

WORKING PAPER

# Child-related Policies in the First Year of the COVID-19 Pandemic in 40 Countries

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# Executive Summary

This report outlines the construction of the cross-national Child Policy During COVID-19 (CPC-19) Database<sup>1</sup> and, on the basis of its evidence, presents a broad-ranging analysis of the activities undertaken by the 40 European Union (EU) and Organisation for Economic Co-operation and Development (OECD) countries included. Six policy fields are covered: education, early childhood education and care (ECEC), parental leave, income support, food support and health-related provision. Part-funded by the University of Oxford and UNICEF Innocenti – Global Office of Research and Foresight, the database covers nine months from March to December 2020. It presents information on the main details of the selected policies, including conditions of access, amount of support, target populations, cost and duration, thereby allowing detailed analyses and comparison. Children are defined as those aged up to and including 17 years and families as those with (dependent) children within this age group, which includes both children and adolescents.

## **The analyses undertaken in the report lead to the following over-arching conclusions:**

- Child and family policy was a relatively vibrant field of policy activity during the COVID-19 pandemic – each of the 40 countries took action to improve support for children and families.
- Developments relating to children and families during the pandemic tended to be reactive and focused more on protecting adults from risks rather than protecting children from risks.
- Child-related measures took time to evolve. They were not first priorities as a general rule, with children assumed either not to be at risk or covered by other support measures (e.g., wage support or other income support, parents being given resources for home schooling).
- Because of this, child policies tended to be developed in a reactive manner – that is, instituted to address ill-effects, relative neglect or visible gaps in meeting children’s needs.
- Countries varied widely in terms of the measures they adopted. There was some patterning by region and welfare model:
  - The Scandinavian countries were among the most responsive and protective of children and their families, although they were not universally among the top performing nations.
  - Some continental European countries were also very strongly child- and family-centred, especially Austria, France and Germany. Belgium and, especially, the Kingdom of the Netherlands were exceptions here in rather low child-centredness. Portugal was notable as a strong performer across the board and as an exception to the generally poorer support for children and families undertaken by the Mediterranean nations.
  - The two Asian countries included – Japan and the Republic of Korea – were also impressive in the degree of effort they took to protect children and families; the Republic of Korea especially so.
  - The Eastern European and Baltic nations were split in their responses, but generally they tended to be less active with regard to protecting children and families.

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<sup>1</sup> Available at: <<https://portal.sds.ox.ac.uk/CPC-19>>.

- Another grouping that COVID-19 split apart was the Anglo-Saxon countries. Australia, Canada and New Zealand were relatively strong performers, whereas Ireland, the United Kingdom of Great Britain and Northern Ireland, and the United States of America performed below average. The below-average performance of the latter countries was due to slow and late responses, a narrow range of policy interventions and limited numbers of children and families covered.
- There was some favouring of cash supports over services. This was due on the one hand to the fungibility of cash and on the other to logistical constraints to service delivery in pandemic conditions.
- As well as reliance on existing measures, considerable flexibility and even innovation were to be found, with a number of countries making changes to the conditions of entitlement for income support and, especially, parental leave, and also a significant number introducing new measures – such as a COVID-19-specific parental leave, one-off additional payments and providing equipment or grants for internet access by families.
- To the extent that countries prioritized children by age group, children of an age for ECEC generally received greater attention than those of school age. This was not always because of a targeting of the younger age group but, rather, because ECEC was considered a necessary service in order for parents to continue working (especially those defined as key workers). The tension between orienting a service to children versus parents is highlighted as a very important dimension of child-centredness.
- There was considerable prioritizing according to ‘need’, or degree of vulnerability, with targeting widely used to direct a range of resources to children and families considered vulnerable. The most widespread basis for targeting was household or parental income.

**There are at least six important lessons for policy development:**

- Children’s safety nets are more complicated than previously thought, in that protecting children and their families requires: cash benefits as well as services; measures targeting the child directly as well as measures for parents and families; co-ordinated activity on the part of a host of different institutions, such as families, schools, health and other public services, places of employment and community facilities; a capacity to respond in a timely manner to emerging need and policy weaknesses.
- There is significant capacity for reform in existing systems. This is evidenced not just by the recourse made to existing measures but also by the ability to respond quickly. The available policy instruments mattered and could be, and in many instances were, utilized speedily and successfully. Some relatively small adaptations or routine levers were able to make a big difference to many lives. The other side of this is that countries that did not have such mechanisms or well-developed social protection or other systems could not, or did not, institute them during the pandemic. As a result, many of the countries that were weak in child-centredness before the pandemic remained weak during it.
- Targeting proved a very important mechanism in the ‘shock’ of COVID-19, allowing existing systems to respond to what was perceived as the greatest need. Social assistance programmes were often key here.
- Some elements of relevant policies are much more institutionalized than others – in particular, parental leave and financial support to families – and this affected whether they were utilized or not during the pandemic.

- It proved easier for countries to grant income assistance to families than to provide services. This led to, among other things, a greater recourse than before the pandemic to familial care for children. In key respects, the family was reinforced as the carer of first resort, sometimes with state support, sometimes without. This tended to reinforce gender inequality in parental care-giving.
- Looked at as a whole, questions can be raised about whether the pandemic saw any progress from a children's rights perspective. Gaps in the timing of responses for children, as against those for other parts of the population, but also the use of conditionality for accessing services and the reversal of some previous guarantees for children, are all pertinent evidence here. Children's lack of visibility and participation in decisions that affected them was also notable.

**The analysis undertaken suggests the following priorities for child policy in high-income countries as they recover from the impacts of COVID-19:**

1. It is vital that there is an over-arching vision for society's approach to children. Policy can, and should, aim to have as many measures as possible targeted directly at children.
2. There is a need to reinstate and reaffirm aspects of the existing policy portfolio that were disrupted by COVID-19. These include a child guarantee as a policy principle, a move towards explicit target setting (as in anti-child poverty targets), a commitment to early years support, and the recognition that both income support and services are essential for children's well-being.
3. Children need to be compensated for learning losses and COVID-19-associated fall-back in their education and development. There is a widespread and continuing need for catch-up learning programmes, on a regular basis, continuing into the future. Schools have a vital role to play in this, and so resourcing schools is a key part of a recovery programme for children.
4. A further element of a recovery programme should involve the guarantee of access to psycho-social support and related skills development specifically for children. The pandemic revealed widespread issues of mental ill-health and emotional insecurity in children and adolescents.
5. Digital access for children in and outside of schools should also be a priority, especially for the most vulnerable children.
6. Family support should be recognized as a service of great importance and utility and a public responsibility. It may well be the case that more is asked of families in the future – in that the pandemic may have already led to an acceptance of a greater role and responsibility for families.
7. Addressing the inequalities among families has to be another essential part of a recovery programme for children. These inequalities predated the pandemic but were also exacerbated by it. Unequal outcomes are likely to be further worsened by the ongoing cost of living crisis. Reforming social protection through such lenses would be a major step forward.

8. An integrated and multi-dimensional approach to child-centredness should be adopted. There are different ways to conceive of an integrated approach, but they could all start from a recognition of child-centredness as requiring, first, that policy has as many measures as possible targeted directly at children and, second, recognition of children's lives as multi-faceted, including the things they have and own, their relationships and 'community', their voices, their health, their education and learning, their personality, personhood and aspirations, as well as their social lives.

All of the above underscore the need for concrete, penetrating and critical assessments of policy effectiveness before and during COVID-19. The CPC-19 Database provides the information to address these and many other questions and assessments.

# Contents

<b>Executive Summary</b>	2
<b>Tables</b>	7
<b>Figures</b>	7
<b>Abbreviations</b>	8
<b>Introduction</b>	9
<b>1. Framework of Analysis and Methodology</b>	10
<b>2. Overview of the Policy Measures</b>	17
<b>2.1 Analysis of each policy field</b>	17
2.1.1 Access to education	17
2.1.2 Access to early childhood education and care (ECEC)	24
2.1.3 Parental leave from employment and other supports for parental care-giving to children	26
2.1.4 Additional income support: Protection against poverty	29
2.1.5 Food-related provisions: Protection against hunger	36
2.1.6 Protection against physical and psycho-social health ill-effects	40
<b>2.2 Identification of good practices</b>	48
2.2.1 Education	49
2.2.2 Early childhood education and care (ECEC)	50
2.2.3 Parental leave from employment and other supports for parental care-giving to children	51
2.2.4 Additional income support	51
2.2.5 Food-related provision	52
2.2.6 Physical and mental health	53
<b>3. Comparative Analysis</b>	53
<b>3.1 Similarities and differences across policy fields and countries</b>	53
<b>3.2 The nature and significance of the policy actions</b>	58
3.2.1 Assessing the degree of change	58
3.2.2 Assessing the process of change	60
<b>4. Reflections and Conclusion</b>	62
<b>References</b>	68
<b>Appendix 1 and 2</b>	73

# Tables

<b>Table 1.</b>	Key fields of policy interest from a child-centred perspective	14
<b>Table 2.</b>	Operation of primary schools between March and June 2020	18
<b>Table 3.</b>	Mode of distance learning as of September 2020	22
<b>Table 4.</b>	Operation of ECEC services between March and June 2020	24
<b>Table 5.</b>	Support for parental care-giving from March to December 2020	27
<b>Table 6.</b>	Overview of child-related income support measures (March–December 2020)	30
<b>Table 7.</b>	Overview of child-related food support measures (March–August 2020)	36
<b>Table 8.</b>	Countries classified by food-related provisions before and during the pandemic	39
<b>Table 9.</b>	COVID-19 vaccine availability by children’s age in countries as of 2021	42
<b>Table 10.</b>	Overview of expansion of psycho-social and anti-violence support for children and/or parents/families (March–December 2020)	46
<b>Table 11.</b>	Overview of health policy measures (as of December 2021)	47
<b>Table 12.</b>	Number of policy fields in which action was taken	54
<b>Table 13.</b>	Distribution of countries by number of active policy fields	55
<b>Table 14.</b>	Combinations of policy fields within countries	55
<b>Table A1.</b>	Overview of the presence and absence of policy responses to the COVID-19 pandemic in six areas	73

# Figures

<b>Figure 1.</b>	Duration of full closure of schools at all levels (number of days between March and December 2020)	19
<b>Figure 2.</b>	Duration of closures of all schools compared with full workplace closures (number of days between March and December 2020)	21
<b>Figure 3.</b>	Net household income replacement of additional income support for families (assessed for a couple with two children aged 4 and 7 and on 60 per cent of the average wage between March and December 2020)	35
<b>Figure 4.</b>	Time gap in weeks between the first vaccination and vaccine availability for children in 2021	44
<b>Figure 5.</b>	Mortality and time gap between the first vaccination and vaccine availability for children	45
<b>Figure 6.</b>	Five dimensions in assessing policy response	48
<b>Figure 7.</b>	Policy fields grouped in terms of their functions in meeting children’s needs	57

# Abbreviations

<b>CPC-19 Database</b>	Child Policy During COVID-19 Database
<b>ECEC</b>	Early childhood education and care
<b>EU</b>	European Union
<b>ESPN</b>	European Social Policy Network
<b>INGOs</b>	International non-governmental organizations
<b>IT</b>	Information technology
<b>LGBTQ+</b>	Lesbian, gay, bisexual, transgender and queer +
<b>NGOs</b>	Non-governmental organizations
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>SDGs</b>	Sustainable Development Goals
<b>UNICEF</b>	United Nations International Children's Emergency Fund



# Introduction

An entire generation of children has had their welfare, care and development disrupted due to the measures taken to respond to the COVID-19 pandemic. Countries had to adapt quickly, engaging in massive social intervention and incurring historic levels of public expenditure and debt.

It is estimated that 1.36 billion people – one out of six people worldwide – received at least one cash transfer, in moves that saw unprecedented government action and the widest prevalence of public cash transfers ever (Gentilini, 2022). In the process, the welfare, rights and entitlements of children have been greatly affected as countries entered and remained in ‘crisis mode’ for up to 12 months at least. Countries struggled to devise responses addressing the needs of children as a specific sector of the population in what was generally perceived to be an existential crisis for older adults.

The CPC-19 Database identifies the measures taken to protect and resource children’s welfare in the first 9–10 months of the pandemic (that is, from mid- to late-March 2020<sup>2</sup> to December 2020). Hence, it concentrates on the ‘shock period’ of the pandemic. Policies adopted in 40 EU and/or OECD member states in this period are detailed across six fields: education, ECEC, parental leave, income support, food support and health-related provision. In each case, the database lists and itemizes the details of the policy under a series of headings. The database is intended for use by policy makers, researchers and others interested in: what countries did to protect children and their families during the height of the pandemic, the conditions under which countries were able to respond, and how child- and family-specific measures dovetailed with wider measures for population support and well-being. The key question underlying the construction of the database asked:

***Did countries mobilize a policy response specifically for children and families during the first nine months of the pandemic in 2020, and, if so, what measures were put in place?***

The database fills a major gap in available information, contributing not just to retrospective analyses but also to research and strategic thinking on what an effective and sustainable model of social policy for children and families would look like. A number of years on, the available evidence on COVID-19 and policy for children remains quite meagre. What is available suggests that children were not widely prioritized for protection or prevention purposes (Baptista et al., 2021; Better Care Network/UNICEF, 2020; Blum & Dobrotić, 2021; Engzell et al., 2021; Tirivayi et al., 2020). For example, a UNICEF Office of Research report examining early responses in 41 high-income countries up to July 2020 found that, of 159 social protection interventions that had been allocated funds by that date, just 47 were for children or families raising children (Richardson et al., 2020). Moreover, about one-third of all the high-income countries studied were found to have offered no new policies specifically aimed at supporting children through this period of the crisis. The database, and this report, extends and deepens the analysis by: using a relatively broad conception of child-relevant policy, providing detailed information on the measures taken in 40 countries, and tracking developments from the onset of the pandemic for up to nine months.

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<sup>2</sup> In the case of the two East Asian countries included – Japan and the Republic of Korea – the analysis starts in February, given the earlier onset of the pandemic there.

This report presents a systematic, comparative analysis of the database evidence. It has four major aims:

- To introduce the main conceptual orientation, contents, data sources and construction of the database;
- To describe and compare the main policy developments across the different policy fields and countries;
- To analyze the policy changes involved; and
- To assess the changes in terms of their significance and what they indicate about the state of social policy as it relates to families and children in the high-income countries.

The report is organized into four main sections, following this introduction. The next section outlines the database's conceptual orientation, analytical framework and methodology of data gathering and checking. Section 2 analyzes the main developments in the six policy fields taken in turn. It also identifies a selection of good practices. The following section undertakes a comparative analysis, integrating policy actions and looking across countries to identify key similarities and trends. It also offers insights on how to assess the developments. An overview closes the report, highlighting the main conclusions and lessons for policy.

# 1. Framework of Analysis and Methodology

The database project starts from the premise that EU and OECD societies all accept (albeit to varying degrees) that children have entitlements that should be respected and needs that should be met through public regulation and resource redistribution. The United Nations Convention on the Rights of the Child, the EU Strategy on the Rights of the Child and the Sustainable Development Goals (SDGs), *inter alia*, set the cross-national stage, while national laws, programmes and policies codify and enact within-country commitments. An important trend in the last decade or so has been for countries to create global strategies for children's well-being (European Commission, 2021). While not a universal practice, it does indicate a greater presence of children in social policy thinking and aspirations prior to the pandemic.

There is a growing academic and policy literature on topics related to children's situations. The academic literature develops different conceptions of childhood, children's well-being and status, while the policy literature examines the policy measures that are in place and identifies potential strengths and weaknesses in policy design and outcomes. Both are relevant to the database.

Child protection is widely used as an umbrella concept in the field. It is relatively broad in scope, however, and plays host to very different meanings. It is helpful, therefore, to break down the idea of child protection and identify possible constituent elements. Four such concepts inform the philosophy of the database: child welfare; child well-being; child poverty; and children's rights. Highlighting different constituent elements, each has a crucial contribution to make to an overall understanding of child-centredness in social protection and support for children, in general and during the pandemic.

While there is no consensus on its definition, child welfare has at its foreground children's vulnerability and the need to protect them, especially from abuse (which is typically conceived as violence, neglect or maltreatment) (Tisdall, 2015). In policy's hands, child welfare is addressed especially through services that are family oriented and social work in nature, as well as health and education services more generally. In recent decades, parenting support and related training programmes have grown strongly, in line with a move in some parts of the world towards measures that link public support for families to parental behaviours (as in conditional cash transfers, e.g.) (Daly et al., 2015). For the task at hand in constructing the database, child welfare highlights the importance of support services for children and their families and signposts the significance of children's access to parental care and psycho-social or anti-violence support during the pandemic.

'Child well-being' is a closely related concept and is, indeed, sometimes used interchangeably with child welfare. Informed especially by the disciplines of psychology and to a lesser extent sociology, child well-being is focused on elements of psychological and emotional state, such as healthy relationships and positive experiences. It rests on the view that quality of life is determined by subjective as well as objective dimensions and so places emphasis on selfhood and identity as well as the positive or negative states induced in individuals by their living and relational circumstances. Well-being is less often applied to children than adults, but work by the OECD has been developing it as a concept relevant to children. In conceptualizing child well-being as 'the things that children need and should be able to do in order to live a good life',<sup>3</sup> the OECD emphasizes the concept's multi-dimensional nature, the need to listen to and integrate children's views and perspectives (as in the Children's Worlds surveys<sup>4</sup> for example), and to recognize the importance of their environments for children as 'dependent' members of families and societies (UNICEF Innocenti, 2020). The child well-being concept is helpful to the database project for the broad understanding it offers of children's circumstances, and, especially, its emphasis on locating children in their familial and environmental settings, as well as for its emphasis on the subjective elements of child well-being.

The third concept – child poverty – draws attention to adequacy of family income, as well as the financial supports provided by states to families for the support of children. A concept of long-standing, it has been receiving growing attention as child poverty rates remain high and even climb further (Richardson et al., 2020; UNICEF & Save the Children, 2020). Taken as a whole, the poverty approach places the emphasis on available economic resources compared with need and associated financial hardship. Unlike child welfare, which tends to focus on improving or changing interpersonal functioning in the child's immediate environment, and child well-being, which spotlights children's mental and relational states, child poverty contains a strong reference to the structural contexts that reproduce inequality and place some children and young people in situations of economic hardship and disadvantage (Cooper & Stewart, 2021; Thévenon et al., 2018). A concern with child poverty led the database project to search for measures aimed at financially supporting families with children during the pandemic, as well as measures to ensure that children were not hungry. It also led to a consideration of the degree of targeting and inclusiveness of the actions taken (Which children? All children?).

A fourth approach is that of children's rights. This perspective thinks in universal terms (all children) and aims to consider the development and circumstances of the 'whole child'. Children's rights were projected onto the world stage in 1989 by the United Nations Convention on the Rights of the Child. The Convention enunciated a set of social rights for children that centre upon the child's development and well-being (relating to health, social security, a sufficient standard of living and education), as well as four rights as

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<sup>3</sup> Drawing from Ben-Arieh et al. (2014).

<sup>4</sup> Children's Worlds. (2020). *International Survey of Children's Well-Being (ISCWeB)* <<https://iscweb.org>>.

general principles to be taken into account in all matters aimed at children.<sup>5</sup> Among the latter principles, children's agency is foregrounded, especially through the child's right to participate in all matters affecting her or him.

This is widely interpreted in terms of giving a 'voice' to the child, although it is also recognized as involving other elements of age-appropriate participation by children that enable them to exercise their individual agency (Collins, 2017). A sensibility towards children's rights led the database to examine measures to protect or enhance children's access to health and developmental services (ECEC, education and health), to probe the extent to which the policy prioritizes or 'sees' the child, to examine the conditions of access and whether a rights basis prevails. Examining the 'children's voice' aspect is outside the scope and resources of the project, but the database does take elements of this forward by identifying whether measures have a sense of the child as a beneficiary and therefore target children directly or not. The importance of establishing a child-specific focus draws from work that emphasizes the child's personhood and the need to understand children as both connected to, but also separable from, their parents and families (Daly, 2020). The prioritization of children versus parents and the degree to which policy seeks to reach children directly are important considerations that follow from this.

Turning to the literature on policy assessment to identify its potential contribution to the database design and focus, social policy for children is not always clear in its conception of the child. For this and other reasons, the setting of policy goals specific to children has been slow to develop, as has the identification and use of indicators for monitoring child well-being or child protection (Bradshaw et al., 2007; OECD, 2021). Over the last two decades, however, considerable work has been done to fill these gaps with the United Nations Convention on the Rights of the Child as a major driver of developments.

The child-specific focus is proceeding both at national level (in work by governments<sup>6</sup> and non-governmental organizations (NGOs) that operate in some national settings, such as the children's rights alliances<sup>7</sup> or Save the Children and at international level, with the United Nations institutions and the EU especially leading on this. The child impact assessments necessitated by the United Nations Convention on the Rights of the Child make a major contribution to efforts to monitor and report on children's situation. UNICEF, too, has led this field – for example, through the Innocenti Report Cards,<sup>8</sup> which provide league tables of countries' respective performance in protecting and resourcing children in a range of fields. The EU, too, is increasingly engaged with assessing children's well-being and welfare, concentrating especially on child deprivation. In 2018, for example, a new child deprivation indicator was adopted, which uses child-focused measures of material and social deprivation (at individual and household level) and is now integrated for monitoring purposes into the dashboard of indicators assessing social progress in the EU (Guio et al., 2018). The OECD's publication *Doing Better for Children* provides the foundations of another dashboard (OECD, 2009). An overview of the relevant endeavours suggested that the existing indicators are usually drawn up based on child-related outcomes (e.g., child poverty) rather than policy inputs (OECD, 2009).

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<sup>5</sup> These are: the child's right to non-discrimination (article 2); primary consideration to the best interests of the child in all actions affecting children (article 3(1)); the child's right to life, survival and development (article 6); the child's right to participation in all matters affecting the child (article 12).

<sup>6</sup> See, for example, the work in the United Kingdom at: <[www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/childrenswellbeingmeasures](http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/childrenswellbeingmeasures)>.

<sup>7</sup> See, for example, the Children's Rights Alliance in Ireland at: <[www.childrensrights.ie/content/report-card-2022](http://www.childrensrights.ie/content/report-card-2022)>. See Save the Children at: <[www.savethechildren.org](http://www.savethechildren.org)>.

<sup>8</sup> See the various annual report cards at: <[www.unicef-irc.org/publications/series/report-card](http://www.unicef-irc.org/publications/series/report-card)>.

<sup>9</sup> Tirivayi et al. (2020) also add gender equality, family formation and gender-based violence to their assessment framework. Note that Bradshaw et al. (2007) use eight clusters (each comprising a number of domains): material situation, housing, health, subjective well-being, education, children's relationships, civic participation and risk and safety.

The EU Child Guarantee is an exception here since its indicators of identified essential services for children point clearly towards a set of policy inputs in education, ECEC, health, housing and provision of food (European Commission, 2021).

In terms of identifying the fields covered in existing assessments, economic security and living standards, healthcare, education and learning are almost always seen to be crucial in assessing children's well-being (OECD, 2021; Tirivayi et al., 2020).<sup>9</sup>

The nature of the pandemic and how it has been interpreted as a policy challenge by child experts and advocacy organizations is also germane to the selection of policy fields. In April 2020, for example, UNICEF called for global action to keep children healthy and well nourished, to keep them learning, to support families to cover their needs and care for children, to protect children from violence, exploitation and abuse, to reach children with water, sanitation and hygiene, and to protect refugee and migrant children (UNICEF, 2020).

**Taking all of the above into account, the database focuses on the following six policy areas:**

- Primary and secondary schooling;
- ECEC;
- Parental leave from employment and other supports for parental care-giving to children;
- Financial supports to families with children;
- Measures to combat hunger or improve children's food access; and
- Health-related provision.

Taken together, the six fields enable a rich understanding of children's essential needs, seeing these not just as material (food, income) but also as developmental and relational (educational development, parental care, health). They therefore provide an opportunity to think holistically about the life of the child and bring together some of the key concepts outlined earlier. The fields also dovetail closely with the five areas of the EU Child Guarantee (access to ECEC, education, health, housing and nutrition) (European Commission, 2021) and key dimensions of the SDGs (United Nations, 2015). They do not, of course, exhaust the policies affecting children. Housing is a notable exclusion, for example, as are tailored welfare services for families and children. These are excluded mainly because of difficulties in sourcing evidence but also because the existing evidence suggests that they were not primary fields of policy intervention during the pandemic, when many services were suspended or moved online.

Children are defined as those aged up to and including 17 years and families as those with (dependent) children within this general age group. It should be noted that the definition includes both children and adolescents. They will be referred to as 'children' throughout.

*Table 1* shows the main lines of analysis and policies examined in each of the six areas.

**Table 1: Key fields of policy interest from a child-centred perspective**

POLICY AREAS/PILLARS	FOCUS	POLICIES CONSIDERED
Access to primary and secondary education	<ul style="list-style-type: none"> <li>Duration and nature of measures to keep schools open and conditions of access/opening</li> <li>Distance learning aids</li> <li>Measures for additional learning support</li> </ul>	<ul style="list-style-type: none"> <li>Duration of closure/opening of primary and secondary schools; degree and conditions of selective opening and for which categories of children and/or parents</li> <li>Provision of digital devices, internet connections and print-based materials</li> <li>Provision of catch-up learning programmes</li> </ul>
Access to ECEC	<ul style="list-style-type: none"> <li>Duration and nature of measures to keep ECEC facilities open</li> <li>Conditions of access/opening</li> </ul>	<ul style="list-style-type: none"> <li>Duration of closure/opening of ECEC facilities; degree and conditions of selective opening and for which categories of children and/or parents</li> </ul>
Access to parental care	<ul style="list-style-type: none"> <li>Type and duration of financial support for parental care-giving for children</li> </ul>	<ul style="list-style-type: none"> <li>Adjustments of existing paid or unpaid parental leave</li> <li>Introduction of specific COVID-19 parental leave</li> <li>Adjustment of sick leave or unemployment benefits to support parents to care for their children at home</li> <li>Introduction or adjustment of cash for care schemes</li> </ul>
Income protection against poverty	<ul style="list-style-type: none"> <li>Provision of additional income support for children and families</li> </ul>	<ul style="list-style-type: none"> <li>Expansion of child benefits and/or family cash transfers</li> <li>Provision of one-off bonuses or grants for families</li> </ul>
Protection against hunger	<ul style="list-style-type: none"> <li>Provision of food support</li> </ul>	<ul style="list-style-type: none"> <li>School meals/feeding programmes, food-specific cash transfers, food vouchers/stamps</li> </ul>
Access to health services	<ul style="list-style-type: none"> <li>Introduction and timing of vaccination against COVID-19 for children of different age groups</li> <li>Expansion of psycho-social and/or anti-violence support for children and parents</li> </ul>	<ul style="list-style-type: none"> <li>Timing of vaccination against COVID-19 for children of different age groups</li> <li>Provision of psycho-social and/or anti-violence supports for children and families</li> </ul>

In order to populate the database fields, evidence gathering focused on whether a specific child- and/or family-related action was taken, when it was taken and what was introduced. Of central interest were the additional measures or interventions taken for protecting children and families. These were defined to include new instruments or new policies but also adjustments to existing measures. Two consequences of this focus should be noted. The first is that the database has an orientation to additional measures and, by definition, downplays the adequacy of a response that did not change the existing policy offer. The orientation to policy change has the downside especially of underestimating the significance of existing policies in countries with an already strong child and family support system. The Scandinavian countries come to mind here. A second point to note is that in focusing on direct measures for children and families, the potential impact (and even in some cases intent) of measures and supports that were not targeted specifically at children and families but that could benefit them indirectly is not considered. This is an important qualification because many countries introduced blanket job and/or wage support measures as a major plank of their COVID-19 response – this is especially true of the high-income countries (Gentilini, 2022: 47–48). If parents were the recipients of these, the benefits would have contributed to changing the family income situation. However, such blanket or population-wide measures are considered background for the database since it pinpoints not just ‘effort’ for children and families but ‘focused effort’ in the sense of ascertaining if children and families were among the priority sectors or groups and motivated specific interventions.

Once it was established whether countries took action or not, more probing criteria regarding the main features of the policy were systematized into the database. These include the amount and/or duration of support granted, qualifying conditions, and the degree of relative prioritizing of particular children (such as those living in low-income families) and of prioritizing children or parents. Each measure is classified and described on the basis of the following nine criteria (where information is available):

- title of measure;
- outline/summary description;
- eligibility conditions;
- type of measure;
- time frame;
- amount and duration;
- cost;
- recipient(s); and
- route to the child (direct or indirect).

The last criterion is sensitive to children’s rights and personhood, drawing from a concern with children’s agency while also recognizing that, rather than delivered to children directly, provisions for them are frequently directed at parents and channelled through families. The database, therefore, makes a distinction between measures directly targeting children (benefits and services for which the child is the recipient)

and more indirect measures, such as via income or other supports for parents and families as a whole. This dimension is important to probe in interventions that have both adults and children in their targeting (the classic cases being parental leave and ECEC, both of which aim to support parents as well as children).

The evidence is drawn mainly from existing sources. For the most part, these sources are international databases, compiled by international non-governmental organizations (INGOs) or international research collaborations. Among their advantages are: wide availability and ease of access; standardization of data across countries; and coverage over time. The following are the main sources used: Eurofound COVID-19 EU PolicyWatch; International Labour Organization's Social Protection Monitor on COVID-19; recent editions of the *International Review of Leave Policies and Related Research* (International Network on Leave Policies and Research); Oxford COVID-19 Government Response Tracker; UNESCO Global Monitoring of School Closures Caused by COVID-19; United Nations COVID-19 Global Gender Response Tracker; and the World Bank's *Social Protection and Jobs Responses to COVID-19*. Since these resources did not generally contain detailed information on child-related policies, other sources had to be consulted. Government and other national sources were important for this purpose as were country reports from work undertaken under the auspices of the EU, OECD and UNICEF and cross-national research activities (e.g., those of the European Union Agency for Fundamental Rights, and the European Social Policy Network (ESPN)). Appendix 1 gives the online links for the main international databases used.

To identify and check the measures and the details, an iterative methodology was used, mindful of a high burden of proof for data collection during the COVID-19 outbreak.<sup>10</sup> Relying on desk-based research, the data were assembled and checked in three steps as follows:

- First, existing international databases were reviewed and searched to identify relevant measures and extract the details for each policy field for each country;
- In a second step, other sources, especially national-level data, were reviewed for additional information and detail when this was available and considered necessary;
- A third step involved reaching out to national correspondents and experts for information when this was necessary (e.g., lacking sufficient data or needing to check details).

In sum, the evidence was verified by triangulation across sources.

The evidence relies on, and reports mainly on, policy decrees at national level. This is for two main reasons: First, the national level was by far the more common level at which policy was made during the pandemic; second, sub-national data are difficult to obtain and verify. In regard to food-related provisions and ECEC, however, local-level policy responses are expressly taken into account since municipalities have the responsibility for making decisions in these two policy areas in many countries. Since mainly national-level policies are examined, the analysis may not fully represent measures taken in countries with federal systems (e.g., Australia, Belgium, Switzerland and the United States) or those with devolved government (e.g., the United Kingdom). This is especially the case in relation to policy on schools in countries where these decisions were taken at subnational level (Australia, Canada and the United States).

There are several reasons for the temporal focus on the months from March to December 2020. First, this covers the 'shock period' of the pandemic; second, it was the period of most intense policy action;

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<sup>10</sup> <<https://blogs.unicef.org/evidence-for-action/protecting-children-from-harm-during-covid-19-needs-evidence>>.



third, the policy measures are clearest for this period. Programme extensions after this period were highly uncertain and difficult to evidence (Gentilini, 2022: 2). One might also underline the difficulty of being precise in a situation of high variation as to when countries were hit by subsequent waves of the pandemic.

## 2. Overview of the Policy Measures

This first section of the report explores and analyzes the main features of the measures in each policy domain, exploring in turn education, ECEC, support for parental care-giving to children, additional income support for families, food support and some measures relevant to health (specifically COVID-19 vaccination and psycho-social and/or anti-violence support). Three general questions underpin the analysis in each case:

- How many countries took action?
- If countries did act, what was the general pattern with regard to the nature and form of intervention?
- What is the significance of the measures taken, especially with regard to their reach and depth?

### 2.1 Analysis of each policy field

It should be noted that in the analysis which follows, the time span considered for different measures varies somewhat, although the most common period is March to December 2020. Variation is caused by such contextual factors as the duration of lockdown and the specificities of the policy field, and also data availability. There are three particularities regarding timing to note. First, education and, especially, the opening/closure of primary schools, the period covered is March to June 2020 (generally before the summer closing in most countries covered). Second, the period most widely covered for the food-related provisions is March to July 2020. Third, when looking at the COVID-19 vaccination as part of the health policy measures, the analysis pertains to the year 2021 – for the reason that the vaccine only became available for children in the examined countries from that year.

#### **2.1.1 Access to education<sup>11</sup>**

Combating “the largest disruption of education in history” (United Nations, 2020: 5), policy measures to ensure children’s right to education generally took two forms. One form was in relation to school closures. UNESCO (2020) estimates that 1.2 billion school children had their education put on hold due to COVID-19-related school closures and, between late March through April of 2020, more than 90 per cent of the total enrolled learners worldwide experienced nationwide school closures and were confined at home. Although school closures were seen as an inevitable public health measure in almost all countries, emerging evidence suggests that they disproportionately affected children from lower socio-economic backgrounds (Betthäuser et al., 2023). As well as learning loss, school closure also potentially deprived students of school-related services, such as school meals. Therefore, keeping schools open in a safe way for the most vulnerable groups of children could be considered a basic principle of child-centredness and a child

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<sup>11</sup> This section refers to different levels of education (pre-primary/primary/secondary) based on the availability of the evidence. In cases where both primary and secondary schools are included together, the wording ‘schools at all levels’ is used. This is the case for the data on the length of school closures, distance learning support and additional learning assistance (presented in *Figures 1 and 2*).

rights approach. Beyond the goal of preventing learning loss and providing basic services, keeping schools open was also crucial for children’s socialization needs. A second form of response considered by the analysis here were measures aimed at reducing inequalities in accessing educational resources at home in the event of school closure by facilitating distance learning for the children affected during this period (Richardson et al., 2020).

Table 2 presents the data on the extent to which children were granted access to primary schools between March and June 2020. ‘Full opening’ refers to maintaining school operation, although there would have been adjustments for COVID-19-related rules, such as adjusting the maximum number of students in a classroom, maintaining social distancing and not allowing students who had contact with the virus to attend classes in person. By contrast, ‘full closure’ means that all primary schools were completely closed for all students without exception. But such a binary classification does not fully capture the situation as some countries operated different degrees of closure. Table 2 therefore also distinguishes between different levels of ‘targeted opening’, differentiating between access based on parent-related conditions and/or child vulnerability.

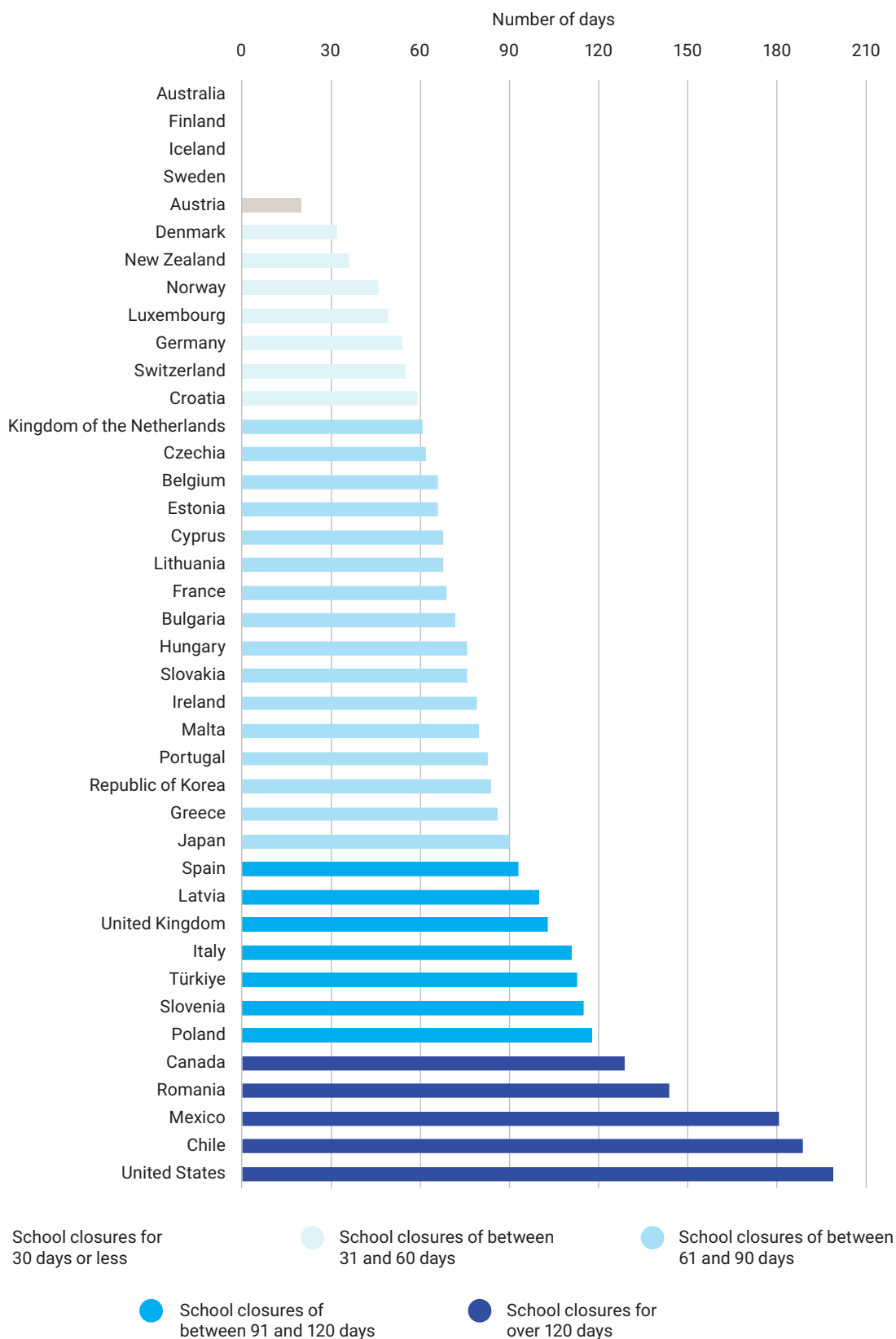
**Table 2: Operation of primary schools between March and June 2020**

<b>FULL OPENING</b>		Iceland, Sweden
<b>TARGETED OPENING</b>	For vulnerable children and those with working parents	Denmark, Republic of Korea
	For vulnerable children and those with working parents in key sectors	Czechia, Norway, United Kingdom
	For children with working parents	Australia, Austria, Croatia, Japan
	For children with working parents in key sectors	Finland, France, Germany, Ireland, Luxembourg, New Zealand, Portugal, Switzerland
<b>FULL CLOSURE</b>		Belgium, Bulgaria, Canada, Chile, Cyprus, Estonia, Greece, Hungary, Italy, Latvia, Lithuania, Malta, Mexico, Kingdom of the Netherlands, Poland, Romania, Slovakia, Slovenia, Spain, Türkiye, United States

**Source:** CPC-19 Database <<https://portal.sds.ox.ac.uk/CPC-19>>; Koslowski et al. (2020); Blum & Dobrotić (2021).

Only two countries (Iceland and Sweden) adopted a policy of ‘primary schooling as usual’ – keeping schools open and available for as long as parents wanted to send their children. These countries were outliers, however, as full school closure or targeted school opening were the favoured options among the other 38 countries. Among them, full closure was the policy adopted in 21 countries (Belgium, Bulgaria, Canada, Chile, Cyprus, Estonia, Greece, Hungary, Italy, Latvia, Lithuania, Malta, Mexico, the Kingdom of the Netherlands, Poland, Romania, Slovakia, Slovenia, Spain, Türkiye, United States). Among the 17 countries that organized selective school operation, two variations of the approach are to be found. The first and most widespread centred on parental need – keeping the schools open for the children of parents who continued to work during the pandemic, often specified as key workers. This was the guiding rule in 12 countries (Australia, Austria, Croatia, Finland, France, Germany, Ireland, Japan, Luxembourg, New Zealand, Portugal, Switzerland). The second option was to prioritize vulnerable children, whereby access for children seen to be in need was made a priority during general school closures. This approach was adopted in five countries (Czechia, Denmark, Norway, Republic of Korea, United Kingdom).

**Figure 1: Duration of full closure of schools at all levels (number of days between March and December 2020)**



**Source:** The Oxford COVID-19 Government Response Tracker <<https://www.bsg.ox.ac.uk/research/covid-19-government-response-tracker>>.

**Note:** Durations are shown against a baseline of 203 days between 01/03/2020 and 20/12/2020, excluding June, July and August (the period of summer holidays in most countries). In the case of countries where sub-national variations in school closures were widespread, as in Australia, Canada and the United States, the data measured these closures based on the response of the majority of the states.

Beyond this general categorization of varying approaches to the opening and closure of primary schools lies another important question: How long did school closures last, especially compared with workplace closures? *Figure 1* shows the duration of the closure of schools at all levels between March 2020 and December 2020.

As can be seen, the number of days during which schools at all levels were fully closed varied from 0 (Australia, Finland, Iceland, Sweden) to almost 200 (the United States), with a mean value of school closure of approximately 78 days.

Countries can be grouped into one of five categories based on the length of school closure:

- In the first grouping are five countries with the shortest school closures (less than or equal to 30 days): Australia, Austria, Finland, Iceland, Sweden.
- The second cluster consists of seven countries that fully closed schools for between 31 and 60 days: Croatia, Denmark, Germany, Luxembourg, New Zealand, Norway, Switzerland.
- There was a medium-length closure (of between 61 and 90 days) in the following 16 countries: Belgium, Bulgaria, Cyprus, Czechia, Estonia, France, Greece, Hungary, Ireland, Japan, Lithuania, Malta, the Kingdom of the Netherlands, Portugal, Republic of Korea, Slovakia.
- Another seven countries (Italy, Latvia, Poland, Slovenia, Spain, Türkiye, United Kingdom) fully closed their schools for between 91 and 120 days.
- In the last category of very long closures (for over 120 days) are Canada (129 days), Romania (144 days), Mexico (181 days), Chile (189 days) and United States (199 days).

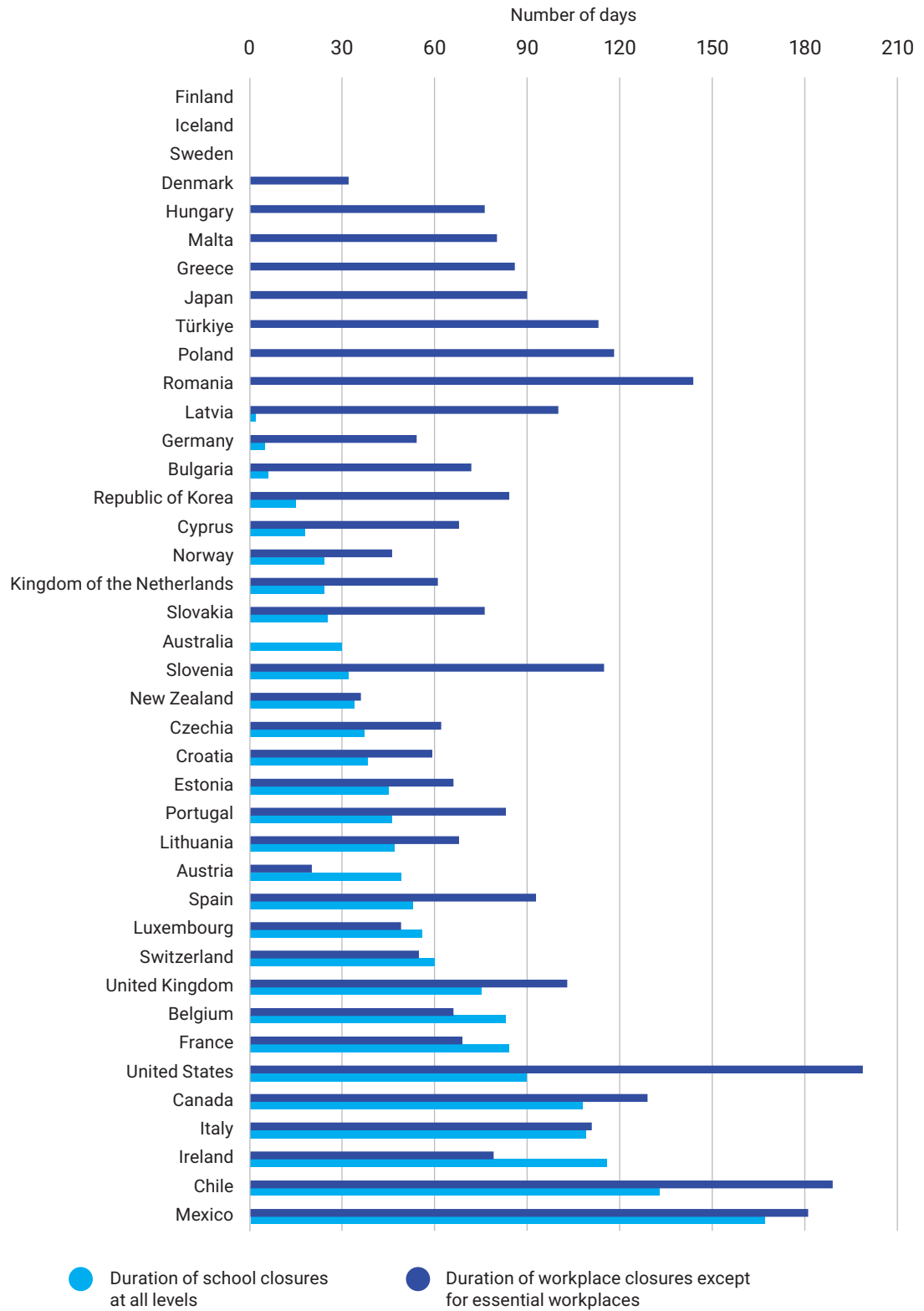
It is interesting to compare the duration of school closures with that of workplace closures. As *Figure 2* shows, the duration of all-level workplace closures (except for essential sectors) was shorter than that of school closures in the majority of countries. The comparable average duration was 40 days for workplace closures and 78 days for school closures. It is hard to explain this other than that children's access to schools was under-prioritized during the pandemic. There is again cross-national patterning:

- Except for three Nordic countries (Finland, Iceland, Sweden) and Australia (that did not introduce a general lockdown of schools at federal level<sup>12</sup>), only six countries closed schools for shorter periods than workplaces: Switzerland (5 days shorter), Luxembourg (7 days shorter), France (15 days shorter), Belgium (17 days shorter), Austria (29 days shorter) and Ireland (37 days shorter). The clustering of continental European countries here is noticeable.
- In contrast, eight countries never fully closed down workplaces but did close schools: Denmark (for 32 days), Hungary (for 76 days), Malta (for 80 days), Greece (for 86 days), Japan (for 90 days), Türkiye (for 113 days), Poland (for 118 days) and Romania (for 144 days).

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<sup>12</sup> Note that there were school closures at state level.

**Figure 2: Duration of closures of all schools compared with full workplace closures (number of days between March and December 2020)**



Source: The Oxford COVID-19 Government Response Tracker <<https://www.bsg.ox.ac.uk/research/covid-19-government-response-tracker>>.

Note: Durations are shown against a baseline of 203 days between 01/03/2020 and 20/12/2020, excluding June, July and August (the period of summer holidays in most countries). In the case of countries where sub-national variations in school closures were widespread, as in Australia, Canada and the United States, the data measured these closures based on the response of the majority of the states.

- Another 10 countries kept the timing gap between closing schools and workplaces relatively short (that is, reopening schools within 30 days after workplaces reopened): Italy and New Zealand (a gap of 2 days); Mexico (a gap of 14 days); Canada, Croatia, Estonia and Lithuania (a gap of 21 days); Norway (a gap of 22 days); Czechia (a gap of 25 days); and the United Kingdom (a gap of 28 days).
- The remaining 12 countries had very long school closures compared with workplace closures, with a difference of between 30 and 60 days (Chile, Cyprus, Germany, the Kingdom of the Netherlands, Portugal, Slovakia, Spain) or more than 61 days (Bulgaria, Latvia, Republic of Korea, Slovenia, United States).

What happened to teaching and learning during school closures? Prior to the pandemic, there was already a debate about whether distance learning could effectively replace in-person learning, and the relative vulnerability of ‘disadvantaged’ children in accessing these alternative platforms (UNESCO et al., 2021). And as the pandemic wore on, there was a concern that the educational attainment gap would grow among students depending on whether they had a separate, quiet study space, whether they had proper parental guidance, or how often they were able to have one-to-one virtual contact with their teachers, among other factors (Green, 2020).

All 40 countries put in place some kind of distance learning platform for children so as to minimize the impact of the pandemic (see Table 3). In this, nine countries (Denmark, Estonia, Germany, Iceland, Luxembourg, Malta, the Kingdom of the Netherlands, Sweden, Switzerland) preferred online platforms only, while in all the other relevant countries the mode of distance learning offered also included TV-based activities and online programmes.

**Table 3: Mode of distance learning as of September 2020**

	COUNTRIES
ONLINE ONLY	Denmark, Estonia, Germany, Iceland, Luxembourg, Malta, Kingdom of the Netherlands, Sweden, Switzerland
TV + ONLINE	Australia, Austria, Belgium, Bulgaria, Canada, Chile, Croatia, Cyprus, Czechia, Finland, France, Greece, Hungary, Ireland, Italy, Japan, Latvia, Lithuania, Mexico, New Zealand, Norway, Poland, Portugal, Republic of Korea, Romania, Slovakia, Slovenia, Spain, Türkiye, United Kingdom, United States

**Source:** CPC-19 Database; UNESCO Institute for Statistics <<http://data.uis.unesco.org>>; UNESCO <<https://en.unesco.org/covid19/educationresponse>>.

Probing further, evidence shows that 24 countries chose to provide tools to facilitate students’ distance learning, such as internet connections, digital devices (e.g., laptops and personal computer tablets) and/or printed materials (Austria, Bulgaria, Canada, Chile, Cyprus, Czechia, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Japan, Latvia, Malta, New Zealand, Norway, Portugal, Republic of Korea, Romania, Spain, Türkiye, United Kingdom). The timing of action to help children access this education support varied. Some countries announced their specific plan to provide distance learning support as early as the first month of the pandemic – March/April 2020 – (e.g., Austria, Cyprus, Germany, Greece, Italy, Republic of Korea, United Kingdom), whereas others waited for the coming 2020/2021 school year. For example, technological devices were provided in September 2020 in Latvia, October 2020 in Bulgaria and December 2020 in Türkiye.

Apart from the timing of the measures taken, there were also variations in the form or content of the provision. For instance:

- Some countries gave or lent IT devices to students. In Austria and Italy, IT devices for distance learning purposes were lent to students classified as 'disadvantaged'. In a number of other countries (Bulgaria, Chile, Cyprus, Finland, Greece, Latvia, Malta, Portugal, Republic of Korea, Romania, Spain, Türkiye, United Kingdom), the devices were given to students with no expectation of return. Bulgaria distributed devices to teachers as well as students. Some of these countries (e.g., Chile, Malta, Republic of Korea, United Kingdom) also made provision for internet access to the recipient children's families.
- In Germany, instead of in-kind device support, vouchers worth €150 per child were given to low-income families for the purchase of digital devices.
- In Romania, as part of the 'National educational support scheme for the most vulnerable children', those from low-income families were provided with an annual electronic voucher in August 2020 for educational support to cover school supplies and apparel.

The definition of 'disadvantage' and the relevant selection criteria for who qualified as a disadvantaged child varied greatly from one country to another. For example, in Cyprus technological devices were provided only to 'disadvantaged' secondary school students. This meant that the country saw targeting by both family income level as well as schooling level or stage. Austria provides another example of a targeted approach. As of May 2020, only students from 'federal' schools were eligible for the laptop borrowing scheme, which meant that primary schools, as well as 'New Middle Schools' (*Neue Mittelschulen*) that are known to have a high proportion of disadvantaged students, were excluded.

Among the 40 countries studied, however, only eight provided both distance learning support and additional learning opportunities (Bulgaria, France, Germany, Ireland, Kingdom of the Netherlands, Norway, Spain, United Kingdom). These eight countries showed variations in regard to how this support was delivered and for whom. For instance:

- In the Kingdom of the Netherlands, €2.5 million, €3.8 million and €3 million were allocated to schools in March, May and November 2020, respectively, in order to provide primary and secondary students with distance learning devices. A €244 million stimulus package was also adopted in June 2020 to tackle learning gaps for elementary and secondary (including vocational education) students, especially those who were disadvantaged. Schools were free to decide how to use the money; for example, they could provide additional catch-up programmes or summer schools for vulnerable students.
- In Norway, extra grants were given to NGOs providing education and leisure activities so that they could expand their support for children from low-income families.
- Ireland extended the Summer Provision, which was generally offered for children with autism or a severe or profound disability. The 2020 new Summer Provision was broken into three programmes: an in-school or home-based programme for children with special needs; summer camps for primary and post-primary pupils; and a Health Service Executive-led programme for children with complex needs.

Overall, in terms of significance, education policy was an active policy field in response to the COVID-19 outbreak as countries faced the large challenge of adapting their schools to a new ‘normal’. Some countries tried to keep schools open at least partially, but total school closure was the most widespread response in the primary education sector. Taken as a whole, the evidence indicates that most countries made little effort to protect children from school closure. Compensatory mechanisms and indirect support, such as the provision of laptops, tablets and help with internet access for distance learning, were common but often followed decisions taken quickly and sometimes with insufficient thought for the consequences for children, especially as the pandemic dragged on. Overall, it is remarkable how much responsibility was shifted from the state to families for children’s education. And when the public authorities were involved, the scale of the interventions, the actual number of beneficiary children as well as outreach to children classed as disadvantaged was limited (although there are gaps in the evidence in this regard).

### 2.1.2 Access to early childhood education and care (ECEC)

To answer the first question on what actions countries took in relation to out-of-home care for younger children, 10 of the 40 countries closed ECEC completely and only three kept the facilities fully open (see Table 4). Finland, Iceland and Sweden were the latter exceptions. Since Sweden never introduced a national lockdown, ECEC services remained open for all children, although the tolerance level for children to attend changed so that even mild colds could be a reason for non-attendance (Duvander & Löfgren, 2020). Iceland followed a similar line in keeping all ECEC settings open for all children, although children had to be in as small a group as possible and the settings had to be cleaned every day (Eydal & Gíslason, 2020). In Finland, ECEC services remained open and available for all children who needed them despite the announcement of a state of emergency and the introduction of several social distancing measures on 16 March 2020 aimed at slowing the spread of the virus. Finnish children, regardless of age, were recommended to stay at home wherever possible (Salmi et al., 2020).

**Table 4: Operation of ECEC services between March and June 2020**

<b>FULL OPENING</b>		Finland, Iceland, Sweden
<b>TARGETED OPENING</b>	For vulnerable children and those with working parents	Denmark, Republic of Korea
	For vulnerable children and those with working parents in key sectors	Australia, Ireland, Norway, United Kingdom
	For children with working parents	Austria, Belgium, Croatia, Estonia, Greece, Hungary, Latvia
	For children with working parents in key sectors	Canada, Czechia, France, Germany, Japan, Lithuania, Luxembourg, Kingdom of the Netherlands, New Zealand, Portugal, Slovakia, Slovenia, Switzerland, United States
<b>FULL CLOSURE</b>		Bulgaria, Chile, Cyprus, Italy, Malta, Mexico, Poland, Romania, Spain, Türkiye

**Source:** CPC-19 Database <<https://portal.sds.ox.ac.uk/CPC-19>>; Koslowski et al. (2020); Blum & Dobrotić (2021).

**Note:** In some countries, especially Australia, Canada and the United States, decisions on the closure of ECEC settings were made at the state, provincial or district level. Therefore, the categorization of these countries is based on a general and widespread response observed at the sub-national level. Hence, some states, provinces and districts might have responded to the pandemic differently. In the United States, a federal-level discretionary fund was allocated to ensure the provision of childcare services for essential workers, although the level of availability of such services might have been different across states.



The most widespread response across the 40 countries was a partial closure. This took one of four forms, which are telling about the degree to which children were prioritized: keeping childcare services open for vulnerable children as well as those of parents who continued working; keeping them open for vulnerable children as well as children of key workers; keeping them open for children of all working parents; keeping them open for children of parents working in key sectors only. Availability of ECEC services was conditioned by the general scale of the country's lockdown, since in some countries only workers in key sectors were allowed to keep working. There was cross-national variation in how 'key workers' were defined, and even intra-national variation on this in some cases – for example, in Germany, where narrower and wider definitions of key workers were adopted by different *Länder* (Blum & Dobrotić, 2021).

The comparison with primary schools is important and insightful. Only 10 countries opted to completely close down ECEC services as compared with 21 that fully closed primary schools. There is no significant difference in the timing of closure of both types of service – all did so in March 2020 (suggesting an emergency, blanket response).

As with primary schools, countries varied in terms of the relative prioritization of child or parental access. Eighteen countries chose to prioritize parents working in key sectors (Australia, Canada, Czechia, France, Germany, Ireland, Japan, Lithuania, Luxembourg, the Kingdom of the Netherlands, New Zealand, Norway, Portugal, Slovakia, Slovenia, Switzerland, the United Kingdom, the United States) – making it the most common pattern. A further nine countries kept ECEC open for all working parents rather than just those in key sectors (Austria, Belgium, Croatia, Denmark, Estonia, Greece, Hungary, Latvia, Republic of Korea). This difference is important as it affects the scale of the opening or closure and the number of children and parents affected. No definitive numbers are available on how many children were affected, however.

In contradistinction to tying access to parental employment status or need, six countries specifically identified 'vulnerable' children as priority categories along with parental worker status. These were Australia, Denmark, Ireland, Norway, the Republic of Korea and the United Kingdom. The meaning of 'vulnerability', and hence the prioritization of different groups of children in this regard, varied. These differences are important to note for they are hugely impactful on children. For example:

- In Australia, child vulnerability was defined primarily from a health perspective (e.g., chronic illness, existing mental health condition, physical disability and intellectual disability).
- In Denmark, where ECEC is a municipality-level competence, those considered 'vulnerable' included, among others, children with special needs (e.g., certain pedagogical needs) or children faced with domestic problems (e.g., being at risk of abuse). Similarly in Norway, vulnerable children included those with special care or educational needs, and those with difficult home lives (OECD, 2020a).
- In Ireland and the Republic of Korea, the definition of vulnerability was more ambiguous – here different groups of children (e.g., children with a disability, children in care) were referred to as vulnerable in the different policy and legal documents.
- In the United Kingdom, the Government continued with existing practice and defined vulnerable children as "those who are assessed as being in need under section 17 of the Children Act 1989" (Department for Education, 2020). This definition specifies as vulnerable: 1) children who are unlikely to achieve a reasonable standard of health or development or whose health or development is likely to be impaired without support from the local authority, and 2) children with a disability.

When the first reopening process began between May and June 2020, alongside the gradual relaxation of national lockdown measures, many European countries reopened their ECEC settings on a universal basis. These included Belgium, Denmark, Greece, Hungary, Ireland, Lithuania and Romania, the Kingdom of the Netherlands (with reduced working hours until early June 2020), as well as Bulgaria and Slovenia (both of which encouraged parents to continue to keep their children at home) (Blum & Dobrotić, 2021). Some countries, however, either allowed or encouraged earlier access to ECEC services, although this was primarily for children of working parents rather than those seen as specifically vulnerable. These countries included Austria (for children of dual-earner couples or employed lone parents and those in their last preschool year), Croatia (for children of dual-earner couples or employed lone parents) and France (for children of lone-parent families or with parents unable to work from home) (Blum & Dobrotić, 2021; Boyer & Fagnani, 2020).

Overall, while ECEC facilities were more likely than schools to be kept open, only six countries protected vulnerable children's rights to ECEC during the COVID-19 pandemic: Australia, Denmark, Ireland, Norway, the Republic of Korea, the United Kingdom. Four of these also kept primary schools open for such children: Denmark, Norway, the Republic of Korea, and the United Kingdom. Given the differences in the respective approaches, it seems clear that education policies and those for ECEC were not aligned in most countries during the pandemic. The most widespread response overall was to restrict ECEC services to children whose parents worked in key sectors and/or employed parents who could not find alternative childcare arrangements. This evidence implies that ECEC decisions and provision were not generally based on children's rights or needs, given the wide usage of parents' labour-related needs as the criterion of access. This is an important distinction, especially given the desirability for policies to be centrally focused on the needs of children. As a companion to the discussion here, it should be noted that a guarantee of access to ECEC for young children had been one of the strongest lines of development in regard to children's social rights for at least a decade in the EU (Daly, 2020).

### **2.1.3 Parental leave from employment and other supports for parental care-giving to children**

This policy field encompasses measures to enable and resource parenting-specific care of children. The definitive benefit is parental leave, which grants permitted time, income replacement and usually job security for employed parents to be absent from work for the care of children. For the purpose of the measures examined under this heading, income supports or other measures for general financial support for families are not included unless the income support specifically mentioned that it was for familial/parental care of children.

Supporting parental care was a widespread policy lever; indeed it was the most active field overall (see Table 5). While over a fifth of countries took more than one action in this field, only six countries took no measure to support parental care-giving. Croatia, Ireland, Mexico, the Kingdom of the Netherlands, Türkiye and the United Kingdom left parents on their own without additional income support or recognition of home-based childcare-related needs. It should be noted, however, that with the exception of Mexico and Türkiye, these countries opted to ensure some availability of ECEC for key workers or other working parents, thereby reducing the need for leave for the care of small children where parents needed to work (Rubery & Tavora, 2020). In a few other countries – for example, Sweden – the need for a COVID-19-specific parental leave was reduced because ECEC facilities and schools remained open. Across countries, the instances that typically led to a change in parental leave policy response were either a child becoming ill with COVID-19 or a child becoming unable to access a relevant education or care service.

Table 5 groups countries on the basis of their main response and the degree to which they instituted COVID-19-specific leave.

**Table 5: Support for parental care-giving from March to December 2020**

MODE OF PROVISION	INTRODUCTION OF NEW PROVISION	MODIFICATION OF EXISTING PROVISION
Paid parental leave or parental allowances	Austria, Belgium*, Bulgaria, Canada*, Cyprus, Czechia*, Denmark, Estonia*, Finland, France*, Greece, Iceland, Italy*, Japan, Latvia, Malta, New Zealand, Republic of Korea*, Romania*, Slovakia*, Slovenia, Switzerland	Australia*, Canada*, Chile, Czechia*, Germany, Hungary, Luxembourg, Norway, Poland, Portugal, Romania*, Slovakia*, Sweden
Financial assistance through existing income support schemes (e.g., sickness or unemployment benefits) to support parental care-giving		Australia*, Belgium*, Estonia*, France*, Lithuania, United States
Unpaid leave	Australia*	Republic of Korea*, Spain
Voucher to purchase babysitting services as an alternative to parental leave	Italy*	
No action to support parental care-giving	Croatia, Ireland, Mexico, Kingdom of the Netherlands, Türkiye, United Kingdom	

Source: CPC-19 Database <<https://portal.sds.ox.ac.uk/CPC-19>>; Koslowski et al. (2020); OECD (2020b).

\* These countries appear more than once in the table as they took more than one measure in this category.

Among the 33 countries that granted parents compensated or uncompensated parental care-giving time, the most widespread response was the introduction of a COVID-19-specific leave. This was the response of 22 countries compared to 11 that relied on modifying existing provisions. The latter countries might be said to be ‘tidying up’, by either ensuring legal regularity or extending coverage in a situation of need, whereas others appear to have seen themselves as coping with a new exigency (and therefore instituting a COVID-19-specific provision). A less common response was unpaid leave, which was found only in three countries (Australia, Republic of Korea, Spain), with Australia and the Republic of Korea also providing other financial assistance to parents. The least common response was the provision of cash allowances for care in a family setting as an alternative to leave. Only Italy took this route, introducing (along with other measures) a voucher to purchase babysitting services as an alternative to paid parental leave.

As mentioned, 22 countries introduced a new COVID-19-specific paid parental leave or parental allowance, of which nine (Belgium, Canada, Czechia, Estonia, France, Italy, Republic of Korea, Romania, Slovakia) combined it with modification of existing provision. In some cases, this combination was intended to cover different time periods as the pandemic dragged on. Between May and September 2020, Belgium provided the COVID-19 parental leave for employed workers with children under 12 years. From October onwards, it extended the temporary unemployment scheme for salaried workers with children aged under 12 years in the case of closures of care or educational settings, compulsory distance education or the quarantine of a child.

There were six countries that modified existing income support rather than taking parental leave-related measures. These were Australia, Belgium, Estonia, France, Lithuania and the United States. In most cases, it was the extant sickness benefit that was modified, but in some cases unemployment benefit was changed to support involuntary absence from work by parents for childcare reasons.

While Japan and the Republic of Korea were the forerunners in adopting or changing parental leave (a timing most likely due to the earlier onset of COVID-19 in these countries), most of the other countries taking this kind of action had done so by late March 2020 following the closure of ECEC services. Among the countries that had introduced a new measure and/or amended an existing one by the end of March 2020 were Austria, Cyprus, Czechia, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Lithuania, Luxembourg, Malta, New Zealand, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Switzerland and the United States. The remaining countries adopted COVID-19-related leave relatively later (e.g., Australia as late as November 2020). That said, in many countries leave provision evolved gradually, and several important changes (e.g., different eligibility rules) were made over time. For example, in Austria, although the 'special care time' (*Sonderbetreuungszeit*) was first introduced in March 2020, it was not a legal entitlement before November 2020. This meant that until then the leave was only available if the potential beneficiary could reach an agreement with their employer. Although the duration of these provisions initially covered the first lockdown period, some countries extended COVID-19-related leave rights and/or financial assistance for parental care-giving until the end of 2020 and beyond (e.g., Australia, Austria, Belgium, Cyprus, Czechia, France, Germany, Latvia, Luxembourg, Lithuania, Romania, Slovenia, United States).

All leave schemes targeted the need for parental care, but the constituent elements and attached conditions varied significantly. Age of the child was an important such variation. According to research by ESPN (which covered the EU member states and the United Kingdom), special parental leave arrangements were in most cases available for the care of children up to 12 years of age (Belgium, Germany, Italy, Portugal, Romania, Slovenia, Sweden), although the upper age limit was much lower in Poland (8 years) and higher (from 13 to 16 years) in Austria, Bulgaria, Denmark, France, Greece and Malta (Baptista et al., 2021). In some cases, leave could be used to care for an older child with a disability.

In general, only dual-earner families were eligible for the measures since the attached condition was for employees who were losing income or time from employment and who were without alternative childcare arrangements. (Single-earner families with two parents at home were perceived to have a 'free' parent available for childcare.) Lone parents were also eligible, and in some countries (e.g., Belgium) they received higher benefits. Several countries included restrictions based on the income status of the individual parent (or the household), to rule out 'double income support' (Baptista et al., 2021). For instance, in Finland and Poland, neither laid-off, unemployed parents nor those who were on maternity, paternity, parental or care leave were entitled to the temporary financial assistance, and in Germany there was no entitlement if the employee was working 'short-time' (i.e., reduced hours).

One of the interesting developments (and a general characteristic of greater inclusivity of social policy during the pandemic) is that in most cases the schemes were broad in scope and available to other groups of workers beyond employees, such as the self-employed. In a few EU member states (e.g., Austria, Greece, Italy, Malta, Romania), however, schemes were somewhat less comprehensive in scope: available only to employees (in both private and public sectors in Greece and Italy) or private-sector employees (e.g., Malta, Romania).

Another line of differentiation was whether the parents' jobs allowed them to work from home. If so, they were excluded from the leave in France, Germany, Malta, Portugal and Slovenia on the (highly gendered) assumption that a parent working from home is also available for full-time care and education of their children.

Relative generosity, in the sense of the level and duration of payment of the leave, was another dimension of variation. For instance:

- In Austria (from November 2020), France and Greece, earnings were replaced at 100 per cent, and in Japan and the United States, there was an income ceiling.
- Flat rates were paid in Belgium (e.g., around €1,250 per month for employees who took full leave), Finland (€723.50 per month) and Malta (€720 for full-time employees and €450 for part-time employees), New Zealand (NZ\$585.80 (€359) per week for people working 20 hours or more and NZ\$350 (€214) per week for people working fewer than 20 hours), and the Republic of Korea (₩50,000 (€38) per day for full-time workers for up to 10 days, with 5 days extra for single parents).
- In Bulgaria, there was a one-off allowance (BGN 375 (€192)) for low-income parents who had to care for children aged under 12 if they had had insurance contributions for the preceding six months, had been on unpaid leave for at least 20 successive working days, and were not in receipt of other social assistance support.
- In other countries, the leave was paid at an earnings-related rate (up to a ceiling in Germany, Portugal and Romania; no less than the minimum wage in Portugal and Slovenia), ranging from 33 per cent to 90 per cent of earnings.

Overall, in terms of significance, this was the policy field that saw most action – in 34 of the 40 countries. And it was there also that countries seemed most able to innovate by introducing new schemes. Caution is needed here, however, as the new provisions were generally modelled on existing ones. What is clear and extremely common among the countries is that the leaves were gender-blind, with a generic COVID-19 parental leave being the preferred response in most countries. Many countries therefore departed from the relatively sophisticated targeting from a gender and work–life balance perspective of their existing set of parental leaves. In other words, work–life balance with its targeting of a greater employment role for women and childcare involvement for men seems to have been forgotten during the pandemic. Statistics are not yet available on take-up of the leave by gender, but traditional gender patterns can be expected (and are in any case confirmed by evidence on respective time inputs to informal work and care, e.g., Rubery & Tavora, 2020). Another shared characteristic is that the leaves were something of an afterthought in that they followed the closure of services rather than being part of an integrated, proactive response.

#### **2.1.4 Additional income support: Protection against poverty**

*Table 6* presents an overview of the income support actions for families. It details whether countries took any additional measures specific to supporting children and families financially, whether the measures were new or adjustments to existing provisions, whether the payments were made on a regular or one-off basis, and the approach to targeting and to easing conditions for accessing the additional income support.

To enumerate activity, first, the provision of additional income support was a relatively widely adopted policy measure: 25 countries reacted thus (Australia, Austria, Bulgaria, Canada, Chile, Croatia, Czechia, France, Germany, Greece, Iceland, Italy, Japan, Latvia, Lithuania, Luxembourg, Malta, Mexico, New Zealand, Portugal, the Republic

of Korea, Slovenia, Spain, Sweden, the United States). Flanking these were the 15 countries that failed to use their national-level income support system to assist families specifically during the height of the pandemic period (Belgium, Cyprus, Denmark, Estonia, Finland, Hungary, Ireland, the Kingdom of the Netherlands, Norway, Poland, Romania, Slovakia, Switzerland, Türkiye, United Kingdom). Variation is widespread in countries usually considered similar. For instance, Sweden provided families with children with a means-tested ‘temporary supplementary housing allowance’ during the latter half of 2020, and Iceland provided a one-off child benefit for all families with children, whereas families in Denmark, Finland and Norway did not receive any additional income support. Similarly, while additional income support was put in place in Croatia, Czechia, Lithuania and Slovenia, their geographical neighbours – Estonia, Hungary, Poland,<sup>13</sup> Romania and Slovakia – did not undertake any such measure.

**Table 6: Overview of child-related income support measures (March–December 2020)**

COUNTRY	ADDITIONAL COVID-19-RELATED PAYMENT	ADJUSTMENTS TO EXISTING PROVISIONS	
		ADDITIONAL FUNDING	EASING ELIGIBILITY CONDITIONS
Australia	R, T		
Austria	B, T	B, U	E
Belgium	None		
Bulgaria	B, T		
Canada		B, T, U	
Chile	B, T		
Croatia	B, T		
Cyprus	None		
Czechia			E
Denmark	None		
Estonia	None		
Finland	None		
France	B, T		E
Germany	B, U	R, T	E
Greece		B, T	
Hungary	None		
Iceland		B, U	
Ireland	None		
Italy	R, T		
Japan	B, T		
Latvia		R, T	
Lithuania		B, U	E
Luxembourg		R, T	
Malta		B, T	
Mexico		R, T	
Netherlands (Kingdom of the)	None		

<sup>13</sup> Poland provided families with a PLN 500 (€110) Polish tourist voucher (*Polski bon turystyczny*) per child, which could be used to pay for hotel services or tourist events in the country. Families with disabled children were entitled to an additional voucher worth the same amount. This measure was not included here as it aimed to boost the tourist industry rather than the fight against family poverty (Republic of Poland, 2020).

COUNTRY	ADDITIONAL COVID-19-RELATED PAYMENT	ADJUSTMENTS TO EXISTING PROVISIONS	
		ADDITIONAL FUNDING	EASING ELIGIBILITY CONDITIONS
New Zealand		R, T	E
Norway	None		
Poland	None		
Portugal		B, T	E
Republic of Korea	B, T		
Romania	None		
Slovakia	None		
Slovenia		B, T, U	
Spain	R, T		
Sweden		R, T	E
Switzerland	None		
Türkiye	None		
United Kingdom*	None		
United States**	B, T		

Source: CPC-19 Database <<https://portal.sds.ox.ac.uk/CPC-19>>.

Note: The abbreviations used in this table denote the following: B (bonus/one-off payment), E (eased eligibility conditions), R (regular payment over a certain time period), T (targeted based on income level, age and other conditions), U (universal).

\* While the United Kingdom is classified as having taken no relevant action here, it should be noted that Scotland provided a one-off 'COVID winter hardship payment' to the value of £100.

\*\* The United States' response is most appropriately classified as targeted universalism; everyone was theoretically eligible, but the benefit started decreasing at a rate of US\$5 for every additional US\$100 in income, and was phased out completely at an income threshold of US\$99,000 for single people and US\$198,000 for couples (with no children). The eligible families were able to receive a maximum one-off payment of US\$1,200 per adult and US\$500 per child.

Secondly, countries also varied in the content and extent of their actions. Among the 25 countries that provided additional income support, approximately half (12) introduced a new or additional COVID-19-specific payment relating to children (Australia, Austria, Bulgaria, Chile, Croatia, France, Germany, Italy, Japan, Republic of Korea, Spain, United States). This indicates not just the potential for innovation in these actions but also the presence of political will to undertake the action in pandemic conditions. One relevant variable here, however, is disparity in the level of adequacy of support (as will be discussed in more detail in the following paragraphs). The remaining 13 of the active countries chose to adjust their existing income support system by, for example, providing a one-off bonus and/or relaxing eligibility conditions for existing benefits (Canada, Czechia, Greece, Iceland, Latvia, Lithuania, Luxembourg, Malta, Mexico, New Zealand, Portugal, Slovenia, Sweden). The classic response here was to change the qualifying income threshold and/or number of working hours.

Thirdly, countries varied significantly in terms of whether they undertook to make regular payments or relied on one-off or bonus payments. The latter were by far the more popular, favoured by 16 countries (Austria, Bulgaria, Canada, Chile, Croatia, France, Germany, Greece, Iceland, Japan, Lithuania, Malta, Portugal, Republic of Korea, Slovenia, United States). Note that Gentilini (2022: 19) – identifying and investigating over 700 cash transfer programmes for pandemic protection across the world – found that 48 per cent of them were one-off cash transfers. Such payments were mainly made in the first three months of the pandemic period. Countries usually only made one such payment, but some, like Czechia, the Republic of Korea and Slovenia, made more than one bonus payment. In Czechia, for example, families were able to receive the bonus up to 10 times.

For the purposes of assessing the significance of the measures, the degree and nature of targeting is an important indicator. The data indicate that targeting was relatively widely used as a lever to control and limit access. Indeed, targeting to certain groups of families and children was far more widespread than universal responses: Only six countries adopted a fully universal approach (Austria, Canada, Germany, Iceland, Lithuania, Slovenia). Often, targeting was based on household income level, but the strictness varied greatly across the countries. To take some examples:

- In France, a one-off extra payment (€150 per household with an extra one-off payment of €100 per child) was provided for families with children in receipt of social benefits, including unemployment income support.
- In Italy, the additional income support was available only for households with an income level below €15,000 per year (calculated on the basis of the Equivalent Economic Situation Indicator – the indicator of equalized socio-economic condition, computed by taking into account household income and wealth) (Jessoula et al., 2021).

While income conditionality was a common targeting criterion, children's age or the family's receipt of other social benefits during the pandemic also mattered in some national settings. Countries varied widely on this also, however. For instance:

- In the Republic of Korea, the relevant measure was not means-tested but the nominally universal provision was only available for children aged up to 15 years.
- In Latvia, the increased support was universal from an income perspective but only children aged between 1.5 and 2 years were eligible.
- In Croatia, the relevant measure was only available for families with children that either did not receive an unemployment insurance benefit or received it to a ceiling of net HRK 3,250 (€432) per parent. If the families had two or more children, they received HRK 500 (€66) for each additional child.

Looking into and comparing the level of relative adequacy of income support in each country is more complicated than capturing the prevalence, content and extent of the measures. One analytical difficulty in calculating the generosity has to do with the fact that the level of support varied depending on the profile of the family, with greater support available for large families or for single-parent families. For instance:

- In June 2020, Lithuania provided a one-off €120 payment for families with one or two children and €200 for those with three or more children or when the family had a child with a disability.
- Slovenia provided a one-off €100 payment for families with three children and €200 for those with four or more children in April 2020.
- In Japan, single-parent families were able to receive a bonus of ¥50,000 (€368) with an extra ¥30,000 (€221) per child in July 2020 on top of a one-off payment of ¥10,000 (€74) per child that had been provided in June 2020 for all families with children aged up to 15 years. If they experienced a decrease in their income during the pandemic, an additional one-off payment of ¥50,000 (€368) was also given.



A further complication for cross-national comparison exists when the relative adequacy of income support is closely related to the regularity and duration of the provision, as well as diverse eligibility conditions. As has been seen above, some countries used both regular and one-off payments. All of these points suggest the need to treat the calculation of income replacement level (and its adequacy) with care.

Hence, measurement of adequacy is considered for just one family type: a single-breadwinning couple (headed by a 40-year-old man working full-time) with two non-disabled children aged 4 and 7, with earnings equivalent to 60 per cent of the average monthly wage.<sup>14</sup> The main reason for focusing on this type of family was its fit with pandemic conditions given the wide use of means-tested income support, which meant that higher-earner couples were less likely to receive the income benefits.

Restricting the analysis to this family type, the relative adequacy for them of additional income support provided between March and December 2020 (i.e., 10 months) for each country that took a relevant measure was calculated as follows:

$$\frac{\text{Total amount of additional income support provided between March and December 2020}}{\text{Net household income between March and December 2020}} \times 100$$

These calculations need to be treated with care as the number of recipients for each country's programme and the prevalence of the type of family focused on are not known. Nevertheless, comparing the calculated income replacement rates yields an overall picture of how protective or supportive countries were for low-income families with two children (with one of an age for ECEC and the other for primary school).

*Figure 3* presents the results, showing that countries can be grouped into four clusters. The first cluster consists of 15 countries that did not provide any additional income support for families with children over and above what already existed. There are a further 12 that provided additional income support but recorded 0 per cent net household income replacement rates on the calculation: Australia, Bulgaria, Chile, Croatia, Czechia, France, Italy, Latvia, Malta, Mexico, New Zealand, Spain. These 11 countries attached very strict eligibility conditions, and so the selected model family was not eligible for any additional support in these countries.

In the 13 countries that provided additional income support for the selected model family, the calculated net household income replacement rate (as an indicator of adequacy) ranges from 0.5 per cent (Sweden) to 11 per cent (Austria), with a mean value of 4.1 per cent.<sup>15</sup> Among these 13 countries, eight had a very low replacement rate, below 2 per cent: Iceland (1.8 per cent), Greece (1.6 per cent), Lithuania and Slovenia (1.5 per cent), Canada (1.4 per cent), Japan (0.8 per cent), Portugal (0.6 per cent) and Sweden (0.5 per cent). The other five countries offered relatively generous, above-average income replacement: Austria (11 per cent), United States (10.7 per cent), Luxembourg (9.3 per cent), Germany (7.8 per cent), Republic of Korea (4.3 per cent).

<sup>14</sup> The income data were obtained from the OECD database, which has information on its member states' average annual wages per full-time, full-year equivalent employee in the total economy <[https://stats.oecd.org/Index.aspx?DataSetCode=AV\\_AN\\_WAGE](https://stats.oecd.org/Index.aspx?DataSetCode=AV_AN_WAGE)>. For non-OECD member states, each country's official government data were used.

<sup>15</sup> Sweden provided Temporary Supplementary Housing Allowances to alleviate negative financial impacts of the pandemic on families with children. As the size of this extra benefit depended on the family's rent for its housing as well as how large the housing was, it was assumed that the model family paid SEK 10,000 (€873) per month and lived in accommodation of 100 square-metre-size (or less).

Overall, the country clustering represents a very mixed set of countries in the sense of being drawn from different types of welfare state, geographical locations and family support systems. For instance, continental European welfare states constitute a large mix of both good and poor performers: Austria, Germany and Luxembourg recorded very high replacement rates, while Belgium, the Kingdom of the Netherlands and Switzerland did not provide any additional income support for families with children. France also recorded 0 per cent in the calculation as the selected model family was not eligible for its additional cash payments. To be more precise: France's one-off cash payment (of €150 per household with an extra one-off payment of €100 per child) was available only for the poorest households, while its temporary extension of monthly allowances between March and June 2020 was only available for families with children with a disability.

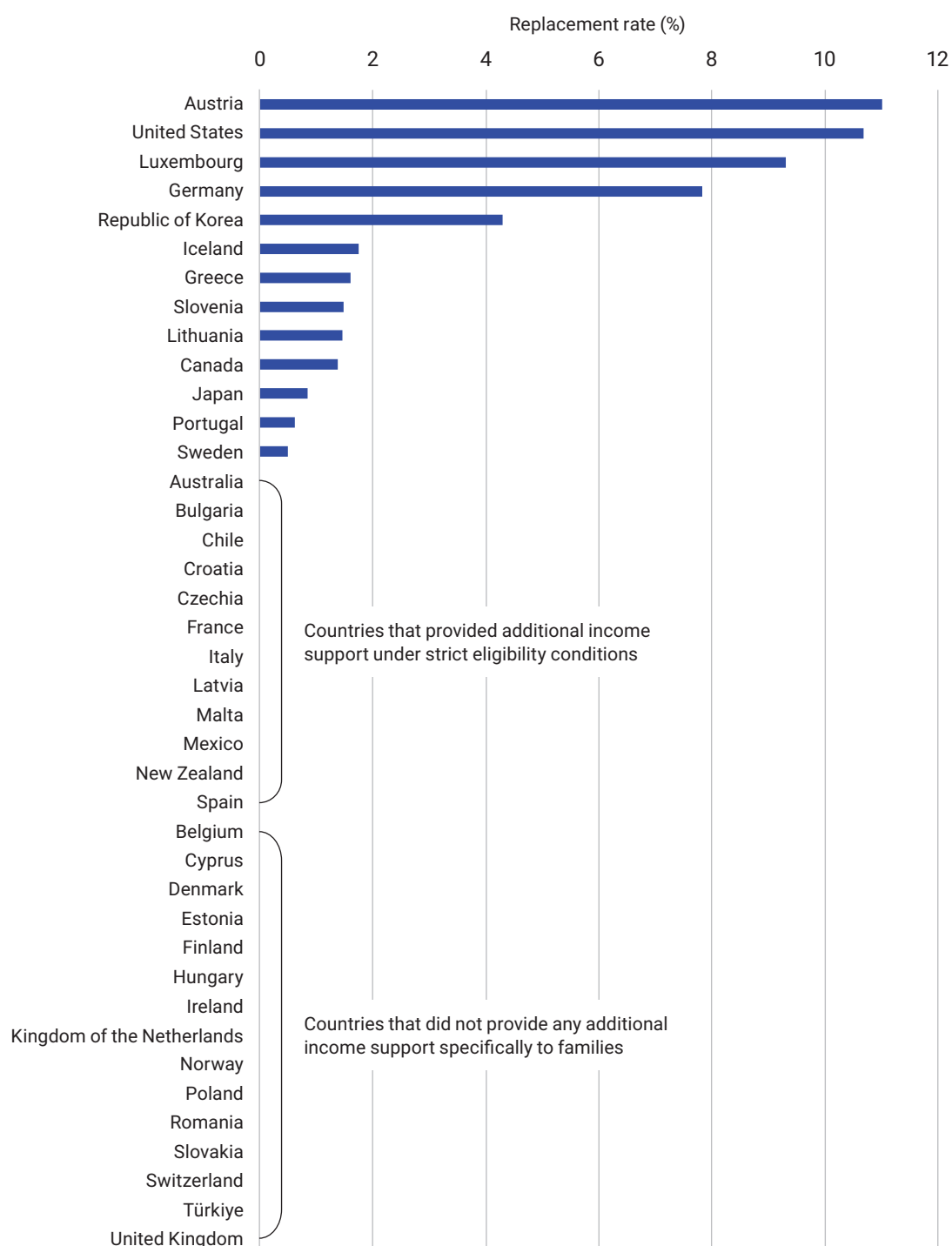
Some overall patterns are noticeable. First, with the exception of the United States – which offered the second highest net household income replacement rate (10.7 per cent) in the calculation – other 'liberal' welfare states provided no additional income support to families specifically (Ireland and the United Kingdom) or did so either very moderately (Canada) or with strict eligibility conditions (Australia and New Zealand). This does not mean, however, that families with children completely lacked additional income support during the pandemic, as some of these countries targeted their support in a 'non-family' way. In Ireland, for example, support was given on an individual basis to those who could not work – they received a relatively generous payment of €350 a week between March 2020 and June 2021 (the main welfare benefit for unemployed persons at the time paid €208 per week), but there was no account taken of the individual's family or parental status or circumstances. The situation in the United Kingdom was similar: It, too, introduced general support measures but took no specific account of recipients' family situation. For example, the Coronavirus Job Retention Scheme (known as the 'furlough scheme') paid 80 per cent of the salary of employees up to £2,500 per month between March 2020 and September 2021, and all claimants of the main income support system (Universal Credit) got a £20 per week additional payment regardless of family size or situation.<sup>16</sup>

Second, Nordic countries offered additional income support at a very modest level (Iceland and Sweden, where additional income support replaced the model family's net household income by below 2 per cent) or did not make any additional payments for families to families with children (Denmark, Finland, Norway). In thinking about why this might be the case, one might attribute Nordic countries' relatively low level or lack of additional income support to the effectiveness of existing mechanisms in acting automatically as income stabilizers. And, of course, this adds an important qualification to the analyses and findings here, as no account is taken of the overall adequacy of income support that was either not additional to the existing system or was not specifically targeted to families with children.

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<sup>16</sup> It should be noted that, although the United Kingdom did not have additional nationwide child-specific income support, Scotland provided a means-tested payment for families with children who were eligible for free school meals. The eligible families were provided with a one-off payment of £100 per child in December 2020.

**Figure 3: Net household income replacement of additional income support for families (assessed for a couple with two children aged 4 and 7 and on 60 per cent of the average wage between March and December 2020)**



To summarize and assess overall significance, income support emerges as a relatively vigorous field of policy activity, with 60 per cent of the countries providing additional financial resources to children’s families during 2020. Half of these introduced a new or additional COVID-19-specific payment for this purpose, whereas the other half channelled assistance through the existing benefit infrastructure or in ways that did not target families. When additional financial help was given, there was a relatively widespread pattern of targeting the neediest families. This significantly reduced the value and the coverage. In addition, perhaps reflecting a view of the pandemic as short term, bonus or one-off payments were favoured over regular

income additions. The eligibility criteria in some countries went beyond household income-based targeting to focus on children’s age and family size. This was another way in which many countries ended up supporting a rather selective group of families and children. In regard to relative adequacy (taking account of the value, regularity and duration of payment as well as the eligibility conditions), on average low-income families with two children aged 4 and 7 received about a 4 per cent increase in their income level (in the countries that took this type of measure for this particular family type) during the period.

### 2.1.5 Food-related provisions: Protection against hunger

Child hunger and indeed adult hunger were growing problems prior to the pandemic (Frazer et al., 2020; Penne & Goedemé, 2021), and the thrust of economic and geo-political developments since suggests that food shortages and hunger may be further endangered by rising prices and problems of supply. The pandemic-induced closure of ECEC and/or educational settings is a pivotal development with regard to child hunger, especially as it meant that children from many family backgrounds missed out on free or subsidized school meals. This section, therefore, examines countries’ relative activity or inactivity in resourcing children’s nutrition during the pandemic. This category of policy encompasses cash benefits and in-kind benefits that are specifically oriented to children’s food supply.

The data are as shown in *Table 7*.

**Table 7: Overview of child-related food support measures (March–August 2020)**

COUNTRY	LEVEL OF PROVISION	TYPE OF SUPPORT	ELIGIBILITY
Australia	None		
Austria	None		
Belgium	None		
Bulgaria	N	F	T
Canada	None		
Chile	N	F	T
Croatia	None		
Cyprus	None		
Czechia	None		
Denmark	None		
Estonia	L	V, F	U, T
Finland	L	C, V, F	U, T
France	L	C, V, F	T
Germany*	None		
Greece	None		
Hungary	N	F	T
Iceland	None		
Ireland	N	F	T
Italy**	N	G	T
Japan***	N	F	T
Latvia	N	F	T
Lithuania	N/A	F	T
Luxembourg	None		
Malta	N	F	T

COUNTRY	LEVEL OF PROVISION	TYPE OF SUPPORT	ELIGIBILITY
Mexico	None		
Netherlands (Kingdom of the)	None		
New Zealand	None		
Norway	None		
Poland	N	C, F	T
Portugal	N/A	F	T
Republic of Korea	L	V, F	T
Romania	N	F	T
Slovakia	N/A	F	N/A
Slovenia	L	F	T
Spain	N	G	T
Sweden	N	F	U
Switzerland	None		
Türkiye	None		
United Kingdom	N	C, V, F, G	T
United States	N	V, F	T

**Source:** CPC-19 Database <<https://portal.sds.ox.ac.uk/CPC-19>>; European Commission (2021); Ala-Karvia et al. (2022).

**Note:** The abbreviations used in this table, organized on the basis of their appearance by column, denote the following: C (cash transfers for parents), F (food items for takeaway or delivery), G (food-specific grant from the national government to local authorities or municipalities), L (local authority or municipality level), N (national government level), T (targeted based on income level, age and/or other conditions), U (universal), V (vouchers or food stamps), N/A (data not available).

\* In Germany, only a few municipalities made the relevant provision during the pandemic.

\*\* Italy's public spending on the 'food solidarity' programme is calculated as total spending on disadvantaged individuals and households, and not children only.

\*\*\* In Japan, the city of Osaka was a national exception in introducing free lunches for all pupils in city-run elementary and junior high schools during the pandemic.

Starting with what countries did during the period considered, 22 countries intervened regarding children's nutrition by providing some form of food support specifically for children (Bulgaria, Chile, Estonia, Finland, France, Hungary, Ireland, Italy, Japan, Latvia, Lithuania, Malta, Poland, Portugal, Republic of Korea, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom, United States), making it a relatively popular policy lever. There is considerable regional variation here again. As an example, of the Nordic child-welfare 'leaders', Sweden (which kept schools open) and Finland provided school meals or alternative food support, while Denmark, Iceland and Norway did not. Among the Anglo-Saxon countries, Ireland, the United Kingdom and the United States responded to the growing concern about child hunger during the pandemic primarily through the provision of food vouchers or extension of food stamps (as in the United States), whereas Australia, Canada and New Zealand took no action. There is no particular pattern among the western European countries, either. One potentially generalizable trend is found in Eastern Europe, however, where the majority of countries, with the exception of Croatia and Czechia, offered national-level or local-level food support for children during the pandemic.

Looking at the details within and across countries, the second column in *Table 7* confirms variation in the types of food-related support. The single most popular measure was making food items available for delivery or takeaway (e.g., cooked food, groceries and snack bags). Support in the form of vouchers or food stamps was the next most popular modality, with food-specific cash support for parents a third and least popular choice. It is also clear from the table that some countries took more than one measure and that a few took all three (Finland, France, United Kingdom).

Another type of variation played out as well – at the sub-national level. As can be seen from the table, a small number of countries gave specific national-level funding to the municipalities to provide the food support. To take some examples:

- In Spain, the central Government announced in March 2020 the allocation of an additional €25 million to local authorities for children who received dining support when schools were open, allowing the local government authorities autonomy in choosing between diverse cash and in-kind provision to substitute for the lack of school meal provision.
- In the United Kingdom, each of the four jurisdictions established an alternative to school-meal schemes in March 2020 for children losing out on free lunches during the nationwide lockdown (described further in the section on good practices below). England and Wales launched a national voucher scheme (providing £15 and £19.50 per child per week, respectively), while allowing schools to continue the option of providing food through the delivery of food parcels. In Northern Ireland, families with children eligible for the free school meals programme were provided with a £13.50 cash payment per child per week. Scotland did not develop a nationwide, integrated system to provide food-related vouchers or alternative cash transfers but allowed local authorities to make decisions on the types of support in the range of £10–20 per child (receiving free school meals prior to the pandemic) per week. In all four jurisdictions, the food provision was extended during school holidays in 2020 (albeit differently): Easter holidays and spring half-term (in England, Scotland and Wales), summer holidays (in all four jurisdictions), October half-term (in Northern Ireland, Scotland and Wales) and Christmas holidays (in all four jurisdictions) (Sibieta & Cottell, 2020; 2021).

In terms of depth and reach (as the data in the final column of *Table 7*, 'Eligibility', show), targeting was by far the most common means of deciding eligibility for food support. This was based either on family receipt of benefits (and hence, indirectly, income level) or the child's eligibility for food support when schools were open.

An important analytic question relevant to significance is whether countries widened or deepened their recognition of children's food needs as an exigency for policy intervention during the pandemic by, say, maintaining or adjusting the existing food support system or introducing new measures. A before-and-after comparison is insightful here. It is important to note that this is a field of policy in which there was a lot of variation prior to the pandemic (as *Table 8* shows), in terms of whether a programme of food support for children existed and whether this was a national-level competence or devolved to municipality level.

**Table 8: Countries classified by food-related provisions before and during the pandemic**

		DURING COVID-19	
		YES	NO
BEFORE COVID-19	YES	<b>Maintenance/Adjustment</b> Bulgaria, Chile, Estonia, Finland, France, Hungary, Ireland, Italy, Japan, Latvia, Lithuania, Malta, Poland, Portugal, Republic of Korea, Romania, Slovakia, Slovenia, Spain, Sweden, United Kingdom, United States	<b>Discontinuity</b> Cyprus, Czechia, Germany, Greece, Luxembourg, Mexico
	NO	<b>Introduction</b>	<b>No response</b> Australia, Austria, Belgium, Canada, Croatia, Denmark, Iceland, Kingdom of the Netherlands, New Zealand, Norway, Switzerland, Türkiye

**Note:** 'Before COVID-19' refers to the year 2019, while 'During COVID-19' refers to the first five months of the pandemic.

As can be seen, there is a relatively strong correlation between the 'before' and 'during' situations. In fact, all of the 22 countries that provided cash or in-kind benefits for children's nutrition during the pandemic already had a child food support system in place at the national or municipal level. This meant that they continued their food-related provisions or offered alternative support to temporarily replace the established system. The situation was not always 'status quo', however, because countries sometimes changed the eligibility conditions for receiving food-related support, occasionally tightening them. Illustrative examples of this are provided by Estonia and Finland:

- Prior to the pandemic, Estonian municipalities were mandated to provide heavily subsidized school lunches for all children and free meals for poorer children. During the pandemic, however, many municipalities, such as Tartu and Rakvere, made food parcels or grocery store vouchers available only for children in need of food aid (Jõesaar, 2020; Nõmm, 2020).
- Finland, too, had a universal free school meal programme prior to COVID-19, which served approximately 900,000 meals at schools, vocational schools and colleges across the country. The pandemic policy introduced considerable variation by area, however, although municipalities retained responsibility for providing free meals or alternative equivalent support for all primary school children. According to a survey conducted by the Ministry of Education and Culture, approximately half of the municipalities provided the relevant support for all children, a quarter did so only for those attending in-person teaching, and the other quarter made it subject to means-testing (Kangas & Kallioma-Puha, 2021).

A small number of countries showed some innovation with regard to their central government's intervention into (or commitment to) resourcing children's nutrition. In particular:

- In Italy, where free or subsidized meal arrangements for children varied widely by region before the pandemic, the Government transferred €400 million to all 7,904 municipalities in March 2020 for the distribution of food vouchers or basic food necessities to families in extreme poverty.<sup>17</sup>

<sup>17</sup> Due to municipalities' discretion in determining the eligibility criteria and the level of support, it is not known how many children and their families received the relevant support and what the value of the food support was.

- In Romania, a pilot programme providing hot meals for pupils existed in 150 selected schools before the pandemic. Coverage was extended through multiple rounds of distribution of food packages in June 2020, for which means-tested family benefit recipients were prioritized.

Among the 18 countries that failed to act (or did so sparingly through individual school or municipality responsibility), 12 did not have an existing system or had it in a restricted number of regions or local authorities only (Australia, Austria, Belgium, Canada, Croatia, Denmark, Iceland, the Kingdom of the Netherlands, New Zealand, Norway, Switzerland, Türkiye).<sup>18</sup> It is more surprising, perhaps, that six countries discontinued the existing food support. These countries were: Cyprus (with a pre-COVID-19 pattern of providing free school meals for primary pupils from households on the guaranteed minimum income scheme); Czechia (which had provided free lunches for disadvantaged children and those attending kindergartens or primary schools on the public funding scheme); Germany (where low-income children had been able to apply for Government subsidies towards school lunches); Greece (with a scheme to fund free meals in several primary schools); Luxembourg (where primary school pupils were granted subsidies for their lunches according to their household income and age); and Mexico (with a breakfast programme for vulnerable preschool, primary and middle school children).

Taken as a whole, the evidence indicates two strong findings: First, the provision of nutritional assistance to children was a robust cross-country variation; second, there was strong path dependency in pandemic responses with countries generally maintaining their pre-pandemic 'path' when the pandemic struck. Overall, however, possible child hunger or food deprivation did not achieve wider prominence during the pandemic. In reflecting on the patterning, the discontinuation of existing food support (in Cyprus, Czechia, Germany, Greece, Luxembourg and Mexico) may be related to the lack of an easy path towards adjustment in a pandemic context. With schools and many food companies closed, countries were faced with the challenge of producing the food items and getting them to the beneficiaries. It is also possible that some of the countries channelled additional income support to families in the expectation that it would be either sufficient recompense to cover food costs or prioritized by them for food for children. And while the achievement of 22 countries in keeping going their existing system of food support during the pandemic is positive, there is no evidence on how well the systems functioned when a major conduit (the school) was no longer operating.

### **2.1.6 Protection against physical and psycho-social health ill-effects**

The COVID-19 pandemic also severely increased direct and indirect threats to children's physical and psycho-social health. It is now becoming clear that the repeated national and regional lockdowns in many countries, and the resulting largest disruption of education systems in history, not only saw children confined to home for a long period but also had lasting effects on their health and well-being (OECD, 2020c; Viner et al., 2021). This, in turn, increased the possibility of children being exposed to domestic abuse, as well as affecting their overall psycho-social well-being (Bhatia et al., 2021). Furthermore, high demand for COVID-19-related healthcare services and the strict measures to control transmission of the virus restricted children's access to healthcare.

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<sup>18</sup> In Australia, some regions, such as Victoria, ran means-tested, free breakfast programmes. In Austria, parents were usually expected to cover school meal costs, and so many pupils from households with relatively low income did not receive free meals. Belgium had a pilot food programme targeting the most disadvantaged schools, but it existed only in the French-speaking community. Canada, Denmark, the Kingdom of the Netherlands, Norway and Switzerland never had a national school food programme. In New Zealand, as of 2019, free school lunches were provided only in 120 highly disadvantaged schools across some regions. In Türkiye, food-related social assistance was provided for a very small number of poor children.



It took considerable time – at least a half-year into the pandemic – for children to be identified as a population of concern. In December 2020, the World Health Organization (WHO) Europe made the following recommendations on the measures that should be part of countries' key health policy strategies (WHO, 2021):

- Keep schools open to support children's overall well-being, health and safety;
- Prioritize for testing symptomatic children with acute respiratory infection of any severity;
- Promptly initiate contact tracing in schools following the identification of a confirmed case;
- Establish hotlines for children seeking psychological support;
- Improve infrastructure for handwashing and fresh-air ventilation; and
- Urgently initiate vaccine trials with respect to children of all ages, while prioritizing teachers and other professionals working in schools for COVID-19 vaccination.

In this section, the focus is on examining countries' activity or inactivity on two dimensions considered core for children's health during the pandemic: The protection of children from COVID-19 through vaccination, and the provision of extra psycho-social and/or anti-violence support that prioritized children and/or parents by such measures as expanding shelters, counselling services and/or public funding for relevant programmes. *Table 9* presents the data on vaccine availability by child age group.

In all countries examined, older age groups (particularly those with chronic diseases) and healthcare professionals were the top priorities for vaccination. No country included physically vulnerable children in the initial vaccination priority scheme. Such an approach is likely to have been influenced by the scientific advice and emerging information about the pandemic's impact: On the one hand, a number of studies suggested that the risks of severe illness and death from COVID-19 among children were very low (e.g., Ward et al., 2022); on the other hand, at least until mid-2021, there was no clear scientific evidence proving that the vaccine would be safe for young children. Age group and associated vulnerability were extremely important in the roll-out of vaccination generally. Hence, the safety and effectiveness of vaccination for people aged 16 years and above was confirmed in December 2020 (European Medicines Agency, 2020) but it was not until May and December 2021 respectively that the European Medicines Agency approved the use of vaccination for children aged 12–15 years and those aged 5–11 years.

One of the most pertinent lines of analysis, then, is when the COVID-19 vaccine became available according to children's age compared to when vaccination started to be rolled out in each country (see *Table 9*). The overall patterning confirms that age group governed the roll-out of the COVID-19 vaccine to children and, that apart from this, children were treated as an undifferentiated group. A small number of countries were among the exceptions here, such as Slovakia, where priority was given to children with health-related issues or ill siblings within the specific age group. As of November 2021, all countries had made the vaccine available for all children aged 12 years and above, while 24 countries did so for children aged between 5 and 11 years (Austria, Belgium, Bulgaria, Canada, Chile, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Malta, Poland, Portugal, Slovakia, Slovenia, Spain, United States).

**Table 9: COVID-19 vaccine availability by children's age in countries as of 2021**

COUNTRY	FIRST VACCINE AVAILABILITY (D/M/Y)	DELAY IN VACCINE AVAILABILITY (WEEKS)		
		For 16–17-year-olds as compared to the first vaccination	For 12–15-year-olds as compared to 16–17-year-olds	For 5–11-year-olds as compared to 12–15-year-olds
Australia	21/02/2021	+27	+2	–
Austria	27/12/2020	+19	+28	0
Belgium	28/12/2020	+27	0	+24
Bulgaria	27/12/2020	+8	+15	+28
Canada	15/12/2020	+20	0	+28
Chile	24/12/2020	+27	+2	+11
Croatia	27/12/2020	+23	+16	+12
Cyprus	27/12/2020	+26	+5	+19
Czechia	27/12/2020	+23	+4	+23
Denmark	27/12/2020	+27	+1	+20
Estonia	27/12/2020	+23	+2	+25
Finland	27/12/2020	+24	+3	+25
France	27/12/2020	+24	0	+27
Germany	26/12/2020	+31	0	+19
Greece	27/12/2020	+29	0	+21
Hungary	26/12/2020	+20	+4	+26
Iceland	29/12/2020	+20	+14	–
Ireland	29/12/2020	+30	0	–
Italy	27/12/2020	+23	0	+28
Japan	17/02/2021	+33	0	–
Latvia	16/12/2020	+22	+2	+28
Lithuania	27/12/2020	+22	+2	–
Luxembourg	28/12/2020	+17	+9	–
Malta	27/12/2020	+19	+7	+24
Mexico	25/12/2020	+42	0	–
Netherlands (Kingdom of the)	06/01/2020	+26	0	–
New Zealand	20/02/2021	+26	0	–
Norway	27/12/2020	+34	+2	–
Poland	27/12/2020	+19	+4	+28
Portugal	27/12/2020	+33	+1	+16
Republic of Korea	26/02/2021	+33	+2	–
Romania	27/12/2020	+22	0	–
Slovakia	27/12/2020	+24	0	+13
Slovenia	27/12/2020	+19	+15	+16
Spain	27/12/2020	+31	0	+13
Sweden	27/12/2020	+25	+16	–
Switzerland	23/12/2020	+25	+3	–
Türkiye	14/01/2021	+33	0	–
United Kingdom	08/12/2020	+36	+5	–
United States	14/12/2020	+18	+3	+25

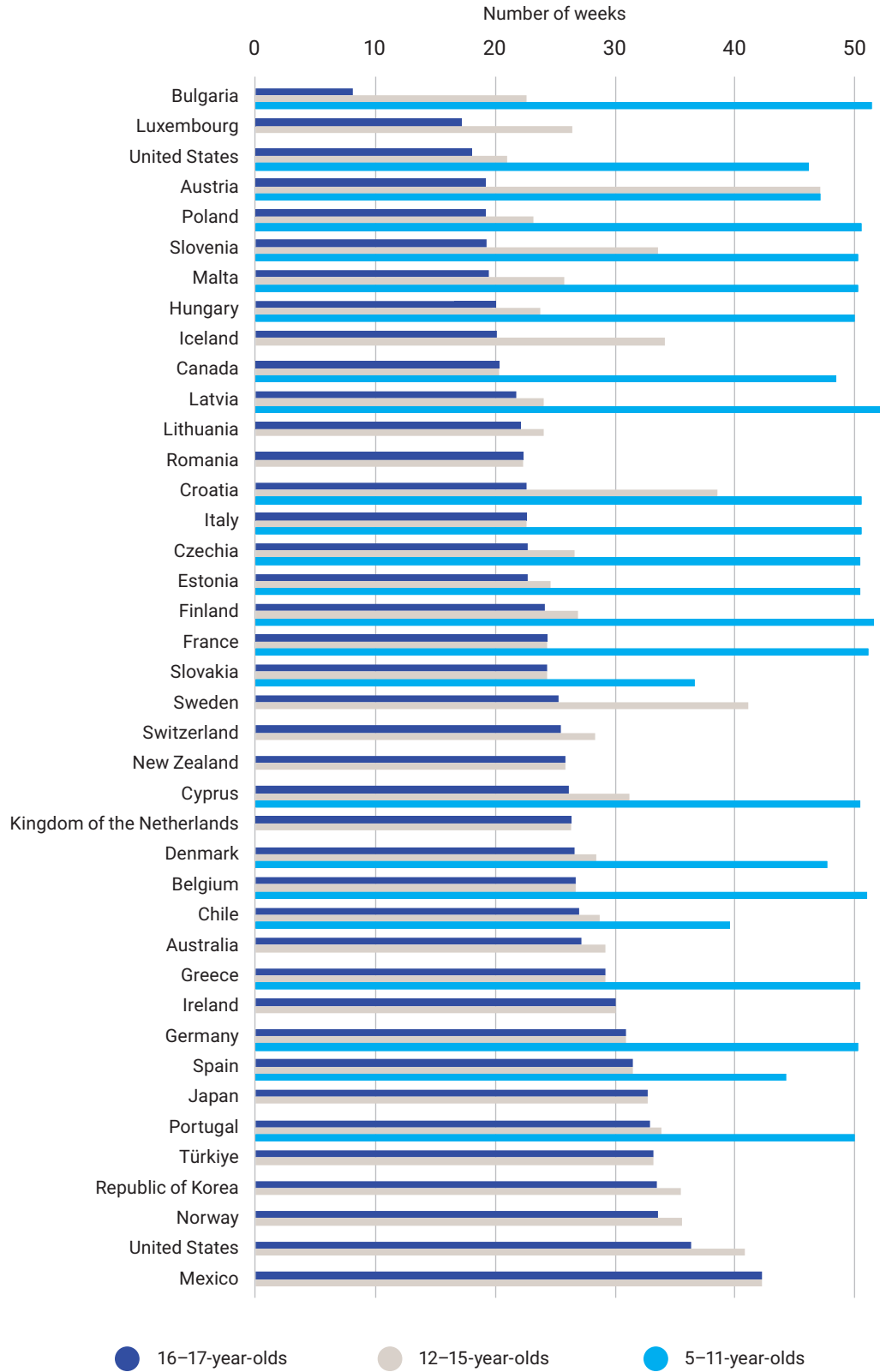
Source: Authors' own calculation based on the data obtained from the COVID-19 Government Response Tracker <<https://www.bsg.ox.ac.uk/research/covid-19-government-response-tracker>>.

Note: The dash denotes that the vaccine was not available for the age group(s) as of December 2021.

*Figure 4* presents this information in another way – offering a detailed picture of the time gap (in terms of weeks) between when the vaccination programme commenced for the first time and when the vaccine became available for children by age group in each country. This allows an estimation of how responsive countries were in protecting children’s health from the virus. On average, it took approximately 25 weeks for the vaccine to be made available for children/young people aged 16–17 following its roll-out to adults. Given that vaccination (using the Pfizer-BioNTech COVID-19 Vaccine) for people aged 16 years and above was approved by the European Medicines Agency in December 2020, this time gap is another piece of evidence that might suggest de-prioritization of children. Of course, caution is advised here as the vaccination decision would have been affected by when the national-level approval of vaccination for children took place, which is known to have occurred at different times, and variations in the policy for physically vulnerable as against healthy children.

As shown in the figure, the time gap between the first vaccination and vaccine availability for children and young people between 16 and 17 years of age varied greatly across countries, ranging from approximately 8 to 42 weeks. Looking at the overall patterning, many Eastern European and Balkan countries were more responsive to vaccinating children than countries in other regions: Bulgaria (8 weeks), Poland (19 weeks), Slovenia (19 weeks), Hungary (20 weeks), Latvia (21 weeks), Lithuania (22 weeks), Romania (22 weeks), Croatia (22 weeks), Czechia (23 weeks) and Estonia (23 weeks). It might be that the prompt roll-out of COVID-19 vaccines for children is related to the fact that mortality rates from COVID-19 were higher in these regions (Rangachev et al., 2022).

**Figure 4: Time gap in weeks between the first vaccination and vaccine availability for children in 2021**



Source: Authors' own calculation based on the data obtained from the COVID-19 Government Response Tracker <<https://www.bsg.ox.ac.uk/research/covid-19-government-response-tracker>>.

Figure 5 shows the relationship between the time until the vaccine became available for people below 18 years of age and accumulated confirmed COVID-19 deaths per one million people (as of May 2021): It suggests the possibility that the more serious the mortality rate, the more rapid the roll-out for children.

**Figure 5: Mortality and time gap between the first vaccination and vaccine availability for children**



**Source:** Authors' own calculation based on the data on the confirmed COVID-19 deaths as of 1 May 2021, contained in <<https://ourworldindata.org/covid-deaths>>.

**Note:** Country codes are as follows: AT (Austria), AU (Australia), BE (Belgium), BG (Bulgaria), CA (Canada), CH (Switzerland), CL (Chile), CY (Cyprus), CZ (Czechia), DE (Germany), DK (Denmark), EE (Estonia), ES (Spain), FI (Finland), FR (France), GR (Greece), HR (Croatia), HU (Hungary), IE (Ireland), IS (Iceland), IT (Italy), JP (Japan), KR (Republic of Korea), LT (Lithuania), LU (Luxembourg), LV (Latvia), MT (Malta), MX (Mexico), NL (Kingdom of the Netherlands), NO (Norway), NZ (New Zealand), PL (Poland), PT (Portugal), RO (Romania), SE (Sweden), SI (Slovenia), SK (Slovakia), TR (Türkiye), UK (United Kingdom) and US (United States).

Table 10 turns to the expansion of psycho-social and/or anti-violence support, providing an overview on the basis of limited information availability.

It shows that only 18 of the 40 countries examined undertook relevant support expansion (Australia, Belgium, Canada, Chile, Croatia, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Latvia, Lithuania, New Zealand, Portugal, Sweden, United Kingdom). This is a relatively mixed set of countries in terms of overall welfare system and geographical location, but the strong presence of liberal welfare state countries, such as Australia, Canada, Ireland, New Zealand and the United Kingdom, as well as Nordic countries, is notable.

Countries varied, however, regarding the type of support that they expanded. While 5 of the 18 countries focused on expanding the capacity of shelters to cope with increased domestic violence during the pandemic (Canada, Chile, Greece, Ireland, Portugal), a further 7 allocated an extra grant to provide counselling services or other types of support (Croatia, Denmark, Finland, Latvia, Lithuania, New Zealand, Sweden) while the remaining 6 did both (Australia, Belgium, France, Germany, Iceland, United Kingdom).

**Table 10: Overview of expansion of psycho-social and anti-violence support for children and/or parents/families (March–December 2020)**

COUNTRY	EXPANSION OF SHELTERS	EXPANSION OF COUNSELLING SERVICES OR OTHER SERVICES	ASSIGNED BUDGET
Australia	X	X	AU\$170 million
Austria	None		
Belgium*	X	X	€1 million
Bulgaria	None		
Canada	X		CA\$10 million
Chile	X		N/A
Croatia		X	N/A
Cyprus	None		
Czechia	None		
Denmark		X	DKK 13.5 million
Estonia	None		
Finland		X	N/A
France	X	X	N/A
Germany	X	X	€30 million
Greece	X		N/A
Hungary	None		
Iceland	X	X	ISK 215 million
Ireland	X		€60,000
Italy	None		
Japan	None		
Latvia		X	N/A
Lithuania		X	N/A
Luxembourg	None		
Malta	None		
Mexico	None		
Netherlands (Kingdom of the)	None		
New Zealand		X	NZ\$202.9 million**
Norway	None		
Poland	None		
Portugal	X		N/A
Republic of Korea	None		
Romania	None		
Slovakia	None		
Slovenia	None		
Spain	None		
Sweden		X	SEK 100 million
Switzerland	None		
Türkiye	None		
United Kingdom	X	X	£36.7 million***
United States	None		

**Source:** Authors' own calculations based on the data obtained from the COVID-19 Global Gender Response Tracker <<https://data.undp.org/gendertracker>>.

**Note:** X indicates presence of policy action and N/A indicates that the relevant data are not available. It should be noted that a simple change in the mode of counselling services due to the pandemic (e.g., making counselling services available online or by phone) was not interpreted as an expansion of the services.

\* In Walloon region only. \*\* Over four years. \*\*\* A sum of different relevant programmes that were introduced in four nations.

Countries also varied with regard to what problem they were addressing and the degree to which it was child-focused. Among the 18 countries, 12 countries targeted children directly (Australia, Canada, Croatia, Denmark, Finland, Iceland, Ireland, Lithuania, New Zealand, Portugal, Sweden, United Kingdom). In particular, some Nordic countries treated vulnerable children as a separate category for specific support. For example:

- Denmark provided extra funding of DKK 13.5 million (€1.8 million) for relevant civil society organizations under the title of the ‘Children’s Package’ so that they could provide counselling services and other types of support.
- In Sweden, civil society organizations were given SEK 100 million (€9.5 million) to combat violence towards children, as well as towards women in general and lesbian, gay, bisexual, transgender and intersex people.

In contrast, the other six countries targeted female domestic violence survivors and their children, which means that the ‘route to the child’ of this support was indirect in that it was targeted at parents (Belgium, Chile, France, Germany, Greece, Latvia).

Table 11 provides an overview of the two health-related sub-fields, organizing the countries into four clusters according to whether they had made the vaccine available for all age groups of children by the end of 2021 and whether they expanded child-related psycho-social support.

**Table 11: Overview of health policy measures (as of December 2021)**

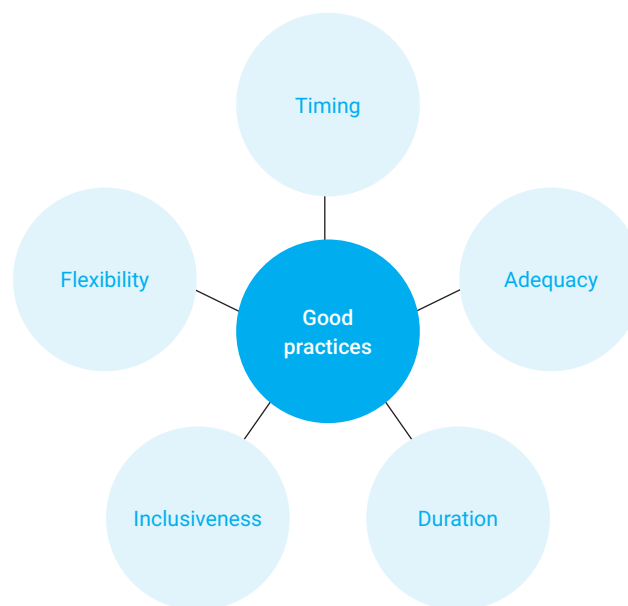
		VACCINE AVAILABILITY FOR ALL AGE GROUPS OF CHILDREN	
		YES	NO
EXPANSION OF PSYCHO-SOCIAL AND/OR ANTI-VIOLENCE SUPPORT	YES	Belgium, Canada, Chile, Croatia, Denmark, Finland, France, Germany, Greece, Latvia, Portugal	Australia, Iceland, Ireland, Lithuania, New Zealand, Sweden, United Kingdom
	NO	Austria, Bulgaria, Cyprus, Czechia, Estonia, Hungary, Italy, Malta, Poland, Slovakia, Slovenia, Spain, United States	Japan, Luxembourg, Mexico, Kingdom of the Netherlands, Norway, Republic of Korea, Romania, Switzerland, Türkiye

There does not appear to be any real relationship between the two types of health-related measure examined, suggesting that children’s health was not conceived in the round or that their physical and mental health were seen as separate. Of the 40 countries, only 11 made the vaccine available to all age groups of children relatively quickly (by December 2021) and also expanded child-related shelters and/or psycho-social support. These were: Belgium, Canada, Chile, Croatia, Denmark, Finland, France, Germany, Greece, Latvia and Portugal. At the other end of the spectrum are nine countries that were relatively inactive in protecting children’s health and well-being (in the sense of the vaccine not being available to the youngest children by December 2021 and no action taken to improve child-related psycho-social and/or anti-violence support). These were: Japan, Luxembourg, Mexico, the Kingdom of the Netherlands, Norway, Republic of Korea, Romania, Switzerland and Türkiye. These data, however, need to be interpreted with care since so much depends on the national situation. That is, the lack of or delay in making the vaccine available for younger children in countries may have stemmed from a more ‘cautious’ approach being taken towards children’s health, and the existing system may have had sufficient capacity to cope with the increased need for psycho-social and/or anti-violence support during the pandemic.

## 2.2 Identification of good practices

This section highlights some good practices. The question of what constitutes good policy practice is open to debate. This is the case even in 'normal times' and is especially so during the pandemic when the usual policy norms, practices and procedures did not necessarily apply (Eurochild, 2020; UNICEF, 2021). Policy making in pandemic conditions required speediness and a capacity to respond to a wide range of 'needs' or 'problems' and to do so in a way that did not create new problems, covered the need adequately and gave people flexibility and some choice over their behaviour and practices. The five dimensions shown in *Figure 6* are important in assessing the strength of countries' policy response.

**Figure 6: Five dimensions in assessing policy response**



- Timing: whether the support measure was introduced in a timely manner, that was close to or even anticipated the onset of lockdown, and whether there were gaps between the measures for children and for adults;
- Adequacy: the extent to which the amount of support provided was sufficient;
- Duration: the extent to which the time period of coverage was sufficient relative to the duration and stages of the pandemic;
- Inclusiveness: the extent to which the support included all children and, especially, those who could be considered at risk or 'disadvantaged'; and
- Flexibility: the extent to which the policy programme or measure enabled families with children to have flexibility in having access to it, or the extent to which the local authorities or other relevant organizations had flexibility in the distribution of resources given variation in local conditions.



Outcome data would enable each of these dimensions to be categorically assessed within and across countries. But robust outcome data, especially on a cross-national comparative basis, were not available at the time of completion (March 2023). In their absence, the discussion to follow focuses on good practice as demonstrated by particular countries in each of the six policy fields. It should be noted that the good practice refers to particular policy fields only and does not imply that the particular countries highlighted are good practice examples overall.

### **2.2.1 Education**

New Zealand is a good example in the field of education policy. Initially, schools and other educational facilities were closed under national lockdown from 25 March to 13 May 2020, except for children of key workers during some periods in this time window (Morrissey & Masselot, 2020). Initiating a full reopening on 13 May 2020, New Zealand subsequently kept educational facilities open (although there were some closures at regional level at times, as well as individual school closures due to case numbers), putting itself among countries with very limited school closure.

In order to reduce associated negative impacts, TV channels (on air five days a week) and online spaces were launched for students and teachers as soon as the new school term started on 15 April 2020 (Ministry of Education, 2020a). With partnership between the Ministry of Education and the Department of Internal Affairs, school children living in households without a digital connection were identified, and a number of measures were adopted (Ministry of Education, 2020b). To overcome digital inequalities among students, partnerships were formed with major telecommunication companies for the removal of data caps as well as the possibility of any extra charges based on usage. To increase connectivity for many of the students living in regions with inadequate infrastructure, household copper or fibre connections, satellite dishes and mobile base stations were installed. Financing was made available to help parents purchase devices in a bid to ensure that students had the devices they needed for distance learning. The Ministry of Education led in providing devices – some 40,000 devices were distributed to ‘low-decile schools’, schools drawing their pupils from lower socio-economic communities and therefore with a greater number of children considered ‘disadvantaged’. Due to the size of the sub-group of students without access to digital distance learning opportunities, policy makers decided not to rely on a digital response alone for learning but also prepared a ‘non-digital response’ in the form of packs of teaching and learning material being distributed directly to households by mid-April 2020.

These and other measures in New Zealand’s education response were made possible through a number of generous funding packages during the first months of the pandemic. In early April 2020, an ‘immediate emergency funding’ of NZ\$87.7 million (€54 million) was announced to fund some of the aforementioned distance learning measures. On 31 July 2020, further funding of NZ\$78.8 million (€48.3 million) (over a four-year period) was announced for schools to cope with their students’ mental health and well-being issues associated with COVID-19. From 4 August 2020, a NZ\$50 million (€30.6 million) ‘Urgent Response Fund’ began to distribute funding to individual schools across all regions based on an index that takes into account equity measures and prioritizes areas of greatest needs. The value of these grants per school ranged from as little as NZ\$1,000 (€600) up to NZ\$200,000 (€123,000). Schools also received separate funding as part of a NZ\$69 million (€42.3 million) online learning package to upgrade their digital networks. Other funding packages aimed at specific groups were introduced in August 2020. One example was funding for providing extra short-term COVID-19 support to ‘students with high and complex learning needs’; another was a NZ\$9 million (€5.5 million) package to address issues related to educators’ well-being, such as mental and emotional stress placed on them during the pandemic. Although the latter was

not directed at children, given the importance of teachers' welfare for their pupils' outcomes, this can be considered as an important, if indirect, measure that could have a positive impact on children.

### **2.2.2 Early childhood education and care (ECEC)**

The Republic of Korea had several good policy practices in the ECEC field to call on. Prior to the pandemic, the Republic of Korea provided free, publicly funded ECEC services for all preschool children.<sup>19</sup> Following the rapid spread of the virus in early 2020, the Republic of Korea ordered a national-level closure of childcare centres in late February. This measure was later extended until June 2020, from whence local authorities were granted flexibility in deciding whether they would keep ECEC settings open, taking account of the severity of the pandemic within their region.

Following the national-level closure of ECEC settings, however, the country immediately established an 'emergency care' system, allowing ECEC settings to remain open full-time (07:30–19:30) for families in need of out-of-home care. Unlike many other countries, the 'need' for emergency care in the Republic of Korea was not necessarily determined by parental employment and/or children's vulnerability. Instead, flexibility for families was enabled by allowing any family that would like to use it to do so (although keeping children at home wherever possible was strongly recommended by the Government), and children deemed to be in need were granted priority access to kindergarten. For families requiring more care support, such as employed parents, lone parents and large families with children aged 12 years and below, public subsidies for employing nannies were temporarily increased (the so-called '*i-dolbom* service') (Ministry of Gender Equality and Family, 2020).

In order to keep ECEC settings open for emergency care and to control the spread of the virus among childcare service users, in February 2020 the Republic of Korea allocated a total of KRW 31,462 million (€23 million) for the purchase of thermometers, masks, hand sanitizers and cleaning products for childcare and educational settings (Ministry of Health and Welfare, 2020c). Simultaneously, detailed national guidelines were drawn up on the operation of emergency care, such as the maintenance of social distancing within ECEC settings, regular health checking of children and childcare staff, and the creation of a separate area for the isolation of symptomatic children (Ministry of Health and Welfare, 2020a). The proportion of children using the emergency care system increased from 10 per cent in late February to almost 40 per cent in April and then to over 70 per cent from June 2020.

As the spread of the virus accelerated in August 2020, however, the infection-related temporary closures of ECEC settings increased and the capacity of emergency childcare services was reduced. Consequently, whenever the prevention control measures were strengthened, emergency care was made available primarily for children who could not be cared for at home (Ministry of Health and Welfare, 2020b). In practice, many local authorities prioritized working families, large families with three or more children and vulnerable families for the use of emergency care during these emergency periods. For children cared for at home, the country distributed online care guidelines and learning materials for parents, and expanded relevant TV programming.

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<sup>19</sup> All families with children could use free childcare services from 07:30 to 16:30. Children with employed parents and parents in education, vulnerable children and other eligible children could use extended free childcare services until 19:30.

### **2.2.3 Parental leave from employment and other supports for parental care-giving to children**

Luxembourg offers useful insights as to what a response supportive of parental care-giving to children might look like. Several aspects of its leave for parents are behind this. To start with, Luxembourg was one of the few countries where parental leave was paid at 100 per cent of previous earnings. Its relative adequacy was, therefore, one of the hallmarks of Luxembourg's parental leave measure. A second aspect relates to the duration. Although the leave was initially only offered during the first lockdown period, the provision was later extended by new laws on three occasions, making it available for a long period of time (Baumann et al., 2021).

Another important characteristic of the provision, from an inclusivity perspective, was that the leave arrangements were made available to broad segments of society, thanks to relatively inclusive eligibility criteria compared with most other countries. Hence, the leave was available not only to employees but also to self-employed parents, as well as parents who were working on non-standard contracts. The age limit for eligible children was also designed inclusively compared to other countries: At 13 years, the age threshold was relatively high, and parents of children with disabilities were eligible for the leave without an age limit. Moreover, while many countries explicitly excluded parents whose jobs allowed them to work remotely, in Luxembourg all employed parents were included in the leave scheme regardless of their ability to work remotely. Lastly, the leave could be used irrespective of school closures and so gave parents more flexibility as to how their children were minded during the pandemic.

### **2.2.4 Additional income support**

Austria's income support policies had numerous good practice elements. Upon the rapid spread of the virus and the resulting national lockdown, the country promptly introduced the means-tested 'COVID-19 Family Hardship Compensation' (*Corona Familienhärtausgleich*) in mid-April 2020, with benefits applied retroactively from March 2020 (Fink, 2021). Introduced for families with dependent children in cases where at least one parent was either unemployed or without work (including if self-employed) due to the pandemic or on the 'COVID-19 Short-Time Work' scheme (*Corona Kurzarbeit*), the intervention provided different levels of additional income support according to family size and children's age up to a value of €1,200 per month for a maximum of three months.<sup>20</sup>

As the pandemic crisis continued over the summer of 2020, Austria introduced the 'Family Allowance Special Payment' (*Familienbeihilfensonderzahlung*), a one-off payment of €360 per child, in September 2020 when the virus re-accelerated. While the earlier hardship monthly grants were means-tested and therefore targeted children and their families seen to be 'neediest', this new payment was provided for the recipients of the Family Allowance (*Familienbeihilfe*), namely, all children aged up to 18 years and older for children in education. It is therefore estimated that more than 1.7 million children benefited from this bonus (Fink, 2021). Moreover, the value of the additional support was significant. For example, a two-parent family with two children aged between 10 and 15 and experiencing financial hardship due to the pandemic was able to receive a total of €3,240 in 2020. This additional income support was generous, especially when set against the general family allowance prior to the pandemic, which ranged between €114 and €165.10 per month per child.<sup>21</sup>

<sup>20</sup> The benefit size was calculated according to the following weighting system: 1 for the applicant, 0.6 for the applicant's spouse, 0.4 for children aged below 10 years, 0.6 for children aged 10–15 years, and 0.8 for children aged over 15 years. The sum of the weighting factors applicable for the household was then multiplied by 300. The income thresholds also differed depending on family structure and size: €1,600 for a one-parent family with one child; €2,000 for a one-parent family with two children; €2,800 for a one-parent family with three or more children; €2,400 for a two-parent family with one child; €2,800 for a two-parent family with two children; and €3,600 for a two-parent family with three or more children.

<sup>21</sup> In 2019, the monthly allowance differed depending on children's age: €114 for children aged under 3 years, €121.90 for children aged 3–10 years, and €141.50 for older children aged up to 19 years. For those aged up to 24 years and still in education, €165.10 per month was provided.

### **2.2.5 Food-related provision**

The United Kingdom may be considered a good practice example in food support policy during the pandemic. An important part of the context here is that the United Kingdom (with the exception of Scotland) favoured in-kind rather than cash responses for families during the pandemic. The provision of food support to children is a long-standing policy in the United Kingdom; prior to the pandemic, the United Kingdom provided free school meals for approximately 1.7 million pupils during the day in term time. Although eligibility conditions varied somewhat across the four constituent nations, children from families in receipt of minimum income support or those in government-funded schools generally qualified for this support. Following the announcement of the first national lockdown and the resulting school closure in mid- to late-March 2020, all of the four nations rapidly agreed a central Government-level guidance on the adjustment of their free school lunch programme in the pandemic context.

A first strength of the United Kingdom's food-related provisions during the pandemic was an attempt to go beyond existing provision. Although the original means-tested approach was adhered to, the eligibility conditions were temporarily relaxed in some areas. In Wales, for instance, local authorities were strongly encouraged to use their discretion to allow families experiencing severe pandemic-related financial hardship due to being subject to a 'no recourse to public funds' order<sup>22</sup> to benefit from free school meals (Sibieta & Cottell, 2020). England also temporarily extended eligibility to allow some children from families with no recourse to public funds to benefit from free school meals during the pandemic (Child Poverty Action Group, 2020).

The generosity of food support was also improved. For instance, England increased the amount of support offered per meal from £2.30 to £3 per child, "in recognition of the fact that families will not make the same bulk savings as schools can" (Sibieta & Cottell, 2020: 40). In Wales, the average cost of school meal support prior to the pandemic across different local authorities was between £2.30 and £2.90 per meal. During the pandemic, the higher rate was used to determine the rate of the relevant provision and an extra £1 per meal was also added to this rate, considering the fact that some primary school children usually received free school breakfasts and milk.

With regard to the duration of the relevant support, all of the four nations extended it to outside school term time in recognition of the unprecedented levels of disruption caused by the pandemic. In effect, eligible families with children were provided with food support over both the summer and winter holidays of 2020 across the whole country, although the eligibility conditions and generosity changed over time and differed across the four nations. It should be noted, however, that in England, the extension of food support during the school holidays was especially influenced by a high-profile campaign by the footballer Marcus Rashford and strong public support for the campaign (Haves, 2020; Syal et al., 2020).

Lastly, the United Kingdom also generally allowed a high degree of local flexibility in its food-related response so as to take account of varying local circumstances. This was particularly the case in Wales and Scotland, both of which allowed significant local discretion in the delivery of support. In Wales, the arrangements were such that local authorities could work collaboratively with schools, with local authorities having responsibility for some areas, such as direct payments to families, and schools responsible for their own provision where they remained open. In Scotland, schools were responsible for delivering meals on site where hubs were open for children of key workers and those considered vulnerable, but otherwise local authorities delivered meals via a mix of direct payments, vouchers and arranging food deliveries to families (Sibieta & Cottell, 2020).

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<sup>22</sup> The 'no recourse to public funds' condition is commonly imposed on migrant families granted the right to stay and work in the United Kingdom. This condition prohibits the person holding that leave from having access to certain public funds.

## 2.2.6 Physical and mental health

In the field of children's health, the Nordic countries offer several good policy examples. One common feature of countries in this region is that they kept ECEC and/or educational settings open for all children (Finland, Iceland and Sweden), or vulnerable children and/or those with working parents (Denmark and Norway). As part of the preventive measures, these countries (except for Norway) were among the earliest to roll out the COVID-19 vaccine for children (between May and July 2021), although the speed of the roll-out differed among them.

Even more impressive aspects of policy in these countries have to do with their expansion of public support for children suffering from domestic violence and psychological distress and the way the distribution of these extra resources was managed. For instance, the Danish parliament set aside DKK 13.5 million (€1.8 million) for a Children's Package in April 2020 (Eurochild, 2020). This extra funding was distributed to nine major child- and family-related organizations involved in providing support for families struggling with abuse, loneliness and mental or financial challenges. These organizations were allowed to use this extra grant flexibly, not only for purchasing medicines and other basic necessities but also for reducing waiting lists for psycho-social services and increasing their advice-related staffing and outreach work. Iceland, too, provided additional financial aids for NGOs to strengthen support for child and female victims of domestic violence (Government of Iceland, n.d.). Sweden's approach was similar: By granting SEK 100 million (€9.5 million) in April 2020 to civil society organizations, the country allowed them flexibility in using it to combat violence towards children by parents during the pandemic (Council of Europe Portal, n.d.).

Unlike in Denmark and Sweden, the Finnish Government did not grant extra national-level funding specifically for children's mental health and overall well-being. Nevertheless, the Government maintained the operation of 24/7 advice and support for domestic violence survivors and their children, while providing a COVID-19-specific safety guidance on this operation. Some municipalities also opened new websites providing information on available support for domestic violence survivors and increased resources in family services, especially in the evening and at weekends.

# 3. Comparative Analysis

This section has two main parts. The first identifies the overall patterns by combining the six policy fields to undertake a within- and across-country comparison. Of particular interest here are the similarities and differences across policy fields (which up to now have been considered separately) and also among countries. The second part of the analysis considers the significance of the policy responses. This section engages in a discussion of different possible ways of understanding and assessing the policies pursued, focusing especially on the extent to which they constituted a change or not, and how the developments might be explained.

## 3.1 Similarities and differences across policy fields and countries

*Table 12* indicates the relative popularity of the different fields, admittedly in the rather crude sense of whether policy activity was undertaken to support children and families specifically or not. It can be taken as a general indicator of range of policy response.

It confirms parental leave and other financial support for parental care-giving as the most popular type of intervention. While there was variation in the actual measure adopted, this type of response was sufficiently widespread to suggest that it is relatively well institutionalized in many countries. The undifferentiated nature of the leave, however – and in particular some turning away from the rather finely tuned tailoring of leave directed at mothers and fathers that had defined the evolution of leaves over the previous two decades (Daly & Ferragina, 2018) – suggests also a return to basics. In effect, a lack of specific tailoring to fathers endorses traditional gender patterns, with maternal care as the default in families. Although the effects are still being investigated, there is research to confirm that this is what happened in some countries (Power, 2020; Rubery & Tavora, 2020).

**Table 12: Number of policy fields in which action was taken**

POLICY AREA	SUPPORT/ACTION	NO SUPPORT/ACTION
(Primary) Education	31	9
ECEC	30	10
Financial support for parental care-giving	33	7
Additional income support	25	15
Food support	22	18
Health	31	9

Looking at other policies included in the analysis, widespread closure or minimal opening of essential services for children (education, ECEC, health) indicate difficulty in creating exceptions for children in a pandemic where most services were cut back or stopped. The conclusion seems unavoidable that neither schools nor ECEC were considered essential services in the majority of countries. Why not? To take the example of ECEC, there are two possible reasons for why countries may not have been able to leverage wide service opening as a response for children. First, in most countries provision aims both to support parents' and especially mothers' employment at the same time as progressing children's early development and education. These are quite different policy aims, and there are sometimes differences or even conflicts in what might be the best policy for children as against that which most benefits parents – for example, long hours for parents, shorter hours for children. In the pandemic situation, targeting this service to working parents was the clear priority over child-centred grounds for access in many countries, thereby making child access conditional on parental employment. Second, organizational and logistical details – such as the fact that service provision often involves a complex mix of public and private providers – may also be a barrier to keeping the facilities open. There is here again, however, the unavoidable interpretation that keeping these facilities open for children was not a priority for most countries (Finland, Iceland and Sweden excepted) despite the guarantees of children's access that had been in place in a number of countries prior to COVID-19.<sup>23</sup> Overall, support through income additions and paid time from employment was preferred over service provision as a means of compensating children and their families for the suspension of normal life.

*Table 13* takes a somewhat different approach to cumulation, organizing countries on the basis of how many fields they were active in (*Table A1* in Appendix 2 provides the base data from which this table was derived, listing the combination of active fields in each country). Wide variation is again very noticeable, suggesting both similarities and differences across countries.

<sup>23</sup> Prior to the pandemic, Denmark, Estonia, Finland, Germany, Latvia, Slovenia and Sweden guaranteed a legal right to a place in ECEC for each child under 2 years of age. Other countries started the guarantee later. In Belgium, France, Luxembourg, Hungary, Malta, Spain and the United Kingdom, a place in publicly subsidized ECEC was guaranteed from the age of 3 or a little earlier (Daly, 2020).

**Table 13: Distribution of countries by number of active policy fields**

NUMBER OF POLICY FIELDS	NUMBER OF COUNTRIES	COUNTRY
No policy field	0	None
1 policy field	2	Mexico, Türkiye
2 policy fields	1	Kingdom of the Netherlands
3 policy fields	6	Belgium, Cyprus, Norway, Poland, Romania, Switzerland
4 policy fields	9	Croatia, Denmark, Estonia, Hungary, Ireland, Luxembourg, Slovakia, Spain, United Kingdom
5 policy fields	18	Australia, Austria, Bulgaria, Canada, Chile, Czechia, Finland, Germany, Greece, Iceland, Italy, Japan, Lithuania, Malta, New Zealand, Republic of Korea, Slovenia, United States
All policy fields	4	France, Latvia, Portugal, Sweden

Starting with the most responsive of the countries – and noting that Mexico and Türkiye stand alone in taking action in just one field – the last row in the table highlights France, Latvia, Portugal and Sweden as being maximally active (again on the rather crude basis of activity in a policy field or not). They are followed by 18 other countries that were active in five policy domains and a further 9 that took policy action in four areas. So, on the face of it, considerable policy dynamism is indicated. Mindful of the difficulties in drawing hard and fast conclusions on this evidence, a relative absence of strong regional patterning is to be noted.

Turning to more in-depth patterns, *Table 14* groups both policy fields and countries.

**Table 14: Combinations of policy fields within countries\***

NUMBER OF POLICY FIELDS		COUNTRY
No policy field		None
1 policy field	Education	Türkiye
	Income	Mexico
2 policy fields	Education + ECEC	Netherlands (Kingdom of the)
3 policy fields	Education + ECEC + Leave	Norway, Switzerland
	Education + Leave + Food	Romania
	Education + Leave + Health	Cyprus
	ECEC + Leave + Health	Belgium
	Leave + Food + Health	Poland
4 policy fields	Education + ECEC + Leave + Income	Luxembourg
	Education + ECEC + Leave + Health	Denmark
	Education + ECEC + Income + Health	Croatia
	Education + ECEC + Food + Health	Ireland, United Kingdom
	Education + Income + Food + Health	Spain
	ECEC + Leave + Food + Health	Estonia, Hungary, Slovakia

NUMBER OF POLICY FIELDS		COUNTRY
5 policy fields	Education + ECEC + Leave + Income + Food	Japan, Republic of Korea
	Education + ECEC + Leave + Income + Health	Australia, Austria, Canada, Czechia, Germany, Greece, Iceland, New Zealand
	Education + ECEC + Leave + Food + Health	Finland
	Education + Leave + Income + Food + Health	Bulgaria, Chile, Italy, Malta
	ECEC + Leave + Income + Food + Health	Lithuania, Slovenia, United States
All policy fields		France, Latvia, Portugal, Sweden

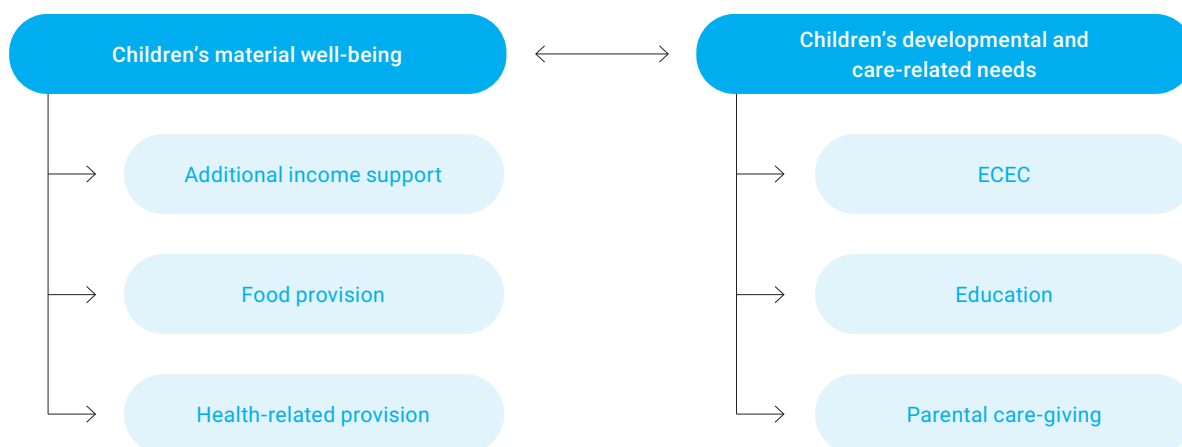
\*The term 'Leave' in the table refers to both parental leave and other financial support for parental care-giving.

This information, too, underlines dynamism, showing that almost every possible combination of policy response was present across the comparative universe represented here. Looking at the evidence this way reveals several patterns in policy combinations (or relative synergies). First, it is clear that food support is an exceptional field. As evidence, consider that only 10 of the 18 countries that took action in five fields included food support among them; food support does not contribute systematically to the country groupings. Second, it also seems that education and ECEC are not necessarily closely related fields, in that activity in one did not necessarily portend action in the other. To take some examples: ECEC was the absent measure in 4 of the 18 countries that took action in five areas (Bulgaria, Chile, Italy, Malta), and only 23 out of the 40 countries took ameliorative action to address the impact of lockdown in both education and ECEC. Notably, however, countries were more careful about protecting access to ECEC than they were about schools – an outcome that this report interprets as due to the prioritizing of parents (and parental employment) in decisions relating to ECEC opening during the pandemic. Third, financial support for parental care-giving combines relatively easily with a host of different types of policies (as can be seen from *Table 14*). The same can be said for the health-related measures considered, although given the vaccine-specificity of these measures, care needs to be taken in making generalizations about health provision from the limited evidence considered on this domain.

There are other ways also to combine the information across policy fields to arrive at more synthetic and inequality-sensitive analysis. One way to manage complexity, for example, is to group policies by the functions they perform in meeting children's needs. In this vein, one might say that there are two core policy functions involved: policies for securing children's material well-being on the one hand, and those promoting children's developmental and care-related needs on the other. As shown in *Figure 7*, measures on income support, food provision and health can be thought of as oriented to children's 'functioning and survival', whereas education, ECEC and parental care tend towards child 'development and relationality' (although, of course, measures serve different and also overlapping functions).



**Figure 7: Policy fields grouped in terms of their functions in meeting children’s needs**



Looking at the combination of policies in this way sheds further light on the nature and coherence of countries’ policies for children during the pandemic. Only 12 countries adopted the full set of measures relating to material well-being (Bulgaria, Chile, France, Italy, Latvia, Lithuania, Malta, Portugal, Slovenia, Spain, Sweden, United States), with four countries having no such measure (the Kingdom of the Netherlands, Norway, Switzerland, Türkiye). On the other hand, 19 countries adopted measures that included all three development- and care-related areas (Australia, Austria, Canada, Czechia, Denmark, Finland, France, Germany, Greece, Iceland, Japan, Latvia, Luxembourg, New Zealand, Norway, Portugal, Republic of Korea, Sweden, Switzerland).

An important interest of the database, and another way to think synthetically, is to ascertain policies’ ‘route to the child’. The degree to which policies target the child directly can be considered an important indicator of child-centredness (Daly, 2020). Ascertaining the degree to which policies are directly child targeted denotes a concern that measures reach children, as well as a sensibility to the child as a holder of rights and as possessing personhood and agency (Tarshish, 2019). In the latter regard, it is non-paternalistic. In the measures included in this report, there are direct routes to the child as well as indirect routes via parents or some other intermediary. Certain provisions, however, by their very nature, will be necessarily direct or indirect. On the direct side, this is most unequivocally the case for the COVID-19 vaccine since the child is the only recipient, and on the indirect side parental leave can only be an indirect benefit for children. The other four policy fields can go either or both ways (theoretically at least). Education services usually take a direct route to the child but, as was clear from section 2.1.1 above, children’s access to school in some countries during the pandemic was made dependent on their parents’ working status. Income support, too, is usually indirect as it is generally considered inappropriate to give sums of money to children, especially when they are young, but it is theoretically possible for children to be given cash subsidies directly. Somewhat different to education, ECEC is in many countries rooted in parents’ needs rather than those of children<sup>24</sup> and, as was clear from section 2.1.2, this was even more prominent during the pandemic. Food support could be channelled directly to the child (in the form of meals) or indirectly to the parent (in the form of food subsidies).

Generally, the direct route is seen only when a measure is necessarily direct, for example, children receiving vaccines, or services such as education, although some food provision was given directly to children as was distance-learning equipment in some countries.

<sup>24</sup> There are historical differences in this, in Europe and elsewhere (see Scheiwe & Willekens, 2009).

No country gave income support directly to children (or young people). Nor did provision for children's mental health necessarily target children directly. Only Denmark opted for direct provision of broader psycho-social support specifically for children by introducing a Children's Package, while other countries active in this field chose either to direct psycho-social and/or anti-violence support to parents (almost always mothers in the case of the latter) or concentrate on the direct provision of anti-violence services only.

## 3.2 The nature and significance of the policy actions

This section discusses how the policy responses can be further interrogated and understood. It especially seeks to offer a comparative assessment of the countries' actions in terms of the degree of child-centredness, to identify pertinent questions and frameworks to help assess the degree of depth involved in the measures and to shed light on the conditions under which measures were brought into effect. These focal points differentiate the discussion into two sub-sections.

### **3.2.1 Assessing the degree of change**

There are different ways to interrogate and comprehend developments. One is to consider the degree of change involved and another is to examine change in more substantive terms (with regard to underlying policy ideas or orientations, e.g.).

In assessing the degree and depth of change, a helpful 'global' question is whether countries engaged in paradigmatic change. This focuses on the level or degree of change, drawing especially from the work of Peter Hall (1993) who differentiated policy change in terms of first-order, second-order and third-order effects. According to Hall's account, first-order and second-order changes refer to changes in settings and instruments, respectively, while a third-order paradigmatic change involves a fundamental alteration of the philosophy and hierarchy of policy goals. Put differently, a paradigm shift means a change in the entire framework within which policy issues are problematized and solutions are suggested. Hall's framework is helpful in thinking through what a paradigmatic change in child policy would be. The search for such paradigmatic change can be operationalized in terms of the degree of child-centredness. Although the use of the term 'child-centredness' varies in the academic literature and across different policy contexts, the core concept stresses the importance of according the highest priority to children's needs and interests (Bruckauf & Cook, 2017). More specifically, according to Daly (2020), who differentiates between measures that are family-oriented, childhood-oriented and child-oriented, child-centredness is indicated by measures of all three types but especially those that support the child as a relatively autonomous holder of rights.

An initial reading of the COVID-19 measures through this lens indicates that parent-directed measures dominated. This trend particularly stood out in education, ECEC and financial support for parental care-giving: When they were open, childcare facilities and schools generally prioritized children of parents working in key sectors rather than vulnerable children; the school and ECEC closures tended to be longer than those for workplaces; and there is a sense of countries financing parental care-giving as a stop-gap or catch-all measure. Moreover, when schools and ECEC reopened after the first three to four months of the lockdown, children with working parents were still prioritized over other children for access to places in many countries (Blum & Dobrotić, 2021). While there is no necessary opposition between the well-being of parents and children (quite the reverse), the question has to be put on the table of whether focusing on parents or families is a sufficient policy response to the well-being of children. Current thinking and a child rights perspective would suggest not (Tarshish, 2019; UNICEF Office of Research–Innocenti, 2020).

A second line of enquiry probes whether a holistic, child age- and stage-sensitive approach was visible. Looking at developments through this lens, the answer here is another 'no'. We have seen that only four countries covered all six policy fields and that the combinations of policy actions favoured either the child's survival or development needs, therefore lacking a comprehensive response. This confirms the findings of Richardson et al. (2020) for pandemic policy up to July 2020. True, most countries engaged more than a handful of policy fields, but there was little connectedness of policy across fields, and services for different age groups of children were not treated in an integrated way. For instance, where it was actioned, food-related provision was mostly made available for school children only. Furthermore, additional income support tended to be made available only for families with children from certain age groups. And the pandemic-specific paid parental leave, too, was often offered for parents with younger children only and, in some countries, was not made available despite the closure of both schools and ECEC facilities, or took a while to evolve.

A third line of enquiry is to assess the presence of concepts like child poverty, child welfare or child well-being or children's rights. While this would require a more profound analysis (and also, perhaps, a more discursive type of evidence than is in the database), the relative absence from pandemic policy of a broader anchoring vision of what is good children's policy, express goals or desirable outcomes is striking. Another conclusion seems inevitable: Developments during the pandemic were not driven by a vision or set of objectives for children's well-being.

All the indications are, then, that the opportunity provided by the pandemic for paradigmatic or third-order change in children's policies was not taken up. Rather, measures can be characterized either as relatively routine bureaucratic changes to instruments while maintaining policy goals or non-routine changes (such as the use of new instruments) with policy goals remaining unchanged. To depict changes as being first- and second-order rather than paradigmatic is not to dismiss or downplay their significance or degree of innovation, nevertheless. There is a large literature suggesting that paradigmatic change is extremely rare, even in cases of severe external shock (as in the case of the COVID-19 pandemic) (Béland & Powell, 2016; Bonoli & Palier, 2000; Hinrichs & Kangas, 2003; Moreira & Hick, 2021). For it to occur, decision makers have to accept that policy has failed, something which is in turn closely dependent on ideology, political purpose and internal 'shock' or window of change (such as a change in government).

There are (at least) two cautions that have to be highlighted with regard to thinking about the degree or type of change associated with COVID-19 in the field of child-related policy. Both are at root a matter of intellectual rigour.

The first caution concerns the expectations of or assumptions about COVID-19 – what kind of policy phenomenon or challenge was it and what is a reasonable set of expectations regarding how much policy change might be associated with it? There is some suggestion in the literature that COVID-19 could be seen as a critical juncture – theoretically, a period, event or occasion when an opportunity is opened up for alternative approaches, when the impossible becomes possible (at least theoretically), and an institution or system might shift to a new path (Capoccia, 2016). Both the longer-term trajectory and the degree of change matter in this view. While a critical juncture perspective is usually assessed in terms of a causal effect, there is leeway in the framework to think of the potential for change in the measures adopted. Dupont and colleagues (2020) (writing on climate policy change at EU level during the pandemic) usefully point out that both continuation and discontinuation are important in cataloguing and understanding change. Their framework (p. 1097) is as follows: (1) no policy change or continuity (no effect, not a critical juncture); (2) backtracking or policy dismantling (negative effect, potentially a critical juncture); or

(3) strengthening of previous policy trends (positive effect, potentially a critical juncture). While detailed research is still awaited, a relevant conclusion from what is known at this stage is that COVID-19 was a policy disrupter (Béland et al., 2021; Moreira & Hick, 2021), at least in the short term. Developments in child policy also indicate policy disruption, but in a rather confused manner. That is, there is a negative sense of a rolling back of services (outright removal for a period in some countries) and at the same time an arguably more compensatory development of countries being willing to offer greater financial support to families with children, most often through additional income or paid leave compensation for parents.

A second necessary caution is that the child and family policy-specific measures have to be placed in the context of other social policy responses to the pandemic. After all, containing the spread and effects of the pandemic occasioned broad and systemic welfare responses. The six policy areas included in the database were not stand-alone but, rather, part of an entire system's response. Evidence is now becoming available on some general trends, especially in the field of income support. Among the trends noted by Gentilini (2022) in his global review of income supports during the pandemic are: greater average generosity as compared with the pre-pandemic situation, simplification of design (especially in regard to eligibility and delivery), and a downgrading of conditionality. His 134-country review also finds that cash transfers were the single most widely used intervention during the pandemic. While it would take a major research exercise systematically to link the child-related measures to wider developments, the pattern of favouring cash/income is also to some extent confirmed by the child policy data, especially if one treats parental leave and income support measures together. The database keeps these separate in recognition of their quite differing orientations to the support of families and children (one a general measure of income support, the other involving cash support and employment protection for the express purpose of facilitating caring for young children by their employed parent) but essentially both involve cash transfers to families. As has been seen, together they embody a strong and robust response from the 40 countries considered. And, to the extent that this is the case, it represents a break with the patterns of the previous decade (and of the social investment policy approach which drove them (Esping-Andersen et al., 2002).

### **3.2.2 Assessing the process of change**

A key question centres on the conditions that facilitated policy action, which, under a different light, exposes the reform capacity in the existing system. There are several points to note in this regard.

First, the existing institutions and policy instruments at policy makers' disposal mattered. This is true in two regards. In one sense, the existing policy instruments were to hand, available for use and obviating the need to find and embed new instruments (something of inherent difficulty in pandemic conditions that call for speedy action). Implementation pathways were in place, also. A second enabling factor is that the intervention measure is already established and therefore legitimated. This serves to smoothen the political path, or at least reduce the likelihood of major political dispute (another eventuality that has to be avoided in a situation requiring rapid decision-making).

Second, in terms of how and when change happened, there is some evidence in the child-related policy fields of a domino or cascading effect. This picks up on the extent to which a policy change or adjustment was planned as against a necessary response to other changes. For example, when schools closed, home-based supports needed to be given consideration, whether for children's education or as a substitute for wider support services often provided by schools (such as meal provision). A downside of this form of cascading policy development is its relatively unplanned nature. In the case of children's policies, this meant that child- or family-related measures were not planned carefully at the outset.

Moreover, since they were frequently the result of (negative) feedback and emerging gaps and holes in provision, they might even be said to have been residual.

Third, the importance of the existence (and hence availability for use) of social assistance instruments in the child and family field is to be underlined. Aiming to provide for the people with greatest need (in general, although countries vary in terms of the functions and importance of social assistance in their income support systems) and based on conditionality and administrative discretion, these characteristically have in-built targeting elements that allow the identification of sectors of the population that need the most support and provide a ready means of reaching them. That said, it must also be recognized that the impact of social assistance is mediated by design elements like targeting, coverage and relative value (Gentilini, 2022; Richardson, n.d.), and so effectiveness cannot be taken for granted.

A fourth conditioning factor is when countries already had a policy (change) in mind prior to the pandemic but had not implemented it. There are not many examples of this, but the Italian case shows how the pandemic conditions provided a window for reform. A 'Family Act' was finalized by the Italian Government on 13 June 2020 to provide a universal benefit for all children and strengthen family support policies in general (Ministry of Family Policy, 2020). The bill was approved shortly after the beginning of the pandemic, indicating that the idea of this policy change, one of the most comprehensive social reforms in Italy in years, was already advanced before the pandemic. In this instance, COVID-19 played a key role in accelerating the process so as to be able to provide support for families with children at a time of great difficulty for many.

All of these factors suggest a functional explanation for policy activity. Countries had problems to solve, and the pandemic conditions were such that they reached for either existing policies or made changes that required little input by administrative or political systems. Funding also did not seem to matter in a climate where deficits were not as important as they usually are. Interpreted theoretically, this might be considered path dependency. This approach views policy development as moving in a sequence established over time (Mahoney, 2000), essentially positing the response as a function of the embeddedness of the existing policy model (which makes change slow to happen, for various reasons). This would point the dial not just towards the use of existing instruments (as pointed out above) but also the degree and nature of child-related activity prior to COVID-19.

## 4. Reflections and Conclusion

This section draws the report to a close by first setting out the main conclusions and some lessons for policy and then considering necessary child- and family-related elements that need to be in place as countries seek to recover from COVID-19.

The following are the main conclusions regarding policy development during the first nine months or so of the pandemic:

- Child and family policy was a relatively vibrant field of policy activity during the pandemic. All 40 countries took some action to improve the supports for children and families, and the vast majority utilized three or more policy channels for this purpose.
- Policy responses to children and families tended to be short-term, reactive to unfolding events and policies in other domains and focused more around protecting adults from risks rather than protecting children from risks.
- Most child-related measures took time to evolve. They were not first priorities as a general pattern, with children assumed either not to be at risk or covered by other support provisions (e.g., wage support or other income support measures, parents being given resources for home schooling).
- Because of this, child policies tended to be developed in a reactive manner – that is, instituted to address ill-effects or relative neglect of respective fields or children’s needs.
- Cross-country variation was widespread, in both the scale and nature of the response. In particular, countries varied in the package of policies they adopted, the degree to which the measures were explicitly directed at children and/or families, the inclusiveness in terms of the range of children and families covered and the timeliness of the responses.
- There was some patterning by region and welfare model:
  - The Scandinavian countries were among the most responsive and protective of children and their families, although they were not universally among the top-performing nations in terms of degree of responsiveness to children.
  - Some continental European countries were also very strongly child- and family-centred, especially Austria, France and Germany. Belgium and, especially, the Kingdom of the Netherlands are exceptions here in terms of rather low child-centredness. Portugal is notable as a strong performer across the board and as an exception to the generally poorer performance by the Mediterranean nations.
  - The two Asian countries included – Japan and the Republic of Korea – were also impressive in the degree of effort they took to protect children and families; the Republic of Korea especially so.
  - The Eastern European and Baltic nations were split in their responses, but generally tended to be placed in the lower half of the country rankings. Czechia, Lithuania and Slovenia were exceptions to this general trend.

- Another grouping that COVID-19 split apart was the Anglo-Saxon countries. Australia, Canada and New Zealand were relatively strong performers, whereas Ireland, the United Kingdom and the United States performed below average. The latter is due to slow and late responses, a narrow range of policies and delimiting the numbers of children and families covered.
- There was some favouring of cash supports over services. This was due, on the one hand, to the fungibility of cash and, on the other hand, to logistical constraints on service delivery under pandemic conditions.
- As well as reliance on existing measures, considerable flexibility and even innovation was shown, with a number of countries making changes in the conditions of entitlement for income support and, especially, parental leave and, also, a significant number introducing new measures, such as additional income payments, new COVID-19-specific parental leaves and providing equipment or grants for internet access by families. Only time will tell whether these new policy directions prove sustainable, but, in general, the changes made were relatively incremental in nature, rather than new initiatives (as with social protection in general) (see Béland et al., 2023; Dorch, 2023; Mäntyneva et al., 2023), and the more expansionary changes were temporary and emergency in character.
- To the extent that countries prioritized children by age group, those of an age requiring ECEC generally received greater attention than those of school age. This was not always because of targeting of the younger age group but, rather, because ECEC was considered a necessary service for parents to continue working (especially those defined as key workers). The tension between orienting a service to children as against parents is highlighted as a very important clue to a country's child-centredness.
- There was considerable prioritizing by 'need' or degree of vulnerability, with targeting widely used to direct a range of resources to children and families considered vulnerable. The most widespread basis of targeting was household or family (that is, adult) income.

There are at least six important lessons for policy development:

- Children's safety nets are more complicated than previously thought, in that protecting children and their families requires: cash benefits as well as services; measures targeting the child directly as well as measures for parents and families; co-ordinated activity on the part of a host of different institutions, such as families, schools, health and other public services, places of employment and community facilities; a capacity to respond in a timely manner to emerging need and policy gaps.
- There is significant capacity for reform in existing systems. This is evidenced not just by the recourse made to existing measures but also by the ability to respond quickly. The available policy instruments mattered and could be, and in many instances were, utilized speedily and successfully. Some relatively small adaptations or routine levers were able to make a large difference to many lives. The other side of this is that countries that did not have such mechanisms or well-developed social protection or other systems could not, or did not, institute them during the pandemic. Food support is a classic case in point here – it was almost impossible for countries to institute it anew in pandemic conditions. It is generally the case that many of the countries that were weak in child-centredness before the pandemic remained weak during it.

- Targeting proved a very important mechanism in the ‘shock’ of COVID-19, allowing existing systems to respond to what was perceived as the greatest need (Tirivayi et al., 2020). Social assistance programmes were often key here.
- Some elements of relevant policies are much more institutionalized than others, and this affected whether they were utilized or not during the pandemic. For example, parental leave is a policy that is well embedded, as is financial support to families with the costs of raising children. These two policies were among the measures most widely called upon during the pandemic.
- As mentioned, it proved easier for countries to grant income assistance to families than to provide services. This led to, among other things, a greater recourse than before the pandemic to familial care for children. The pandemic response generally rolled back movement towards services to help families with care for children and bolstered support for families as providers of care for children (although only in a minority of countries). In key respects, the family was reinforced as the carer of first resort, sometimes with state support, sometimes without. Another consequence here – one that is generally considered negative for children – is the reinforcement of gender inequality in parental care-giving (Rubery & Tavora, 2020). Given that some countries seem to have forgotten that they had previously granted access to services (especially ECEC) as a right or guarantee for children, the degree of child-directedness in social policy provision was generally lessened across the board.
- Looked at as a whole, questions can be raised about whether the pandemic saw progress in the application or further development of a children’s rights perspective. Gaps in the timing of responses for children, as against those for other parts of the population, but also the use of conditionality for accessing services and the reversal of some previous guarantees for children, are all pertinent evidence here. Significant also was children’s lack of visibility and participation in decisions that affected them. Furthermore, the holistic perspective necessary for rights was missing.

So how does policy move forward from here? The remaining pages are devoted to considering this in terms of two key questions: Whether the pandemic set any new norms or changed the policy landscape; and what recovery from the COVID-19 pandemic would look like from a child-centred perspective.

To turn to the first question about whether the responses set any new norms, it is helpful to point to some relevant ‘truths’ that became clear over time. This report has already mentioned the cascading manner of policy making, but one might also underline that it was only over time that children came to be recognized as a population that was vulnerable in the pandemic situation. This happened when the understanding of ‘vulnerability’ was broadened beyond susceptibility to infection and serious illness or death (which tied vulnerability closely to chronological age and physical infirmity), that is, when the pandemic (and the policies pursued to address it) came to be recognized as involving more than a health emergency. The recognition of children as a vulnerable group may be a lasting effect of the pandemic, establishing a new norm or re-establishing an existing one. Vulnerability is not an undifferentiated phenomenon, however (OECD, 2015), and the pandemic also shone a light on aspects that had heretofore been less widely recognized. Think of the many children who were revealed not to have access to laptops and remote learning facilities; think about children’s reliance on schools for food and other services; think of the fragility of the patchwork of care that many children experience. Furthermore, viewing children as vulnerable can be antithetical to a children’s rights approach (which values children’s relative autonomy and personhood). A further aspect that may constitute a, if not new then, reaffirmed norm is the role of families in the care and support of children. As already mentioned, a strong thrust of policy during the pandemic was



to 'privatize' (or 'reprivatize') children's economic, developmental and relational well-being to the family. This is highly significant in light of the pre-pandemic policy context which saw strong moves towards out-of-home care for young children and a focus on work–life balance for parents, both of which aimed for a fundamental change in how children are cared for (read: measures to support the care of young children outside of the family). Apart from a few countries, the pandemic measures reversed that trend, significantly expanding the family's role in educating (as well as caring for) children and redirecting some resources to families for that purpose. This opens up the question of whether the pandemic broke with the social investment approach that had significantly guided policy for at least the preceding decade (Hemerijck, 2017). Pandemic social policy certainly discontinued human capital development for a time (and for an extended period for some children and adolescents) and directed resources to the later, rather than the early and middle, phases of the life course. Even if accepted as a stop-gap situation, the pandemic may well turn out to be a policy disrupter of the social investment perspective. This has risks for children, not least a reversal of the child guarantees for ECEC access.

A second key question is about what recovery would and should look like from a child and family policy perspective. In a context where no country or INGO seems to have instituted an inquiry on what happened to children during the pandemic – as has been the case in some countries regarding the treatment of older people and those in nursing homes, for example – the database contains core insights on what should be involved in a programme of recovery from COVID-19 with children as the focus:

1. It is, first, vital that there is an underpinning and over-arching vision for society's approach to children. There are many existing frameworks, not least those developed by the United Nations institutions, that could help provide such a vision across countries with different levels of resources. In order to be grounded in a clear and ambitious policy vision, the approach should recognize certain principles, and especially treat children as beings with personhood and needs in the present as well as tomorrow's workers and citizens (the latter an approach that often dominates welfare- and education-related policy discussions under a social investment perspective) (Lister, 2003; Tarshish, 2019). Childhood is more than a phase in the life course towards adulthood. A further principle that has been emphasized in this report is the degree of child-centredness or the 'route to the child', which is interpreted not just as a matter of policy delivery but also as a vital marker of the recognition and affirmation of children as autonomous beings and potential rights holders. Policy can and should aim to have as many measures as possible targeted directly at children. Why? Because they institute a child focus. Difficulties in this regard are acknowledged (as in directing cash or income supports to young children), but there is still considerable potential in the direct approach that countries are failing to exploit. Children's evolving capacities mean that, while giving financial resources may be unrealistic (or simply impossible) for younger children, it is a real possibility for older children. Adolescents could, for example, receive an allowance to be used for educational activities or out-of-school activities. This would be a way of recognizing and meeting some specific needs of children as well as enabling their agency towards self-determination.
2. There is a need to reinstate and reaffirm aspects of the existing policy portfolio that were disrupted by COVID-19. These include guarantees for children to services, a move towards explicit target setting (as in anti-child poverty targets), a general commitment to early years support and the recognition that both income support and services are essential for children's well-being (Richardson et al., 2020). A child guarantee is to be taken forward in the EU member states by virtue of the European Child Guarantee which prioritizes, first, vulnerable children and, second, children's free access to education, ECEC, health, food provision and housing (European Commission, 2021).

The idea of a guarantee for children could be developed and used more widely, in the context of the SDGs for example.

3. A third element of a recovery programme is to compensate children for the COVID-19-associated losses and gaps in their learning and development, and subsequent fall-back in their progress (Van Lancker & Parolin, 2020). There is a widespread need for catch-up learning programmes on a regular and continuing basis. Schools have a vital role to play in this, and so resourcing schools is a key part of a recovery programme for children. The pandemic also laid bare the additional functions performed by schools. Meal provision is one such function, but schools also offer valuable psycho-social supports for children and their families and are usually safe sites for children, helping to protect them from bullying and violence stemming from gender, LGBTQ+, migration status and other types of stereotyping and discrimination. Schools also play a long-term role in addressing inequalities. Moreover, as many local services have been cut back (through austerity programmes, e.g.), schools have been serving an ever broader set of community development and support functions. Sometimes schools are as important for parents and families as they are for children.
4. A fourth element of a recovery programme should involve the guarantee of access to psycho-social support and related skills development specifically for children. The pandemic revealed widespread issues of mental ill-health and emotional insecurity in children, underlining mental health as part of the public health crisis associated with the pandemic. Such difficulties were not, of course, created by the pandemic, but mental health and psycho-social well-being is likely to remain a source of vulnerability for children, with the result that existing services need to be much more extensive. In this context, it is also important to point out that children continually need an array of important social and emotional skills: goal-setting, working to one's potential, resilience, creativity, perseverance, problem solving and caring about the welfare of others (McBrien, 2022).
5. Digital access for children in and outside of school should also be a priority. The importance of digital infrastructure is now more obvious than ever, especially for the most vulnerable children. Recent evidence (Betthäuser et al., 2023) shows that children suffered from learning loss much less in countries with better digital education infrastructure and where schools remained open. Before the pandemic, especially in high-income countries, it was not anticipated or recognized that there might be such large difficulties in providing support for children's education during school closures. The evidence shows, however, that even in the high-income countries, distance learning support was patchy and far from a well-organized response. Sometimes devices were provided but not internet connection; sometimes households with no prior technical and online learning knowledge were left on their own with the devices; at other times many in need received no help because of lack of capacity and/or co-ordination between the national and local levels of government.
6. Family support should be recognized as a service of great importance and utility. The pandemic revealed the relative isolation and low resources of many families. It may well be the case that more is asked of families in the future – in that the pandemic may have already led to an acceptance of a greater role and responsibility for families. Against this backdrop, the role of the state in supporting families in offering psycho-social support, helping with transitions and challenges associated with family life, as well as, of course, material support and anti-poverty measures, needs to be reaffirmed.
7. Addressing the inequalities among families has to be another essential component of a recovery programme for children. It is likely that the pandemic exacerbated existing inequalities. The social

consequences of, for instance, closing ECEC facilities intersected with gender, family type, household work and care needs (Power, 2020), and these and other negative consequences were heavily stratified by family type (Mikolaj et al., 2020; Nieuwenhuis & Yerkes, 2021). Unequal outcomes are likely to be further worsened by the cost of living crisis, which is now widely affecting well-being. Inequalities among families are insufficiently recognized as contributing to wider inequalities. And yet, well before the pandemic, it was becoming clear that polarization among families and households was increasing and that families' differential capacity to absorb risks and shocks was contributing to this and to inequality more broadly (DiPrete & Eirich, 2006). Social protection is a key factor here, both as alleviator but also potential contributor. And in this, too, there was emerging evidence prior to the pandemic that policies were not working optimally for many families. Among the policy weaknesses are the wide use of standardized approaches that do not take account of diversity and inequalities in families and the use of entitlement conditions that effectively exclude the poorest families. Parental leave is a case in point, with policy in many countries either directly or indirectly excluding marginal or precarious workers, because they do not have an unbroken record of employment, for example (Dobrotić & Blum, 2019). Furthermore, entitlements often work in siloes, and so the chances of receiving one benefit are affected by conditions applying to other policies (e.g., fathers' leave entitlements dependent on mothers' labour market position; the child's entitlement to enter ECEC dependent on parents' earner status). It is exactly the reform of such factors that needs to be of central focus in a child-centred recovery programme.

8. All of this calls for an integrated and multi-dimensional approach. The evidence considered in this report makes clear that changes were made to policies in relative isolation, or at least without consideration of cross-policy complementarity. There are different ways to conceive of an integrated approach, but they could all start from a recognition of child well-being as multi-faceted, encompassing a range of aspects of children's lives, including the things they have and own, their relationships and 'community', their voices, their health, their education and learning, their personality, personhood and aspirations, as well as their social lives. A further dimension of an integrated perspective requires thinking in terms of policy combinations, and this in turn draws on, and at the same time places emphasis on, synergies between the policy logic underlying particular policy fields and in the policy package as a whole.

All of the above underscore the need for concrete, penetrating and critical assessments of policy effectiveness before and during COVID-19. The CPC-19 Database provides the information to address these and many other questions and assessments.

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## Appendix 1

Online links for the main international databases used:

- Country reports from the European Social Policy Network:  
<[https://ec.europa.eu/social/main.jsp?advSearchKey=%20ESPN\\_covid2021&mode=advancedSubmit&catId=22&policyArea=0&policyAreaSub=0&country=0&year=0](https://ec.europa.eu/social/main.jsp?advSearchKey=%20ESPN_covid2021&mode=advancedSubmit&catId=22&policyArea=0&policyAreaSub=0&country=0&year=0)>
- Country reports from the European Union Agency for Fundamental Rights:  
<<https://fra.europa.eu/en/themes/covid-19>>
- Country reports from the International Network on Leave Policies and Research:  
<<https://www.leavenetwork.org/annual-review-reports/country-reports/>>
- Eurofound COVID-19 EU Policy Watch:  
<<https://static.eurofound.europa.eu/covid19db/index.html>>
- International Labour Organization’s Social Protection Monitor on COVID-19:  
<<https://www.social-protection.org/gimi/ShowWiki.action?id=3426>>
- Oxford COVID-19 Government Response Tracker:  
<<https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker>>
- UNESCO Global Monitoring of School Closures Caused by COVID-19:  
<<https://en.unesco.org/covid19/educationresponse>>
- United Nations COVID-19 Global Gender Response Tracker: <<https://data.undp.org/gendertracker/>>
- World Bank Social Protection and Jobs Responses to COVID-19:  
<<https://openknowledge.worldbank.org/handle/10986/37186>>

## Appendix 2

**Table A1: Overview of the presence and absence of policy responses to the COVID-19 pandemic in six areas**

COUNTRY	EDUCATION	ECEC	LEAVE	INCOME	FOOD	HEALTH
Australia	X	X	X	X	–	X
Austria	X	X	X	X	–	X
Belgium	–	X	X	–	–	X
Bulgaria	X	–	X	X	X	X
Canada	X	X	X	X	–	X
Chile	X	–	X	X	X	X
Croatia	X	X	–	X	–	X
Cyprus	X	–	X	–	–	X
Czechia	X	X	X	X	–	X

COUNTRY	EDUCATION	ECEC	LEAVE	INCOME	FOOD	HEALTH
Denmark	X	X	X	-	-	X
Estonia	-	X	X	-	X	X
Finland	X	X	X	-	X	X
France	X	X	X	X	X	X
Germany	X	X	X	X	-	X
Greece	X	X	X	X	-	X
Hungary	-	X	X	-	X	X
Iceland	X	X	X	X	-	X
Ireland	X	X	-	-	X	X
Italy	X	-	X	X	X	X
Japan	X	X	X	X	-	-
Latvia	X	X	X	X	X	X
Lithuania	-	X	X	X	X	X
Luxembourg	X	X	X	X	-	-
Malta	X	-	X	X	X	X
Mexico	-	-	-	X	-	-
Netherlands (Kingdom of the)	X	X	-	-	-	-
New Zealand	X	X	X	X	-	X
Norway	X	X	X	-	-	-
Poland	-	-	X	-	X	X
Portugal	X	X	X	X	X	X
Republic of Korea	X	X	X	X	X	-
Romania	X	-	X	-	X	-
Slovakia	-	X	X	-	X	X
Slovenia	-	X	X	X	X	X
Spain	X	-	-	X	X	X
Sweden	X	X	X	X	X	X
Switzerland	X	X	X	-	-	-
Türkiye	X	-	-	-	-	-
United Kingdom	X	X	-	-	X	X
United States	-	X	X	X	X	X

**Note:** X indicates presence of policy action in this table and '-' no action. More specifically, in the case of education, X indicates the effort to keep schools open and/or the provision of distance/additional learning support. Similarly, X in ECEC denotes full or partial ECEC facilities for all children and/or vulnerable children and the use of opening criteria being based on children's needs and/or parental employment. In the area of parental leave, X refers to the introduction of paid leave measures or adjustment of existing leave and/or other welfare benefit schemes to allow parents to care for their children at home. In the area of income support, X means the expansion or adjustment of relevant existing income support schemes. In the case of food, X indicates the presence of the relevant food support for children through the introduction of new measures, or the continuation or adjustment of existing measures. X in health refers to the introduction of vaccination against COVID-19 for children of all age groups and/or the expansion of child-related shelters and/or psycho-social support service.

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