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Complexities of protecting children from violence during the COVID-19 pandemic: Providers' and policymakers' best practices, innovations and challenges in 12 countries

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ABSTRACT

Background: Globally, the COVID-19 pandemic has put children at an increased risk of neglect, violence and other human rights violations. Despite growing evidence of its impact on child protective services, there has been a dearth of research from low- and middle-income countries. **Objective:** This cross-sectional qualitative study explored service providers' and policymakers' views and experiences of children's protection, in real-time, in the last quarter of 2020.

Methods: A smartphone app-based survey containing both open- and closed-ended questions was used. The data were analyzed using descriptive statistics and qualitative content analysis.

Participants and setting: Eighty-four respondents participated, including service providers, service managers and policymakers, mostly representing non-governmental organizations (NGOs), civil society organizations (CSOs) and governments across 12 countries (predominantly Kenya, South Africa and the Philippines).

Results: Most respondents reported their sectors had experienced challenges in protecting children from violence — particularly delays in reporting abuse and pursuing justice, and reaching those living in poor and/or rural areas. Good practices and innovations in children's protection during the pandemic were reported in several domains: advocacy and signposting; justice; health care; education and awareness-raising; children's visibility; and virtual service delivery. Community resources and involvement were also highlighted as vital. The ineffectiveness of child protection laws, policies and organizational responses, however, hindered the implementation of effective practices.

Conclusions: The COVID-19 pandemic has accentuated the complexities and interconnectivity of systems, processes and actors and their joint impact on children's protection and rights. Collectively, the findings reinforce the criticality of collaborative, urgent and child-centered responses.

1. Introduction

Reports from across the globe have warned of children's heightened exposure to violence during COVID-19 (Katz, Katz, et al., 2021; Dirwan, Thévenon, Davidson, & Goudie, 2020; Wilke et al., 2020). Collectively, this evidence has revealed a web of distal factors (such

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as virus containment measures, school closures, parental unemployment and reduced child protection system capacity) and proximal factors (such as increased time spent with perpetrators of violence) associated with an increased risk of parental neglect, children's maltreatment and child labor (Ramaswamy & Seshadri, 2020; Sserwanja et al., 2021; United Nations, 2020).

While limited reports have suggested a *decline* in reported child abuse and associated hospitalizations during the pandemic (e.g. Sege & Stephens, 2022; Bhatia et al., 2021; Petrowski et al., 2021), it is vital to remain “vigilant” and understand the severity of, and responses to, such incidents (Rapoport, Reisert, Schoeman, & Adesman, 2021, p.1). Indeed, the monitoring and reporting of such incidents have been severely hindered due to reductions in the capacity and efficiency of child protective services during the pandemic (Cordis Bright, 2021; Pisani-Jacques, 2020), particularly as a result of existing pressure on services, and the redeployment, diversion and sickness of staff (Katz, Katz, et al., 2021). This has demonstrated the need to assess the scope and severity of those system constraints, the effectiveness of any countermeasures, and their impact on children's rights and well-being, across the globe.

1.1. Restrictions on children's freedoms and essential rights during COVID-19

The restrictions on children's freedoms and essential rights during the pandemic have been the most severe along three axes of injustice – pre-existing socio-politico-economic vulnerabilities (Dirwan, Thévenon, Davidson, & Goudie, 2020); gender inequalities (Katz, Priolo Filho, et al., 2021); and legal and civic representation. Indeed, the increasingly vulnerable situations of already-at-greater-risk children during the pandemic - including disabled children; children in residential institutions; children having previously experienced family separation; children living in impoverished communities; and refugees - have been well-documented (United Nations, 2020; Villegas et al., 2021; Katz, Katz, et al., 2021; Girwan et al., 2020; Cordis Bright, 2021; UNICEF, 2021). The gendered aspects of violence against children, child labor and other human rights violations have also been exposed during this pandemic. For instance, increases in commercial or transactional sex work (Sserwanja et al., 2021; Villegas et al., 2021); increases in child marriage and pregnancy (Ramaswamy & Seshadri, 2020); and rises in gender-based violence (GBV) and sexual abuse - have all been observed (Sserwanja et al., 2021; Wilke et al., 2020). Arguably, women's and girls' inability to leave violent situations due to lockdowns; the dwindling of family income and the resultant within-family conflict; and the shrunk service capacity to respond to cases of GBV, among other pandemic-induced factors - have compounded those risks (UN Women & WHO, 2020).

Children's civic rights, particularly their access to justice, have also been acutely impacted during COVID-19 (Gabriel et al., 2021). Beyond the population-wide COVID-19 measures such as movement restrictions, children's freedom of movement seems to have been restricted due to police and military enforcement of those measures, including exposure to violence from law enforcement (Bhatia et al., 2021; Wilke et al., 2020). It has also been suggested that some abusers may use the contagiousness of the virus to threaten or execute harm and control (Gabriel et al., 2021). To compound those issues, it has been suggested that certain groups such as children may have suffered from reduced access to justice during this period – owing to the intensification of certain key dynamics resulting from the pandemic such as courts functioning on a limited basis or being closed altogether, the presence of substantial case backlogs, along with diminished legal representation (Bhatia et al., 2021; CDENF & Council of Europe, 2021; Tisdall & Morrison, 2022). Despite laudable efforts, evidence suggests that even in those instances where country governments have afforded specific attention to the impact of the pandemic on children's human rights – via for example, undertaking a Children's Rights Impact Assessment – this has not adequately addressed “all of children's rights to protection, provision and participation” (Reid et al., 2022, p.1).

1.2. Reducing risks for children: responses and emerging challenges

Simultaneously, a growing corpus of evidence has documented various service adaptations to uphold children's rights during this emergency (Fore, 2021; Save the Children, 2021). Those have included measures to improve or maintain levels of reporting or screening of violence (Katz, Priolo Filho, et al., 2021; Larmar et al., 2021); communication with children and families via telephone, virtually and via post (Fore, 2021; Molnar et al., 2021); reorganization of services; and efforts to increase the accessibility and effectiveness of helplines (Fore, 2021; Petrowski et al., 2021; Villegas et al., 2021). Technology-facilitated innovations were also commonly deployed - for instance Internet-mediated video communications with children and families, smartphone app-based counselling, and virtual staff training (Katz, Katz, et al., 2021; Dirwan, Thévenon, Davidson, & Goudie, 2020; Baginsky & Manthorpe, 2021; Larmar et al., 2021).

The outcomes of those innovations have not been universally positive, however. For instance, concerns have been raised regarding the fair and swift delivery of digital court hearings (Davidson et al., 2022; Pisani-Jacques, 2020); the limited insight into families' situations obtained from virtual interactions; children's increased exposure to harmful online content (Katz, Priolo Filho, et al., 2021); and about children's inequitable access to digital connectivity (Cordis Bright, 2021; Wilke et al., 2020). The dramatic increase in innovative practice has warranted appropriate monitoring and evaluation of those new practices (Bhatia et al., 2021). Katz, Priolo Filho, et al. (2021), for instance, highlight the ambiguous – both protective and endangering – role the increased Internet use can have on child protection. They therefore identify the need for culturally- and contextually-sensitive research to tease out those effects – both in the short- and the long-term.

1.3. Capturing the complexity of child protection during COVID-19

The multiplicity of protective and threatening influences on children's protection during the pandemic calls for explanatory frameworks that accommodate and accentuate those context-dependent and interactive forces impacting on a child's life from various levels of the interconnected systems surrounding them (Stevens & Hassett, 2012). Katz, Priolo Filho, et al. (2021) apply the

socioecological model of child development as a framework for understanding the interrelated factors affecting children's maltreatment in the context of COVID-19. It eschews the simplistic view of children's environment being constrained to the parent-child relationship by examining "complex interaction[s] [...] across ecological levels" (p.9), particularly neighborhoods and communities, policies and cultural context. It seeks to integrate research, theory and international debate about the synergistic impact of a broad spectrum of actors (such as policymakers) and material (such as economic downturns) and ideational (such as discrimination) forces on children's rights and development during COVID-19. This emphasis seems especially timely in light of concerns in some countries that social work practice had become more pathologizing and less holistic, with limited consideration being given to children's participation, strengths and broader social and cultural environment (Levine et al., 2020).

Further, Stevens and Hassett (2012) apply a similarly non-linear analysis to the management of these child protection risk factors. They argue that systems to protect children are "complex adaptive systems", described as "self-organising and striv[ing] toward order, even though they are susceptible to abrupt shifts" arising through "the interaction of a wide range of agents" (p. 508). Because risk factors can be "facilitated" but not controlled in these complex systems, they argue that practitioners play a critical role in creating, shaping and supporting the unstable boundaries of these complex systems in the face of systems' inevitable shifts, referred to as the role of "attractors" in complexity theory (p. 508).

These frameworks thereby hold promise for comprehensively appraising the collective impact of children's services and practitioners – operating in dynamic organizational, socio-political and cultural contexts – on children's rights (Kothari et al., 2022).

1.4. Evidence gaps and study objectives

Overall, there has been a dearth of high-quality studies from low- and middle-income countries (LMICs) — particularly in relation to mitigation and recovery responses to the child protection risks compounded by COVID-19 (Gupta et al., 2020; UNICEF, 2021). Specifically, there is a need for assessing the effectiveness and equity implications of service adaptations and innovations triggered by the pandemic given the uncertainty about their long-term impact on children, communities and organizations (Baginsky & Manthorpe, 2021; Bhatia et al., 2021; Fore, 2021). This will aid pruning out of inefficient and/or inequitable practices and redirecting scarce resources appropriately (Baginsky & Manthorpe, 2021). Furthermore, as Tanveer et al. (2020, p. 1) assert, "[e]mergency preparedness is a shared responsibility of all countries with a moral obligation to support each other". Multinational research should seek to facilitate the bi-directional transfer of good practice between LMICs and high-income countries (Larmar et al., 2021; Wilke et al., 2020).

In the last quarter of 2020, a multi-strand multinational real-time survey was launched into service providers' and policymakers' views and experiences. The larger study spanned the domains of child protection, access to essential services, socio-emotional well-being, special provisions, and others. The inclusion of a wide range of child-serving sectors, organizations and professionals reflects a socioecological view of children's rights and wellbeing (Katz, Priolo Filho, et al., 2021), and was further informed by the call for a 'a better intersectional understanding' of child protection systems during COVID-19 (Levine et al., 2020, p. 5; Sserwanja et al., 2021; Cordis Bright, 2021).

The overarching research questions of the child protection strand of the larger study, which are discussed in this paper, are: (1) What challenges have occurred in the protection of children from violence during COVID-19?; (2) What good practices, including innovations, have protected children from violence during COVID-19?; (3) What has the impact of those good practices and/or challenges been on children and their families?

2. Methods

In this cross-sectional exploratory study, a smartphone app survey was disseminated via professional associations' networks and social media to service providers, service managers and policymakers over 18 years of age working in various sectors supporting children's wellbeing, in the last quarter of 2020. The survey was embedded within a custom-built mobile phone app, which was available to download from Google Play and the App Store from October 7, 2020 to January 5, 2021, in 29 countries on 5 continents (Australia, Belgium, Canada, Eswatini, Ethiopia, Finland, Greece, India, Iraq, Israel, Italy, Jordan, Kenya, Lebanon, Malawi, the Netherlands, New Zealand, Norway, Palestine, the Philippines, Romania, Sierra Leone, South Africa, Sweden, Tanzania, Uganda, the United Kingdom, the United States and Zambia).

Eighteen survey questions (12 close-ended, including multiple-choice, and six open-ended questions) elicited respondents' views of, and direct experiences with (a) the nature and impact of challenges to child protection experienced during COVID-19; (b) challenges to, and innovations in, delivering home or clinic visits; (c) good practices observed in child protection and their impact on children; (d) the availability of gender-based violence services during the pandemic, and their impact on children's wellbeing; and (e) barriers to the delivery of good practices and innovations (see 'Supplementary Files'). Participants were asked to complete one main question per day, at a convenient time. They could skip any question, and come back to answer unanswered questions, or edit existing answers, from the previous days. To enhance acceptability and usability, the app and the survey were designed with the involvement of a multinational Steering Group composed of representatives of 17 international partner organizations (see Acknowledgements) dedicated to protecting children and promoting their rights and wellbeing. The pilot-testing of the app and survey confirmed the wording was appropriate and comprehensible. The study countries were selected by the Steering Group on the basis of their active in-country presence, and the app and survey questions were available in English only. A full account of the app and survey development is available in Davidson et al. (2021).

Ethical approval was obtained from the University of Strathclyde Ethics Committee on July 19, 2020. The study collected no personal data. Participation was anonymous, voluntary and subject to informed consent provided via the app. The data were stored in a

secure database, and only the designated research team had access to the raw data, which were carefully screened to ensure anonymity prior to data analysis and reporting. Participants were signposted to a list of country-specific resources via the app in case they had concerns about imminent risks to children, or required support for their own self-care. Participants incurred no costs for using the app unless they used mobile data connections or personal Wi-Fi with a usage cap (Davidson et al., 2021). No financial incentives were offered. Respondents received a Certificate of Completion via the app upon completing the survey.

2.1. Data analysis

The closed- and open-ended responses were imported into NVivo 12 (QSR International) and analyzed using descriptive statistics and qualitative content analysis (QCA), respectively. QCA is a descriptive analytic approach appropriate for the transparent and efficient analysis of large amounts of data (Elo & Kyngäs, 2008). This process consisted of line-by-line coding; development of coding sheets containing code names and descriptors; grouping and categorization of lower-level codes into higher-level entities; and abstracting those composite sub-categories into a final set of higher-order categories for each survey question reflecting the most frequently occurring and significant themes (Vaismoradi et al., 2013).

The qualitative coding was led by the second author – a qualitative researcher with expertise in public health and health policy. To uphold a high degree of analytic rigour, 10 % of the data were independently coded by two other team members, including the first author – an international expert on children’s human rights, welfare and protection, and public services leadership. Discrepancies were discussed and resolved during team coding sessions. Meeting ‘minutes’ were kept to ensure consistency in decision-making and promote reflexivity. It was vital that the analysis remain close to the source data so as to avoid misinterpretation of the context-stripped survey data. The multi-disciplinary composition of the research team increased the rigour of the analysis, and minimised inadvertent disciplinary or professional biases.

3. Results

3.1. Respondents

The findings in this paper are based on 576 responses from 84 respondents working to support children’s wellbeing, including 47 direct service providers, 26 service managers and 11 policymakers (58 – women; 24 – men; two – ‘prefer not to say’). To allow for flexibility of self-definition, the three main professional categories (direct service provider, service manager and policymaker) were not further defined in the survey. Instead, respondents were asked to provide details about their roles. The **direct service providers** encompassed therapists, pediatricians, child and youth care workers, case workers, social workers, teachers, volunteers, programme development officers and similar roles involving the direct provision of services to service recipients and communities. **Service managers** included regional programme directors, evaluation and monitoring managers, project coordinators, quality improvement coaches, residential child care service managers, clinical managers and other roles involving managerial or supervisory responsibilities (Tricco et al., 2018). **Policymakers** were individuals tasked with making recommendations for informing policy and practice, as part of government or non-governmental organizations (Tricco et al., 2018). Those respondents described their roles as national consultants, advocacy officers, child protection committee members, unspecified government employees, ombudsmen, attorneys at law, country coordinators, and others.

Fifty-eight (69 %) represented NGOs; ten (12 %) – CSOs; eight (10 %) – the government; two (2 %) – the private sector; three (4 %) – other; three (4 %) – unknown. Fifty-two (62 %) respondents supervised staff. Among the best represented sectors were child rights; advocacy; education; health care; community-based services; violence prevention; children and family services; social services; and sexual and reproductive health.

The respondents represented 12 countries: Kenya (24); the Philippines (16); South Africa (16); Scotland (seven); Sweden (five); the USA (five); Canada (four); India (two); Malawi (two); Belgium (one); Israel (one); and Palestine (one). The average number of responses per question was 33. The markedly higher representation of LMIC reflects the key partner organizations’ more active engagement with supporting practitioners and service delivery agencies in those settings, together with the need to generate real-time evidence from those underrepresented regions (Gupta et al., 2020; Katz, Katz, et al., 2021).

The findings are presented in three main sections: (a) challenges to child protection and their impact on children during COVID-19; and (b) best practices and innovations in response to child protection issues; and (c) barriers to the delivery of good and innovative practices.

It is important to underline that the countries represented in this study differed in their COVID-19 policy stringency at the study of data collection. Country-specific policy data should therefore be consulted to contextualise the findings below, including relevant policy responses indices (e.g. Government of South Africa, 2023; Haider et al., 2020; Hale et al., 2021; World Health Organization, 2023).

3.2. Challenges to child protection and their impact on children during COVID-19

Respondents were asked a series of questions regarding the challenges to protecting children from violence during COVID-19 observed in their sectors and in their own work, as well as about their impact on children.

3.2.1. Challenges faced; age groups; and types of violence against children observed

The majority (34 or 76 %) of those who responded to this question stated their sector had experienced challenges in protecting children from violence during the pandemic (compared to 13 % — 'No'), while 24 or 55 % stated they had faced such challenges within their own practice (compared to 39 % — 'No'). Seventy-three percent (24) also shared they had had challenges in delivering home or clinic visits, or other related practices (see 'Table 1').

Children aged 13–17 were found to be the most challenging age group to protect (68 %; see 'Table 2').

Emotional violence (71 %) was highlighted as the most difficult to protect children from, followed by physical violence (58 %), sexual violence (53 %), witnessing intimate partner violence (50 %), neglect (24 %), and deprivation (18 %; see 'Table 3').

3.2.2. Most pervasive challenges

The most pervasive challenges to protecting children pertained to ineffective child protection laws, policies and organizational responses; civic space restrictions; barriers specific to monitoring and responding to violence incidents; service delays and disruptions; health system pressures; and poverty and unemployment (see 'Fig. 1').

3.2.2.1. Ineffective child protection laws, policies and leadership. The ineffective child protection laws, policies and leadership, reported in particular by respondents in countries such as the Philippines, Kenya and South Africa, undermined respondents' capacity to uphold children's rights and make informed decisions about safeguarding children in rapidly changing circumstances. Those negative outcomes had resulted from a range of political and organizational hurdles — including ineffective and corrupt law enforcement; delays in legal proceedings; uncoordinated stakeholder activity; and the lack of trust in public social work services:

'The challenge is really the effectiveness of the government policies and services in place that are supposed to protect children. Until now, the best services are still being provided by private NGO service providers. There is also no trust in the police and public social work provision' (Service manager, CSO, Philippines).

'1-inefficiency in law enforcement. The police take a lot of time to apprehend perpetrators of violence. 2- Judgement to these cases in court also take long. 3 -compromise, most of the time, perpetrators of these acts do compromise the victims, parents and even law enforcing officers by offering money or other goodies to drop or derail these cases. 4-culture, some times the act of violence could have been committed amongst people of the same family. The family would settle down the case as a family and release the culprit.' (Direct service provider, NGO, Kenya).

Lastly, the insufficient coordination with the police was highlighted by a direct service provider from an NGO in South Africa:

'I did not experience a lot of challenges it is just the delay on updates on cases from SAPS [South African Police Service]'

3.2.2.2. Civic space restrictions. An account of a deeply egregious act of violence against a child in the Philippines was shared by a CSO provider as an acute demonstration of the added barrier of an inability to pursue justice and engage in a civil protest (see UNICEF, 2020, for details of this case):

'Let me cite a specific case. So there was a case of extreme violence against children in our country. You can google Fabel Pineda's case. It was really challenging not only could we not stage a protest as expression of our indignation, but it was also particularly difficult during this time because of the preeminence of politics in the country. The case died just like that. [...]

3.2.2.3. Barriers to monitoring and responding to violence incidents. Several respondents also voiced the issue of children having to remain in their homes despite experiencing violence, as well as of children being retained in non-specialized, adult police centers:

'We knew of kids stuck in homes during lockdown where parents had addiction problems and kids normally go on the streets to escape parents. Our concern was that we didn't know if one or two of them were safe and we couldn't check on them' (Direct service provider, NGO, Scotland)

'We repeat concerns to child welfare agencies and sometimes feel surprised to hear that children will still be returned to living with the family members or caregivers we had reported about. We struggle to accept that child welfare has deemed certain placements as suitable when we often have concerns around emotional, physical and verbal abuse and neglect.' (Direct service provider, government, Canada)

Furthermore, a respondent from Kenya highlighted the insufficient stakeholder coordination on gender-based violence incidents:

Table 1
Challenges to child protection during COVID-19.

Survey question (response number)	Y	N	Don't know	N/A
Has your sector experienced challenges in protecting children from violence during COVID19? (n = 45)	34 (76 %)	6 (13 %)	2 (4 %)	3 (7 %)
Have you had challenges in the protection of children from violence in your own work? (n = 44)	24 (55 %)	17 (39 %)	1 (2 %)	2 (5 %)
Have you seen challenges in delivering home or clinic visits, or other practices to protect children? (n = 33)	24 (73 %)	7 (21 %)	1 (3 %)	1 (3 %)

Table 2
Age groups most challenging to protect.

RQ: which age group(s) are most challenging to protect? Select all that apply (n = 38)		
0-2	7	18 %
3-7	8	21 %
8-12	18	47 %
13-17	26	68 %
18-24	5	13 %

Table 3
Types of violence most challenging to protect children from.

RQ: what types of violence against children have been most challenging to protect children from? Select all that apply (n = 38)		
Emotional	27	71 %
Physical	22	58 %
Sexual	20	53 %
Witnessing intimate partner violence	19	50 %
Neglect	9	24 %
Deprivation	7	18 %

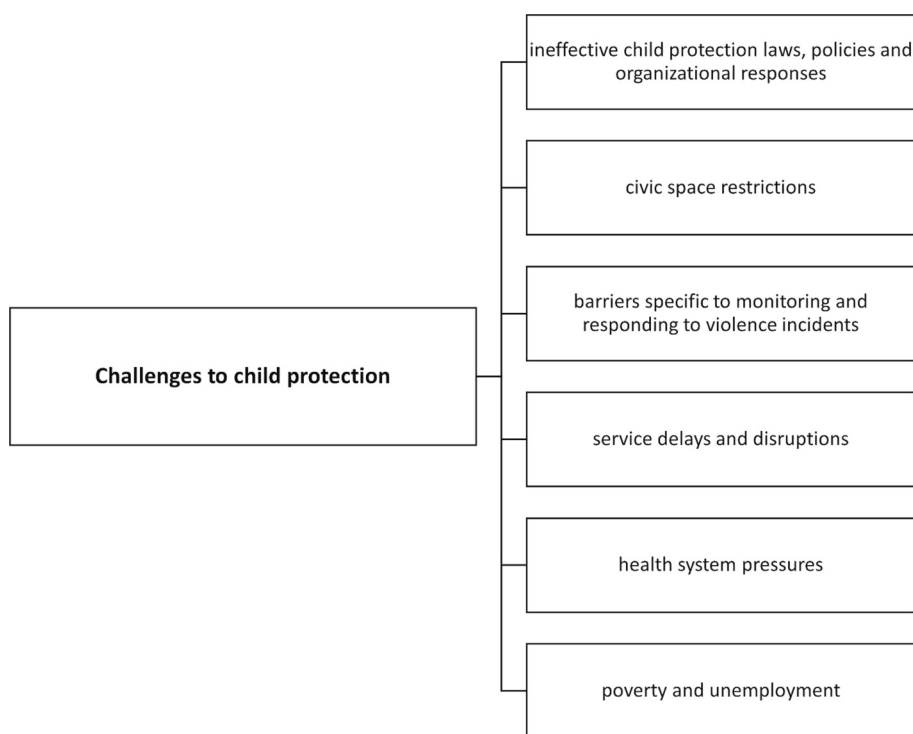


Fig. 1. Most significant challenges to protecting children during COVID-19.

‘Uncoordinated stakeholder watch on GBV [gender-based violence].’ (Director, Kenya)

Respondents’ abilities to enact swift and optimal child protection measures were further weakened by COVID-19-induced disruptions to routine service delivery such as movement restrictions, infection fears, lack of cooperation from households, staff sickness and inefficient stakeholder coordination:

‘Staff sick, families sick. General recommendation not to use public transportation. Extended period of the pandemic hinders regular visits, a lot of assessments, medication checks etc piling up [...].’

(Policymaker, government, Sweden)

‘Because of the quarantine the children are not allowed to go out in their home. most of the children experience violence at home during this pandemic. most of the service providers and local government units focus on relief distribution.’ (Direct service provider, CSO, Philippines)

3.2.2.4. Health system pressures. The risks for children were also exacerbated by health system pressures, whereby pre-existing deficiencies were exacerbated by the pandemic – increasing the burden on children’s sector practitioners:

‘For primary care, this has been made difficult by the lack of investment in a trained and robust health human resources even before covid-19. The other thing is that the health system was not really prepared even at the tertiary level, displacing children and young people of the health and child protection services when the health facilities took over in the care of covid patients.’
(Service manager, CSO, Philippines)

3.2.2.5. Poverty and unemployment. Poverty and unemployment were another structural barrier to children’s protection, and led to families’ undue stress and strained mental health – placing children at an increased risk of violence in the home:

‘Children being harmed by adults in the various forms. This as a result of increased poverty and resultant increase in the stress that comes with this.’
(Direct service provider, NGO, South Africa)

3.2.3. Impact on children

Respondents shared a range of direct and indirect negative effects on children’s safety, wellbeing and development that resulted from these challenges to protecting children during COVID-19 – particularly a higher incidence of child neglect, violence and contact with perpetrators in the home, as well as the lack of safe spaces; difficulties accessing needed services, and identifying, reporting and escalating cases of abuse; and limited movement and social contact. Children’s wellbeing was also indirectly hindered as a result of caregivers’ worsened wellbeing during the pandemic:

‘The survivor does not always get the justice deserved coz most perpetrators are very close relative to the survivor making it had to push the case’ (Direct service provider, NGO, Kenya)

‘No control over the situation in vulnerable families. Difficult to keep on working in a consistent and stringent manner. Some families lost in the system due to sick leaves and more urgent matters. Everything depends on the parents’ capacity and will.’ (Policymaker, government, Sweden)

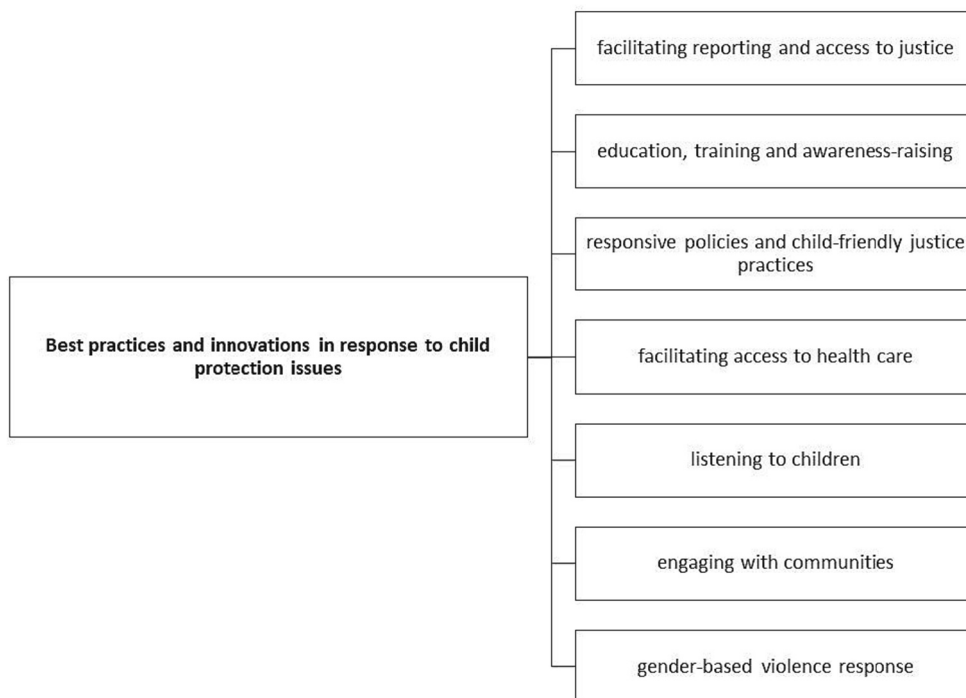


Fig. 2. Most common best practices and innovations during COVID-19.

In addition, a policymaker from Sweden indicated that they were concerned with ‘*honor related violence, trafficking*’, while a government service manager from the USA was concerned with ‘*medical neglect*’.

3.3. Best practices and innovations in response to child protection issues during COVID-19

The overwhelming majority of respondents, 29 (78 %), indicated they had seen good child protection practices being implemented during the pandemic; that those practices were addressing a range of issues – such as physical, sexual and emotional violence, neglect and deprivation; and that a wide range of age groups benefited from those practices and services (see ‘Supplementary Files’, for a detailed breakdown of those responses).

Respondents most commonly described this good practice, together with its impact on children’s wellbeing, across several domains: facilitating reporting and access to justice; education, training and awareness-raising; responsive policies and justice practices; facilitating access to health care; gender-based violence responses; listening to children; and engaging with communities (see ‘Fig. 2’).

3.3.1. Facilitating reporting and access to justice

Setting up and promoting helplines and advocating against gender-based violence were common:

“There is a helpline for children ‘1098’ and if the child is in distress they call the number and the social workers talk to the children and their parents.” (Service manager, NGO, India)

Some respondents, however, commented that hotlines were insufficient to address those challenges and that more accessible services were required:

“The provision of hotlines might not be enough as many times children tend to report late or not at all, what the children need are services within their reach.” (Service manager, CSO, Philippines)

“It is sad because even when we promote child helplines and tell children to ‘report, report, report’ the existing laws and mechanisms could not protect them.” (Direct service provider, CSO, Philippines)

Social media and other online tools were also engaged – for example, child protection checks via WhatsApp; online consultation with children; using social media to report cases of abuse and other violations; and facilitating child-friendly activities online:

“Use of social media to report abuses, neglect and exploitation against children” (Service manager, NGO, Philippines)

Access to justice was also facilitated by ensuring prompt and well-coordinated referrals:

“The good practice is that the paralegal will pick up any case referred and act accordingly reporting to policy, isolation and protection of victims as case is ongoing, referring for treatment if it needs treatment.” (Service manager, NGO, Kenya)

3.3.2. Education, training and awareness-raising

Respondents also engaged in educating children and caregivers about children’s rights; webinars for caregivers; and gender-based violence training:

“Gender based violence training and shujaa” (Direct service provider, NGO, Kenya)

“[...] children are being educated about who to report to and where to report.” (Direct service provider, NGO, South Africa)

“Learning modules for parents, specifically positive discipline in everyday parenting, was revised to adapt key messages and tips for parents on how to support their children given the pandemic.” (Service manager, CSO, Philippines)

3.3.3. Responsive policies and child-friendly justice practices

Respondents from the Philippines and Palestine reported developing child-friendly justice practices and policies and, those from the Philippines highlighted that policies and systems at the local government and NGO levels had been put in place to protect children:

“I’ve experienced that some local government units and some NGOs at the local level are ensuring that systems and policies (i.e. ordinance, iec) are in place to fully protect and safeguard the children. [...] Although this aspect is more at the response level, it somehow lessens the potential effect of violence to the children since they ensure that the system is in place.” (Direct service provider, NGO, Philippines)

“[...] our organization supported the rehabilitation of a room at each of those centers. Those rooms will serve as isolation rooms for the new children to avoid mixing them with other children residents of the houses and avoid the transmission of covid 1 in case they have it. Also a room was rehabilitated at the police centers with child friendly measures, to receive the retained children for the first 14 hours before being transferred to the care houses or released back home. This process was accompanied with developing child protection policies for the care houses with close monitoring, in addition to developing child friendly justice practices for the juvenile justice actors.” (Direct service provider, NGO, Palestine)

3.3.4. Facilitating access to health care

Examples of facilitating access to health care and other basic necessities by, for example, organizing multidisciplinary child protection units in hospitals and offering free reproductive health care, were also given:

'Giving free reproductive health services ensure proper care to children.' (Direct service provider, NGO, Kenya)

'the organization of peer to peer counseling among children and the multidisciplinary child protection units in hospitals' (Service manager, CSO, Philippines)

3.3.5. Listening to children

In addition, respondents stressed the importance of connecting with, and listening to, children in order to understand their concerns and escalate any issues swiftly. This was achieved by organizing peer-to-peer counselling among children; providing children with the knowledge and safe spaces to report concerns; reaching children through community networks; and maintaining the frequency of home visits:

'During the lockdown connecting and talking to children and adults was very important. The children's groups tell adult facilitators if any children are in distress.' (Service manager, NGO, India)

'Education about their rights, giving them room for sharing, directing them to places where to report.' (Direct service provider, NGO, Kenya)

'Children have people to talk about their worries, not only to report about violations.' (Policymaker, NGO, Philippines)

'Our investigation teams are continuing to make face to face visits to ensure child safety and while they have enacted Covid protocols [...] they have not changed the frequency of their face to face contacts.' (Service manager, government, USA)

3.3.6. Engaging with communities

Community engagement initiatives were also reported in several countries, particularly Kenya, the Philippines and South Africa:

'Child and youth care at community level' (Direct service provider, NGO, South Africa)

'Created a chain of open discussions and expressions amongst family, neighbours, village elders and administrators' (Direct service provider, NGO, Kenya)

'Involvement of community partners termed as nyumba kumi, who understands the society well and always moves around checking on structures that are not working well' (Service manager, NGO, Kenya)

'What we did is to ask some neighbors to check on some children who we are suspecting to be suffering in their homes.' (Service manager, NGO, Philippines)

3.3.7. Country-specific good practice and innovations

Examples include free hotlines for reporting cases of abuse (Kenya; Philippines; Scotland; Sweden); positive parenting training (Kenya; South Africa) and *'male championing among male caregivers'* (Kenya); government-initiated multidisciplinary child protection units comprised of community, police, administration, children's department and health representatives (Kenya; Philippines); awareness-raising via radio (Kenya; Philippines); youth involvement in information dissemination (Philippines); self-help groups of parents with disabilities promoting the rights of children with disabilities and working with the local authorities through online activities (Philippines); and an innovative assistance program for child and youth care workers (South Africa).

3.3.8. Preventing violence against women and the impact on children and families

A subset of questions specifically asked about the gender-based violence services made available during the pandemic, as well as about their impact on children's wellbeing. Out of the 42 respondents who answered the multiple-choice question about what types of these services were available, 28 (67 %) answered 'psychosocial support'; 25 (60 %) — 'helpline'; 21 (50 %) — 'shelter'; 17 (41 %) — 'supportive policing'; and three (7 %) — 'other'.

Gender-based violence services were recognized by respondents as having a range of direct positive impacts on children's wellbeing, by virtue of the provision of shelter and alternative care; paralegal support; facilitated reporting via helplines; violence reduction and early intervention; and supportive policing and witness protection:

'Shelter allows the survivors to live away from the environment of abuse and prevent out of court settlement' (Service manager, NGO, Kenya)

'Helpline different organisations such as lifeline and the Department of social Development including supportive policing.' (Service manager, NGO, South Africa)

3.3.9. Impact on children of these changed practices

Overall, several types of positive outcomes of those changed practices were reported – including more effective service delivery

leading to better engagement of children and families; ensuring frequent contact between children and families; reaching the harder-to-reach such as families in rural areas; and facilitated reporting of child abuse:

‘Video connections have allowed for engagement and service delivery to families in rural areas who didn’t previously get same access.’ (Policymaker, CSO, United States)

‘The use of toll free lines to report cases of abuse had helped children and caregivers who don’t have to physically present themselves to report cases.’ (Service manager, NGO, Kenya)

3.4. Barriers to the delivery of good and innovative practices

Yet, a plethora of systemic, attitudinal and pandemic-induced barriers limited the effectiveness of these good practices in child protection. Numerous systemic and structural barriers were reported – including corruption; the lack of funding; insufficient services; unhelpful cultural practices; poor implementation of programmes; constrained access to justice; and children’s lack of privacy (see Fig. 3’).

To demonstrate, poor implementation of programmes was a common source of frustration:

‘Poor implementation of programs and services, quarantine guidelines, community awareness, data, politics and economics, and very dependent at the national government’ (Direct service provider, CSO, Philippines)

‘In paper practices are written but implementation will be done after you have fought.’ (Direct service provider, NGO, South Africa)

This was acutely evident in what was reported as an inadequate response to the challenges to serving justice posed by the pandemic:

‘Perpetrators of sexual violence sometimes released without being presented in court as the police are not allowed to keep suspects in crowded police cells’ (Service manager, NGO, Kenya)

In addition to structural barriers, several respondents also mentioned cultural barriers, particularly community resistance to reporting child protection issues and cooperating with child protection personnel, and other unspecified ‘cultural practices’:

‘Poverty, cultural practices and corruption are among the barriers’ (Direct service provider, NGO, Kenya)

‘Refusal by family members to report any itchy issues on time’ (Direct service provider, NGO, Kenya)

‘Resistance by the community people who still does not want to accept the position of these community volunteers’ (Service manager, NGO, Kenya)



Fig. 3.. Barriers to the delivery of good and innovative practices in child protection during COVID-19.

4. Discussion

Addressing the need for improving real-time data collection to track the impact of the pandemic on children's protection (Bhatia et al., 2021), this multi-country study offers a snapshot of sectoral and organizational responses to the increased pressures on child protection systems during COVID-19, including in several Global South countries. Collectively, the present findings underscore the gravity of the multi-pronged child protection risks posed by COVID-19 echoed in other research (Katz, Priolo Filho, et al., 2021; Wilke et al., 2020; Bhatia et al., 2021), in addition to expanding the evidence on children's sectors' agility and innovation, and the organizational, structural and cultural barriers they have faced in protecting children from violence (Save the Children, 2021).

One of the distinctive strengths of the present study is its emphasis on a wide range of risk and protective factors across multiple levels of children's social ecologies, including across multiple public services, and across geographical settings. A complex picture emerges of the high interconnectivity of factors contributing to respondents' abilities to protect children during COVID-19. Highlighting these interconnectivity and complexity, and examining their joint impact on children's protection and rights during a period of utmost instability and uncertainty, are the overarching contributions of the current study.

4.1. The added complexities of protecting children during COVID-19

Despite the range of good practices and innovations, pandemic-related and pre-existing structural inequalities and other barriers meant that an overwhelming majority of the respondents reported encountering challenges to delivering services and implementing policies to protect children. The majority of respondents (76 %) agreed that their *sector* is experiencing challenges in protecting children; this is a greater proportion than the just over half (55 %) who answered affirmatively that these challenges were existing in *their role*. This difference may be a reflection of two factors. First, the scope of respondents' roles includes responsibilities that are wider than child abuse prevention work alone. Second, the majority of respondents had supervisory responsibilities (62 %), a role in which a wider perspective extending beyond their immediate service delivery responsibilities would be expected.

Specifically, the findings revealed respondents' concerns about increases in child abuse, neglect, violence and exploitation in the home, in the community and online. They reported finding it particularly challenging to detect occurrences of child abuse and neglect, and raise those with authorities for an effective response. Re-visited through a socio-ecological lens (Katz, Priolo Filho, et al., 2021), the reported barriers to protecting children operate on multiple levels:

- **distal (societal and cultural) level** – for example, cultural practices; ineffectiveness in the rule of law; compromised trust in government; corruption; poverty and unemployment impacting parental stress;
- **distal (services) level** – for example, disruption to routine services; public health and justice systems' de-prioritising children; limitations to legal proceedings, including non-enforcement of law; limits to, and reduced coordination between, community services; constraints experienced by workforces' limited organizational capacity;
- **proximal (neighbourhood and communities) level** – for example, the lack of safe spaces; reduced opportunities for children and professionals to express; caregivers' worsened wellbeing during the pandemic; and
- **proximal (individual and interpersonal) level** – for example, children's lack of social visibility; and their lack of privacy.

Together, these findings offer a glimpse into the additional complex difficulties of preventing, identifying, reporting and escalating cases of abuse – a monumental task to ensuring children's protection during crises, extending findings from previous studies but examining a wider range of countries than often reported previously (Katz, Katz, et al., 2021; Gupta et al., 2020).

4.1.1. Communities: a vital child protection resource

The geographical diversity of the study's sample – particularly the high representation from Kenya, South Africa and the Philippines – allowed for the examination of the role of communities in protecting children from violence particularly during crises (Ellermeijer et al., 2023; Larmar et al., 2021). Collectively, the current data offer a nuanced view of communities, who were reported to act as both enablers and (inadvertent) hinderers of children's protection (see '*Engaging with Communities*' and '*Barriers to the Delivery of Good and Innovative Practices*'). Indeed, the respondents highlighted the significance of leveraging community structures and collective agency, especially at times of undue formal system fragmentation and incapacitation – for instance, by enhancing community capacity and collaboration to strengthen formal and informal child protection systems (Larmar et al., 2021; Wessells, 2015). The findings further underscore the vital role of NGOs in connecting community resources, raising awareness of children's rights, and establishing strong referral networks (Wessells, 2015; Wilke et al., 2020).

Simultaneously, however, social norms such as the tendency to minimize children's experiences of abuse, and communities' reluctance to engage with child and youth care workers were all highlighted as impeding children's workers' efforts. This resonates with prior research demonstrating the critical importance of communities' perceptions of violence against children and its prevention (Ellermeijer et al., 2023). The present findings thereby lend empirical support to the call for children's services that are informed by, and embedded within, children's social ecologies (Levine et al., 2020). Our findings are congruent with Levine et al. (2020) (p. 4) assertion that '[s]ystems to protect children need to develop further to be congruent with contexts and make sense to communities using them, adapting to socio-political and cultural shifts.'. As one of the present study's participants shared, '[e]verything depends on the parents' capacity and will.' (see '*Impact on Children*') – further illustrating the need for bottom-up child protection approaches (Wessells, 2015) and community ownership (Ellermeijer et al., 2023; Krueger et al., 2014). The vital role of communities shown in the responses from Kenya, the Philippines and South Africa should inform social work provision in other settings, particularly in the Global North,

whereby there is still a tendency for service provision to be unduly individualistic and place excessive responsibility on parents, to the neglect of wider community processes and relationships (Levine et al., 2020).

4.1.2. Resilient child protection responses stifled by inadequate implementation, coordination and leadership

Respondents' accounts of agility and innovations in service delivery during the pandemic (see '*Best Practices and Innovations in Response to Child Protection Issues During COVID-19*') were offered alongside reports of systemic implementation, coordination and leadership hurdles – limiting the reach and effectiveness of those responses (see '*Ineffective Child Protection Laws, Policies and Leadership*'). Cumulatively, the present findings underscore the interconnectedness of child-serving sectors and other public institutions, which had become even more apparent during the pandemic (Kothari et al., 2022). Yet, the findings reveal widespread systemic issues hindering cross-sectoral and interagency coordination such as the lack of trust, the lack of transparency, and unresponsive policies – children accessing justice, as well as to providers' perceived loss of control. Effective leadership for children's services delivery builds trust and collaboration within and across interdependent, complex adaptive systems (Ghate et al., 2013); this study calls attention to the lack of such relational dimensions "...across ecological levels" (Katz et al., 2021 p.9) hindering innovative responses during COVID-19.

Within a complex adaptive systems paradigm, risk cannot be controlled for (Stevens & Hassett, 2012). In their application of complexity theory to child protection systems, Stevens and Hassett (2012) propose that practitioners play a key role as "attractors" in maintaining complex adaptive systems' boundaries, in order to facilitate – not control – risk in the face of these systems' inherent instability. The current study's findings on service adaptations and innovations in the light of COVID-19 reflect this distinct role, as respondents outlined the ways in which they shaped and developed services during a crisis when risk of harm to children was even more unpredictable than usual (see '*Country-Specific Good Practice and Innovations*'). The evidence of service adaptations testifies to the resilience of the child-serving workforce globally, and positions crises as an impetus to organizational transformation, with many pandemic-induced innovations being likely to be sustained in the long-term (Fore, 2021; Kothari et al., 2022). Yet, while practitioners developed responsive innovations, COVID-19 realities alongside pre-existing systemic deficiencies impacted on the abilities of these practitioners to maintain these boundaries due to the adaptive complexity of these systems. Given the "dynamic and live" (p. 508) nature of the COVID-19 pandemic, these non-linear approaches are an important lens through which to understand the study's findings.

4.1.3. The need for monitoring, evaluating and regulating service innovations

As highlighted in '*Introduction*', service innovations are not without risks and therefore warrant continuous monitoring, evaluation, 'stress-testing', upskilling and regulation to ensure equity, fidelity, and sustainability (Bhatia et al., 2021). For instance, some respondents (particularly from the Philippines) highlighted the uptake of helplines had been limited due to inadequate service availability, community education and referral mechanisms. Indeed, Petrowski et al. (2021) critically discuss the dependence on helplines in the broader context of workforce capacity and other vital resource limitations. Their concern that children may be "less able to safely reach out for help when confined or in close quarters with those who may be perpetrating violence and abuse" (p.11) informs their call for further innovation to increase these children's access, and demonstrates the criticality of ongoing reflection, monitoring and evaluation to determine where innovations' impacts may fall short, and to adjust further.

This sustained attentiveness also applies to determining unintended impacts of innovations, the complexity of which emerged in this study in relation to the use of digital technologies. Respondents reported child protection checks were conducted using WhatsApp; social media was relied upon to report cases of abuse and other violations; child-friendly activities were facilitated online; and listening to children to understand their concerns and escalate issues swiftly was often facilitated by online mechanisms. Yet, many children remain digitally excluded and therefore cannot equitably benefit from online services (Cordis Bright, 2021). Moreover, these "adaptive innovations" (Ramalingam & Prabhu, 2020, p.8) of the Internet in children's lives warrant caution (Ramalingam & Prabhu, 2020); the deeply concerning rates of children experiencing sexual abuse online have reached the highest level yet, with increasingly younger children being targeted and groomed online, reaching across borders in new and terrible ways (Internet Watch Foundation, 2021). The direct maltreatment risks posed by online access and Internet-facilitated abuse, together with the indirect negative impact of online learning on domestic abuse, raise major concerns and must not be underestimated (Independent Inquiry into Sexual Abuse, 2020). In protecting children within their Internet communities, the essential roles of government industry regulation and accountability, technology industry standards, safeguards and resources, as well as sustained advocacy necessary to promote safeguards over profit – all play critically important safeguarding roles (Allkins, 2021). Hence, protecting children from the unintended consequences of innovations of scale requires action across socioecological levels. While Katz, Katz, et al. (2021) locate Internet use within the 'interpersonal' domain of the socioecological model, this positioning of the Internet risks unintentionally drawing attention away from the structural interventions required to manage these risks (Allkins, 2021).

4.2. The mediating role of children's agency

The present study offers substance to an underdeveloped component within the socio-ecological model – children's agency. Respondents discussed various ways in which individual and collective agency had been constrained during the pandemic – particularly, children's lack of privacy; respondents' diminished capacities to monitor and engage with children; and the shrinkage of civic spaces – underscoring the fragility of children's visibility during crises (Levine et al., 2020; Tisdall & Morrison, 2022). This agency is mediated across socio-ecological levels. Drawing on a shocking example which illustrates a child's lack of agency and in turn, the interconnectivity of her community's lack of agency with her own, some of our respondents from the Philippines expressed deep concerns

over their inability to stage a peaceful protest – to publicly denounce the egregious murder in 2020 of a 15-year-old girl, Fabel Pineda, after she filed a complaint against a police officer for molesting her in custody for violating quarantine curfew (UNICEF, 2020) – due to the COVID-19 restrictions (see ‘Civic Space Restrictions’).

While gender-based violence (GBV) is not a novel societal challenge and is “pervasive within normal times” (UN Women, 2022, p.1), this study’s findings indicate respondents’ recognition of the direct positive benefits to children of GBV services during COVID-19 (see ‘Preventing Violence Against Women and the Impact on Children and Families’), with children’s agency facilitated not only through individual interventions, but also through a wide range of GBV family- and community-level responses. This reinforces Katz, Priolo Filho, et al. (2021) (p. 5) statement that “[c]omprehensive child protection is not possible without acknowledging gender inequality”.

In their totality, the present findings point to agency being not merely an individual child’s characteristic but an emergent property of ‘[...] the interaction between individuals and ecological condition’ (Boonekamp et al., 2022, p. 3; Waboso et al., 2023). The findings evidence how children’s agency is upheld or constrained as a function of the strength of the rule of law (including judicial system effectiveness and corruption); social norms and practices; and service providers’ own ability to engage in civil protest, to pursue justice, and to advocate for public accountability for institutional harms experienced by children during movement restrictions. It is therefore necessary to firmly embed agency within socioecological and other safeguarding frameworks (Levine et al., 2020). Katz, Priolo Filho, et al.’s (2021); adaptation of the socioecological framework for child maltreatment would be strengthened with the incorporation of the facilitating role of agency. Under-emphasizing the significance of agency risks reinforcing the view of children as the passive recipients of various socioecological influences rather than as ‘independent actors navigating a situation’ (Waboso et al., 2023, p. 210).

4.3. Limitations and directions for future research

The contributions from the included countries were unequal, with very few responses being received from countries such as Malawi, Israel and Palestine – reinforcing the calls for socioeconomically and geographically representative child protection research (Villegas et al., 2021). Furthermore, the purposive and snowball sampling resulted in a lack of representation from various organization types and country regions – limiting the transferability of the findings.

Moreover, due to the inherent limitations of remote surveys, the responses lack context and were sometimes difficult to interpret. Methodologically innovative studies should incorporate in-the-moment, in-app questions and responses, with follow-up individual interviews.

Eliciting children’s views on children’s rights, and comparing them with parents’, providers’ and policymakers’ perspectives, is urgently required (Lundy et al., 2021; Terre des hommes, 2020). Not doing so perpetuates their exclusion from decision-making and contributes to inequitable and ineffective policies (Bhatia et al., 2021; Lee, Wright, Shields, et al., 2022; Pisani-Jacques, 2020). While we only gathered professionals’ views and experiences, the survey questions were informed by concerns outlined by children globally during the pandemic (Lundy et al., 2021), and the present findings were analyzed by children in a subsequent research project (Lee, Wright, Machado, et al., 2022).

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Declaration of competing interest

The authors declare no conflict of interest.

Data availability

The authors do not have permission to share data.

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Appendix A. Supplementary data

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