The Impact of COVID-19 on Child Protection & Psychosocial Health: Implications for Preparation and Implementation of Interventions for Children in Adversity

A Brief for Ministry of Women & Child Development, Government of India

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1. Children and the COVID-19 Scenario in India: Current Realities & Future Predictions

1.1. Health and Mortality Risks for Children

As of 15 May 2020, the Ministry of Health and Family Welfare have confirmed a total of 81,970 cases, 27,920 recoveries (including 1 migration) and 2,649 deaths in the country[1]. India reports an infection rate of 1.7, which is significantly lower than some of the worst affected countries in the world[2]. However, the Epidemic Diseases Act, 1897 has been invoked, and in an attempt to contain the spread, adopted disease control interventions, namely contact tracing and testing, quarantining and social distancing. As part of these measures, the Indian Government declared a lockdown, starting the third week of March 2020. During this period, educational and commercial institutions remained closed and both international as well as domestic travel bans were imposed. Only essential services and commodities were allowed to continue.

It is well documented in various countries that those most susceptible and at risk of serious and severe health consequences, including death, due to COVID, are the aged and the chronically ill. In India, however, as of April 2020, a majority of the COVID-19 cases comprise of people between ages 21 and 40 as of April 27, 2020; of these, those between 31 and 40 years old were most affected and only a small proportion of the cases were of children.[3] Recent data, from the Ministry of Health, in early May 2020, however shows a shift in age-related mortality figures[4]: unlike in April 2020, then most of the COVID deaths occurred among those who were above the age of 75 years, now nearly 50% of the dead are below age 60. In any case, there have been no indications, as yet, that children are vulnerable to mortality risks in the COVID pandemic.

However, the health and mortality impact of COVID on children is varied, and age-dependent. the largest study to date of children and the virus[5] has found that most develop mild or moderate symptoms, and only a small percentage, especially babies and preschoolers, can become seriously ill. The study, which included over 2,000 children, found that about half of them had mild symptoms, such as fever, fatigue, cough, congestion and possibly nausea or

[1] Ministry of Health and Family Welfare, Government of India, 15 May 2020.
[2] *The Indian Express*. 19 March 2020
[3] As reported on https://www.statista.com/statistics/1110522/india-number-of-coronavirus-cases-by-age-group/
[4] As reported on: https://indianexpress.com/article/india/covid-19-coronavirus-deaths-india-age-6388085/
[5] Dong Y, Mo X, Hu Y, et al. Epidemiological characteristics of 2143 pediatric patients with 2019 coronavirus disease in China. Pediatrics. 2020; doi: 10.1542/peds.2020-0702

diarrhoea, over a third of them became moderately sick, with additional symptoms including pneumonia or lung problems, but with no obvious shortness of breath; that only about 6 percent developed very serious illness (these were the very young children) and that only one child died. The researchers concluded therefore that while children may become infected like adults, the severity of the illness is considerably less, with only a handful of (young) children requiring aggressive treatment.

Thus, most children, especially those who are above the age of 5 years, are not at serious risk of severe health impacts and mortality due to COVID. Consequently, (older) children, while they must follow social distancing and other precautions, because they constitute a risk for transmission, need not themselves be prioritized as a vulnerable group from a health and mortality perspective. **However, there are protection and psychosocial impacts on children, particularly those who are especially vulnerable, due to their living in difficult circumstances (as discussed subsequently), reflecting the need to prioritize protection and psychosocial in COVID interventions for children.**

1.2. Economic Impact on Poor and Vulnerable Groups: Heightened Risks for Children in Adversity

The economic impact of the 2019–20 coronavirus pandemic in India has been very disruptive, with the World Bank and other agencies predicting that India's growth for the coming fiscal year is likely to be the lowest since its economic liberalization in the 1990s[6]. Unemployment rose from 6.7% in mid-March to 26% on 19 April[7]. Over half the businesses in the country, ranging from small-scale enterprises to start-ups and large ones such as the airlines, and production and supply chains being severely affected, people have lost employment; more than half of the nation's households report a major drop in income[8].

Amongst the most economically vulnerable in this pandemic are farmers and those employed in informal sectors, including daily wage earners, also comprising the migrant labour working in India's cities. When the lockdown was announced, faced with a sudden loss of livelihoods and income, poor access to food, shelter and other basic needs, the situation of migrant labour, already from economically vulnerable backgrounds, became extremely precarious. Furthermore, as they grew more fearful of the pandemic and its economic consequences, many of them grew desperate to return to their homes in faraway states and rural areas. Their increasingly difficult circumstances mounted into a crisis, even resulting in accident and deaths as, in the absence of transport, many chose to start walking the long distances home.

As the lockdown, now in its third phase, eases up, with the government gradually permitting economic activity to resume, shops selling essential and non-essential commodities may remain open, government, commercial and private offices can open with up to 33 per cent staff coming into work, manufacturing units of essential goods including pharmaceuticals can operate as also out-patient departments and medical clinics, all with continued adherence to social distancing norms and other safety precautions. Furthermore, in order to revive the economy devastated by the coronavirus lockdown, Prime Minister Narendra Modi recently announced a Rs 20 lakh crore special economic package: a safety net measure for the vulnerable, amongst other stimulus and assistance, this includes collateral-free automatic loans for businesses emergency credit support for farmers, free food grain supply for two

[6] The Hindu. PTI. 12 April 2020.
[7] Vyas, Mahesh (21 April 2020).Centre for Monitoring Indian Economy (CMIE).
[8] Biman.Mukherji (23 March 2020). "Coronavirus impact: Indian industry seeks relief measures to aid economy". *Livemint*.

months to migrants through portable ration card facility, affordable rental housing complexes for migrants and the urban poor.

However, given the prediction for low economic growth and the time that it will take for the global economy, including the Indian economy to recover from the losses and impacts of the pandemic, the lives and existence of the poor and vulnerable population groups in the country, such as daily labourers and others working in informal sectors, will continue to be precarious in the medium to long term, even for the next couple of years. As is well established, the poorest groups are the most adversely impacted by disasters, natural, man-made or disease (as in this case); they have little to no assets to begin with as their daily struggles for survival makes it difficult for them to make investments that would enable them to mitigate the impact of disaster. Therefore, the little resources they have would be consumed in times of disaster, further exacerbating their already unstable existence.

According to the UN policy brief on COVD-19 and need for action on mental health needs[9], the pandemic has led to wide-spread psychological distress due to the consequences of social and physical isolation, and of (the fear of) loss of income and livelihoods; it therefore predicts an upsurge in the number and severity of mental health problems. Children and adolescents, as already mentioned, are not the population at the greatest health and mortality risks resulting from COVID-19 but are faced with new emotional difficulties, of social isolation and disrupted education. These troubles are exacerbated by family stress, probable increases in abuse (for some), and the unpredictability of their future lives.

While the impacts relating to restriction of physical mobility, social isolation and uncertainty may be common to all, a sub-group of children will be impacted far more severely than others, Interestingly, when the lockdown lifts and children in general can start returning to school and resuming their daily lives, this other (sub) group of children are unlikely to be able to do so; in fact, as the lockdown lifts and the possibility of returning to economic activities opens up, these children are going to be at increasing risk. This sub-group, containing large numbers in India, comprises children in adversity or children living in difficult circumstances. For children, 'adversity' has been defined as the experience of life events and circumstances which may combine to threaten or challenge healthy development.[10] This definition assumes that children's developmental trajectories can be affected by various adverse factors such as incidents of physical or sexual abuse, traumatic incidents of loss and bereavement, chronic situations such as environments of neglect, experiences of discrimination, and family stressors, structural inequalities and socio-economic disadvantages.[11]

Children in adversity belong to families characterized by various demographic vulnerabilities such as poor socio-economic status and unemployment, single-parent families, migrant labour, daily wage earners, and psychosocial risks such as neglect, violence, abuse, parental marital discord, illness/disability in primary caregivers, separation from caregivers due to death or abandonment and so on. Always vulnerable, both demographic and psychosocial vulnerabilities are likely to be exacerbated by the COVID pandemic. They live in open communities, with their families, in both urban and rural parts of the country; children in

[9] United Nations (2020). Policy Brief: COVID-19 and the Need for Action on Mental Health. Available at: https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf

[10] Daniel, B., Wassell, S., & Gilligan, R. (2011). Child Development for Child Care and Protection Workers: Second Edition. Jessica Kingsley Publishers.

[11] Daniel, B. (2010). Concepts of Adversity, Risk, Vulnerability and Resilience: A Discussion in the Context of the 'Child Protection System.' Social Policy and Society, 9(2), 231–241. https://doi.org/10.1017/S1474746409990364

institutions are also part of the children in adversity group as they are drawn from such families and the reason they are in institutions are because they were unable to avail of basic needs and care within their family and home circumstances.

In other words, as shown in figure 1 (below), the adverse socio-economic impact of the pandemic is most likely to manifest in the lives of children living in adversity, placing them at heightened risks of child protection and psychosocial problems. When their primary caregivers lose employment and the family is pushed to the brink due to loss of income and livelihoods, children will be at risk of malnutrition and disease; they may then be forced into child labour, sex trafficking activities and be at higher risk of all forms of child trafficking, including sex work; as children, particularly girls, tend to be viewed as economic burdens, in traditional patriarchal set ups in many parts of the country, child marriage is another protection risk in the current crisis. In such circumstances of socio-economic crisis and severe deprivation, children are also likely to be vulnerable to coming into conflict with the law i.e. their circumstances are likely to push them to engage in a range of antisocial and illegal activities for purposes of survival.

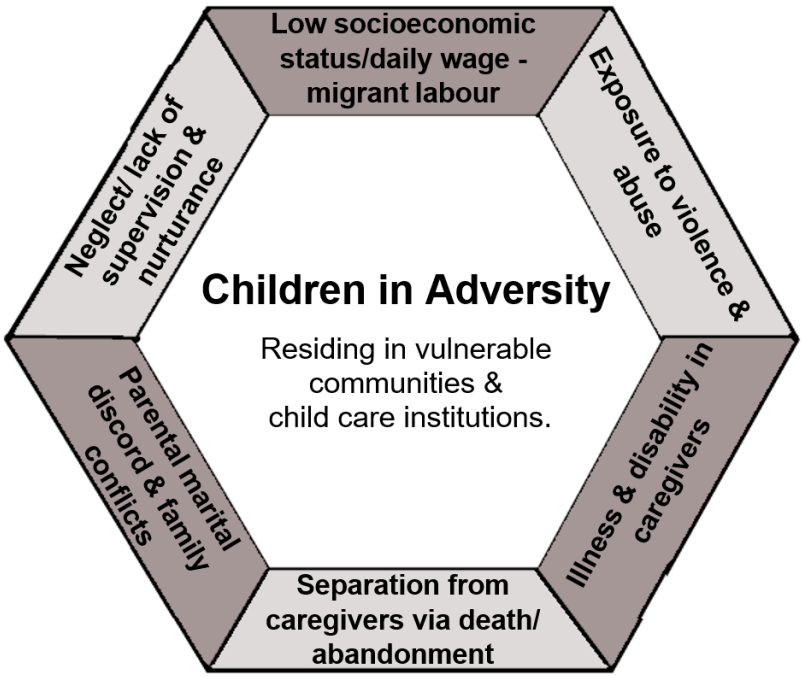
While there will be a push factor from within families, who may have little choice but to use their children as a means for economic support, there is also likely to be a pull factor in certain states in the country: in an effort to attract investment and restart economic activity that was paralysed by coronavirus-induced lockdown, some state governments are in the process of relaxing or diluting labour laws. The combined factors of relaxation of safety measures and other forms of monitoring as usually provided by the labour law, and a shortage of labour created by the mass exodus of migrant labour from cities, is likely to cause increased risk of children entering the labour market. In an economic downturn, economic enterprises are likely to view engagement of child labour as being advantageous as they would fulfil 'low skill' labour needs, they are easily exploited with low wages, and there are no unions to help them bargain for better deals[12].

The above-described child protection risks and problems will then result in separation of children from families, and place them in situations of physical sexual and emotional abuse and exploitation, which in turn, will have adverse physical, psychosocial and mental health consequences. These consequences are likely to manifest as developmental problems and disabilities, internalizing disorders such as anxiety, depression and post-traumatic disorder, externalizing disorders such as runaway behaviour, anger/ aggression, anti-social behaviours, substance abuse & other high-risk behaviours, and life skills deficits—all of which would adversely influence children's developmental trajectories in the immediate and long term period.

The application of the childhood adversity lens to defining children's vulnerability, and to recognizing that certain groups of children are far more vulnerable than others is critical for enabling the State, particularly the Ministry of WCD, to adopt equitable approaches to responding to children's needs in the pandemic. Given the eternal problem of scarce resources and high levels of need, there is a need to prioritize groups for assistance and intervention—and the imperative must always be to assist the most vulnerable first.

[12] UNICEF Child labour in the fashion supply chain: Where, why and what can be done. Available at: https://labs.theguardian.com/unicef-child-labour/

Figure 1: Pathways to Child Protection & Psychosocial-Mental Health Risk and Vulnerability in the COVID-19 Crisis



COVID - 19

Child Protection Risks

- **Child marriage**
- **Child labour**
- **Sex trafficking**
- **Conflict with law**
- **Abuse & exploitation**
- **Malnutrition & disease**
- **Injury & death**

Psychosocial- Mental Health Impact

Developmental Disorders & Problems
(Physical/ Learning disabilities & other developmental problems)

Internalizing Disorders
(Anxiety, Adjustment Disorders/ Depression, Post-Traumatic Stress Disorder)

Externalizing Disorders
(Runaway behaviour, anger/ aggression, anti-social behaviours, substance abuse & other high-risk behaviours)

Life Skills Deficits
(Inadequate skills relating to assertiveness/ negotiation/refusal/conflict resolution/ problem-solving/thinking… in dealing with daily life situations)

2. Technical Approach to Interventions for Children in Adversity: Applying the Disaster Risk Reduction Framework

Given that COVID-19 has created an emergency or disaster type of situation, with impacts similar (in many ways) to those of natural and man-made disasters and emergencies, it would be useful to consider a disaster risk reduction (DRR) framework which entails: (a) a systematic approach to identifying, assessing and reducing that risk; (b) minimizing vulnerabilities and disaster risks throughout a society in order to avoid (prevent) or to limit (mitigate and prepare for) the adverse impacts of the disaster and facilitate sustainable development[13]. In times of crisis, given the high risks to child protection, and in accordance with the DRR framework, the approach of the State must be one of providing the social supports and safety nets that children urgently require, through interventions for prevention, preparedness, early response and recovery and sustainability.

In normal times, before the onset of this pandemic, child rights activists and child care workers had been advocating for deinstitutionalization of children. There is the large body of evidence on the adverse developmental and mental health impacts of institutionalisation in children.[14,15,16] India, like other countries, has been advocating for development of alternative care, including reducing the number of children in institutional care, by (re)uniting children with families. While this is certainly a desirable goal, the current time with the onset of the COVID crisis, may not be the appropriate time to pursue it.

On the contrary, now more than ever before, is the time for the State to open the doors of its child care institutions so that severe deprivation and poverty resulting from the pandemic's economic crisis do not push families and children into resorting to unsafe activities for the latter. The entire child care protection system in the country, from the Integrated Child Protection Scheme (ICPS) at state level, to non-governmental agencies that provide child care services in the form of transit shelters and medium to long term residential care need to scale up their activities and engagements to the maximum—so that they may receive children into their services and programs, and provide them with basic needs and also maintain the necessary COVID-related health advisories. The establishment of such safe spaces vis-à-vis institutions, will act as a prevention and preparedness measure, helping children avoid the various child protection risks described above, and from major child rights violations that would otherwise occur, in the absence of such supports for children.

Such care and protection support may require to be continued for a period of a few months to even years depending on the unique needs and circumstances of each child: some may require residential/ institutional care for a shorter period in case their primary caregivers are able to obtain employment and therefore take their children home and care for them optimally;

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[13] UNICEF. Disaster Risk Reduction and Child Protection. Available at: http://www.unicefinemergencies.com/downloads/eresource/docs/DRR/DRR_ONE_PAGER_PROTECTION.pdf

[14] Colvert, E., Rutter, M., Beckett, C., Castle, J., Groothues, C., Hawkins, A., Kreppner, J., O'connor, T. G., Stevens, S., & Sonuga-Barke, E. J. S. (2008). Emotional difficulties in early adolescence following severe early deprivation: Findings from the English and Romanian adoptees study. Development and Psychopathology, 20(2), 547–567. https://doi.org/10.1017/S0954579408000278

[15] Ellis, B. H., Fisher, P. A., & Zaharie, S. (2004). Predictors of Disruptive Behavior, Developmental Delays, Anxiety, and Affective Symptomatology Among Institutionally Reared Romanian Children. Journal of the American Academy of Child & Adolescent Psychiatry, 43(10), 1283–1292.

[16] Maclean, K. (2003). The impact of institutionalization on child development. Development and Psychopathology, 15(4), 853–884. https://doi.org/10.1017/S0954579403000415

others may require medium to long term care and protection support in case their families are unable to regain economic strength or have lost primary caregivers due to accident or death.

Furthermore, other social support measures in the form of financial assistance to vulnerable families and children, through the use of existing government schemes and programs for sponsorship, foster care and after care may also be used. Given the scale of the crisis and the possible needs, and complexity of implementing such financial support schemes, it would not be feasible for it to be a blanket intervention; it would have to be executed with very clear guidelines that ensure targeted assistance to the most vulnerable. Thus, these measures will also help families with mitigation of the impacts of the COVID disaster. Disseminating and ensuring access to information to affected families and communities, particularly on availability of schemes and locations of child care and protection services, will aid the DRR goals of early response and recovery.

The State may also consider their adoption and foster care programs as part of child support initiatives. But while adoption may continue as they did in normal pre-pandemic times, and foster care programs which have been in the pipeline for a while in many states, may be kick started, these interventions would need to be implemented with greater caution than usual. The imperative of systems and child care service providers to find children homes and families can also place children at worse risk, if home studies and family assessments are improperly or unsystematically conducted. Foster care programs, and adoption in particular, also serve as medium and/or long-term strategies that as part of the DRR approach, facilitate sustainability.

3. Recommended Response to Child Protection & Psychosocial Health

2.1. Objectives

In keeping with the disaster risk reduction approaches, the following maybe the objectives for response to child protection & psychosocial health issues in the COVID pandemic, with particular emphasis on children in adversity:

- Identifying, assessing and reducing child protection & psychosocial health risks.
- Minimizing vulnerabilities and risks of children being propelled into unsafe activities such as child marriage, child trafficking.
- Mitigating the adverse (socio-economic) impacts of the disaster/pandemic by ensuring children with access to basic needs i.e. care and protection.

2.2. Proposed Implementation of an Integrated Child Protection & Psychosocial Care Response

As shown in figure 2 (and subsequently described), implementation of an integrated child protection & psychosocial care response would help alleviate child protection and psychosocial care and mental health issues resulting from the COVID crisis.

A. Primary Level Responses

- **Creating Community Awareness and Participation in Child Protection**
  - CHILDLINE functionaries, anganwadi teachers, community health workers (ASHA workers), and gram panchayat members, must be oriented and sensitized to identifying and assessing children at risk.
  - They must be equipped with information on available district level child protection systems and services (such as CWC contacts and child care institutions) so that they can refer children in need.

– They must participate in creating community awareness about child protection risks and preventing children from engaging in unsafe activities.

❖ **Enhancing the Capacity of Child Care Institutions**

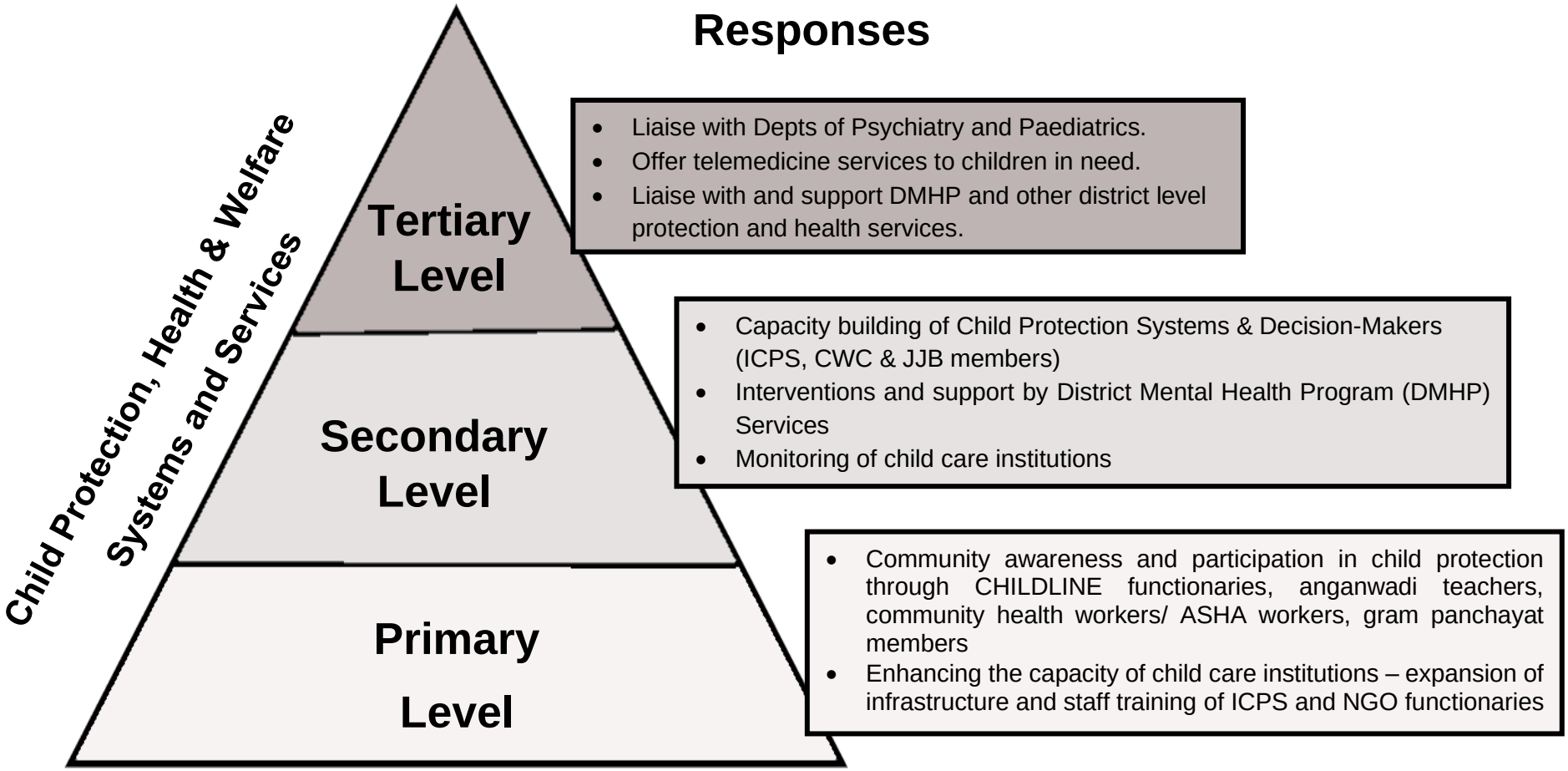
– Use of public-private partnerships (i.e. government and non-governmental agency resources) would be important to improve infrastructure of the institutions as required to ensure that they can accommodate additional children and/or exploring possibilities of designating additional spaces as for residential child care, in case of need.
– Training and capacity building of ICPS and NGO staff and counsellors must be conducted to equip them with methods to engage directly with children, identifying protection and psychosocial/ mental health care needs; delivering life skills and personal safety programs for children and adolescents with a view to prevention of violence and abuse against children as well as activities for promotion of optimal and age-appropriate development.
– Sensitization programs for institution/ICPS and NGO staff and caregivers must be conducted in order to equip them recognize and provide first level responses to mental health problems and needs of children experiencing separation and loss.
– Institution staff and caregivers must be enabled to understand and facilitate children's needs for communication with their family (particularly in recognition that for many children, residential care could be a temporary emergency measure).
– Given the evidence that COVID could have the most adverse health impact on young children, institutions for children between 0 to 6 years must be trained to adopt the necessary precautions, including intensification of appropriate feeding and hygiene practices.
– Institutions for children with disability must also take additional safety and hygiene precautions for COVID prevention, with special methods of training introduced for children to be able to at least practice basic hygiene.

B. Secondary Level Responses

❖ **Building the Capacity of Child Protection Systems & Decision-Makers**

– Training and capacity building of Child Welfare Committees (CWCs) would be required to enable them to respond appropriately, and differently, in the current situation i.e. to enable them to shift from their traditional ways of thought about repatriation/ family reunification being the best (and sole) option for children to understanding why temporary and emergency admission of children in institutions may be necessary.
– Training would also focus on enabling them to conduct systematic home studies to evaluate family situations so as to make decisions that are in favour of children's safety and best interests.
– Juvenile Justice Boards (JJBs) would be required to be oriented to view children's pathways to vulnerability in the current difficult economic situation and the stresses it imposes on children, for survival as well as the pressures they face to support their families—so that they are equipped to provide responses and assistance to children in conflict with the law, in ways that recognize and prioritize difficult circumstances over individual traits and temperaments.

Figure 2: Integrated Child Protection & Psychosocial Care Response



- **District Mental Health Program (DMHP) Services**
  - DMHP teams must regularly visit child care institutions to provide treatment and support to more complex mental health needs of children, especially those with severe and acute issues.
  - They must also liaise with CWCs and JJBs to respond to children's psychosocial and mental health issues, by providing assessment and treatment services.

- **Monitoring of Child Care Institutions**

In the wake of the likely institutionalization of many more children than usual, possibly even the set-up of new child shelters, monitoring will take on an added importance. Committees comprising of DMHP staff and CWC members maybe constituted to conduct such monitoring activities. In addition to monitoring of infrastructure and facilities available in children's shelters/ institutions, these committees also need to be trained to identify abuse in such spaces.[17]

C. Tertiary Level Responses

- Primary and secondary child protection services, including child care institutions must constantly liaise with tertiary care facilities such as Departments of Psychiatry and Paediatrics.
- These specialized departments may, depending on their resources, work out basic ways to connect online (even through whatsapp or skype calls) with child care and protection staff/caregivers so that children with severe and acute issues may have access to advanced treatment and consultation.
- Tertiary facilities must also liaise with the DMHP and other district level protection and health services, supporting them with requisite training and treatment protocols for implementation at field level.

D. Harnessing Government Schemes and Programs

Government supported schemes and programs such as Childline, Rashtriya Bal Swasthya Karyakram, Rashtriya Kishore Swasthya Karyakram, ICDS, ICPS, National Mental Health Program, and others under the Ministries of Women & Child Development and/or Health and Education should be aware of the types of protection supports available to children and accordingly refer any child in need they encounter, to appropriate district level child protection services.

E. Sensitizing Law and Order Systems

Police personnel, including the Special Juvenile Police Units (SJPUs) should be oriented to the special circumstances and vulnerabilities of children during the COVID crisis, and in the aftermath of the lockdown, so that they are able to identify children at risk and refer them, help them access appropriate child care and protection services.

F. Generic Responses to Children's Psychosocial Stresses during the COVID Crisis

Finally, for children in adversity as well as all others, there are some basic interventions that child care service providers and caregivers could be oriented on:

[17] India's experiences over the past couple of years, its discoveries of horrific incidents of physical and sexual abuse in child care institutions, such as in the Muzzafarpur shelter home in Bihar, and in the Deoria shelter home in UP, reflects that we need to be especially vigilant at all times, but particularly in times of emergency and crisis when children are at heightened levels of vulnerability.

- Identifying anxiety and stress symptoms in children.
- Help mitigate children's stress and worry by engaging them in relaxation and leisure activities they enjoy, ensuring that they maintain some semblance of a daily routine during the lockdown, using stories and simple conversations to directly communicate with them about COVID—in ways that give them the facts but do so with reassurance and hope.
- Maintaining a work-life balance, especially for parents working from home, so that they follow some rules about separating work and leisure time, ensuring that they connect with their children.
- Spending increased time with children, and adjusting their expectations to acknowledge that they may not be able to maintain a similar level of productivity as pre-COVID especially with having to manage children full time.
- Managing their own financial / occupational stresses and modelling ways of anxiety reduction techniques to children (who are constantly watching and learning responses from those around them, especially their caregivers).

The above described interventions and responses may be led by the State, in particular the Ministry of Women & Child Development and its counter-parts in each of the states, and implemented jointly through public-private partnerships and collaborations, between government and non-governmental agencies and services. Given the nature and scale of the crisis, its impact on child protection and psychosocial and mental health is likely to continue for about a year extending to nearly 2 years, and so it would require the consolidated efforts of the child care and protection mechanisms of the entire country, as reflected in this document, to be able to integrate the crisis response into on-going, routine programs and services.

**For further information and assistance, kindly contact:*
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