the UK. Data highlights an increase of 31% for those under 1 years old and 50% for children aged 1-5 years old (22). This is attributed, in part, to increased stress levels as a result of financial insecurity; managing multiple responsibilities including work, full-time childcare, home schooling and caring for other family members who may be shielding or unwell; heightened anxiety surrounding contagion and increased confinement and isolation (23) [INT2;4;8;10;11]. COVID-19 has been a struggle, even for those families with positive relationships and a nurturing home environment, however, this struggle will have been amplified for those who do not live in a happy home [INT11]. It is likely that the families who were experiencing violence and adversity prior to the pandemic are going to be in greater crisis post-pandemic e.g. suffering with mental health problems and substance abuse [INT9]. Confinement inside the home has created new vulnerabilities for children and young people and exacerbated existing vulnerabilities. For example, young people with digital access are spending more time online and are at increased risk from online abuse, and for children who are already experiencing abuse within their household, home isolation means an increased potential for future harm (23).

The internet has provided children and young people with many benefits during lockdown, including provision of continued connectedness with family and friends (24). The internet allows vulnerable children, including those with eating disorders, special educational needs and/or disabilities (SEND) and those with care experience, to interact with like-minded individuals whilst avoiding labels, such as special needs and learning disabilities, and emphasising other aspects of themselves (24). However, the internet also poses many risks, including cyberbullying, cyber-aggression, manipulation or coercion and access to harmful or triggering content (e.g. material including self-harm, pro-anorexia, extremist views/speech and hate speech), which are heightened for vulnerable children due to increased time spent online and greater exposure to unknown individuals (24). Additionally, children who now have access to online resources, that did not before, as a result of Welsh government initiatives may be more vulnerable and at risk of the online harms [INT6].

Furthermore, protective factors, such as school, recreational activities (e.g. sports), access to support services and trusted relationships with adults outside of the household, which are essential to help combat these issues, have been disrupted during the pandemic (23) [INT4;7;9;12]. In addition, crucial staff working with children and young people (e.g. health and social care staff) have been redeployed to COVID-19 frontline response roles or furloughed (25–27) [INT2;3;10;12]. Across England, a large number of health visitors were redeployed out of their teams to support the COVID-19 response, preventing many children and families from receiving routine assessments and support, which is particularly essential for parents with infant children, and vulnerable/ at risk children (e.g. children living in poverty) (26,27). This is particularly impactful as health visitors are the only agency to see all infants universally within their home environment assessment. As a result, many children and young people suffering abuse are yet to be identified. Furthermore, challenges with online safeguarding has meant that private 1:1 time with a professional has been reduced. This, paired with a lack of face-to-face time

with trusted adults or professionals, has reduced the 'soft' opportunities for assessing harm and the ability for children and young people to disclose abuse [INT1;10;11]. Due to this reduced opportunity to report harm to a trusted adult, the Professional Online Safety Helpline has seen a concerning decrease in calls from professionals [INT1].

Experts have also discussed the potential for COVID-19 to be recognised as an ACE in itself, as it has had, and will continue to have, a detrimental impact on children and young people [INT1;9]. Children and young people who have ACEs are more likely to experience negative outcomes in later life, such as health harming behaviours, increased risk of poor mental health and a greater propensity towards violence (28). Furthermore, evidence suggests that ACEs create a toxic stress response which increases the burden of ACE-associated health problems, such as heart disease, kidney disease, obesity and diabetes. Consequently, individuals who have experienced ACEs may be predisposed to a more severe form of COVID-19 disease and increased risk of death (29).

Adverse childhood experiences - "Stressful experiences that occur during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence). The resulting trauma can continue to affect people as adults, long after it has happened." (30).

2.3.1 Parental alcohol and substance use

COVID-19 restrictions have contributed to an increase in parental alcohol and substance use within the home and a resultant increase in risk of child maltreatment and experience of domestic abuse. During the first and subsequent lockdowns, Night Time Economy (NTE) establishments, such as bars, clubs and restaurants, were ordered to cease operations. As lockdown eased, some of these establishments were allowed to re-open with strict restrictions, such as earlier closing times, drink restrictions and capacity limits. Consequently, concerns have been raised regarding an increase in at home drinking to compensate for the restrictions in NTE establishments. One study discovered a 28% increase in participants' alcohol consumption during lockdown and reported that consumption was higher in parents with children aged below 18 years (31). Furthermore, health visitors have reported an increase in parental substance abuse since the first lockdown (26).

Most respondents stated that the increase in alcohol consumption was a coping mechanism in response to increased stress and anxiety experienced during lockdown. Increases in the frequency and volume of alcohol consumption within the home increases the risk of harm to children (2). For instance, parental alcohol consumption has been associated with less responsive parenting and is a common risk factor for violence, abuse and neglect (32,33). Furthermore, at home parental alcohol consumption has been found to increase children's exposure to domestic violence (34), with a strong positive association between physical interpersonal violence and alcohol consumption, particularly for those living with children (35). In addition, children and young people who experience parental drug and alcohol abuse at home, as well as neglect or abuse, are at a heightened risk of engaging in criminal behaviour (36). This demonstrates that families with children are particularly at risk of experiencing adverse impacts of increased household alcohol and substance use as a result of COVID-19.

During the pandemic there has been an increase in the number of adult deaths due to alcohol consumption; data from the Office for National Statistics shows that, between January and September 2020, there were 5,460 alcohol-related deaths in Wales and England, a 16.4% increase compared to the same period in 2019 (37). The increase of alcohol related deaths implies that there has been an increase of alcohol use in the home during the pandemic, subsequently increasing the risk of violence and ACEs. Furthermore, it indicates that some children may have suffered bereavement of a family member as a result of increased alcohol use during the pandemic.

2.3.2 Violence against women, domestic and sexual violence and abuse

Violence against women, domestic abuse and sexual violence (VAWDASV) has increased as a result of COVID-19. On average, 1 in 3 women will experience intimate partner violence and/or sexual violence in their lifetime, with 97% (out of 1,084 UK women) of those aged 18-24 years old reporting experiences of sexual harassment (38,39). Globally, governments and expert organisations have raised concerns regarding COVID-19 and its impact on domestic violence and abuse (40) [INT2;3;8]. The number of incidents involving domestic violence is reported to have escalated across the world as a result of COVID-19, due to restrictions leading to an exacerbation of risk factors associated with domestic abuse and violence (see box 1) (40–43).

Box 1. Risk and exacerbating factors for domestic abuse during COVID-19

- Gender inequality and reinforcement of traditional gender roles in the home
- Poor mental health including stress and anxiety
- Child stress (e.g. irritability from a lack of activities and social time, fear, and lack of understanding)
- Confinement that places strain on relationships
- Socioeconomic vulnerability (e.g. food insecurity)
- Reduced mental health support
- Unemployment
- Limited access to support services
- Substance abuse
- Victim exposure and proximity to the perpetrator of abuse

Domestic abuse helplines have observed a rise in cases since the beginning of lockdown in Wales, particularly from individuals seeking support for their own situations (44). Statistics released in mid-April 2020 revealed an initial surge in rates of domestic violence in the UK; the domestic abuse charity, Refuge, reported a 700% increase in daily calls to its helpline since the beginning of the first lockdown, while the Respect Phoneline, a helpline for perpetrators of domestic violence requesting support to change their behaviour, reported a 25% increase in calls (45–48). Welsh Women's aid (WWA) noted that the Live Fear Free (LFF) helpline was contacted over 12,000 times during the first half of 2020 regarding VAWDASV related issues (49) and has reported a 41% increase in calls since March 2020 (50).

Furthermore, the UK's domestic abuse charity, Respect, noted a sharp increase in demand for their victim support service for men in April and May 2020 compared to the same period in 2019 (2). Additionally, 82% of health visitors reported seeing an increase in domestic violence and abuse across England during the pandemic (51). Data from South Wales A&E showed a 20% increase in

own home partner/ex-partner related injuries between December 2020 and February 2021 compared to the same period the previous year (51). Despite the statistics demonstrating an increase in incidents of domestic violence, police reporting across Wales reflected a 16% overall reduction in reporting of domestic abuse related crimes since the start of the pandemic, and South Wales Health Boards have seen a 2% decrease overall in A&E attendance's for violence within the home (50). The decline in reported incidents does not necessarily suggest a reduction in domestic abuse-related incidents, but instead, highlights a reduction in reporting of domestic abuse to public services, particularly to the police.

Pre-pandemic, the criminal justice system were dealing with a backlog of tribunal and court cases relating to VAWDASV. As a result of COVID-19, the number of cases has further increased and, consequently, there are concerns that the needs of an increased number of survivors will not be met due to the inability of the system to cope (52). Further concerns have been raised that victims may withdraw their cases due to the delays (52).

Children and young people witnessing VAWDASV

Over half of the women seeking support for domestic abuse disclosed that they had children, indicating that children have been at a heightened risk of witnessing domestic violence since the onset of COVID-19 and its associated restrictions (44) [INT2;5]. The NSPCC helpline also reported a sharp rise in contacts regarding concerns for the impact of domestic abuse on children and young people. Additionally, they reported an increase in the number of counselling sessions provided to children and young people for domestic abuse and violence (53). From March to June, 266 children and young people were supported through domestic abuse refuge-based support services in Wales. School community police officers and educational staff in Wales have noted domestic abuse and violence as one of their most frequently reported concerns (54).

Furthermore, the Revenge Porn Helpline, which supports victims of intimate image abuse, noted that the percentage of calls, including cases of intimate image abuse and sextortion, had almost doubled every month between April to August 2020, compared to the same period in 2019 (55,56) [INT1]. This rise means it is likely that more children are living in an abusive household [INT1].

In some instances, victims of domestic abuse and their children were required to flee from their homes to escape abuse and were placed into a refuge for their safety. However, when the pandemic struck and restrictions were imposed these children were left isolated from friends and family and confined to one room, in many cases with multiple siblings. One interviewee stated that for the victims and their children this was like 'moving from one prison to another prison'. Furthermore, many staff who support the refuge centre e.g. health visitors, therapy specialists and nurses were re-deployed to support the COVID-19 response. As a result, staff were required to deal with the health and mental health needs of children despite being un-equipped [INT3].

Crucial support services currently do not reach all children in need, predominantly due to insufficient funding (57). For example, in 2018, 77% of children and young people in Wales who had experienced domestic abuse did not receive specialist support (57). Since the beginning of the pandemic, there has been a further decline in the number of children receiving support for domestic abuse related incidents, as COVID-19 restrictions present barriers to support (49,58,59).

Children and young people's experiences of VAWDASV

Whilst there has not been an overall increase in A&E attendances for domestic abuse with injury during COVID-19, there has been an increase in young people attending A&E for domestic abuse assault with injury. South Wales Health Board data from March to December 2020 shows an increase in the number and proportions of domestic assault attendees among the under 18 and 18-24 age categories. Those aged under 25 years accounted for 24% of domestic assault attendances in 2020, whereas in 2019 this was 15% (50). Furthermore, data from WWA's LFF helpline has seen an increase in the number of young people contacting the helpline in 2020/21 compared to 2019/20 (60).

Since the beginning of the lockdown, girls have experienced an increase in sexual harassment. Sexual harassment constitutes a form of gender-based violence which includes being followed, receiving unwanted sexual comments or images and receiving unwanted sexual physical contact. Plan UK released a report at the beginning of the pandemic highlighting girls' experiences of violence during the COVID-19 lockdown (61). A fifth of girls aged 14-21 years reported experiencing sexual harassment during lockdown (61). A further quarter of girls reported experiencing at least one form of abuse, bullying or sexual harassment online, with 9% reporting receiving unwanted pictures or being asked to send intimate images



(61). As a result, approximately 28% of girls reported feeling less safe than prior to the pandemic, stating that there were fewer individuals around to help if something had happened to them (61).



**28% of girls
reported feeling
less safe than prior
to the pandemic**

Honour based violence

Honour Based Abuse (HBA) is a form of domestic abuse due to a perceived compromise of a family or community's 'honour'. The punishment for bringing dishonour can be emotional abuse, physical abuse, and family disownment and in some cases even murder (62).

Increases in HBA and harmful traditional practices have been seen throughout the pandemic. Karma Nirvana, a UK based charity for HBA and forced marriage, has reported dealing with an influx of new and an exacerbation of ongoing cases since the first lockdown begun in March 2020 (63). As a result of the pandemic and travel restrictions, Karma Nirvana have seen perpetrators adapt their methods of control, coercion and abuse, for example, hosting forced marriages online via Skype (64).

In certain cases of HBV, girls may be at an increased risk of female genital mutilation (FGM), with reduced opportunities to reach out to specialist services since the start of the pandemic (64). In the UK, there has been an increase of FGM victims self-referring themselves for support, in comparison to 2019/20 (55). Furthermore, there has been a reported increase in FGM in areas abroad e.g. Somalia, during the pandemic. This is expected to have a ripple effect in the UK as practicing communities will be under increased pressure from family abroad to ensure they are upholding honour based traditions (44).

Child and adolescent to parent violence

Research has evidenced an increase in the occurrence of child and adolescent to parent violence (C/APV) following the COVID-19 outbreak. This mainly involves son-to-mother violence, with 92% of adults being female and 72% of children being male (65). Research has highlighted a rise in the number of reports of violence from family members with a history of C/APV and an increase in severity of the violence (65). Often, the increase could be attributed to confinement, changes in structure and routine, fear and anxiety and a lack of access to support as a result of the pandemic (65). Parents have expressed concern for siblings witnessing the violence, and the potential that violence could be re-directed to them (65). Many parents reported that they avoided contacting the police regarding C/APV due to fears of criminalising their child, causing their child anxiety or escalating violence within the household. Contrastingly, for some families lockdown has had a positive impact, reducing the frequency of C/APV. This is thought to be due to reduced stress from school and peer groups, as well as strengthened familial relationships (65) [INT6].

VAWDASV and marginalised groups

Black and minority ethnic (BAME) groups are particularly at risk of VAWDASV due to existing structural inequalities, including a heightened risk of sexual violence and harassment and racial discrimination. Women in general are also at a higher risk, particularly those with disabilities, undocumented migrants or victims of drug trafficking (42,44,52). Evidence suggests that younger people and those identifying as LGBT+ are also experiencing a disproportionate impact as they were identified as vulnerable to domestic abuse pre-pandemic (52).

The impacts of COVID-19 on perpetrators

There are growing concerns that perpetrators will take advantage of COVID-19, and its associated restrictions, to control their victims. For example, perpetrators may withhold masks to stop victims leaving home, control when victims can see family and friends, confine and surveil victims and inflict fear and threat of contagion (66,67). They may also convey disinformation regarding quarantine measures to exert control (68).

Tight restrictions shut off avenues of escape and make it more difficult for victims to seek help (66,67). Furthermore, isolation means that the abuse will be less visible (69). Despite an initial dip in calls, Respect experienced a large increase in the number of male perpetrators who contacted the service with concerns for their own violent or abusive behaviour (2). Additionally, digital exclusion was highlighted as a cause for concern for services, as many reported being unable to contact women and children identified pre-COVID-19 as at risk of domestic abuse. Concerns were also raised regarding the inability to have safe conversations with these families whilst they are under constant surveillance of the perpetrator (70).

2.3.4 Physical abuse

Following the COVID-19 restrictions, there has been an increase in physical abuse towards children but a decrease in the number of incidents reported. Since the stay-at-home measures were introduced, the NSPCC's Childline service observed a 22% increase in the number of counselling sessions for physical abuse. Additionally, they reported a 53% increase in concerns regarding children aged 0-18 years experiencing physical abuse. This included children being smacked, hit (by hand or with an object), punched and kicked (71).

**22% increase
in the number of
counselling sessions
for physical abuse**



**53% increase
in concerns regarding
children aged 0-18 years
experiencing physical abuse**



**20% rise in the number
of babies being
harmed and killed
during lockdown**



On some occasions, physical abuse resulted in death. For instance, Ofsted reported a 20% rise in the number of babies being harmed and killed during lockdown (72,73). One study, conducted at a specialist children's hospital in London, reported a sharp increase in the incidence of abusive head trauma (colloquially known as shaken baby syndrome) during

the pandemic, with ten children presenting for treatment between 23rd March and 23rd April 2020, representing a 1493% rise compared with the same period in the previous three years (74). This finding mirrors the results of a study conducted in the US which documented an increased proportion of physical child abuse injuries presenting to a paediatric trauma centre during the COVID-19 pandemic (75).

Meanwhile, studies conducted in hospitals in Newcastle and Birmingham have demonstrated a dramatic decrease in the numbers of children who are referred for child protection medical examinations as part of child safeguarding assessments during the pandemic (76,77). This finding is interpreted, not as a reduction in the incidence of physical child abuse, but as an indication that children experiencing abuse are being missed and that abuse is remaining largely hidden due to the withdrawal of vital child health and social care services and school closures (76,77).

Similarly, in the immediate period following lockdown, an English study found that out of 15 local authority children's care departments that were contacted, most received fewer referrals for concerns about child abuse than in the same period in previous years; this was also attributed to school absence and reduced contact with health and social care professionals (25). However, when referrals were received, they tended to be more severe than usual, and were more likely to be made by hospital staff (25). This demonstrates that risk has been escalating to crisis point before the children are identified and safeguarding measures are implemented.

The COVID-19 restrictions have caused a significant amount of stress and have resulted in reduced escape avenues for victims. Consequently, victims of abuse may experience long-term psychological impacts, such as developing mental health issues and displaying challenging behaviours (71). The children and young people who spoke to Childline said they felt scared, lonely, helpless and confused, and discussed experiencing increased depression, anxiety, panic attacks and low self-esteem (71). They also reported feeling angry towards the abusers, themselves and authority figures who they believed had failed to protect them (71). Some respondents noted that they were unable to eat or sleep due to experiencing physical abuse and had resorted to drinking and other self-harming behaviours as a method of coping. Respondents also experienced suicidal thoughts and feelings (71).

2.3.5 Mental health and well-being

In the UK, 1 in 8 children and young people, aged 5-19 years, suffer with mental health problems (2017 statistic) (78). Around 50% of lifetime mental health problems are established by age 14 years and approximately 75% by age 24 years (79,80). Additionally, there is increasing evidence that mental health disorders can manifest in children as young as preschool age (81). The emotional and mental health and wellbeing of children and young people is a national priority in Wales (82). COVID-19, and its associated restrictions, has meant that children and young people have been isolated from friends and family, experienced an increase in anxiety due to various factors such as exam cancellations and fear of infection or family illness with COVID-19, experienced disruption to their routine and had their support networks disrupted.

1 in 8 children and young people, aged 5-19 years, suffer with mental health problems



Furthermore, increased pressure and poor mental health has resulted in situations escalating more quickly than before the pandemic [INT6]. Children and young people have had less opportunity to escape adverse situations within the home, such as parental arguments, due to restrictions and social pressure to abide by governmental rules [INT11]. Furthermore, there may be control and coercion issues within families that are preventing children and young people from choosing what they do [INT1]. Despite the heightened risk of harm to children and young people, protective factors, such as cultural connectivity, access to trusted relationships and sense of control, have been reduced [INT1;2;9]. These factors have contributed to a decline in the mental health of children and young people. However, some children and young people have experienced positive impacts on their mental health as a result of the pandemic. For instance, many have built stronger relationships with family during lockdown and have experienced reduced pressures from the mental health issues associated with social life and school (7,83,84).

Exacerbation of mental health concerns in children and young people

The majority of the evidence suggests that children have experienced a worsening of their mental health since the beginning of the pandemic (83–86) [INT1;2;3;5;9;11;12]. The percentage of children and young people in the UK describing their mental health as poor has risen since they have returned to school in September 2020 following the first lockdown. Sixty-one per cent reported that returning to school has had a negative impact on their mental health. This may be due to children feeling overwhelmed by the academic workload and the increased pressure to perform well throughout the year in case of further exam cancellations, in addition to fears surrounding contracting COVID-19 (87,88). The decline in mental health associated with returning to school has exacerbated some children's negative coping mechanisms, such as self-harm and eating disorders (88). Some schools also reported an increase in pupils struggling with self-harm and eating disorders when schools were closed (89).

Evidence suggests that the pandemic and its subsequent lockdowns are becoming increasingly difficult for children and young people. A UK based survey with 2,000 girls aged 4-18 years found that girls reported feeling more lonely (42%), anxious (43%) and worried (44%) compared to when restrictions were first introduced (90). In addition, the 'Coronavirus and Me' survey in January 2021 discovered that

only 39% of children aged 12-18 years reported feeling happy most of the time, a drop of 11% since the previous survey (91). Other research has evidenced the increasing difficulties for children and young people, with 75% of respondents aged 13-14 years with pre-existing mental health issues agreeing that they were less able to cope during the December 2020 to March 2021 lockdown (92). Sixty-seven percent of respondents believed that the pandemic would have long-term negative mental health impacts on them (92). Nonetheless, 79% of respondents agreed that their mental health would start to improve when most restrictions were lifted, but some expressed caution about restrictions being lifted too quickly and the prospect of future lockdowns (92).

A survey conducted by Prince's Trust discovered that a quarter of young people (aged 16-24) felt unable to cope since the beginning of the pandemic, with a fifth of young people experiencing suicidal thoughts and panic attacks and 10% stating they had self-harmed. Both suicidal thoughts and the inability to cope increased in young people who are not in education, employment or training (NEET) since the pandemic began. The report indicated that young people were more anxious than the previous 12 years history of the Prince's Trust index, with more than half (56%) of young people reporting that they felt anxious always or often (93). A UK survey conducted during the early stages of the pandemic investigated COVID-19 related trauma using the Revised Child Impact Events Scale and found that, in 13-18 year-olds, 44% of males and 53% of females displayed trauma-like symptoms associated with COVID-19 (94). Likewise, in another UK based survey with 1,000 Barnardo's practitioners, approximately half of respondents reported that they are supporting a child or young person experiencing an increase in mental health issues during the pandemic. This included symptoms of anxiety, stress, sleep dysregulation, depression, reduced self-esteem, obsessive compulsive disorder (OCD) behaviours, paranoia and self-harm (95).

Further research found that behavioural and attentional difficulties increased during lockdown, particularly in primary school aged children (96). In secondary school aged children, girls exhibited more emotional difficulties than boys and these increased in the immediate period prior to schools re-opening (96). Overall, difficulties across all three domains (behavioural, emotional and attentional) appeared to decrease after the lockdown was lifted. However children with special educational needs and/or disabilities (SEND) and those living in lower income households had stable but elevated levels of difficulties in all three domains throughout the whole time period (96). This highlights the importance of educational and supportive environments for children's mental health.

Increased mental health and self-directed violence

There has been a worrying increase in self-harm and suicidal ideation in young people as result of the COVID-19 outbreak. Suicide was already a concern prior to the pandemic, being the second leading cause of death amongst 15-19 year olds (97). Child abuse, neglect, substance abuse, intimate partner violence and sexual exploitations, all of which have been exacerbated as a result of COVID-19 restrictions, are associated with increased self-harm. HOPELINEUK, a helpline for prevention of young suicide, has observed an increase in the number of callers reporting their inability to cope, as well as an increase in young people struggling with difficult family environments without a means of escape (44). For instance, young people have voiced their concern about younger siblings with special needs being increasingly aggressive, leaving them fearful in their own home (44). Kooth (an online mental well-being community) also observed an increase in the number of contacts from children and young people regarding self-harming behaviour, compared to the same time period the previous year (84). Many children and young people have seen a breakdown in their support and distractions, resulting in them taking up or returning to maladaptive coping mechanisms, such as self-harm, substance misuse, eating disorders and other violent behaviours (44). The physical and mental health needs of the UK's children are unlikely to be short term, and funding will need to continue well after the COVID-19 pandemic has eased (6).

... an increase in contacts from children and young people regarding self-harming behaviour...



Parental mental health and early years

As a result of COVID-19, many parents have experienced disruption to their everyday lives, such as a reduction in income, losing their jobs and having to home school. Consequently, parents have experienced heightened levels of stress and symptoms of anxiety and depression (98,99). For example, in January 2021, fifty-percent of parents expressed that home-schooling has had a negative impact on their well-being, an increase of 22% since April 2020 (100). Research illustrates that high levels of parental stress, anxiety and depression are associated with a higher risk of child maltreatment (98,99,101). Furthermore, research also illustrates that unemployment and job loss is associated with child maltreatment household ACEs (102–104).

Furthermore, many mothers have suffered a worsening of their mental health, such as an increase in panic attacks and crying (105) [INT3;11]. A recent survey with 50,000 UK women discovered that 70% of working mothers who had requested furlough for childcare reasons, as a result of school closures, have had their request denied (106). Consequently, working mothers have had to reduce their working hours, take unpaid leave and use annual leave to ensure their child is cared for. As a result, the majority of participants (90%) reported that their anxiety and stress levels had increased during the December 2020 lockdown. Other research has also noted that parental stress and depression were elevated during the first lockdown, when most children were home-schooled, and between November and December with the introduction of new national restrictions (107). Children may feel a sense of helplessness as they cannot resolve their parents' mental health problems [INT3;11]. Those identified as most vulnerable to elevated parental mental health are single adult parent households, low-income families and those with children with SEND (107).

Babies and infants often use the emotions and behaviours of their mothers to understand the world. Subsequently, the poor mental health of some mothers has had a major impact on their children's mental health, resulting in children being increasingly tearful and clingy (105,108). Furthermore, some infants and babies have experienced a disruption to their routine and a sudden loss of their usual caregivers e.g. grand-parents, due to physical distancing (109). These nurturing relationships offer a protective factor and their absence can be traumatic to this age group (109) [INT7]. Adversity experienced early on in life can have long-term negative consequences further on in life (109,110).

The ISOS partnership conducted an online survey aimed at senior leaders of pregnancy and children's services for those aged 0-2 years. These services included mental health support, early help, specialist support and health visiting. Of the 235 respondents, 98% stated that the babies their organisations work with had been negatively impacted by parental anxiety, stress and depression, which in turn had affected bonding and responsive care (111,112). The majority of respondents also noted that these children were at risk of poorer outcomes due to a loss of direct contact with essential services for at risk families, such as social services and early help, and essential health services, such as maternity care and health visitors (111,112). Seventy-eight percent of respondents said their nation's government had not done enough for under 2 years old (111). Furthermore, 80% of respondents said that those they work with have experienced increased exposure to domestic conflict, child abuse or neglect, which in some cases had impacted on their babies (111,112).

“Babies are invisible.”
[INT7]

As a result of redeployment of child services staff and disruption to critical services, there has been reduced opportunity to identify young children in need and prevent, and/or mitigate, the negative indirect impacts of COVID-19 (111,113). For example, the Institute of Health Visiting stated that their services have been negatively impacted by the pandemic, with many specialist nurses re-deployed to help on the front line against COVID-19 (26,27,111). In certain locations, this has resulted in a drop in health visitors by half (114). Furthermore, 18% of senior leaders that were surveyed said their service has ceased to provide any service at all, and the majority stated that their service had to scale back their support (111). The reduction in capacity of health services has been reflected in the Babies in Lockdown survey, with only 11% of parents of children less than two years of age having seen a health visitor face-to-face (108). In addition, 66% of 305 new parents across Wales felt that they had not had enough contact with their health visitor, while 68% of women who experienced poor perinatal mental health did not receive the support they needed (115). The decrease in available support for the early years is concerning as very young children are unable to communicate their needs or seek support as easily as older children [INT4;7]. In addition, babies and infants are unable to escape adverse situations within the home, such as being unable to move into a separate room to where domestic abuse is taking place [INT7].

only 11% of parents of children less than two years of age having seen a health visitor face-to-face



66% of 305 new parents across Wales felt that they had not had enough contact with their health visitor

Mental health of black and minority ethnic groups

Some groups, including those with low income and BAME groups, are negatively impacted due to existing structural inequalities, such as living in poor housing, food poverty and reduced access to healthcare (116–118), and are consequently more at risk of experiencing severe illness from COVID-19 (119,120). Children of these families are therefore more likely to have experienced illness of a family member or bereavement due to COVID-19 (119,120) [INT9], which in turn may have a negative impact on mental health. In a survey conducted by Kooth, self-reported depression increased by 9.2% during the first lockdown for children and young people from minority ethnic groups. Contrastingly, depression scores were reported to decrease by 16.2% in white peers (120,121). Kooth data also demonstrates that children and young people who are members of BAME groups reported an increase in self-harm and suicidal thoughts since the first lockdown (84).



self-reported depression increased by 9.2% during the first lockdown for children and young people from minority ethnic groups

Research has also highlighted a rise in hate crime towards minority ethnic groups since the beginning of the pandemic (44,122,123). Individuals from minority groups, particularly East and South East Asian groups, were stigmatised by hate speech designating them as responsible for the pandemic. Children and young people from minority ethnic groups also faced bullying in schools regarding the same issue (124–126). As a consequence of this hate crime and bullying, children may suffer a worsening of their mental health (127).

Mental health of lesbian, gay, bisexual, transgender + groups

It is widely evidenced that lesbian, gay, bisexual, transgender plus (LGBT+) groups are at a heightened risk of mental health issues and suicide ideation (121,128). There is a high concern for LGBT+ individuals who may be living in hostile environments with unsupportive family members and co-habitants that may display discriminatory and violent behaviour towards the individual (128–131). As a result, LGBT+ groups may revert to hiding their sexual identity from others, leaving them with heightened feelings of stress, anxiety and isolation, in addition to a loss of identity (129,130,132–135). A number of LGBT+ respondents in the Young Minds survey reported worsening dysphoria and the inability to be themselves at home during the pandemic (134).

As a result of the increased stress during lockdown, LGBT+ individuals may experience a worsening of their mental health, and consequently, may turn to maladaptive coping mechanisms. For example, the LGBT Foundation have noted a 25% rise in calls regarding suicidal thoughts during the first lockdown. Some LGBT+ individuals have reported experiencing hate crime both online and offline during the pandemic, including verbal abuse from neighbours (129,130,132–135). Over two thirds of LGBT+ youth reported that homophobia and transphobia were prevalent in their community (128). It is well established that bullying, such as through the means of hate crime, can lead to serious mental health problems (127).

Considering the individual negative impact on children and young people from both BAME and LGBT+ groups, it is likely that BAME LGBT+ children and young people will experience even higher levels of mental health difficulties during the pandemic. A survey of 3,000 secondary pupils found that black LGBT+ pupils were more likely to be concerned about their mental health, compared to white LGBT+ pupils. This group were more likely to be experiencing depression (61%), anxiety disorders (58%), panic attacks (42%), and substance dependence (15%). This can be attributed to heightened stress, as respondents were significantly more likely to be experiencing difficulties at home, with a third reporting daily tensions in their home environments (136).

Mental health of young carers

Other disadvantaged groups, such as young carers, have reported increased difficulties with mental health during lockdown. Youth workers reported that responsibilities for young carers had increased since lockdowns began. The pandemic has resulted in an increased amount of time spent at home and, for some, this means extra time dealing with challenging and aggressive behaviour from the individuals they care for (137). Concerns have also been flagged regarding young carers who are looking after their parents with poor mental health, in particular this concern focuses on a parent's inability to hide their self-harming behaviours, depressive tendencies and in some cases suicidal ideations, whilst their children remain home throughout the day. This has the potential to negatively impact the young carer's mental health and their coping mechanisms (44,137). For instance, some young carer's stated that they felt overwhelmed and stressed which had led to an increase in alcohol intake and an increased struggle to take care of themselves (110).

Mental health of looked after children

Children and young people aged 13-18 years in Scotland who had experiences within the care system or who were on the edges of the care system reported poorer mental health. A Scottish survey with 13-18 year olds reported that these individuals felt low, more anxious and stressed since lockdown, with approximately a quarter experiencing significantly disrupted sleep (138). The worsening of mental health can be attributed to a combination of financial issues, housing issues and a lack of much needed support (121).

Mental health of children with special educational needs and/or disabilities

Children with SEND, and their parents, reported that COVID-19 has negatively impacted their mental health, and has contributed to heightened emotional and behavioural difficulties (84,139,140). A UK survey completed by over 2000 autistic children and young people reported that 63% of respondents had experienced a worsening of their mental health since the beginning of the pandemic; three-quarters believe they will need ongoing support for anxiety and mental health issues following the pandemic; over half said they felt stressed, frustrated and overwhelmed as a result of the pandemic; and over two-thirds found the change in routine and fear of the unknown most difficult (141). As COVID-19 has exacerbated poor mental health in CYP with SEND, they may be more likely than their peers to engage in self-directed violence as poor mental health can result in such behaviour (142,143).

Mental health of refugee and migrant children and young people

Other vulnerable groups who are likely to be experiencing COVID-19-related mental health difficulties include refugee and migrant children and young people. This is a vulnerable and isolated group who are often living in extreme poverty, in poor or crowded housing, facing language barriers and experiencing mental health difficulties as a result of their adverse experiences prior to, and on entry to, the UK [INT10]. Due to the pressure placed on advocacy services during the pandemic, many refugee and migrant children and families may struggle to access advice and information about their rights, and this is likely to put them at increased risk of discrimination, destitution and social isolation (144).

Children and young people who are seeking asylum in the UK have reported anxiety over complying with regulations during the pandemic (144). In addition, children who are seeking asylum who have been separated from their parents or carers are known to suffer from high rates of mental health issues and are at increased risk of suicide and exploitation. These children and young people typically require a heightened level of social care support but are likely to be severely isolated during the pandemic and have limited contact with an advisor or social worker (144). Furthermore, refugee and asylum seeking children must leave home-office accommodation prior to starting at a school and therefore may not have the added protective factor of school due to delays caused by the pandemic [INT10]. COVID-19 has likely put extra pressure on refugee and asylum seeking families, increasing their existing vulnerabilities [INT10].

Mental health of homeless children and young people

There has been an ongoing increase in homelessness and mental health problems among young people prior to the pandemic and the impacts of COVID-19 are likely to have exacerbated these issues further (145) [INT12]. For example, many homeless young people have had traumatising experiences and difficult flashbacks during lockdown [INT12].

Llamau have noted a large decline in the wellbeing and mental health of the young people it is supporting, with a 100% increase in calls to the Youth Helpline [INT12]. However, the charity have struggled to access specialist mental health support for those in need [INT12]. Llamau also observed a build-up of frustration, anguish and feelings of being unsafe during the pandemic [INT12]. Despite this growing need for support, there remains a gap in the provision for homeless young people experiencing significant ongoing mental health issues that needs to be addressed [INT12].

Mental health of children, young people and families impacted by long-term health conditions

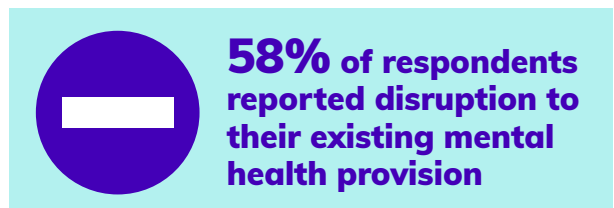
Children who are shielding due to long-term health conditions, and children living with shielding individuals, are likely to have additional psychological needs due to the stricter restrictions they have had to endure for prolonged periods of time (146). In a systematic review of the impact of disease containment measures on the mental health of children and adolescents, social isolation and loneliness was linked to an increased risk of future mental health problems up to nine years later (147). Even without the COVID-19 crisis, children with long-term physical health conditions are at increased risk of mental health difficulties and face added challenges with respect to education (148). Parents of children with cancer reported that COVID-19 has had a psychological impact on both them and their children, particularly as children are missing out in what may be the last few months of their life (149). In addition, the psychological needs of siblings of children with long-term health conditions are often overlooked, despite these children being at greater risk of psychological distress (146,150). Children and young people aged 16-19 years whose parents are frontline workers reported deteriorating mental health as they are worried that their parents may die or spread the virus within the household (151).

Mental health of children and young people in detention centres

Since the first lockdown, a new policy implemented by Welsh Government has allowed children in detention centres, some as young as 12 years old, to be detained alone in their cells for up to 22 hours a day, with some individuals reporting only leaving their cells for 30 minutes every alternate day (52,57,152). One individual reported that this process lasted 3-4 months (152). This policy has been extended until July 2022 (152). The pandemic has also resulted in reduced support for this population. In addition, restrictions related to family visits have been imposed, reducing access to support from close relationships (52,57,152). There is concern that confinement of this scale will have a negative mental health impact on children and young people, including a potential increase in suicide and self-harm. The Ministry of Justice (MoJ) has since reported that children and young people in detention are on average spending four hours out of their cells daily, with plans to increase this as the potential for harm from COVID-19 decreases. Although, it was stated that this was not the case for all young people in detention (152). The MoJ also noted that children and young people have had greater access to virtual family time whilst in their cells (152).

Access to mental health services

Despite the growing need for support for children experiencing the negative mental health consequences of the pandemic, evidence suggests that service provision and capacity have decreased (88,153) [INT2]. For example, in a survey conducted by You-COPE, with 1,274 16-24 year olds, 58% of respondents reported disruption to their existing mental health provision (153).



Little mental health support was available within schools prior to the pandemic and this has not changed (88). The Young Minds Autumn 2020 survey highlighted that schools are under greater pressure and are accumulating additional costs, consequently, they do not have the resources to help children and young people experiencing mental health problems (88). More children and young people noted that their schools have had to reduce mental health support since the pandemic than those who had seen an increase in support services (88). Only 15% of respondents stated that there was adequate support and information available and 58% disagreed all together (88). Furthermore, only 27% of pupils had received a one-to-one talk with a member of staff that included a discussion on wellbeing. Children and

young people also noted an increase in the number of pupils requiring support, stating that counsellors are overwhelmed. As a result, students avoided seeking help over fears of being a burden or not wanting to join a long waiting list (88). There is a need to address the inconsistent mental health support available through schools (92). Without adequate support for children and young people, maladaptive coping mechanisms may become more common, such as self-harming behaviours.

In the Young Minds Summer 2020 survey of 2,036 children and young people, there was an evident reduction in the provision of mental health support, as a result of COVID-19, for children who had been receiving support pre-COVID-19 e.g. shorter phone calls (134). Individuals have also reported feeling uncomfortable discussing their issues over the phone, mainly due to fears that others will overhear the conversation, whilst others felt that opening up emotionally was more difficult virtually (7,134). Furthermore, delivering services online and by telephone has compromised the ability of safeguarding services to carry out their roles, such as being unable to fully assess a situation and its risk as confidently as in person (7).

Further work is being conducted to gain a deeper understanding of the impact of COVID-19 on children and young people's mental health and wellbeing (see box 2).

Box 2. Mental Wellbeing Impact Assessment

As part of Public Health Wales' (PHW) response to and recovery from the COVID-19 pandemic, The Wales Health Impact Assessment Support Unit (WHIASU) is leading on a number of Health Impact Assessments (HIAs). These aim to provide high quality and timely evidence to inform policy and decision-making amongst stakeholder organisations in Wales. During 2021 WHIASU will be carrying out a Mental Wellbeing Impact Assessment (MWIA) on the impacts of COVID-19 and associated policy responses on children and young people aged 10 to 24. The assessment framework in MWIA is based on the evidence of the factors that promote and protect mental wellbeing. The assessment is focused on four key protective factors for mental wellbeing; enhancing control; building resilience and community assets and facilitating participation and inclusion. The MWIA will also consider impacts on the social determinants of mental wellbeing and how specific population groups may be disproportionately impacted, such as children experiencing ACEs. The MWIA will identify both positive and negative impacts, and suggest future actions to prevent and mitigate negative impacts and maximise any opportunities for improving mental wellbeing. Data collection for the MWIA will include a literature review, population data profile and key mental wellbeing indicators, and qualitative insights from young people, teachers and key stakeholders.

2.3.6 Child sexual abuse and exploitation

Child sexual exploitation is a form of abuse, which involves both online and offline sexual offences towards children. This includes physical sexual contact, both penetrative and non-penetrative, and non-contact activities, such as the production of indecent child content or forcing children to view indecent images (154). Often children and young people are groomed by being rewarded with gifts, money or affection, in return for sexual activities, while others are threatened or blackmailed into performing sexual tasks (154). Prior to the COVID-19 outbreak, levels of child sexual offences were high, with an average of 200 offences recorded daily in the UK (154). These offences are most commonly carried out on children aged 11-13 years (48%), followed by children aged below ten years old (45%), and children under two years old (1%) (155). Often, abuse is performed by trusted adults, including family members, and takes place at home or in someone else's home (156,157). Girls are most likely to be victims of sexual abuse (92% of victims) (155).

Online child sexual abuse and exploitation

Access and opportunity to view or distribute sexual content has increased since the introduction of the internet, as has the opportunity to exploit children and young people. As a result of COVID-19, many educational and social activities have moved online. Consequently, children are spending more unsupervised time online, heightening their vulnerability to sexual exploitation and grooming (158) [INT1;2]. The National Crime Agency has identified over 300,000 individuals that pose an online risk to children and young people during the pandemic (159). However, increased internet usage does provide the opportunity to identify and report online child sexual abuse and exploitation (158).

Since the stay-at-home guidance was issued, Childline have witnessed an 11% increase in the number of counselling calls about online abuse, with a 60% increase in the number of people contacting the NSPCC concerned about children experiencing online sexual abuse. These calls included reports of children being blackmailed with indecent images and being offered money for sexual activity. Parents who contacted the helpline stated concerns regarding children with SEND being particularly vulnerable online. Furthermore, the NSPCC report that the risk of online harm is exacerbated by poor mental health and well-being. For instance, children and young people who are feeling lonely and unhappy, two factors heightened by the pandemic, are at an increased risk of online grooming (160).

**11% increase
in the number of
counselling calls
about online abuse**

**60% increase
in the number of people contacting
the NSPCC concerned about children
experiencing online sexual abuse**



Perpetrators use a range of online platforms to sexually exploit and groom children and young people, such as, social media networks, streaming platforms, instant messaging applications and voice or text chats built into multiplayer games. Children and young people who have experienced sexual abuse reported feeling scared, embarrassed and ashamed. Furthermore, they often experience issues relating to eating and sleeping following abuse, in addition to suicidal thoughts. Children and young people avoided disclosing abuse due to fears of upsetting or disappointing loved ones. Others feared they may be blamed, judged or disowned for what had happened (160).

During the first two months of the first lockdown, the Internet Watch Foundation blocked approximately 8.8 million attempts by UK internet users to access videos and images of children suffering sexual abuse (161). One of the most prevalent reported offences relates to the development and distribution of indecent images, particularly an increase in the distribution of self-generated material (158). Many of these offences are peer-on-peer offences that are carried out via online platforms and messaging applications (158).

The recent increase in the use of online communication tools, such as Zoom, has allowed perpetrators to create a new method of committing criminal activities. 'Zoombombing' happens when video chat users are interrupted by an uninvited user, who often displays unwanted content, for example, indecent images of children. In some cases, children themselves have been victims of this behaviour and have witnessed indecent images (162,163).

Some groups were emphasised as being more vulnerable to online risks. CYP with high functioning autism spectrum disorder can be extremely proficient with utilising technology but lack social and emotional skills [INT1]. During the lockdown period there has been reports of some teenage males from this group accessing child sexual abuse imagery online or via gaming platforms and being 'doxed' (the act of publicly revealing previously private personal information about an individual or organization, usually through the Internet) (164) [INT1]. Parents often feel powerless in this situation and do not want to cause conflict, particularly whilst confined during COVID-19 [INT1].

Children and young people who have been placed into foster care are often removed from their family home and placed into a new area away from family and friends. Consequently, this group are less likely to have strong relationships with adults and peers (165). As a result, these children may spend more time online to stay connected, particularly during the pandemic as the feeling of isolation is enhanced. The increased time spent online coupled with underlying vulnerabilities, heightens these children's vulnerability to exploitation [INT 1]. Experts are concerned that there is currently no mandatory online safety training for foster carers, despite children in care being vulnerable to online exploitation, violence and harms. This lack of training means that foster carers may not recognise that a child is at risk of abuse and exploitation [INT1]. This is particularly a worry, as there are less professional eyes to identify children at risk.

In order to help combat the high rates of sexual exploitation online, the UK started to progress an 'Online Harms Bill' prior to COVID-19, which puts forward plans for a new system of accountability and oversight for technology companies, in order to protect UK users, particularly children. However, since the COVID-19 outbreak, this progress has been delayed and may not come into effect until 2023/24 (166). Nevertheless, in January 2021, the UK Government published a new strategy to protect children from sexual abuse. The initiative includes, investing in the UK's world-leading Child Abuse Image Database to quickly identify offenders; introducing stronger sentencing to detain serious offenders and avoid re-offending; using the Home Office funded prevention programme to work with local areas to improve their response to exploitation; working with local authorities to collect high quality data; and utilising a multiagency response (167). Furthermore, the Welsh Government are the only UK Government to invest in online safety for children and young people [INT1].

Offline child sexual abuse and exploitation

In addition to children and young people spending an increased amount of time online, they have also spent an increased amount of time at home. For some, this has resulted in increased exposure to physical sexual abuse that cannot be escaped because of restrictions [INT10]. Experts expressed concerns about the decrease in child sexual assault referrals, as it is probable that the cases have not disappeared but that the abuse is hidden due to the reduced opportunities to seek support [INT4;10]. Despite an overall reduction in calls to the NSPCC helpline regarding sexual abuse, the percentage of calls concerning sexual abuse in the child's own home has increased since lockdown (168). Additionally, the number of Childline counselling sessions concerning child sexual abuse has increased threefold (168). Furthermore, the cases of sexual abuse that were being seen are more serious than pre-pandemic [INT10]. Children and young people who spoke to Childline reported feeling angry towards themselves and the perpetrator, as well as confused, guilty, helpless and worried (168).

Box 3. Long-term implications of sexual abuse

- Mental health problems e.g. post-traumatic stress disorder, low self-esteem, anxiety and depression
- Challenging behaviours e.g. substance misuse and offending
- Difficulty in forming intimate relationships

Interpol has reported that, due to border closures and restricted international travel, there has been a reduction in transnational child sex offences. However, transnational child sex offenders may seek alternative ways to sexually exploit children and young people, including accessing child sexual exploitation and abuse materials online or indirectly abusing children using live streaming and a facilitator in situ (158). Live streaming of child sexual exploitation may also increase as victims are locked down with facilitators (who are often a family member), due to reduced income as a result of COVID-19 (158). For children who are already in trafficking situations, COVID-19 may have worsened their situation; they may have little access to personal protective

equipment and therefore are at a higher risk of infection with COVID-19. In addition, they do not have the privacy to create telehealth appointments to remain safe and language and cultural barriers present further challenges (169). School closures mean that children exploited in this way have less opportunity of being identified by school staff (170).

Sexual abuse can have long-term negative impacts on children and young people (see box 3). Being a victim of sexual abuse makes an individual more vulnerable to experiencing sexual abuse in the future (9).

2.3.7 Child criminal exploitation and serious youth violence

Child criminal exploitation and serious youth violence encompasses child criminal exploitation, radicalisation and child sexual exploitation (see section 2.3.6 on *child sexual abuse and exploitation*). Research conducted in 2019 by the Children's Commissioner for England discovered that approximately 27,000 children were at a high risk of gang exploitation that had not been identified by services (171). It is likely that this number will increase due to the pandemic, and the impact that restrictions have had on the risk factors for criminal exploitation and serious youth violence (36,171). These risk factors include poor mental health, loneliness, isolation, poverty and unemployment, which have all been exacerbated by the pandemic (36,172). In addition, children and young people who have experienced parental substance misuse, neglect, physical abuse, domestic abuse, substance abuse and school instability, again, aspects that have been negatively impacted by COVID-19, are more vulnerable to being exploited by criminals (173). As a result of the heightened risk factors, individuals are making poorer and less resourceful choices [INT11]. For instance, children and young people are getting involved in criminal activity to help provide for their families who have been impacted financially by the pandemic [INT11]. Although risk factors for child criminal exploitation and serious youth violence have been exacerbated during the pandemic, the protective factors have been absent [INT6]. Restrictions have meant that children and young people have reduced access to community spaces, services and support, schools and positive trusted relationships, aspects that provide children with resilience (36,174). Evidence suggests that children and young people who have experienced trauma are at a greater risk of exploitation, and are more likely to be both victims and perpetrators of serious violence (175).

During the pandemic, school closures and the reduced capacity of frontline agencies has meant that less information is being fed into the police about children at risk of exploitation (176). One force reported a 30% drop in referrals (176). Additionally, restrictions have impeded engagement with children and young people and have meant that sensitive issues, such as drugs, cannot be properly addressed (176). Furthermore, social distancing, multiple lockdowns and staff absences have resulted in significant delays with court procedures. This has created uncertainty among front line service workers, which in turn exacerbates the vulnerabilities, and risk to, young people who are left in 'limbo' as a result (176).

Homeless young people already had a heightened risk of being exploited pre-pandemic. During lockdown, many young people have gone online to find a connection with others, but are met with deliberate and targeted exploitation. Llamau have witnessed an increase in exploitative activities targeted against young people during the pandemic [INT12].

In general, police data across Wales show a reduction in reported serious violent incidents since the start of the pandemic. However, this does not mean that the threat is reduced, but instead signifies potential higher levels of hidden criminality (177). Contrastingly, other sources have noted an increase in child criminal exploitation since March as a result of COVID-19 [INT6]. Evidence highlights that, whilst there are areas where offences committed by children and young people have reduced, other areas have reported changes in offence type. For example, an increase in shoplifting, antisocial behaviour (ASB), driving offences, serious assaults and possession of drugs and weapons have been reported in some areas (178). School community police officers across Wales gathered intelligence from schools during their re-opening in July 2020, and online ASB (inclusive of malicious communications, bullying and sexting) was noted as one of the most frequently reported concerns (54). Police have also witnessed a 72% increase in ASB since the beginning of the pandemic (56). Schools have reported an increase in children's levels of offline ASB, anxiety and aggression, which is thought to be attributed to pupils experiencing domestic violence, trauma or mental health issues during school closures (89).

Box 4. Example of innovative good practice

The British Transport Police took advantage of the increased visibility of young people on trains - a new method of transportation adopted by gangs to transport drugs during tight restrictions – to stop and question their reason for travel. Officers found young people in possession of fake documents, invalid tickets and a lack of reasoning for their journey. The interceptions allowed officers to identify children at risk of exploitation and apply appropriate safeguarding measures.

Drugs continue to be a significant contributor to serious violence across Wales. Research indicates that drug gangs are establishing new ways of doing business, such as grooming and exploiting children and young people online, particularly those who are not in school (176,179,180). Social media also allows gangs to target new groups of children (176). Social media platforms, such as Instagram and Snapchat, have provided a space for perpetrators to circulate drug-related imagery and offer children and young people paid work for involvement in drug supply (176).

Recently, there has been an increase in production of illicit drugs that are marketed

towards young people, which poses significant risks to their health and wellbeing. Young people taking drugs is associated with getting embroiled into criminality and subjected to violence, which is likely to have lifelong negative impacts on young people. In North Wales, school community police officers and educational staff have expressed concerns regarding the drug 'nerd rope' and its use among children and young people (54). More recently, the National Health Service's Violence Prevention Team (based at the University Hospital of Wales Trauma Centre) expressed their concern about young people entering A&E due to the drug, Xanax (a short acting tranquiliser). Xanax appears to be associated with violence and sexual abuse (50) [INT6].

Evidence suggests that some vulnerable groups, such as those with SEND, looked after children and children with underlying mental health issues, are more at risk of child exploitation (175,181–183). In some special schools and alternative provision schools, staff have expressed concerns regarding pupils' experiences since the pandemic. For instance, staff are concerned that pupils are becoming more involved in criminal exploitation, such as gang violence and child sexual exploitation. Gangs often target vulnerable young people and manipulate them into undertaking criminal activities, putting them at risk of being involved in gang violence and rivalry (184). Looked after children are at a particular risk of gang exploitation due to the lack of trusted adults in their lives, little supervision and unstable living conditions. To reflect this, looked after children are overrepresented in the county lines data as victims of criminal exploitation (*county lines refers to the transportation of illegal drugs from one area to another, often across police and local authority boundaries*) (173,175,185).

Furthermore, there has been a rise in gangs utilising social media since COVID-19, to taunt their rivals and incite violence. For instance, conflict between two gangs online resulted in a shooting in Birmingham (182).

The rise in unsupervised online screen time, particularly on social media, increases the probability that children and young people will discover radicalised materials and come into contact with terrorist organisations (186–189). Applications, such as YouTube, automatically use an algorithm to show more extreme versions of the content a viewer is watching to keep them engaged. Therefore, the longer children and young people spend online, the more likely it is they will be at risk of witnessing extreme content [INT1]. This unique opportunity allows extremist organisations to exploit vulnerable children by using their grievances and anger to alter their ideologies (186,187,190,191). Far right British and Neo-Nazi groups have reportedly been promoting anti-minority narratives and conveying disinformation about these groups, such as blaming minority groups for the spread of the disease and celebrating the high numbers of minority groups dying from the virus, and encouraging members to deliberately infect other groups (124–126,190,192,193). These methods of disinformation regarding vulnerable groups normalises far right attitudes and reinforces intolerant views towards ethnic, racial and religious communities. Furthermore, AL-Qaeda are utilising the pandemic to encourage non-Muslims

to learn about their extreme interpretation of Islam (124–126,190,192,193).

Research has highlighted a number of risk factors associated with violent extremism (see box 5) (187,190,194). Many of these risk factors have been exacerbated when lockdown measures have been in place. Furthermore, limited opportunities and economic hardships may result in frustration and anger among young people and increase the appeal of radical ideologies (186,187). However, school closures mean that the opportunity to identify at risk individuals is limited, as is the support which can be offered (124,186,187). The reduction in social support means that children are more vulnerable to extremist narratives (124). Despite exceptional efforts from services e.g. the Youth Service and schools, to move operations online, the pandemic poses a barrier to identifying new individuals that may be at risk (182).

Box 5. Risk factors for violent extremism

- Early vulnerability and a lack of resilience
- Childhood trauma
- Social isolation
- Poor mental health
- Unemployment
- Low academic attainment
- A need to belong or have a sense of purpose
- Reinforced prejudice
- Aggrieved world view

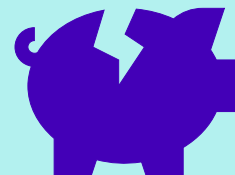
2.4 The impact of COVID-19 on the wider determinants of children and young people's health

Despite children and young people's low risk of becoming critically unwell with COVID-19, they are likely to be one of the most negatively affected groups in terms of the wider, indirect impacts of COVID-19 (6). Evidence suggests that the wider determinants of health, such as the economic, environmental and social aspects, have been negatively impacted by the pandemic. For instance, there has been an increase in poverty levels and unemployment levels worldwide, in addition to a reduction in access to health and social care (179). The negative impact of COVID-19 on the wider determinants of health may in turn have a detrimental impact on violence experienced by children and young people. Vulnerable groups, such as low income households, BAME, SEND and those with social care needs and pre-existing physical and mental health issues, are more at risk of the negative impacts of COVID-19 due to existing structural inequalities that are exacerbated by the virus.

2.4.1 Socioeconomic impact

COVID-19 has had, and continues to have, a huge economic impact for both the individual (e.g. reduced income as a result of furlough) and the larger economy (e.g. businesses entering administration). Prior to the pandemic approximately 700,000 people and over a quarter of children in Wales were living in poverty, the highest level of poverty in the UK (per capita) (10,122). Since the pandemic, the UK has entered a recession, with a 20.4% drop in Gross Domestic Product (GDP) between April and June 2020 (179). As a result of the COVID-19 restrictions many individuals have experienced a reduction in their income or have been made unemployed. Members of low income families were more likely to report losing their jobs due to school closures (195). However, although incomes have dropped, utility and food bills have continued to rise for many due to the increased amount of time spent at home as a result of school closures and the working from home policies (196). The Office for National Statistics estimates that by the end of 2020, a further 1.1 million people across the UK could face poverty. As a result, a total of 4.5 million UK children will be living in poverty, including many children in Wales (179). In a survey with 489 Barnardo's practitioners, over half reported that they have witnessed an increase in poverty in the families they support since the first lockdown (197). Children

4.5 million UK children will be living in poverty, including many children in Wales



in poverty require more social care and physical and mental health support than the general child population. Since the pandemic, this support has been disrupted and demand has increased, leaving many children and young people without support when they require it most.

BAME groups are more likely to be living in deprived areas where COVID-19 has had a negative financial impact (116–118,198). Furthermore, despite being one of the most vulnerable groups, evidence suggests that key public health messaging on staying safe is not being communicated effectively to BAME groups. This may be partly due to a lack of understanding, as COVID-19-related public health messaging is often not translated into other languages (86,199). For example, in a survey consisting of 100 members of the NHS confederation's BAME leadership network and in interviews conducted with BAME NHS leaders, clinicians, community organisers and services users, it was widely reported that there was an absence of translation services and appropriate communication strategies targeting BAME communities (200). In addition, the Coronavirus and Me survey found that children and young people who self-identified as BAME are more likely than those self-identifying as White Welsh or British to report needing more information on coronavirus and on the guidance to keep them safe (91). As a result, BAME groups may be at a further increased risk of contracting the virus and not receiving crucial support or guidance. To partially address this issue, the BBC Asian network has published public health advice in seven South Asian languages (120). Additionally, evidence suggests that minority ethnic groups are less likely to be aware of the financial support on offer, such as the furlough scheme, new allowances around universal credit and claiming statutory sick pay when self-isolating (199). The lack of knowledge and awareness of the support available to them demonstrates one of the great barriers individuals from minority ethnic groups face in accessing help (120).

Young people, ethnic minorities and people with disabilities, who are already closest to the poverty line, are likely to be most affected by the expected rise in poverty (52). For example, these groups are more likely to have fallen behind on essential bills, with many resorting to loaning money and as a result, will carry debt into a period of financial insecurity (52). The Equality and Human Rights Commission stated that the reduction in government support schemes is likely to create further hardship for these groups (52).

Impact of deprivation and poverty on violence

Evidence illustrates a strong association between poverty and violence, with higher levels of violence in areas of high deprivation (201). A recent study has found that those living in poverty are at a higher risk of self-directed violence and being a victim and/or perpetrator of externalised violence. For instance, researchers found that children living in areas of high deprivation are seven times more likely to harm themselves and be involved in violent crimes as a young adult (202). Research also illustrates that economic hardship, which has been enhanced since COVID-19, is a risk factor of child abuse and neglect (203). The family stress model states that stress, caused by economic adversity, such as job loss, and a lack of support increases the risk for child maltreatment, cautioning that the odds of children being psychologically and physically maltreated are much higher during the pandemic (7,101,204). A study by Brown and De Cao (2020) evidenced that a one percentage point increase in unemployment rates results in a 20% increase in neglect (203). Furthermore, children from low income families are more likely to be at risk of self-harm later on in life (202,205). For children and young people already suffering with economic instability, the pressures of poverty and its impact on violence will be exacerbated.

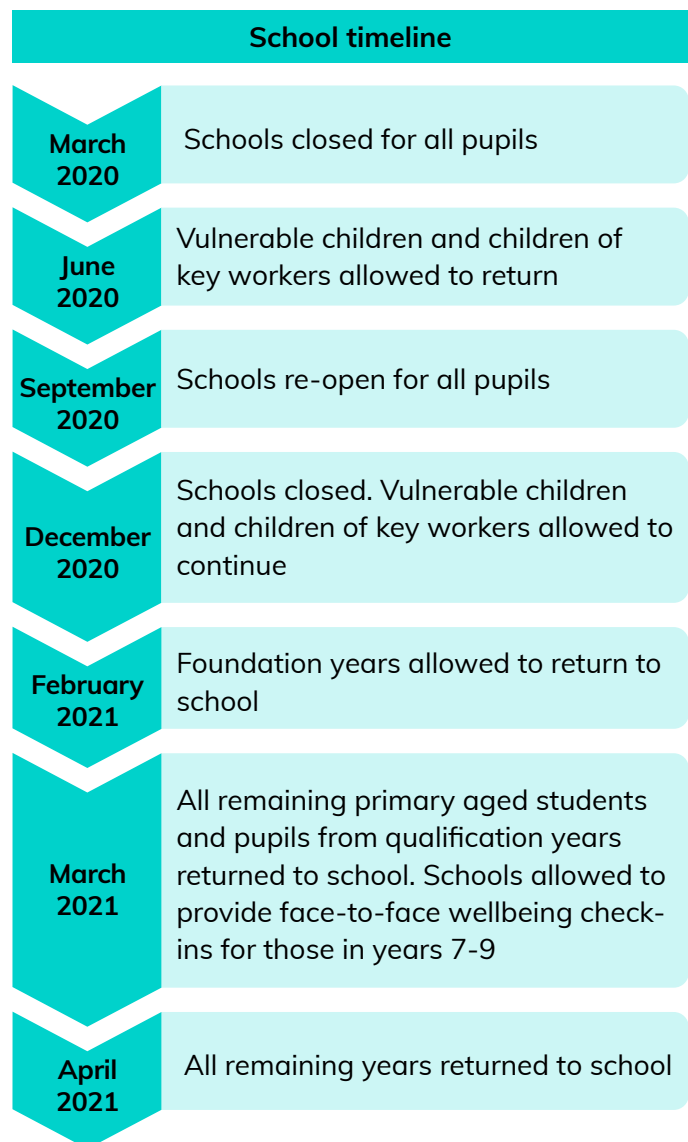
2.4.2 Educational impact

The pandemic has had a major impact on the educational system. In March 2020, schools closed across the UK in order to reduce the transmission of COVID-19. As a result, schools were required to move educational resources online. For vulnerable pupils, schools remained open, however, data highlighted that between March 24th and June 16th only 1.2% to 6.3% of these children were attending local authority school settings in Wales (52). Following the partial re-opening of schools in late July, and the move to full operation in September, a proportion of children did not return. In a study by Ofsted, almost half of schools had pupils whose parents elected to home educate, mainly as a result of anxiety surrounding COVID-19 infection and vulnerable family members (89). A significant proportion of the children absent from school are vulnerable and known by the wider children’s services (206). In Wales, schools have observed a 46% increase in the number of children being removed from school registers by their parents, with 806 children removed between March-September 2020 (5).

Furthermore, in October 2020, Welsh Government announced that Wales would enter a 17 day circuit break lockdown in order to reduce the R value (re-production rate) of the coronavirus and reduce the threat to overwhelmed hospitals and intensive care unit beds (207). As a result, children in school years nine and above experienced a further discontinuity of face-to-face teaching. Children from vulnerable groups were allowed to continue their learning at school. When schools re-opened, many reported that children were absent from class due to self-isolation, or due to having to send pupils home as they were displaying COVID-19 symptoms (89). Moreover, during the lockdowns, staff had the time and opportunity to present their lessons online and maintain an equal standard of education for all pupils. However, when schools return to classroom teaching, staff cannot spend the time that is necessary to educate self-isolating or shielding students online, as they have to also be in lessons with other pupils (89).

In addition, when returning to face-to-face teaching, teachers will be required to complete double the work to ensure those at home still receive quality education [INT8]. In January 2021, as a result of the identification of a new, more infectious strain of COVID-19 in the UK (South African strain), both Welsh and UK government made the decision to discontinue face-to-face learning and move online once again (208).

By February half term 2021, children across the UK had lost approximately half a year of face-to-face teaching, rising to two-thirds for those who did not return until after Easter (209). Nearly all teachers (98% of 1782 teachers) surveyed in England reported that their pupils were behind where they were expected to be in the curriculum (52,210). Furthermore, during school closures, children and young people were disconnected from vital support networks and safeguarding systems, providing less opportunity to identify at risk children (7,57). Ensuring that children maintain a high quality education outside of face-to-face teaching is important as educational



engagement and attainment are strongly associated with levels of violence (211). Furthermore, high academic achievement and aspirations are protective factors for serious youth violence and criminal exploitation (36,174,212).

In general, the pandemic has caused many anxieties for children and young people about their education. Particularly for girls, who experienced greater anxiety about returning to school than their male peers (reporting 10% higher anxiety than boys) (213). For many students, closures resulted in exam cancellations and worries surrounding their future. Furthermore, in November 2020, Welsh Government announced that A-level and GCSE 2021 exams would be cancelled and replaced with alternative externally examined and administered assessments (214). Students have had to re-adapt to learning and feel increased pressure with the uncertainty around assessments. For instance, students have felt more pressure to deliver their best work throughout the year due to fears that schools may close again and centred assessed grades would be taken into consideration as before (88). In addition, for some, centre assessed grades may not reflect their true potential, which in turn could negatively affect their mental health (122). Approximately half of parents with school-aged children in the UK reported that their child was struggling to continue their education (57).

Children and young people's lives are varied and complex. Home learning, as a result of COVID-19, may pose more difficulties for disadvantaged students. Many students have enjoyed learning in a home environment as they have access to necessary educational materials, adequate support and few responsibilities within their household. However, other students may have additional responsibilities (e.g. caring for younger siblings or a parent with a long-term health condition), less support or a lack of resources and space, providing them with unequal educational opportunities when compared to their peers. European evidence suggests that disadvantaged students were the first to lose contact with schools when they closed and moved online, and will likely find it more difficult than other students to regain the lost time, further increasing the learning gap between disadvantaged students and those with abundant support and resources at home (125,126,151,183). Eighty-four percent of teachers believed that the disruption caused by the pandemic has increased the learning gap, with a third (33%) saying it would increase substantially (215). The Education Endowment Foundation stated that school closures are likely to reverse the previous nine years of progress made to reduce the learning gap (123).

... school closures are likely to reverse the previous nine years of progress made to reduce the learning gap



Educational impacts for low income families

Students from low income homes are more likely to live in crowded housing, which lack private space for studying (125)[INT2;4]. They are also more likely to report having a lack of access to essential study resources compared to their peers. For example, research shows that during lockdown, individuals from affluent homes are more likely to have access to schooling equipment and to receive parental support with home learning (123,180). In comparison, 40% of students from low income homes reported missing at least one essential resource, and were more likely to state that home learning is difficult (216). Additionally, in the first lockdown, only 5% of teachers in state schools reported that all of their students had appropriate devices for remote learning, compared to 54% of those in private schools (215). Furthermore, not all schools have been able to offer the same online learning provision. As a result, not all children and young people have received the same quality of education (151,180,183). For instance, research demonstrates that approximately three quarters of private school students received full days of teaching during the first lockdown, twice the proportion of children from state school (217). Conversely, low income families reported having less access to support for schooling and for activities to encourage stronger physical and mental health (6). Notwithstanding the government's efforts to mitigate the digital divide, 1 in 10 parents in Britain with a child who was struggling with education

gave a lack of devices as the reason (52). Children and young people who do not have appropriate IT equipment may not be able to seek support online like their peers [INT5;6]. Despite its negatives, COVID-19 has provided the opportunity for schools to identify children who did not have access to IT equipment and address this issue [INT11].

At the beginning of lockdown Welsh Government established a number of educational support packages for families dealing with the impacts of COVID-19, particularly those from disadvantaged backgrounds. This included launching the 'Stay Safe. Stay Learning' programme, allocating funding to address digital exclusion, allocating funding for home schooling and improving the online learning centre used by schools to provide lessons and resources for home learning (referred to as the Hŵb). However, these packages do not necessarily reach all children in need, as those eligible for the scheme were required to be receiving social support or to be care leavers (182).

Educational impacts for black and minority ethnic groups

Children and young people from BAME groups are particularly vulnerable to the negative educational consequences of COVID-19. Many of these children live in urban and deprived areas, where home learning is difficult due to crowded housing and inadequate space for study (120,199). Furthermore, parental support may be more difficult for these children, as migrant parents and parents of national minority groups may not have full comprehension of the English language and may retain lower literacy levels. These individuals still require parental support with home schooling, despite the difficulties of schooling in a language they find difficult (125). Parents from minority ethnic groups were more likely to report struggling with balancing home schooling and work commitments (120).

Additionally, in the Coronavirus and Me survey, children aged 7-11 years from minority ethnic groups reported that, in comparison to their white peers, they were playing less and were more concerned about food security. They also stated that they required more information on a range of factors, such as support with school work online, feeling happy and well, and feeling safe at home. Furthermore, young people aged 12-18 from BAME groups were more likely to report being concerned about their learning and feeling less motivated (218). A large proportion of the individuals seeking refuge with BAWSO (a Welsh organisation that provides practical and emotional support to BAME and migrant victims of abuse) have additional language needs, live in overcrowded conditions and have limited resources. Children being educated in this environment will be disadvantaged when returning to school [INT3].

Educational impacts for children and young people in the youth justice system

Children and young people within the youth justice system already struggled with education prior to COVID-19, which has been exacerbated since. For example, a study discovered that 40% of children in the youth justice system did not have access to any form of education or training during the first lockdown. Furthermore, approximately half of these children did not have suitable IT due to poor signal or a lack of resources (219). For some of these children COVID-19 and lockdown measures have had a positive impact, but this was not the case for the majority. Children in the youth justice system faced a removal of the wider safety networks as their needs became more acute. In addition, abuse and neglect has become more prominent, as have emotional and mental health problems (219).

Educational impacts for children and young people with special educational needs and/or disabilities

Other disadvantaged groups have also been negatively affected by the differential impacts of the COVID-19 restrictions. During the pandemic, children and young people with SEND have faced additional challenges with their education, such as a lack of differentiation and personalisation of instruction that is vital to their equal learning opportunities. For example, in a survey by the National Special Educational Needs Coordinator (SENCO) workforce, 70% of SENCOs reported that access to IT hardware at home was a key challenge for schools, with a third stating that their schools had challenges providing support to SEND children. SENCOs highlighted the provision of appropriately differentiated work online as a particular concern (220). Results from the Coronavirus and Me survey also reflected that the needs for this group were not being met, with SEND children reporting that they require extra support for their additional learning needs compared to their peers (183) [INT5]. Children with additional needs reported having higher anxiety about returning to school than their peers [INT2]. Access to additional support has clearly been lacking during the pandemic. Staff shortages, social distancing and the need to deflect resources to deal with the health implications of COVID-19 has meant that local authorities have been required to reduce SEND provision, and in some cases, cease it all together (57).

Educational impacts for other vulnerable groups

Children and young people who are homeless have also been negatively impacted by the pandemic. Llamau, a UK based homelessness charity, reported that keeping in touch with the children and young people it provides education to via the internet, and other technology, during lockdown has been challenging (122).

Furthermore, children in their foundation year are missing out on vital developmental opportunities e.g. developing relationships and speech and language, which will pose a challenge to education in the longer-term [INT11].

School exclusions

As a result of COVID-19, risk factors for school exclusions have been heightened (see box 6) (198,221). In some instances at the beginning of the pandemic, school leaders noted a rise in their rate of fixed-term exclusions due to the inability to put in place usual sanctions prior to the consideration of exclusion. For example, disruptive students cannot be moved to other classrooms as restrictions call for students to be kept in bubbles (89). Experts have raised concerns regarding vulnerable groups that have faced adversity during lockdown without adequate support, and their reintegration into schools (221). Students who are excluded from schools and removed from the vital support that schools supply are vulnerable to gang recruitment and more likely to engage in troublesome behaviour (184,222).

Data from the Prison Inspectorate illustrates that more than 8/10 children in custody have been excluded from school. Many of these children are victims of child exploitation and have been groomed into criminal activity, such as drug trafficking. Gangs will often deliberately target children who have been excluded from school as they are more vulnerable due to a lack of safeguarding (221).

Box 6. Risk categories for exclusion

- Having little contact with school during lockdown
- Being unable to access services and support
- Receiving inadequate home learning support
- Enjoying home learning
- Experiencing mental health problems or bereavement due to COVID-19
- Being members of particular groups, such as high deprivation, SEND and BAME

Furthermore, research indicates that many children who have experienced ACEs, such as domestic abuse within the home, may display challenging behaviour within a school environment (173). Often, this continuous behaviour, coupled with low attendance, results in school exclusions (173). The majority of these children had additional learning needs (173). Children who have been excluded as a result of displaying difficult behaviour due to traumatic experiences are more likely to be recruited and exploited by gangs (173).

Impact of education on violence

Evidence suggests that students with low academic achievement are more likely to engage in, or be a victim of, violent behaviours compared to higher achieving students (211). Therefore, it is important to support disadvantaged children, such as those from areas of high deprivation, minority ethnic groups, children within the youth justice or care system, young carers and those with SEND, to reach their full potential and to catch up on missed education in order to mitigate the risk of them engaging in harmful behaviours.

2.4.3 Employment impact

In addition to education, many young people have struggled with employment as a result of the pandemic. In general, young people aged 16-24 years are more likely to be in low paid temporary work, with zero hour contracts and are four times more likely to be unemployed compared to other age groups. Additionally, they are more likely to work in 'shutdown' sectors, such as hospitality and retail, which have either been required to temporarily close or reduce their staff and services as part of the response to reduce the spread of COVID-19 (52,93,121,134,217,223). Workers with the lowest incomes, such as young employees, have experienced the largest cut in hours, with 81% of individuals working in the retail and hospitality sectors reporting a decline in income (224). Consequently, compared to other age groups, young people are more likely to report a loss of income, are more likely to have been furloughed and are twice as likely to have reported losing their job (52,223,225). The increase in unemployment has been estimated to be greatest among 16-24 year olds, reaching a record level between August and October (226). Furthermore, an increasing number of young people are seeking universal credit (225). Those with fewer qualifications and those who were struggling financially prior to the pandemic have been most negatively impacted. Due to the uncertainty surrounding employment, young people have raised concerns about future career prospects and the difficulties of entering higher paid employment (93,126,134,140,199,217,223,226). Eighty-two percent of girls aged 15-18 years said they are worried about the effects of the pandemic on future employment and the economy (90).

Due to structural inequalities, BAME groups will be most negatively impacted by an increase in unemployment rates, with many working in 'shutdown' sectors (44,227,228). Similar to the general young person population, minority ethnic groups, particularly women, are more likely to have reported a loss of income and employment since COVID-19 (44,120,199,228). Women from minority ethnicities are more likely to be in low paid sectors and are three times more likely to be on zero hour contracts (44,120). Despite being a group most in need of statutory sick pay and the Government's furlough scheme, they are less likely to qualify for these schemes due to their unstable working conditions (44). In addition, 40% of girls aged 16-24 years old work in shut down sectors, making them more susceptible to unemployment and a reduction in income (223). The Young Women's Trust has criticised the lack of official analysis or data on the gendered impacts of the pandemic (226).

Impact of unemployment and lack of training opportunities on violence

The negative impact that COVID-19 has had on young people's employment is important to note as young people who are not in employment, training or education are more likely to report challenges with their mental health and wellbeing (126,134,140,223). Additionally, children and young people who experience poor mental health, who are unemployed or have experienced a reduction in income are more vulnerable to being exploited by criminals (181,182). Economic instability, unemployment and deprivation, all of which have been exacerbated for youth as a result of COVID-19, are risk factors for serious youth violence (174).

2.5 Conclusion

It is clear that children and young people have been largely impacted by the indirect effects of COVID-19, including lockdown and other restrictions. The impact of these issues on the wider determinants of health, such as the economic and educational impacts, has resulted in increased amounts of stress and difficulties coping. As a result, children and young people have experienced an increased exposure to violence, including domestic abuse, physical abuse, self-harm, sexual abuse and exploitation, and serious youth violence. COVID-19 and its associated restrictions has also led to a reduction in support and important safeguarding services for children and young people and therefore a reduced ability to identify children who are at risk of violence and ACEs.

3.0 Best practice to mitigate the negative impacts of COVID-19 on children and young people

3.1 Introduction

The COVID-19 pandemic and its restrictions have posed a challenge to children's services. While some organisations have been deemed essential and continued to operate face-to-face with safety measures in place [INT3;4;12], others have faced barriers and have been unable to operate at full capacity. Organisations have had to adapt to moving their services online and have experienced increased workloads, whilst dealing with reduced staff e.g. due to being re-deployed or requiring to shield, in order to protect the population from the negative physical health consequences of COVID-19 (65,101) [INT2;3;10;12]. However, as a result of children's services reduced capacity to operate, children have either lost, or experienced a reduction or change in their support from various sectors and organisations. This applies to a range of important services and safeguarding systems, such as schools, trusted adults, healthcare settings, mental health services, SEND services, and services that deal with abuse and early intervention. COVID-19 has also resulted in a reduced ability of these services to identify vulnerable children (65) [INT5;9;10;11]. The following sections discuss ways in which the negative impact of COVID-19 can be mitigated for children and young people, ensuring that those at risk of violence and ACEs are identified and supported.

"It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change." [INT12]

"Violence isn't inevitable, and all of those things that you are looking at (risk factors for violence), they can be stopped." [INT9]

3.2 Maintaining service & retaining staff

Throughout the literature, experts have voiced that children's support services and non-governmental organisations need to be operating at capacity and must be provided with adequate resources to continue delivering support for children and young people, particularly those that are vulnerable (180) [INT1,4,5,8,10,11,12]. Schools should remain open as often as possible to permit formal face-to-face teaching and allow for safeguarding practices to remain in place (180,216,229) [INT5]. In the case of a school closure, additional support, such as access to technology, must be provided to children in order to avoid widening disparities further (230). Family support and child protection services need to maintain a presence in the homes of vulnerable children to ensure that those most at risk of the negative direct and indirect impacts of COVID-19 are being safeguarded (180).

Some organisations have used COVID-19 as an opportunity to adopt new practices and try various forms of communication to enhance relationship-based practice. For example, using virtual methods to hold sessions and using 'side by side' communication, whereby practitioners walk and talk with children and young people in outdoor settings (119,231). This was particularly beneficial for children and young people as it helped them feel relaxed, however, there are challenges with this method, such as confidentiality (119,231). Furthermore, virtual and telephone communication make it difficult

Box 7. Challenges of remote working/learning

- Challenges with engagement of children, particularly vulnerable groups
- A lack of privacy
- Reduced ability to build trusted relationships
- Challenges getting in touch with services to resolve issues quickly
- A lack of staff confidence or skills to deal with online engagement (at the beginning of the pandemic)
- Parents or perpetrators can control what services see on screen to create the illusion that everything is fine

for practitioners to risk assess situations and build trusted relationships, particularly for those children who did not have a pre-established rapport with professionals prior to the pandemic (65) [INT6;7;8;9;10;11]. Therefore, practitioners also benefit from a walk and talk method. Despite its many challenges (see box 7) [INT4;5;7;8;10;11], for some organisations remote working has added value to their process and will continue to be integrated into their approaches post-COVID-19 [INT4]. The pandemic has demonstrated the resilience of children's support services to continue and adapt through adversity, however, it has also highlighted the importance of continual face-to-face contact in order to combat the negative impacts of COVID-19 on children and young people (232,233) [INT2;4].

Despite an increased need for children's services, many critical service staff, such as educational staff and paediatric medical staff, were redeployed and furloughed, whilst resources, such as mental health resources, were reallocated to other areas to cope with the health pressures of COVID-19 (234,235) [INT11]. For example, it was reported that during the first national lockdown, 31% of staff members employed by specialist VAWDASV services were absent due to redeployment. Services have reported a continued staffing shortage since, due to restrictions, childcare issues and self-isolation (49). It is important that, despite staff redeployment and furloughing, services still have the capacity to carry out their work to safeguard children, in order to prevent, identify and mitigate its short and long-term harms (236) [INT3;10].

31% of staff members employed by specialist VAWDASV services were absent due to redeployment



Table 2. Organisational examples of good practices to maintain and/or adapt services

- At the beginning of the pandemic, *Llatau* put in place a contingency plan to ensure the organisation could cover delivery should they reach a 30%+ sickness or isolation rate. The plan included training all non-operational colleagues, where appropriate, to be able to help cover projects and using staff who were self-isolating but not sick to man the helplines [INT12].
- *Barnardo's* have taken the opportunity to furlough staff on the internal level to allow front-line services to remain operational [INT2].
- *Cardiff Youth Centre* hosted an emergency foodbank in collaboration with a local supermarket. This provides access to food for families who are not eligible for the foodbank or FSM, but are still struggling. This also allows the opportunity to identify risk and allow children and young people and their families to discuss any issues/worries and receive support [INT11].

3.3 Early intervention

It is important that governments consider the long-term impact of COVID-19 on children and young people, ensuring that funding for early intervention remains intact and is not allocated elsewhere. Early intervention is a cost-effective method that allows for the early identification of risks and the needs of children, which is essential in mitigating the long-term negative impacts of COVID-19 and is critical in reducing the pressure on important health and care systems (28,180,230,237). By using early intervention to prevent escalation of risk, less intensive and costly support will be required in the longer-term.

During the pandemic, early intervention programmes have had to adapt to remote delivery of interventions. This involved moving content and resources online, such as communicating through messaging platforms and video conferencing software, to facilitate remote access. Despite the challenges of the pandemic, the Early Intervention Foundation noted that 91% of programme developers and providers (the majority of whom are in the UK) were continuing to deliver interventions. However, some components of delivery have had to pause as a result of COVID-19, such as group sessions and certain therapies that have yet to be adapted for use online. Therefore, some interventions are not fully operational and may not be as effective. Both benefits and challenges of virtual interventions have been acknowledged (238) [INT4;2] (see box 8).

... the cost of providing late intervention ... is approximately £17 billion per year



Box 8. Virtual interventions

Benefits:

- Content delivered and accessed more flexibly
- Decreased anxiety for those that struggle with face-to-face interactions
- Ability for professionals to reach more children e.g. rural groups
- Conferencing software also allows CYP to join a meeting anonymously

Challenges:

- Access to online digital services among poorer and rural communities
- Insufficient support for those with severe mental health problems or for those in immediate crisis
- Lack of privacy
- Increased amounts of time for children spent unsupervised online
- Disruption to referrals for those in need of early intervention
- High level of drop out and/or failure to complete the full intervention

As previously evidenced, ACEs have a long-term impact on children and young people. Experiencing ACEs makes an individual more susceptible to negative consequences later on in life, such as health problems, increased alcohol consumption, criminal behaviour and violence (28). These place a further burden on the Public Health system. It is estimated that the cost of providing late intervention in England and Wales is approximately £17 billion per year (239). Therefore, a significant amount of money could be saved if sufficient early intervention is enforced.

Individuals who are exposed to ACEs are more likely to be harmed if they have fewer sources of resilience, such as a positive relationship with a trusted adult. Interventions aimed at building relationships and resilience show a marked impact on children's decision making skills, poor health behaviours, reducing stress and anxiety, and reducing violence (28). Interventions, such as mentoring and building trusted relationships, have had positive impacts on children and young people in terms of re-offending, ASB, criminal behaviour and associated problems (240). Furthermore, mentoring and other interventions, such as community based approaches and school based approaches, are effective in building resilience

and helping to combat ACEs (28). Additionally, greater parental support and perceived control during the pandemic are associated with lower perceived stress and child abuse (99).

“A sense of belonging, security and safety is the bedrock to delivering a service.”
[INT12]

Interviewees echoed the need for early intervention to protect children from the harms of COVID-19 [INT2;7;11]. Wales is committed to early intervention and prevention but there is a need for this to be a universal entitlement, not solely for those who meet a certain criteria [INT11]. A common concern amongst experts was the children and young people who were not identified as vulnerable, but who were on the cusp of being classified as vulnerable, prior to the pandemic. It is likely that these individuals are not receiving the support they need [INT6;7;8;11]. Investment in early intervention will allow children to re-build the trusted relationships that have been absent during the pandemic [INT8;9]. However, to be effective in addressing the higher needs of children (e.g. belongingness), there is first a need to address the basic needs of children (e.g. food poverty) [INT9;12]. In addition, more activity is required to understand what interventions are effective in mitigating the negative impact on children and young people [INT9]. Professionals expressed concern that some vulnerable children and young people will have passed the intervention phase and moved into a crisis stage as a result of the pandemic, where behaviours are more entrenched and harder to change through early intervention [INT6;9]. As previously mentioned, early intervention is a cost-effective approach and more investment should be placed in this area, however, funding will also need to continue for those who have passed the intervention phase and need help [INT9].

Table 3. Examples of early intervention initiatives in the UK

- *The Healthy Child Wales programme* aims to reduce the adversity experienced by those aged 0-7. The programme delivers key public health messaging for parents to support children; promotes positive relationships and resilience; uses a screening process to ensure early detection of the physical, metabolic, developmental and growth problems in children; and supports families to make informed decisions in order to provide a safe and nurturing environment for their child (237).
- *All Babies Cry* is an initiative that aims to reduce parental stress, improve parental understanding of child behaviour and introduce calming strategies for the babies. The overall objective is to reduce instances of infant maltreatment. The programme does not require face-to-face contact and uses a DVD and a booklet as educational resources for parents. The programme is successful, with parents reporting a significant improvement in their coping strategies for stress (238).
- *Operation Encompass* was established in 2011. The project aims to directly connect the police with trained key staff in schools to ensure that children living with domestic abuse in their homes (where there has been police attendance) are supported. Early intervention and rapid provision of support in schools means that children are safeguarded against the negative impacts of domestic abuse (241,242). Furthermore, on April the 1st 2020 *Operation Encompass* launched a teacher's helpline in collaboration with Edpsy to provide staff, who are dealing with vulnerable children and their families, with immediate access to psychological advice (243).
- See 'School Beats' programme in table 9 – multiagency approaches

3.4 Finances and funding

Children's services and preventative services, that had already experienced a reduction in funding, have seen a further reduction since the COVID-19 pandemic (22,244). In addition, many organisations, particularly third sector organisations, have been unable to partake in fundraising and have incurred additional costs from having to move operations online, such as purchasing IT equipment and hygiene products (245). For example, 41% of specialist VAWDASV services that were contacted as part of the 'state of the sector' research noted that they had lost funding as a result of fundraising events being cancelled and a loss of housing benefits (due to social distancing guidance and cleaning requirements in refuge's) as a result of the pandemic. Furthermore, all of the services contacted in the research reported incurring additional costs due to the COVID-19 pandemic (49). The absence of funding means that organisations are less able to carry out important work to identify, protect and support children at risk of abuse (22) [INT1]. The indirect impacts of COVID-19 are likely to be long-term, and sustainable funding will need to continue to combat this (6,65,134,246) [INT3;6].

41% of specialist VAWDASV services ... had lost funding ... as a result of the pandemic



Table 4. Government funding initiatives

The Welsh and UK Government has set aside a range of funding to help combat the impact of COVID-19 on children and young people in Wales. This includes:

- In October, 2020, the Welsh Government announced that £12.5 million of funding would be available to support *vulnerable families and children*. This includes £2 million for the Child Development Fund (CDF) to provide support to address growing concerns around development delay areas (e.g. speech, language, social development and communication) and to provide additional support for children and families who are in greatest need and have been impacted most by the pandemic. Funding for the CDF will also help deal with the increasing demand for additional support and any potential increase in referrals. Furthermore, £800,000 of the funding will be spent to help families experiencing difficulties in their relationships in order to reduce conflict and stress. Funding will also be awarded to support foster care provision, including to help support young people leaving care (247).
- As a result of the pandemic, Welsh Government have provided additional funding for mental health services to support those who have been negatively impacted in terms of mental health and wellbeing. This includes a digital inclusion fund for vulnerable individuals who do not possess the necessary technology in order to access vital support services (248,249).
- A range of funding was announced to help support the development of jobs in Wales and the UK. This includes £40 million to support the jobs and skills fund in Wales and £1.5 million to provide help and support for graduates looking to gain work experience in Wales. Furthermore, in September 2020 the UK Government developed a 'Kickstart' scheme that directly pays employers to create new jobs for individuals aged 16-24 years old who are at risk of long-term unemployment (223). The £2 billion scheme has since created more than 120,000 career opportunities (250). However the Young Women's Trust have raised concerns regarding women entering the scheme due to occupational gender stereotyping. The Women's Budget Group suggested that equal spots are provided for women and men on the scheme to combat this issue (226).
- The Welsh Government have provided funding to the Sexual Assault Referral Centre to increase the hours on their counselling service. This is to allow SARC to be better equipped for the likely increase in case load when children return to school [INT4].

3.5 Training

It is important that staff who work with children and young people are provided with on-going support, mentoring and training (183,198) [INT1;8]. Educational staff should be upskilled in areas of, mental health, ACEs and trauma, bereavement, racial and cultural competency and the school exclusions process/procedures (198). Welsh Government have supported the need for additional training and have introduced a Whole Systems Approach, which uses ACEs and trauma training as part of its foundation to improve mental health and wellbeing in schools (see table 5) (251). Training for identifying the signs and triggers of abuse should also be supplied for staff in other sectors, such as law enforcement and medical sectors (203). Furthermore, to ensure that staff adequately take care of children's needs, they first need support with their own mental health. Fifty-three percent of specialist VAWDASV services reported that the pandemic had negatively affected staff wellbeing (49). Evidence suggests that staff wellbeing is important to ensure retention, avoid staff burnout and allay any concerns regarding COVID-19 (198,246).

In addition to child centred staff, communities and key workers should be trained on the signs of abuse as key points of contact for many in situations of abuse, particularly since the COVID-19 outbreak (67,229). For example, some domestic abuse support agencies have published guidance for friends and family on supporting individuals who are isolated (67). General education and training should be provided to the public on areas of violence in order to bring awareness to the signs of abuse and to signpost people to the available support (65).

Table 5. Training initiatives – including 'wellbeing in education'

- The UK Government have launched the 'wellbeing in education' training programme that will help train educational staff in England on how to support young people with the additional pressures they may have faced as a result of COVID-19, such as bereavement, stress, trauma and anxiety (198,252). The department of education have also launched a staff training programme that helps staff deal with children and young people with additional needs on their return to school (140).
- *Something not right* is a campaign that was created by the Home Office in response to evidence that suggests children and young people faced a greater risk of violence during COVID-19 e.g. sexual abuse, criminal exploitation and domestic abuse. The campaign directed at 13-18 year olds aims to communicate the indicators of abuse to help the public identify children and young people at risk. Additionally, 'somethings not right' aims to raise awareness and understanding of how to respond to instances of abuse and exploitation, such as the different methods for reporting and what support services to access. The campaign utilises social media to communicate these aims effectively to the target population (253).
- The COVID-19 Bystander toolkit created by Welsh Women's Aid provides specific advice and information to concerned neighbours, volunteers, employers, journalists and others, in order to raise awareness of VAWDASV and signpost to support. The webpage provides different resources, including resources for children and young people in multiple languages (254). Since its publication there has been a 70% increase in contacts by concerned others e.g. friends, families and neighbours (49).
- The Welsh Government has pledged an additional £1.575 million to help support VAWDASV in order to meet the anticipated increase in demand as a result of COVID-19. Part of this funding will be used for specialist training (255).

continued ...

- Between January and March 2020, Karma Nirvana, the honour based abuse (HBA) charity, delivered virtual workshops to professionals across Wales. The workshops aimed to enable learners to, understand and identify HBA, manage and respond to disclosures safely, identify risk factors, provide safer multi-agency spaces for survivors to speak and disclose abuse (256).
- The ACE support hub delivers ACE aware and trauma informed practice training to primary and secondary schools across Wales. To ensure that the training continued during the pandemic, the resources were made available online via the Hwb. Resources are available for all schools, and in 2020, two-thirds of primary schools had completed the training (257). Penllergaer Primary School ensure that all staff are trained in emotional coaching, ACEs and trauma informed approaches, which supports staff to identify vulnerable children and put effective measures in place to safeguard them [INT8].
- The Early Action Together (EAT) programme is a multi-agency partnership between Public Health Wales, Wales' four police forces, the Police and Crime Commissioners, Barnardo's and HM Prison and Probation Service. EAT have produced the 'Adverse Childhood Experiences and Trauma Informed Multi-Agency Early Action Together (ACE TIME) training programme' which uses ACE coordinators, who have previous experience working with vulnerability, to deliver training on ACEs and trauma; 6447 members of staff, including police officers, partners and prison probation officers from across Wales have completed the training (258).
- Welsh Government have recognised the detrimental impact of COVID-19 on children and young people's mental health and wellbeing and have launched a *Whole School Approach* in response. The approach aims to address the emotional and mental well-being needs of pupils and staff by building resilience and taking preventive action. The ACE support hubs 'training in education settings' will be a foundation for the approach to equip teachers and school staff with the necessary tools to identify and address the impacts of ACEs (251).

3.6 Communication

It is important that there is continued provision of clear and timely information regarding COVID-19 and its associated restrictions (110,119,121,246) [INT5;8;9]. To prevent the negative impact of COVID-19 on violence and ACEs, information and messaging must be culturally relevant and age-appropriate in order to reinforce positive behaviours and discourage negative behaviours (33). Furthermore, COVID-19 related information should be disseminated in a range of languages to ensure that vulnerable children and young people, such as minority ethnic groups and SEND groups, understand the information and guidance (121). Communication is a key process in helping to alleviate concerns surrounding COVID-19. For instance, police have provided reassurance that individuals will not be penalised when breaking the guidelines if the motivation is to keep safe (64). Public health campaigns can also be vital in helping to create awareness of the negative impacts of COVID-19 on families, such as violence, and refer those in need to the appropriate support networks and guidance (158,259) [INT10]. Many children and young people stated that they had an unmet information need, due to adults failing to communicate COVID-19 information honestly with them (119,180,260). In addition, children and young people noted feeling unhappy with the available information as the sources were untrustworthy, confusing and negative (121). By issuing guidance for parents and carers on communicating the outbreaks with children in an age-appropriate manner, anxiety surrounding the subject can be alleviated. Furthermore, both public health measures and support should be presented in a method that is accessible for children and young people. In addition, there should be more public health campaigns around the impacts of COVID-19 and where to access support if need be [INT10].

Table 6. Communication campaigns

- *Jargon Buster* is a Scottish website produced by YoungScot that explains COVID-19 related information in an accessible way in order for children and young people to understand (110).
- UNICEF have advised parents to communicate facts about COVID-19 with their children. To aid parents, UNICEF have developed six ways to *help comfort children during the pandemic*, including, but not limited to, parents remaining calm, routine, letting children feel their emotions and explaining what measures can be taken to keep children and others safe (261,262).
- Following the concern for children's exposure to harm during lockdown, the NSPCC produced a 4 week media campaign that aimed to raise awareness of the free NSPCC helpline service and ensure that people knew what to do if they were worried for a child's welfare. The campaign used multiple methods of communication, such as television, radio, social media and press, to reach a large audience (263–266). As a result of the campaign, the helpline saw a significant increase in demand of 30% compared to pre-lockdown reports.
- The *Stop It Now* campaign by the Lucy Faithfull Foundation comprised 12 short films that aim to inform parents, carers and professionals about the risks of child sexual abuse, how to prevent harm from occurring and where to get help and support for at risk children (267).
- The *#LookCloser* campaign is a partnership between the Children's Society, the National County Lines Coordination Centre and the British Transport Police. The campaign encourages members of the public to learn the signs of child exploitation and understand how to report it if they fear a child is at risk (268,269). The Children's Society have also created briefing documents regarding children sexual and criminal exploitation that are widely distributed to our partners across England and Wales. They also explain the signs of abuse and how to report.
- In response to a series of knife crime incidents in Cardiff in December 2020, the VPU launched a campaign to raise awareness of the issue. The campaign was comprised of two parts. Phase one focused on uplifting existing Crimestoppers and Fearless messaging around reporting crime anonymously. Phase two focused on working with service providers to ensure there was information on where young people could access support if they needed it. The campaign used advertisements on social media aimed at those aged 13-18 years to direct them to a support page. The campaign also used radio advertisement aimed at adults who may be worried about a young person. The advertisements were reviewed by a group of young people aged 11-18 years from the Young Creators Forum to ensure they were effective (270).
- *South West Grid for Learning* have produced and shared a range of resources around online harm to help schools and other organisations understand the risks of being online and how to stay safe online [INT1].
- Throughout the pandemic *Llamau* have hosted virtual sessions on healthy relationship support and learning, such as targeted sessions on sexting, consent and coercion with 1,413 young people [INT12].
- During the pandemic, the ACE support hub have re-launched their 'time to be kind' campaign. The campaign encourages people to perform acts of kindness and raises awareness that children may be experiencing struggles related to their every-day life, particularly during the pandemic (271).
- In 2020, Welsh Government launched the 'give it time' campaign, which aims to address the issues that parents have been facing during the pandemic. The campaign offers practical tips and expert advice on a range of topics, including three core themes: giving your child time, your child's behaviour and supporting parents through the challenges they face (272).

3.7 Co-production

It is important to co-produce policies, and other important decisions that concern children and young people, with youth stakeholders (119,125,134,180,273). Barnardo’s noted that many children and young people did not feel listened to by the UK Government, which left them feeling frustrated, angry and anxious (121). Over a third (37%) of children and young people in the Prince’s Trust survey said that they felt powerless to change their own future and approximately one in three (31%) believed their opinions did not matter (93). Co-production yields benefits for those involved in the process. For example, children and young people experience an element of control over their own futures and feel that they have had their voice heard (233,274,275). Moreover, the co-production of work allows for a better understanding of the target population and will help develop more appropriate support (276) [INT9]. There is a particular need to consider vulnerable populations within the decision making, such as groups from deprived areas, minority ethnic groups, LGBT+ groups and those with special needs and disabilities, as a one-size fits all approach will aggravate existing structural inequalities (119,125). In addition, organisations have stated that understanding the lived experience of children and young people needs to be central to the COVID-19 recovery planning (119).

“As we got better with engaging online, we are meeting with children and young people regularly, so the Commissioners seeing at least one group of children and young people every week, and the participation team see more than that. We do try to engage with youngsters that are harder to reach, so our Community Ambassador Schemes work with gypsy traveller children, black and minority ethnic children and children with disabilities.” [INT5]

Young Voices Heard are an organisation whose objective is to promote greater youth engagement in public life and organisation. The organisation consists of youth representatives and various sectors, such as education, health and funding. Together, these range of sectors and youth stakeholders co-developed an open letter to the UK Government. The letter aimed to get the UK Government to hold a youth conference on COVID-19 that allows under 18s to ask questions and to allow children and young people to submit questions to the daily press conference. This demonstrates the urgency and desire that children and young people feel to be involved in the decision making process (277).

Table 7. Co-production initiatives

- Young Voices Conversation is a co-production project that looks at gaining the opinion of children and young people, including minority and hard to reach groups, between the ages of 11 and 25 years. The Police and Crime Commissioner and South Wales Police utilise this information to inform their decisions (278).
 - Welsh Government has made it possible for 16 and 17 year olds to vote in Senedd and Local government elections in Wales. The first minister announced the news and reiterated how important the voices of children and young people are in the decision making process (279–282).
 - Across the pandemic, the Children’s Commissioner for Wales launched multiple surveys named ‘Coronavirus and Me’. The research aimed to understand the experiences of children and young people in Wales during lockdown. Further breakdowns of the survey allow readers to see the differential impacts on BAME, SEND and various age groups. The surveys allowed children and young people to express their views and participate in decision making that impacts on their lives (283).
- continued ...

- The *Parent-Infant Foundation* have co-produced materials with practitioners, pediatricians and psychologists on multiple topics e.g. parent-child interaction and understanding separation anxiety [INT9].
- *Together for Children and Young People (T4CYP)* is a multi-agency, multi-professional programme launched in 2015 that is led by the NHS in Wales and supported by the Welsh government. The programme aims to improve the emotional and mental health services for children and young people in Wales. Co-production is one of the main components of the T4CYP Programme. T4CYP have co-produced the N.E.S.T (nurturing, empowering, safe and trusted) framework through 220 hours of work with parents, young people, carers etc.(284).
- The *ACE Support hub* has co-produced multiple resources, training and change programmes with a range of sectors e.g. housing, education, youth services, youth justice, sport and substance misuse (257).

3.8 A targeted response

It is evident that children and young people from vulnerable groups, such as minority groups, low income groups, SEND and LGBT+, have been most negatively impacted by COVID-19 and its restrictions. These negative impacts include interrupting vital support services that are used more by vulnerable groups than the average population (244). Governments must discard a one-size fits all approach and focus on providing children and young people with equal opportunities, such as providing additional learning tools and resources for those in need. In addition to providing targeted policies and services for vulnerable groups (24,126,216) Welsh Government have pledged to continue provision to help facilitate equal opportunities, such as free school meals and digital inclusion packages, but this will need to continue long term to avoid greater disparities between vulnerable pupils and their peers (See Table 8). The interviewee's supported the need for a targeted response for those most vulnerable to the impacts of the pandemic, in order to narrow the gap between their peers and to "levels things back out again" [INT4;5;7;9]. Overall, the evidence demonstrates the need for targeted information and recovery planning that focuses on the needs of specific sub-groups of children and young people (119).

Table 8. Welsh Government's targeted responses

- As part of the 'Stay safe-stay learning' initiative, Welsh Government have collaborated with local authorities to provide funding and support for digitally excluded learners. This included providing schools with MiFi connectivity, up-to-date software and IT equipment. Furthermore, the Welsh Government have continued to allocate funding towards the development of EdTech, a programme for improving the use of digital technology for teaching and learning in schools (285).
- The Welsh Government have pledged to continue providing Free School Meals for eligible vulnerable pupils throughout the public holiday's, until Easter 2022. This is supported by a £23 million funding package (286,287).

3.9 Multiagency approach

Across the literature, and from the interviews, it is clear that a long-term multiagency approach is needed to combat the issues that have arisen, or that have been exacerbated, for children and young people as a result of the pandemic (176) [INT1;2;8;9]. This will need to include working together and data sharing across a wide range of governmental and non-governmental organisations, such as education, health and social care, and youth offending and police services. The National Institute for Health and Care Excellence recognises the need for partnership working across disciplines as best practice in protecting and supporting children and young people (28). However, currently communication is not consistent across sectors which means that children at risk of violence are being missed (171). Partnership working and data sharing will help identify at-risk children, avoid school exclusions, improve safeguarding and ultimately reduce the adverse impacts on children and young people (28,158,180,183,198). Strategic coordination allows a range of organisations to communicate effectively with one another to understand similarities and address gaps in the needs of, and risks to, children and young people. Subsequently, organisations can intervene early to avoid further risk (65,126). Research shows that strong partnerships between organisations and the community can effectively prevent a range of behaviours associated with ACEs, such as crime, substance misuse and violence (28). Furthermore, a multiagency response is key to communicate with the community regarding support and identifying needs (180).

One positive that was clear from the interviews is that COVID-19 has prompted organisations to utilise a multiagency approach [INT2;4;6;9]. Partnership working has allowed these organisations to improve information sharing, share good practice and have better access to training opportunities for staff (176) [INT2;4].

“So there was a really positive thing that we started having some meetings with the Police, with Social Services, with New Pathways, third sector side, to really make sure that we were all on the same line, that everyone understood that we were open.” [INT4]

“We developed the Vulnerable Children and Young People group, to safeguard all those issues, and that was bringing all different parts of the government together, education, health, committees which we sit in, all these different people together to say as a government how do we respond to that.” [INT9]

Table 9. Multi-agency approaches

- SchoolBeats is an all Wales school liaison core programme that uses partnership working between Welsh Government, the four Welsh police forces and schools. The programme aims to safeguard children and young people living in Wales by providing them with current information regarding topics of violence. This includes, substance use/misuse, domestic abuse, bullying, anti-social behaviour, internet safety, weapons, sexual exploitation/abuse, knife crime and criminal exploitation. In 2018, the project had reached over half a million children through meetings, lessons and assemblies. The programme also helps identify at risk children. For example, one pupil was consistently displaying anti-social behaviours, such as being violent to other pupils. Community police officers noted this behaviour and after discussions with the child, identified that they were a victim of gang grooming and modern slavery. Furthermore, the partnership allows schools and police to gain essential updates and resources that help identify arising issues. For example, a school relayed concerns to the police regarding the mental health of the pupil. This allowed the police to liaise with the school nurse service and child and adult mental health service to mitigate the negative impacts on the pupil. SchoolBeats allows for early intervention and the targeted support by professions to help reduce ACEs and build resilience (288,289).
- continued ...

- The *Wales Violence Prevention Unit (VPU)* is a Wales wide multiagency team that uses a public health approach to prevent violence. The team comprises of members from police forces, the Police and Crime Commissioner, Public Health Wales, Her Majesty's Prison and Probation Service (HMPPS), Home Office Immigration and voluntary sectors. The VPU uses research to understand the causes and effects of violence in Wales and uses this evidence to develop effective interventions. As part of the VPU's work, partnerships data is collected and collated into a monthly COVID-19 monitoring report which allows for the identification of trend, patterns and gaps within the evidence (290).
- *Operation Innerste* is a multiagency response between the police and health services for unaccompanied migrant children under the age of 18. The project aims to, capture a child's identity during the initial encounter e.g. collecting finger prints; improve data sharing; and build rapport and trust within the crucial first 24 hours, in order to improve safeguarding for migrant children and avoid potential exploitation e.g. through modern slavery and child sexual exploitation (291).
- A *vulnerable children and young people's steering group* was established to understand and safeguard all the issues arising from COVID-19. The group brings different government sectors together e.g. education, health, as well as external groups e.g. practitioners, to discuss current issues for children and young people [INT9].
- The *ACE Support Hub Cymru* was established in 2017 to help raise awareness of ACEs in Wales. The support hubs aim is to prevent and mitigate ACEs by sharing information and learning, and challenging ways of working, in order to break the cycle of ACEs. The hub is funded by Welsh Government and works closely with other public and third sector organisations to develop and deliver the ACE agenda, including youth justice, housing, local authority, health, education, sporting bodies and the local community (257,292).

3.10 Conclusion

To reduce the adverse impact of COVID-19 on children and young people there is a need to provide targeted early intervention. A multiagency response will allow organisations to data-share and work together to identify and report risks of children and young people and to provide the best support for each individual child. To ensure this response is of the best quality to mitigate the impacts of COVID-19, ongoing training and continued resources, such as staffing and funding, are required. Furthermore, relevant public health information and other information regarding COVID-19 should be communicated in a child appropriate manner to aid understanding and alleviate fears. Additionally, children and young people should be provided with the opportunity to co-produce policies and other important decisions with the government and non-governmental organisations to allow for a more fitting response.

4.0 Future actions

The extensive range of evidence presented in this HNA, including the literature review and interviews with professionals, suggests that children and young people's experience of violence and ACEs have been exacerbated as a result of the pandemic. In response to the wide-ranging impact the pandemic and its associated restrictions has had on this vulnerable population group, a range of future actions that may help to mitigate the negative impacts and promote individual and community resilience could be adopted. Based on the evidence in this report, a range of key policy considerations and next steps that could inform strategies for recovery and support children and young people going forward are presented below:

- 1. Re-establish face-to-face support** for children and young people and their families. Schools and children's services are vital for identification and support of children at risk of ACEs.



- 2. Provide training and refresher training** on identifying signs of abuse, safely reporting abuse and where to access support for staff who are in regular contact with children and young people across sectors and within the community. Bystander training and awareness campaigns are important to increase recognition and safe intervention of children and young people at risk of harm.



- 3. Protect against worsening inequalities** by ensuring support measures are directed equitably at communities and groups most impacted e.g. BAME, SEND, low income, LGBT+, NEET, young carers, looked after children, children in the youth justice system, refugee and asylum seekers and those with pre-existing mental or physical health needs.



- 4. Ensure mental health and well-being is a key consideration** for decisions relating to children and young people and recovery from COVID-19. Consideration for mental health should be sustained at individual, school and community level to help alleviate the long-term negative impacts of COVID-19.



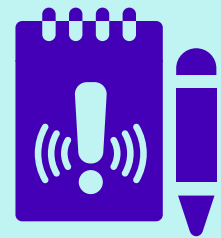
- 5. Invest in violence and ACE prevention**, including primary prevention to stop violence and ACEs before they occur. Secure education and employment opportunities for children and young people are key mitigating factors in violence and ACE prevention and contribute to breaking the cycle of ACEs.



- 6. Continue to develop multiagency work** to enhance sharing of data and good practice, allowing organisations to be better prepared for identification and support of vulnerable children and young people. Multiagency co-production of approaches, frame-works and resources can improve the support available for children and young people.



- 7. Services that work with children and young people should consider developing a contingency plan** that allows operation on the same scale (i.e. reaching the same number of vulnerable children and young people and offering the same level of support) but at reduced capacity (in terms of staff and resources) in preparation for potential future pandemics or disasters. Potential future re-deployment of crucial staff, e.g. midwives and health visitors, should be considered carefully and avoided if possible, as removal of crucial staff from children's services has had a detrimental impact on the provision of support to children and young people.



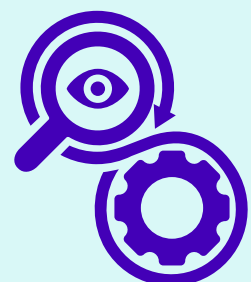
- 8. Communicate advice and information to CYP in an accessible manner** to ensure maximum understanding of available guidance and support relating to COVID-19. Increasing children and young people's understanding will help alleviate feelings of frustration and anxiety that accompany a lack of understanding.



- 9. Actively involve children and young people** in the recovery response. Co-producing policies and interventions will benefit both professionals (in terms of better understanding the target group) and children (by accounting for their opinions).



- 10. Continue to conduct, update and apply research** on the impact of COVID-19 on children and young people, particularly in relation to what works at community level to support children and young people and families, including those that sit outside of current support service thresholds, and long-term ongoing issues that may arise as a result of COVID-19. Drawing on experiences and opinions of children and young people will enrich the understanding of such impacts.



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6.0 Appendix

Appendix 1.

Search strategy for the literature review on children and young people and COVID-19 in relation to violence and adverse childhood experiences.

Search no.	Search terms
S1	Children OR "young people" OR youth OR baby OR babies OR infant
S2	COVID-19 OR coronavirus
S3	S1 and S2
The remaining searches were combined with S3...	
Wider determinants of health	
S4	Education OR school OR "Not in education, employment or training" OR NEET
S5	Economic activity OR income OR poverty
S6	Employment OR unemployment OR unemployed
Violence and adverse childhood experiences	
S7	Violence OR abuse OR assault OR "intentional injury" OR crime OR attack OR aggression
S8	"Adverse childhood experience" OR (child* AND (adverse OR adversity OR trauma))
S9	Parent* AND (alcohol OR "alcohol misuse" OR "alcohol abuse")
S10	(Domestic AND (violence OR abuse OR assault)) OR "violence against women and girls, domestic abuse and sexual violence" OR VAWGDASV OR VAWDASV
S11	Physical abuse
S12	(Sexual AND (abuse" OR assault OR exploitation)) OR rape OR sexual exploitation
S13	Exploitation OR gang OR drug OR "serious youth violence" OR weapons OR guns
S14	Radical* OR extrem* OR
S15	"hate crime" OR bullying
S16	Wellbeing OR well-being OR "mental health" OR "mental illness" OR "mental disorder*" OR suicid* OR "self harm" OR "self-harm" OR stress OR distress OR anxiety OR depression OR PTSD OR "post-traumatic stress disorder"
Population groups	
S16	Vulnerable OR disadvantaged
S17	"Black and Ethnic Minority*" OR BAME OR "minority ethnic groups"
S18	"Special educational needs and disabilities" OR SEND OR SEN OR disabilities OR "learning disabilities"
S19	"low income families" OR poverty OR "low socioeconomic status" OR "low SES"
S20	"Young Carer"
S21	"pre-existing mental health condition"
S22	Lesbian OR gay OR bisexual OR transsexual OR LGBTQ+
S23	Detention OR detained OR prison OR jail OR "locked up" OR "youth justice"
S24	"Looked after child*" OR LAC



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