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An overview of the sport-related impacts of the COVID-19 pandemic on children

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An Overview of the Sport-Related Impacts of the COVID-19 Pandemic on Children

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About this Paper

This paper is the outcome of a collective effort of thirty-seven experts concerned about the current and future impact of the COVID-19 pandemic on the hundreds of millions of children who engage in organised sport, from elite athletes to those on school or community teams. These experts, listed on the following page, responded to an invitation from the Centre for Sport and Human Rights to exchange information, perspectives, and examples of good practice on the topic. Resource materials were shared; ideas were exchanged; concepts were debated; concerns were expressed; and questions (many still unanswered) were raised. Contributions spanned a myriad of issues and a genuine attempt has been made to include most in this paper.

After a compilation of the contributions was prepared and shared, four of the experts volunteered to constitute a writing team consisting of:

- Kirsty Burrows,
- Olawale Maiyegun,
- Daniel Rhind, and
- Dorothy Rozga.

Following preparation of the draft of the paper, the following six experts reviewed the draft paper:

- Lucy Amis
- Maud Buquicchio,
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References were compiled and formatted by Carrie Raukar-Herman of Sports Rights Solutions. Design and formatting was done by Jonny Randall of the Centre for Sport and Human Rights.

The Centre for Sport and Human Rights is pleased to have served as the secretariat to this collective process in knowledge building and sharing. It wishes to thank all of those who contributed to the process.

Centre for Sport and Human Rights
June 2020



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An Overview of the Sport-related Impacts of the COVID-19 Pandemic on Children

Abstract

The COVID-19 pandemic has had a significant impact on the lives of children around the world in a variety of domains. A total of 188 countries have closed their schools in response to the pandemic which is estimated to have resulted in over 1.5 billion children missing a significant period of education (United Nations 2020a). Further, it is estimated that an additional 42-66 million children will be in extreme poverty as a result of the pandemic (United Nations 2020a). This paper focuses on the potential impacts of COVID-19 on children associated with sport. It was compiled based on the input of 37 experts and practitioners in the fields of child rights, protection, and safeguarding in sport. In addition to facilitating an exchange of information on the topic, it brings together observations and concerns for the consideration of decision makers and others with influence over policies, resource allocations and programming related to children and sport as the world builds back from the pandemic. This includes those in sports organisations, national and local governments, inter-governmental entities, international agencies, donor agencies, civil society organisations and community based organisations

The key impacts are discussed in four main areas: (1) on-going sport, (2) the absence of sport, (3) children in vulnerable and special situations, and (4) future impacts and concerns. The paper further considers perspectives of children, opportunities, and provides a call for action. It is important to emphasise that empirical evidence regarding potential on-going and future impacts is limited and that further investigation and research is required on a range of topics addressed in this paper.

1.0 Introduction

On December 31st, 2019, the World Health Organisation (WHO) became aware of an unknown virus which we now know as SARS-CoV-2. The WHO requested information from officials in China on January 1st and declared a Public Health Emergency on January 30th, 2020. A global pandemic was then officially recognised on March 11th in relation to the novel coronavirus disease COVID-19. This paper considers the impacts of the COVID-19 pandemic on children in the context of sport.

1.1 Definitions

This paper adopts the following definitions of the key terms:

- Child - every human being aged 18 or younger - United Nations Convention on the Rights of the Child (OHCHR 1989)
- Child athlete - a child practicing sport (including as leisure and in organised competitions)
- Organised Sport - type of physical activity, organised by a third entity whether governmental or non-governmental, that is usually competitive and can be played with a team or as an individual (Eime *et al.* 2013)

1.2 Key Global Standards

All child athletes are entitled to the protection of all their rights as enshrined in the United Nations Convention on the Rights of the Child (OHCHR 1989). Moreover, many CRC provisions also sustain the importance of the right of children to practice sport and of the safeguards that should apply during such practice. David (2004) identified that 37 of the 42 articles of the UNCRC directly apply to the child athlete. For example, article 31 states:

a) States Parties recognise the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.
b) States Parties shall respect and promote the right of the child to participate fully in cultural and artistic life and shall encourage the provision of appropriate and equal opportunities for cultural, artistic, recreational and leisure activity.

There are key links to other articles including the right to health (article 24), the right to education (articles 28 and 29), protection from violence (article 19), children with disabilities (article 23), sexual exploitation (article 34) and trafficking (article 35). There are also important links with respect to the Convention on the Rights for Persons with Disabilities, as well as with respect to child labour through relevant ILO Conventions and the UN Guiding Principles on Business and Human Rights.

In order for children to realise these rights, sport needs to be a safe space. This is fundamental to achieving the aims of the Kazan Action Plan (United Nations 2018) which seeks to align the delivery of sport with the 2030 Sustainable Development Goals.

Children's safety can be addressed in, through and around sport (Brackenridge & Rhind 2014). With respect to 'in sport', this concerns ensuring that children can safely participate or compete in sport. This can be facilitated through organisations working towards the International Safeguards for Children in Sport (Rhind & Owusu-Sekyere 2018). In terms of 'through sport', this relates to sport for development programmes which engage children in sport to safeguard and empower them beyond the context of sport (e.g., through promoting healthy relationships, developing life skills or reducing gang violence). Finally, 'around sport' relates to how sport can indirectly affect the lives of children (e.g., in association with mega sports events). The COVID-19 pandemic is having an impact on children in all three of these categories and this will be highlighted throughout this paper.

1.3 Methods

This paper was prepared following an invitation sent in late April 2020 from the Centre for Sport and Human Rights with input gathered from a select group of experts in child protection and safeguarding in sport. They were invited to share their observations, concerns, and experiences on how the COVID-19 pandemic is, or may, have an impact on children in the context of sport. In total, 37 experts made input on a range of related issues and/or shared resource materials that their organisations or others had prepared regarding COVID-19 and children. The inputs were compiled, analysed and informed this paper. Four of the respondents constituted the Writing Team that prepared the paper and six others reviewed it.

2.0 Impacts Associated with On-going Sport

The COVID-19 pandemic continues to potentially affect children directly through on-going activities related to sport.

2.1 Continuing Sports Events

Sport activities and events may have continued in some countries without adequate safeguards and preventive measures, increasing the risk of children being exposed to the virus when participating as athletes in or spectators at events. This has clear direct implications for the physical and mental health of these children, with further specific considerations depending on certain factors - for example younger children who may subsequently be at risk of developing PIMS hyper-inflammatory syndrome, which though rare may be catastrophic. The physical and mental health considerations related to COVID-19 are expanded upon in sections 3.1 and 3.2.

A further implication for continuing sports over the months ahead will be the fear or stigmatisation of children who have had COVID-19, or family members with the illness, as they participate in sport. The importance of those involved in sport supporting children who are struggling with such issues cannot be underestimated. It will be imperative for coaches and trainers to be provided with the tools and information needed to help tackle potential stigma related to COVID-19 which may lead to bullying, real or perceived exclusion from sport and social groups, and be potentially damaging to the mental health and wellness of young people. Access to evidence based information is vital to empower and equip both athletes and entourage members with guidance and information related to continuing sport practice and return to play. An example of where such information is available is the IOC's Medical COVID-19 Hub, resource (olympic.org 2020b).

2.2 The Expansion of eSports

In recent years eSports, which have been described as a form of computer-mediated competitive activities that attracts spectators (Freeman & Wohn 2017), have been rapidly increasing in popularity as they present a new way to engage fans and bring in revenue. Many mainstream sports and leagues facing large revenue losses as a result of COVID-19, are turning to online solutions in order to maintain interest and a sense of competition during lockdown. Whilst many live events have been postponed or cancelled due to COVID-19, as a digitally native product, eSports have been able to continue to adapt and grow.

The absence of live traditional sports combined with COVID-19 shelter at home policies has resulted in more children becoming engaged in eSports. Children with no access to mainstream sport lose the benefits of physical activity commonly associated with traditional sport, however eSport has been found to have social, motivational, emotional, and cognitive benefits (Kovess-Masfety *et al.* 2016). For children with disabilities, eSports offer the possibility to partake in activities that they may not otherwise be able to access or participate in.

In addition to active participation in eSports, children may become involved in eSports as spectators. The global eSports audience is expected to reach 495 million in 2020, comprised of 223 million eSports enthusiasts and 272 million occasional viewers (newzoo.com 2020). However, concerns have been raised regarding ensuring the safety and welfare of gamers. A 2019 study of female gamers aged 16+ (McBean & Martin 2019) found that 1 in 3 female gamers had experienced abuse or discrimination, including being sent inappropriate content or messages, verbal abuse while playing online multiplayers, verbal abuse from gamers offline, sexual

harassment, threats of rape, negative actions of gameplay, exclusion from participation in games because of gender, and abuse on social media or other digital channels. This is not confined to eSport. Evidence demonstrates that harassment and abuse occur in all sports, all disciplines, worldwide (International Olympic Committee 2017). Sport as a microcosm of society is not immune to wider societal ills, and indeed has some characteristics which increase the risk of harassment and abuse such as its inherently patriarchal and hierarchical nature. However, the increase in participation/spectatorship of eSports may pose risks to children where there are limited or inconsistent safeguards for children in place such as child protection policies, measures addressing privacy concerns, conduct regulation, and standards related to level of violence children may be exposed to. Furthermore, it is important to note that although very little is known about the impacts of increased screen time during COVID-19, it may be the case that as children start using a wider range of digital platforms for education and entertainment there is increased risk of exposure to under-age gambling, grooming and online child sexual exploitation.

The responsibility of sports organisations to safeguard participants from harassment and abuse in sport is widely and specifically encompassed in regulatory frameworks. Organisations involved in eSport should ensure the development and implementation of safeguarding policies to reflect online risks, outline acceptable conduct, define measures to prevent online harassment and abuse, provide guidelines on reporting and access to remedy. Sports/teams which are not digitally native but which have looked to online solutions to provide continuity of training and/or communication during COVID-19 should update safeguarding policies to include special provisions related to online protection.

Furthermore, guidance should be provided to coaches, parents/caregivers, athletes and child protection staff related to digital citizenship and keeping children safe online; an example being the factsheet developed by the US Centre for Safe Sport (2020). This should include the responsibility of school administrators, teachers and coaches to inform parents of the online risks to children, how they may be mitigated and where to seek further assistance. This crucially should include information related to accessing grievance mechanisms in the event of any concern related to the safety and welfare of a child. Such guidance and mechanisms will have use long after the pandemic and should be included in overall child protection in sport strategies.

In terms of improving general online safety for children, the Agenda for Action issued by the UN Inter-Agency Working Group on Violence against Children provides a number of recommendations related to protecting children online (United Nations 2020a). This includes encouraging private sector stakeholders to “take appropriate technical measures – such as parental control tools, age verification, safety-by-design, age-differentiated experiences with password-protected content, block/allow lists, purchase/time controls, opt-out functions, filtering and moderating – to prevent underage access and exposure to inappropriate content or services.”

3.0 Impacts Associated with the Absence of Sport

Restrictions in the participation and spectatorship of organised sport have also been widely enforced from community to elite levels. The disruption in educational, social and protective networks – including sporting networks – combined with economic strains and reduced access to key services, can have a manifold effect on child welfare. The cancellation of many sport-related activities and events can therefore affect children. Negative impacts include the loss of the positive mental, physical and social benefits of sport, as well as those associated with sport being replaced by potentially harmful activities.

3.1 Mental Health

Fear (related not only to the virus but also of financial and other instabilities within their families), anxiety, boredom, frustration, and elevated rates of stress are among the mental health concerns children face with the outbreak of disease. Studies have reported psychiatric manifestations of COVID-19 (Raony *et al.* 2020) and threats to mental health as a result of subsequent restrictions, with levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behavior also expected to rise (euro.who.int 2020).

When considering specific implications for children, an indication of an increase in stress that can be linked to COVID-19 comes from Childline India, a 24-hour emergency phone helpline for children provided by the Indian Government. The country's shutdown due to COVID-19 coincided with a massive spike in the number of daily calls. In the first seven days of the shutdown, Childline India received about 300,000 calls as compared to a typical weekly average of 200,000 (Pandey 2020). In the UK, more than 80% of children with mental health challenges showed a worsening of their well-being as a result of the restrictions imposed (Young Minds 2020). Recognising the increased demand for helpline services for children during this unprecedented time, Child Helpline International has issued a series of recommendations to governments, mobile operators, ICTS, social media platforms and donors (childhelplineinternational.org 2020).

Evidence demonstrates that sports participation may protect against mental health symptoms and disorders (Reardon 2017). In children (and adults), physical activity has been shown to reduce symptoms of depression and anxiety (United States Dept of Health and Human Services 2008). The restriction of sports participation may therefore have a detrimental impact to young people's mental health and well-being, with periods of inactivity; isolation from athletic teams; distance from the athletic community; less qualified interactions with athletic coaches; and lack of social support having been shown to cause emotional distress and psychological disorders in athletes (Reardon *et al.* 2019). The disruption in both personal and competition schedules may also lead to athletes struggling to maintain motivation. It is important to ensure that children and young athletes can access guidance and information to assist them in building on or developing healthy coping strategies. McDuff *et al.* (2020) proposes that this includes developing a daily schedule focused on nutrition, fitness, flexibility, learning, and social connections. They further recommend that young athletes be encouraged to share this schedule with friends and coaches to increase accountability and motivation.

When considering the impacts of isolation, feelings experienced by children when their sports activities have been cancelled may also include disappointment, missing their teammates, and worry that they will get behind/lose skills without practice. Indeed, with the interruption in learning, the inability to go to school, and the cancellation of sports, the pandemic may have created a

sense of isolation that can spread more widely than the pandemic itself among millions of children. These impacts may be magnified among elite young athletes.

3.2 Physical Health

Information on COVID-19 infections in children is evolving as the scientists gather more data. Many children infected with COVID-19 are asymptomatic, those that do develop symptoms most commonly have fever, cough and sore throat.

Fewer symptoms and milder illness means children are less likely to be tested, which means susceptibility of children to COVID-19 is less clear. However, data from studies of widespread community testing in Iceland, Italy and the Netherlands show a lower infection rate. Population screening in Iceland found 0 children under 10 years positive compared with 0.8% of those over 10 years. Targeted testing of symptomatic or high risk (same household) found 6.7% children under 10 tested positive, compared with 13.7% of those 10 years and older (Gudbjartsson *et al.* 2020). In the Italian principality of Vo, no positive cases in children were found in children under 10 despite 2.6% of the population being positive (Lavezzo *et al*. 2020). And in the Netherlands, preliminary results from community serology testing showed 4.2% of adults positive compared with 2% of those aged <20 years (rivm.com 2020)

Initial findings suggest that, like SARS and MERS, children are generally spared serious complications. Only 1.5% of COVID-19 hospitalisations are in those under 20. In the UK, no child has died from COVID-19. In the US, of 13 deaths in children under 10, only 2 were in children without underlying conditions (cdc.gov 2020c). In 33 deaths in 10-19 year-olds, only 4 occurred in children without underlying conditions. In Europe, although the data shows considerable excess mortality in multiple countries in affecting both the 15−64 and 65+ years age groups, there is no excess mortality in those under 15 (ecdc.europa.net 2020).

Unlike adults, no definitive risk factors have been identified in children, although those with chronic lung disease, cardiovascular disease and neuromuscular disease are more likely to be hospitalised than previously healthy children. But even children with severe immunosuppression or undergoing cancer treatment are much less affected compared with adults. Of hospitalised children in the EU/UK with mild laboratory-confirmed COVID-19, some 3% had underlying chronic lung disease (excluding asthma), 4% had neuromuscular disorder, 2% cardiovascular disease (excluding hypertension), 1% each had cancer, asthma, haematological disorders and HIV or other immune deficiency (ecdc.europa.net 2020).

It is unknown if the disease has any medium- or long-term effects on the health of children who have been infected and recovered that would impact their ability to engage in physical activity or play sports. However, since early April reports have emerged from Europe, the UK and North America of clusters of children and adolescents with acute severe multi-system inflammatory disease with features similar to Kawasaki's disease. Like Kawasaki's, this is thought to be an extremely rare manifestation of a common virus – in this case, COVID-19. Different parts of the body become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. Complications can cause damage to the heart.

A consistent observation is that the first cases appear one month after the COVID-19 curve. Almost none of these children had symptoms of COVID-19 disease, however most children test positive for COVID-19 antibodies. Timing of cases, and the fact that the majority test negative for SARS-CoV2 on PCR but positive for antibody suggests the illness is mediated by the development of acquired immunity rather than direct viral injury. Referred to as Paediatric

Multisystem Inflammatory Syndrome (PMIS) in Europe and UK, the CDC and WHO terms are Multisystem Inflammatory Syndrome in Children (MIS-C) (who.int 2020c).

The condition can be serious and potentially fatal, though in the majority of cases patients seem to respond well to medical care, including steroid treatment (cdc.gov 2020b). It is as yet unclear why some children contract this syndrome and others do not, and whether those with certain medical conditions may be more susceptible to it than others. Research is ongoing to learn more. As a post-infectious condition, children cannot infect other children. These health concerns, along with parents fear of having their children exposed to COVID-19 while playing, may impede child participation in sport.

In addition to the direct physical health consequences, indirect risks can be posed through the restriction of participation in sport and physical activity especially given that so much of it is school based. Regular physical activity in adults has been consistently shown to have a myriad of benefits, including in preventing the risks of non-communicable diseases, improving physical functioning and mental health (United States Dept of Health and Human Services 2018; Ng 2020). There is no evidence that increased lung capacity and airflow associated with strenuous exercise in elite athletes of any age increases the risk of SARS-CoV-2.

The risk posed to children - both young athletes and children in general - by COVID-19, appears to be much less than to adults. Factors leading to a lower risk in children include host factors such as age-related differences in endothelium and clotting function and higher levels of vitamin D and melatonin. Some children with disabilities can only access physical activity in a supportive environment with professional assistance, making exercise from home a challenge. Although there is no evidence to suggest that children with disabilities are high risk due to underlying health conditions, understandable concern and insufficient evidence to prove otherwise may impede their ability to get exercise and fresh air in the manner their peers without disabilities can. For similar but unjustified reasons, they also may return to play later. Further information related to children with disabilities can be found in section 4.3.

3.3 Nutrition

Good nutrition is essential for physical and mental well-being in education and sport. The COVID-19 pandemic places children from low-income households in all countries at nutritional risk. This is particularly true in countries that already had prior to the onset of the pandemic a high burden of under-nutrition and those affected by humanitarian crisis. Resources which address this include the joint UNICEF and World Food Programme paper, entitled “Supporting Children’s Nutrition during COVID-19” (2020).

In some countries, children from poor families depend on the school system to provide breakfast, lunch and after school snacks to augment dinner. School provided meals are either the only meal the children consume during the day or they contribute a significant part of their daily nutrient requirements. COVID-19 could impact negatively on the nutritional status of these children when school meal programmes are scaled back or discontinued.

The ideal situation is for school food programmes to continue even while schools are closed, and there are examples during the COVID-19 shutdowns where governments or civil society groups have made such provisions, however, in many situations this has not happened. Those responsible for school athletic programmes should consider that the nutritional status of some children returning to sport could have deteriorated while school was closed.

Similarly, children from poor families in various sports academies that closed during the pandemic may suffer from poor nutrition that will negatively affect their training and future performance when the academies reopen. The nutritional health of these children should be a key consideration as they return to play.

3.4 Sport as a Safe Haven

Sport is a microcosm of society and has been linked to cases of harassment and abuse, but sport can also provide a safe haven, which due to shelter-in-place and quarantine policies, has been taken away from many children. Globally, it is estimated that up to 1 billion children aged 2 - 17 years have experienced physical, sexual, or emotional violence or neglect in the past year (Hillis *et al*. 2016). Between 70% and 85% of children know their abuser with the vast majority being victims of people they trust (coe.int 2020). Data suggests that there has been an increase in calls to domestic violence hotlines of 17% in Germany and 25% in the UK. Research shows children with disabilities are at higher risk for child maltreatment (Sullivan & Knutson 2000; Vertommen *et al,* 2015). During the pandemic this risk could increase (Fegert *et al.* 2020).

The risk of increasing violence against children in different forms during the pandemic - from domestic violence and abuse at home to excessive use of force by law enforcement while enforcing lockdown decisions against street children - has been recognised by the UN Inter-Agency Working Group on Violence against Children. Quoting the UN Secretary General, the Inter-Agency Working Group expressed concern that "What began as a health crisis risks evolving into a broader child-rights crisis" (United Nations 2020a).

For some vulnerable children sports participation represents a physical and psychological safe space; a multi-dimensional concept which considers political, sociocultural, psychological, physical and experimental dimensions (Spaaij & Schulenkorg 2020). Consequentially, the removal or restriction of access to organised sports has implications on child safety and well-being, including a reduction in safeguards against experiencing and/or witnessing domestic violence. This may be exacerbated by the impacts of containment policies with confinement, home schooling, overcrowded living, and financial difficulties all being vectors of anxiety, increasing the risk of children seeing or observing violence and neglect at home. There is also an increased risk of violence to children with disabilities due to social isolation and disruption to daily routines (who.int 2020a). Sports structures are amongst the places where physical, sexual, psychological violence and neglect can be detected. Sports organisations may also have guidance in place for managing disclosures and reporting reasonable suspicion of maltreatment. Examples include: Child Protection in Sport Unit, FIFA Guardians, IOC Youth Olympic Games-Time Framework, and the IOC Integrity and Compliance Hotline. Without these activities, barriers to identifying and reporting child mistreatment may be increased.

In recognition of the increased risk to women and children of domestic violence at this time, and the power of sport to relay social messages, FIFA, the World Health Organisation and the European Commission have launched the #SafeHome campaign (who.int 2020b). As part of this campaign FIFA has called upon Member Associations to "actively publish details of national or local helplines and support services that can help victims and anyone feeling threatened by violence in their locality" (who.int 2020b). They have also reinforced the importance of Member Associations implementing safeguarding in sport policies.

It is important to mitigate risks of abuse to children occurring within and outside of sport. Sports organisations should focus on strengthening child protection systems, ensuring appropriate and robust grievance mechanisms and reporting pathways are available and accessible; educate

members of the athlete's entourage to assist in the recognition and reporting of harassment and abuse; and engage with supporters' organisations, specialised media and sponsors to raise awareness of child protection in and through sport.

3.5 Mega and other Sport Events

COVID-19 has led to the Tokyo Olympics and Paralympics being postponed for one year until 2021. This has implications across the sporting calendar with other smaller events also likely to be postponed or cancelled, and to the future sporting calendar potentially becoming compressed. For some lucky young athletes who would not have been ready to compete in Tokyo in 2020 this will be a huge opportunity, but for many others, including those who had geared up emotionally and mentally as well as physically to compete in Tokyo in 2020, there may be negative impacts including mental health ramifications.

As the global sporting calendar is re-arranged to accommodate the postponement of the Tokyo Olympics and Paralympics, other events may be squeezed into the months that follow, posing risks of overtraining and over-competition for young athletes. Major youth sporting events currently scheduled to take place between 2020 and 2022 are vulnerable to being postponed with potential costs in terms of young athlete development and competition experience. Notable among these youth sporting events are the Youth Olympics Games in Dakar (2022), the African Youth Games in Lesotho (2022), Africa U-17 Cup of Nations in Morocco (2021), and the ANOCA Zone V Youth Games in Egypt (2021). All of these youth events are taking place in Africa, where at the time of writing this paper, COVID-19 cases have exceeded 230,000 with 6000 deaths reported from 54 Member States, and a case fatality rate of 2.6%. The epi-curve of COVID-19 is yet to peak and using the 7-day moving average, there is an increasing trend of the epidemic in Africa, with a percentage increase of 20% compared to 23% in the previous week - between the 1st and 7th of June (au.int 2020). It is pertinent to note that the 2022 Youth Olympics in Dakar will be the first time that the Olympics will be hosted on the African continent, and presents an opportunity to highlight the protection of and respect for children's rights as well as to strengthen safeguards for child athletes.

Safeguards are measures taken to protect all children from harm, and include policies and procedures across a range of areas including staff training, safe recruitment, systems for reporting concerns about children, child protection policies and referral mechanisms for children at risk. They also include the elimination of child labor and commitment to provide at least minimum living wage by sporting goods manufacturers in connection with MSEs.

The postponement or cancellation of events as a result of COVID-19 also has possible consequences for cultural and youth programmes tied to sport events like the Tokyo Olympics. As organisers look to make cost-savings, there is a risk that programmes that would have engaged young athletes or children in the wider community will be reduced in scale or cut entirely. This may include activities and legacy projects designed to encourage and inspire young people to participate in sport or physical activity with possible long-term consequences not only in the host country but globally. Efforts to engage children from deprived communities and funding support to sport for children with disabilities and girls may also be sacrificed. Given that Tokyo 2020 is the first Olympic games where athletes will be able to name and thank their sponsors (olympic.org 2020a), there is vested interest in sponsors helping to ensure that children/young athletes are protected, and that adequate funding support is maintained.

4.0 Children in Vulnerable and Special Situations

All children are vulnerable, but there are children who are in more vulnerable and special situations with higher risk factors of being heavily impacted by COVID-19. The first group includes children from poor or low-income households/communities or unstable home environments, and with high demographic density, as well as those residing in rural areas especially in developing countries. Children in this socio-economic group are most likely living in situations where social or physical distancing has not been practiced or is not possible, and may also be aggravated by systemic racism and inequality in some countries. The second group are vulnerable children in special situations that are negatively affected. They include the girl-child, children with disabilities and children in humanitarian situations - refugees, migrants and internally displaced (IDPs) with higher mortality and co-morbidity rates. The third group are children in sports academies and elite sports. Though they are from different socio-economic backgrounds, nevertheless, they are all vulnerable to exploitation, abuse, punishing training schedules, little contact with their families and trafficking.

For these vulnerable children who are fortunate to be active in sport, sport is often their lifeline, and COVID-19 has taken away the safe space and social-emotional outlet that their participation in sport may have provided. Sport can also be a powerful tool for promoting a sense of inclusion, particularly for children with a disability, children at risk of child labor, and the girl-child who is more susceptible to child marriage, FGM and related harmful practices. With COVID-19, children in sports academies and elite sport face not only the possibility of shattered dreams, but also the academies not respecting their commitments due to financial difficulties. This section examines the sports-related impact of COVID-19 on these groups of vulnerable children.

4.1 Magnifying Inequalities

COVID-19 and school closures will most likely magnify the problem of access and participation in mass sport at the grassroots level and hence extenuate existing inequalities. These systematic inequalities can be associated with family income or living in a rural or urban area. In the United States for instance, during the pandemic, some private schools provide online luxury learning while many public schools struggle to adjust (Goldstein 2020). A major barrier for many low-income families is access to the technology and reliable internet that would allow a student access to the classes being offered. This also includes any online sport related training and exercise regimes.

In the UK, before COVID-19, children from Black, Asian and minority ethnic (BAME) backgrounds were less likely to take part in physical activities, according to the findings of a survey published by Sport England (2020). Of the more than 57,000 children between the ages of 5 and 16 years old that were surveyed about their exercise habits, only 45% are active for at least 60 minutes a day, while the number for children from BAME backgrounds is even lower. The same report indicates that brains function better after physical activities and help children learn better. COVID-19, school closure and shelter-in-place will most likely increase the existing gap between White British and BAME children.

The inequality in access to sport and education is also manifested in health. While COVID-19 does not discriminate in contagion, there have been huge differences in its mortality and morbidity outcome (cdc.gov 2020a). People of color and the poor have suffered disproportionately. While data gathering and research are ongoing to explain the phenomenon, it is likely that social and

economic determinants will be important factors. Also important will be related factors such as existing health inequalities and genetics.

In the United States and around the world, COVID-19 has unmasked the inequalities and inequities that have existed for hundreds of years. The thousands of people protesting around the world against systemic racism and in support of the Black Lives Matter movement (during the pandemic) has brought these inequalities and inequities into even sharper focus, forcing sports organisations to rethink and begin to take concrete measures to tackle racism in sport. In effect, there is a good opportunity to significantly improve the participation at all levels of sport for minorities, women, children and vulnerable groups.

4.2 Girls

Under confinement, many girls – usually more vulnerable than boys to sexual violence at home (United Nations 2006) – may be spending 24 hours per day, 7 days a week, with recurrent abusers, increasing their exposure to violence and their levels of fear and stress. Others may be facing physical and/or sexual abuse for the first time in their lives. As in previous crises, like the Ebola outbreak, the rates of unintended pregnancies, child marriage and human trafficking for sexual exploitation among children and adolescent girls are likely to increase (Menéndez *et al*. 2015; unicef.org 2020). At the same time, during lockdown and social isolation measures, girls are having less access to sexual and reproductive health care or to gender-based violence services, that, in many places, aren´t considered “essential services”.

Lockdown and social isolation measures are also likely to intensify stereotypical gender norms and increase the already existent burden of household chores and care work on girls´ shoulders. This has a direct impact on their mental health and on their available time to study, play or engage in online activities. When countries start to reopen, girls risk not being allowed to go back to their sports practice and physical activities, as families will have grown accustomed to having girls in charge of domestic activities. As many families will also face economic constraints, it is possible that parents will demand girls to take care of younger siblings and other relatives while they look for work and cut expenses related to girls´ participation in sports. Due to extreme financial difficulties, girls are also more likely to be sold into child marriage and trafficking for sexual exploitation.

As mentioned earlier, girls are more exposed to physical and sexual violence at home under confinement and might be so traumatised they would be unable to go back to their regular activities, including sports. Those that manage to re-engage in sports programmes while facing economic vulnerabilities and mental health issues may see their athletic performance drop and even be at greater risk of being victims of sexual abuse and harassment, including in sports environments. It is therefore key to create and/or reinforce safeguarding policies in sports organisations both during the crisis and upon the reopening of their activities.

4.3 Children with Disabilities

According to the United Nations, children with disabilities may be disproportionately affected by the COVID-19 outbreak as they are at greater risk of contracting the disease, developing more severe health conditions, dying from the disease, and facing discrimination in accessing healthcare and life-saving procedures (United Nations 2020b). Further confounding these issues is that ‘children with disabilities’ as an umbrella term represent an extremely diverse population with different impairments and support requirements who face significant barriers in exercising

their right to sport and physical activity. For instance, some groups face even greater marginalisation, such as children with intellectual and psychosocial disabilities or children who are deafblind. These children are more likely to be excluded from programmes, live or be detained in institutions, and experience higher rates of violence, neglect and abuse (United Nations 2020b).

Another concern is the lack of evidence to assist with addressing these issues. There is currently no data on how COVID-19 affects child athletes with disabilities. Because there is still no vaccine and no proven therapies for the treatment of the disease at this time (Jacob *et al.* 2020), there is a reasonable concern that athletes with disabilities may be at greater risk of contracting the infection or have severe manifestations of COVID-19. This concern is based on the presence across the wider population of comorbidities such as hypertension, diabetes and cardiovascular disease, associated with a worse prognosis and mortality for COVID-19 (Dantas *et al.* 2020) with attendant risk of long-lasting/permanent damage.

A few examples of how COVID-19 is negatively affecting children with disabilities in sport include, but are not limited to: A lack of access to accessible or individualised online programmes (Yarimkaya & Esentürk 2020) could serve to limit interactions with their peers which could exacerbate existing underlying mental or intellectual health conditions; Lack of regular interaction with coaches which provide important mentoring, and the reduction or absence of support or therapeutic services that prepare children with disabilities to participate in sport are further concerns. It may take longer for some children with disabilities to get permission or feel comfortable resuming sport activities than their peers, and thus patience may be required. Measures should be taken to ensure planning for return to play is done in consultation with children with disabilities as well as their families and caregivers.

4.4 Children in Humanitarian Situations

The impact of COVID-19 is harshest for those groups who were already in vulnerable situations before the crisis such as many people on the move, such as « migrants in irregular situations, migrant workers with precarious livelihoods, or working in the informal economy, victims of trafficking in persons as well as people fleeing their homes because of persecution, war, violence, human rights violations or disaster, whether within their own countries — internally displaced persons — or across international borders — refugees and asylum-seekers » (United Nations 2020c).

With the COVID-19 pandemic the needs of international humanitarian assistance for children have become even more acute. The pandemic is making a critical situation for these children and families even worse. They are frequently neglected, stigmatised, and may face difficulties in accessing health services that are otherwise available to the general population (IASC 2020). In overcrowded camps or informal settlements, the access to basic hygiene and health services is limited. Physical distancing is not possible and leads to conditions conducive to the spread of diseases like COVID-19.

Home-based, facility-based and zonal-based isolation and quarantine measures to prevent and control the spread of COVID-19 expose children to additional protection risks. With livelihoods and humanitarian services such as education and protection services hit at different degrees, the children's environment is disrupted in a number of ways. This can have further negative consequences for children's well-being, development and protection (The Alliance for Child Protection in Humanitarian Action 2020).

Children's ability to go to school and/or participate in activities and organised sport and games is considerably disrupted, which is of particular concern for children who are already often living in vulnerable environments. The programme delivery of sport and recreational activities in humanitarian situations are impacted. Organisations are however addressing the evolving needs and adjusting when possible.

The humanitarian response is highly dependent on local and national actors, as international staff are restricted from travel or unable to freely deploy to field operations, and organisations are facing many additional challenges to their usual ways of working. This represents a needed significant shift for Sport and Development programmes to further localise (ICVA 2020). Local and national actors are at the forefront in their communities, providing information and critical support to their communities and to the existing national infrastructures.

During the COVID-19 confinement, organisations have adapted their way of working. As an example, one of the ways to adapt "sport for protection" (UNHRC, IOC, Tdh 2018) programming has been to build on some of the core levers used to make sport a protection tool, and seek ways to reach each of these objectives differently, i.e.

- E*nsuring a safe space and environment*; through outreach to children, families and communities, raising awareness of COVID-19, of all secondary impact protection risks related to COVID-19 and the confinement (stigma, gender-based violence, domestic abuse, etc.). Ensure availability and access to remote child protection services support (help lines, remote case management for high risk cases, remote psychological counselling, joint advocacy)

- *Giving opportunities to children and youth to have recreational psychosocial and physical activities and increase capacities and skills;* Develop and disseminate psychosocial and physical activities and games, which can be done remotely, alone, or organised by community volunteers with small groups, family games (using videos, booklets, distributing recreational kits)

- *Give opportunities for children to engage and take leadership;* through adapted activities proposed, support children and youths to continue their engagement around their family, peers, community. As an example, in India beneficiaries of sports projects take leadership to share information in the communities and supporting families and children to cope with crisis, supporting families where migrant workers were returning back, etc.

As contexts and needs vary significantly between humanitarian context, it is paramount to adopt a bottom up approach when willing to adapt "sport for protection" activities by consulting children, families, communities and local coaches on their needs, capacities and resources for them to take leadership and thus regain some of sense of control and confidence in their ability to address their challenges.

Children are incredibly resilient. By learning, playing and exploring their skills, they can find ways to cope, drawing strength from their families and communities.

4.5 Children in Sports Academies

COVID-19 has affected the sport academies around the world with most closing down temporarily due to lockdowns and shelter-in-place measures adopted by governments. However, there are a few that are closing down permanently as a result of financial fallout from the pandemic. The U.S.

Soccer Federation for instance has permanently shut down its youth development academy founded in 2007 because “The extraordinary and unanticipated circumstances around the COVID-19 pandemic have resulted in a financial situation that does not allow for the continuation of the development academy program into the future” (Pingue 2020). On the other hand, the Ethiopian Youth Sports Academy has been turned to a makeshift hospital for COVID-19 patients. The academy is Ethiopia's largest sports center of excellence and has produced world class elite athletes. It offers training and accommodation to 280 young athletes across 10 different sports fields (Adhanom 2020).

There are questions around the well-being of children residing in sports academies and training camps following their closure including those from foreign countries. Most children live on an academy’s campus, while others live with host families near campus. The Ethiopian Youth Sports Academy for instance sent the trainees to their families following the declaration of a five-month state of emergency in March which prohibited public gatherings of more than four people at a time.

While the closure of the academies may help to reunite some of the children who have little contact with their families, they face the challenge of keeping up with their training schedules. Some of the academies have instituted online learning for their academic and sports activities. For example, the Aspire Academy in Doha, Qatar, indicates that the Academy and the school’s administration decided to introduce a remote learning protocol with the main objective to follow up with the students and provide high quality education (aspire.qa 2020). In the United States, the Princeton Soccer Academy (PSA) created individual virtual programmes for each of the 98 teams in the academy, spanning from 6-year to 19-year-olds. The programme is comprised of soccer IQ classroom work, fitness and speed/agility training programmes, and live team sessions with coaches each week. PSA also utilises the Techne Futbol App, which has training tools such as skill enhancement, drills, and individual challenges such as time trials (Greco 2020).

While these examples are good initiatives that can be replicated, there is a dearth of information regarding the impact of the closure on children who are living far away from home, as many of the elite sport academies have children from various countries. There is a risk that these children will not attain the goals to which they were destined or aspired because the sport academies will not respect their commitments due to COVID-19 related economic and financial reasons. Questions remain unanswered. Will these minors have to reimburse the costs the academy has incurred (OHCHR 2019)? Where will they go? And how will exacerbated risks of children in limbo be addressed, for example trafficked children stranded with no club or academy recruiting them? (OHCHR 2019) The full extent of COVID-19’s impact on these children may not be fully known until after the academies reopen or long after the pandemic is over.

4.6 Elite Child Athletes

There are specific considerations for elite young athletes, including those with and without disabilities. For these athletes, COVID-19 has brought restrictions in access to entourage members who may act as both a sporting and emotional support system; interruption of training routines to reach peak performance levels; and lost opportunities to compete.

For those who were injured and undergoing rehabilitation before restrictions were enforced, COVID-19 presents a challenge in speed of recovery and return to play preparation, with restriction in access to services and support personnel.

Furthermore, even for those who are not injured, measures enforced to limit the spread of the pandemic, including home confinement, may likely lead to some level of detraining, explained by Sarto *et al.* (2020) as “the partial or complete loss of training-induced morphological and physiological adaptations as a consequence of insufficient and/or inappropriate training stimuli.” Detraining may lead to both increased risk of injury upon return to play and impaired performance if measures are not implemented by coaches and trainers to address this (Sarto *et al.* 2020). This is of even greater concern when considering that when competitive sport participation re-commences, changes to scheduling may result in a saturated sporting calendar, leading to increase injury risk.

Though it varies considerably, some young elite athletes receive payment for their sporting activities through labour contracts, commercial endorsements, monthly wages, compensation agreements, scholarships, etc. (David 2004) For some young athletes this money may be very important to their livelihood and that of their families. Such financial arrangements may be threatened during and/or after the pandemic. This may make young athletes more vulnerable to exploitation and lead to greater pressure to take risks, including for example willingness to use banned substances. Additionally, it is important to consider that most young athletes are also students. Disruption in education and schooling, including the postponement of exams, may lead to pressure for elite young athletes to focus on school and education at the expense of sports participation and training,

A good example of support for elite athletes is the PROAD programme of the Higher Council of Spain under the Ministry of Sports and Culture. PROAD offers psychological support and tutoring to high performance child athletes during the COVID-19 confinement period. The services of all agents involved in the programme (tutors, coordinators, CSD sports technicians, psychologist, coaches, etc.) coordinate to give a joint and efficient response to the young athletes from a multidisciplinary perspective (proad.csd.gob.ed 2020).

5.0 Future Impacts and Concerns

At the time of this writing there remains uncertainty about what the impacts on children in sport will be as the world recovers from the COVID-19 crisis. Several concerns have been raised related to financial constraints and education.

5.1 Financial Implications:

- COVID-19 is placing and is likely to continue to place for several years, massive pressure on budgets of States, businesses that support sport, sports organisations, and most importantly on families' budgets. The problem will be the same for all – costs will exceed revenue and expenditures are going to have to be prioritised. This is an environment where it will be difficult to make cases for new spending related to sport activities for children. Moreover, those currently funded will resist change as it will imperil their status quo.

- Establishing the relationship between child rights and playing sport, and sport and the protection and fulfillment of rights, will be critical.

- The COVID-19 crisis may further widen the troubling equity gap in children's access to sport. In most countries, children of lower income families have less access to sport. For example, research of the Aspen Institute (2019) found that in the USA only 22% of children from homes with incomes under $25,000 a year play sports, compared to 43% of children from homes with incomes greater than $100,000 a year. The economic crisis precipitated by COVID-19 has resulted in large numbers of parents losing their jobs or having their incomes reduced. Consequently, they may no longer be able to finance their children's participation in sport, thus less children will have access to sports that require some financial support from their parents.

- In some situations, the economic impact of COVID-19 on families may result in children having to take jobs at the expense of having to leave school and/or their sporting activities.

- As mentioned above, Sports for Development (S4D) programmes often provide safe spaces for children and a platform to teach children important life skills, for example those related to hygiene and COVID-19. The economic crisis caused by the COVID-19 outbreak may affect the availability of funding from foundations and providers of development assistance as they shift their funding to what they deem as more essential lifesaving programmes. This could have significant negative implications in terms of the availability of resources for sport for development programmes upon which many highly vulnerable children and youth depend and greatly benefit from. In the attempt to use the scarce available resources to reach as many children as possible, the few S4D programmes exclusively for pubescent and adolescent girls risk disappearing and leaving them without a safe space to address particular gender issues such as menstruation, sexual and reproductive health, and rights and gender-based violence.

5.2 Education

Global monitoring collated by UNESCO (unesco.org 2020b) indicates that by 1 April 2020, 194 countries had implemented nationwide or localised closures of educational institutions, affecting 91.3% of the worlds' enrolled learners.

There is the question of what to expect once the lockdown is over and schools are reopened. It is most likely that the emphasis will be on preparing the children for the next grade at the expense of sports activities. Indeed, prior to the pandemic, sports activities were commonly the first to be restricted as a form of sanction or disciplinary measure in schools. Upon return to school, sports participation, sometimes viewed as a “luxury”, may be the first to be sacrificed to ensure a focus is placed on catching up on core curricular activities. In addition, unless there is a vaccine (for prevention) and a widely accepted treatment (therapeutic), afterschool and club sports activities could be affected. Depending on what restrictions are lifted when the lockdown begins to ease, children may not be able to access sport and physical activity at the school or community level and hence may be exposed to more negative influences during the time previously taken up by these activities. There is therefore a growing existential crisis for grassroots sport and S4D programmes, which is likely to mean that for many children, even after life returns to something approaching normal, there may no longer be sports activities as they knew them before to return to. As highlighted by the Getting into the Game report (Barça Foundation and UNICEF-Innocenti 2019) – this potential loss of provision over the longer term can have multiple impacts across a range of areas.

Another concern relates to those children for whom sport plays a vital financial role in their income and education, for example in the form of college and university sports scholarships. It is unclear what implications the restriction in sports activities may have on these children in the near and longer term.

6.0 Perspectives of Children

The COVID-19 pandemic has brought children and sports to a new reality. As decisions are made related to return to play, resource allocations, priority setting, and establishing rules and procedures to accommodate this new reality, dialogue with children is imperative. They not only have a right to voice their views, but also to be genuinely taken into account in decision making processes. Provision should be made for child athletes to be consulted within their teams and communities.

Child friendly and accessible information and education around COVID-19 and all risks associated should be made easily available to child athletes regardless of where they live, their gender, the school they attended(ed), or if they have a disability.

Since the outbreak of the pandemic few mechanisms have been established for children to voice their views regarding their concerns and perspectives related to sport. However, there were some good exceptions, for example:

- 'Sports Challenge against COVID in Africa' (unesco.org 2020a) is an initiative that invited the participation of young people from across the continent. Those participating took up a sport challenge by making videos of themselves displaying their innovative skills and creativity in taking part in any sporting activity of their choice as a contribution to strengthen their health and hence to fight against COVID-19. Videos were posted on their social media.

- The #CovidUnder19 survey, being conducted by the Centre for Children's Rights at Queens University Belfast (2020), is collaborating with organisations around the world, including the Office of the SRSG-VAC, in order to gather children's views and experiences on how their lives have been affected during the pandemic, including in regard to sport (violenceagainstchildren.un.org 2020).

7.0 Opportunities

Notwithstanding the myriad of negative impacts that the COVID-19 pandemic has had on children in the context of sport, the crisis presents opportunities. It has served to highlight the key role played by sport in society and this can now be better recognised and valued at a range of levels.

At the family level, the lockdown may have heightened awareness of the vital need for children to be engaged on a regular basis in sport and physical activities. Moreover, it has created opportunities for parents and caregivers to spend more time with their children. This may have often involved the use of sports-related activities at home to entertain and bond with children. These experiences through physical activity and sport may contribute towards their greater appreciation of the importance of their children's right to play and it may lead to longer-term behavioural changes.

More broadly, the higher risk of severe complications of the disease experienced by persons with conditions associated with low levels of physical activity, such as obesity, underscores the value of children's participation in sports as a preventative health measure. This could contribute to a renewed thrust in the implementation of health-promoting physical activity and sport for school-aged children.

The value of sport is also highlighted by the funds which have recently been made available. For example, Laureus has launched the Sport for Good Response Fund (laureus.com 2020b) in partnership with a number of organisations, with grant funding and in-kind support committed by partners including Beyond Sport Foundation, Comic Relief US, LA84 Foundation, Hong Kong Rugby Union Community Foundation, the Greater London Authority, Zurich Foundation, Nike, and Mercedes Benz. Through this fund, Laureus is collectively calling on the wider sporting industry to unite and provide funds to support Sport for Development and community sports organisations around the world.

Sports organisations have also come together to share experiences with respect to managing their response to the pandemic. In addition to the above mentioned fund, Laureus has also launched COVID-19 Learning Platforms in the following regions: APAC, EMEA, Americas and India – to bring partners and other Sport for Development organisations together to share concerns and solutions during this challenging time (laureus.com 2020a). There is an opportunity to build on this effective knowledge sharing beyond the pandemic.

Regional instruments and processes (such as the Council of Europe Conference of Ministers responsible for Sport) are paying increased attention to the child athlete, with conferences of ministers responsible for sport recently including this in their agendas, and also considering the impact of the COVID-19 crisis on children.

There may also be some good practices which have occurred due to the pandemic which can be retained as the lockdown is lifted. For instance, good hygiene practices can continue which may result in improved levels of health for all stakeholders in sport.

Furthermore, it is reported that some children with disabilities are finding new opportunities to engage in sport with their coaches/teachers via the internet. This time provided during the pandemic can also be seen as an opportunity for sport professionals to upskill in the area of disability inclusion through online resources such as those provided by IPEPAS (ipepas.com 2020). Innovation is also occurring that will provide exemplars for further inclusion. One example

is the invention of a face mask with a transparent section to enable people that are hard of hearing or read lips to communicate better. Ideally following the pandemic, and even when these masks are no longer being used, coaches and trainers will recognise the need to use disability-inclusive practices.

There is also an opportunity to use this time of reflection and self-assessment to ensure that sport is a safe space when children are able to return to participate or compete. This can be facilitated through reviewing current policies and practices against the International Safeguards for Children in Sport. There is also an opportunity to further promote child safeguarding in sport as a policy and a concrete measure to preserve children's rights and best interests in a crisis context. For organisations where child safeguarding in sport policies have yet to be implemented, or have not been recently reviewed or tested, the hiatus in sport activities provides an opportunity to ensure that policies are implemented and reviewed to ensure maximum effectiveness for the benefit of children when sport recommences.

8.0 Call to Action

In addition to the various recommendations made earlier in this paper, the following 'calls to action' have been identified:

a) Further research needs to be undertaken to capture the current, on-going and potential future impacts of the pandemic on all children engaged sport to inform decision making related to policy, programme and resource allocation.

b) All key stakeholders, including sporting organisations, local and national governments, education systems, civil society organisations, private sector sponsors, community organisations, and development assistance agencies should consider how they can mitigate the impact of the pandemic on children in sport.

c) Authorities should prepare and make available guidance on the ways that child and youth sport organisations can protect players as they return to play. (For examples of such guidance see the United States Centers for Disease Control's "Considerations for Youth Sports" and Aspen Institute's "Return to Play- COVID 19 Risk Assessment Tool")

d) Resources need to be developed to build capacity among sport professionals and volunteers in supporting children who are struggling due to exposure to COVID-19 or related impacts - during the pandemic as well as navigating return to play.

e) Stakeholders should engage with children living is a variety of contexts to learn their perceptions and concerns about the impact of the pandemic on their sporting activities and ensure that their views are taken into account in decision making.

f) In the recovery from the COVID-19 pandemic, efforts should be made to build back better sport for children. This includes ensuring that all organised sport for children has implemented safeguarding policies and procedures; prioritises physical and mental well-being; promotes inclusiveness; and fully respects and protects the rights of children.

g) National sports organisations, ministries of governments, inter-governmental entities, foundations, development assistance agencies and other stakeholders should promote the value that sports can play in achieving the UN Sustainable Development Goals, as detailed in this paper and the Kazan Action Plan. In recognition of this value, funding for children's sports activities and participation should be protected. This includes funding for sports for development projects and sport activities focused on the participation of girls, children in humanitarian situations, and children with disabilities.

h) Sporting bodies should ensure that children have clarity on who and how to contact in case they have concerns and questions. They should actively promote child helplines both online and in clubs and locations where children play sport. Children returning, or currently engaging in sporting activities, should be made aware of helpline services available to them.

i) All stakeholders should identify measures to make sport more resilient to future crisis and to use sport as a vehicle to increase society's resilience to crisis.

9.0 Resources

- **Aspen Institute**
  Return to Play-COVID 19 Risk Assessment Tool
  https://assets.aspeninstitute.org/content/uploads/2020/05/Return-to-Play_4-v2.pdf?_ga=2.7882161.204073696.1592887128-1270095430.1592887128

- **Barça Foundation**
  Reports on the Against Bullying Programme: https://foundation.fcbarcelona.com/studies-and-reports?_ga=2.202928785.1237894237.1592462563-957580363.1579686061

- **Centers for Disease Control**
  "Considerations for Youth Sports":
  https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/youth-sports.html

- **Child Helpline International**
  https://www.childhelplineinternational.org/child-helplines/tools/coronavirus/the-covid-19-outbreak-and-child-helpline-services/

- **Council of Europe**
  Toolkit on human rights, democracy, rule of law and COVID:-19:
  https://www.coe.int/en/web/portal/-/coronavirus-guidance-to-governments-on-respecting-human-rights-democracy-and-the-rule-of-law
  Special webpage on children's rights and COVID-19:
  https://www.coe.int/en/web/children/covid-19
  Inclusion of Children and their Protection in Sport: https://www.coe.int/en/web/sport/child-protection

- **Grass Roots Soccer**
  Response COVID-19: https://www.grassrootsoccer.org/resources-covid-19/

- **Human Rights Watch**
  https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response
  https://www.hrw.org/news/2020/04/09/covid-19s-devastating-impact-children

- **International Olympic Committee**
  IOC Medical COVID-19 Hub: https://www.olympic.org/athlete365/ioc-medical-covid-19-hub/

- **Laureus Sport for Good**
  Sport for Good Response Fund: https://www.laureus.com/responsefund.
  COVID-19 Learning Platforms: https://www.laureus.com/sport-for-good/covid-19-support
  Safeguarding Online Policy https://www.laureus.com/safeguarding

- **NSPCC, Child Protection in Sport Unit**
  COVID-19 and Safeguarding in Sport: https://thecpsu.org.uk/news/2020-04-covid-19-and-safeguarding-in-sport/

- **UNESCO**
  Educational Response to COVID-19:
  https://en.unesco.org/covid19/educationresponse/support

Charter on physical education and sport: https://unesdoc.unesco.org/ark:/48223/pf0000235409

- **UNICEF Innocenti**
  Sale and sexual exploitation and sports brief: https://www.unicef-irc.org/files/documents/d-4117-Sport_merged.pdf
  Online engagement: https://www.unicef.org/globalinsight/stories/rethinking-screen-time-time-covid-19?utm_source=unicefinnocentihomepage
  S4D report: https://www.unicef-irc.org/reportcards/files/Getting-into-the%20Game_Evidence-Child-Sport-for-Development_Report-Summary.pdf

- **UNICEF**
  https://blogs.unicef.org/evidence-for-action/caring-in-the-time-of-covid-19-gender-unpaid-care-work-and-social-protection/
  Five ways governments are responding to violence against women and children during COVID-19
  https://blogs.unicef.org/evidence-for-action/children-on-the-move-in-east-africa-research-insights-to-mitigate-covid-19/+
  video https://studio.twitter.com/library/7_1247192944882442241

- **UN Special Rapporteur - Sale and Sexual Exploitation of Children**
  Thematic Report: Thematic study on the sale and sexual exploitation of children in the context of sports: https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/40/51

- **UN SRSG-VAC - UN Inter-Agency Working Group on VAC**
  Agenda for Action: https://violenceagainstchildren.un.org/news/agenda-action-8-united-nations-entities-launch-roadmap-protect-children-violence-response-covid

- **UN Secretary General's Brief**
  https://violenceagainstchildren.un.org/news/un-sg-impact-covid19-children-pandemic-placing-so-many-world's-children-jeopardy-i-reiterate-my
  https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf

- **Women Win**
  COVID-19: Protecting Adolescent Girls and Young Women:
  https://www.womenwin.org/COVID19-Protecting-Adolescent-Girls
  Disability Considerations during COVID-19 Outbreak
  https://apps.who.int/iris/bitstream/handle/10665/332015/WHO-2019-nCov-Disability-2020.1-eng.pdf

- **World Players**
  Declaration to Protect Child Athletes: https://www.uniglobalunion.org/news/world-players-association-launches-declaration-protect-child-athletes
  COVID-19 Guiding Principles for Sport: https://www.uniglobalunion.org/news/world-players-launches-covid-19-guiding-principles-sport

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CHILD ELITE ATHLETES, CHILD
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