

Indirect Pandemic Risks for Children and Youth

Among other things, during COVID-19 children have experienced increased anxiety and learning loss, decrease in child maltreatment reports, as well as a decrease in attendance at medical appointments - including receiving routine vaccines.

Impacts and Responses



SYSTEMIC & PHYSICAL

Pediatric health admissions data shows that the rate of youth and families receiving regular healthcare has drastically reduced due to service closures, policy changes to visitation, lack of safe transportation and childcare, and fear of disease contraction within healthcare settings.

RESPONSES

- ensure that children and youth know to tell a trusted adult if they do feel ill, and that being sick does not automatically mean they have contracted COVID
- ensure that families know virtual check-ups are an option
- explain the precautions in place to keep everyone safe.

MENTAL & SOCIAL

Adverse Childhood Experiences (ACEs) are expected to increase during lock down and are amplified for youth experiencing social isolation who may live with inadequate housing conditions, food insecurity, and financial strain.

RESPONSES

- Provide age appropriate information/resources on COVID-19 & internet safety.
- Correct any misinformation
- Provide supporting services based on individual family needs.
- Increase supervision and reassess risks within families frequently.

ACADEMIC

COVID-19 has exacerbated existing inequities education. This has been named the 'COVID slide' and has widened the inequality gap for children and youth specifically in relation with socio-economic status and access to technology with a reliable internet connection. a

RESPONSES

- Pay attention to children and youth's social, emotional, and mental health needs in addition to their academic needs
- Recognize that the learning gap and behaviour issues may be as a result of COVID.
- Shift dominant understandings of 'success'