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How societal responses to COVID-19 could contribute to child neglect

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ABSTRACT

Background: The ecosystemic approach to children's needs demands a cohesive response from societies, communities, and families. During the COVID-19 pandemic, the choices societies made to protect their community members from the virus could have created contexts of child neglect. With the closure of services and institutions, societies were no longer available to help meet the needs of children.

Objective: The purpose of this study is to examine parents' reports on the response their children received to their needs during the COVID-19 crisis.

Methods: During the period of the spring 2020 lockdown, 414 parents in the province of Quebec, Canada, completed an online questionnaire about the impact of the crisis on the response their children received to their needs.

Results: Compared to parents of younger children, parents of older children reported less fulfillment of their child's needs in three measured domains, namely cognitive and affective, security, and basic care needs.

Conclusion: These results are discussed in light of the policies and the resources societies have put in place during the crisis to help families meet the needs of their children. Societies must learn from this crisis to put children at the top of their priorities in the face of a societal crisis. Thoughtful discussions and energy must be given to ensure that, while facing a crisis, the developmental trajectories of children are not sacrificed.

1. Introduction

Two decades ago, [Dubowitz, Black, Starr, and Zuravin \(1993\)](#) presented a conceptual definition of child neglect that would influence the field of child maltreatment for the years to come. The authors provided a clear conceptual demonstration that child neglect could not be attributed solely to parents. Using an ecological model, they argued that children's basic needs were numerous and should

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be met by families, communities, and societies.

This approach differs from others by focusing on the social context and the socioeconomic factors related to an adequate response to children's needs (Dubowitz & Bennett, 2007; Lacharité, 2014; Léveillé & Chamberland, 2010; MacKenzie, Kotch, Lee, Augsberger, & Hutto, 2011). Other approaches focus primarily on parents. For instance, some research is based on attachment theory and attempts to understand child neglect in the context of the parent-child relationship (Dubois-Comtois et al., 2017; Moss et al., 2014; Toth, Sturge-Apple, Rogosch, & Cicchetti, 2015). A trauma-informed approach has also been developed to emphasize the traumatic experience of children exposed to child neglect, as well as their parents potentially traumatic childhood experiences (Milot, St-Laurent, & Éthier, 2016). Furthermore, certain approaches focus on improving parents' knowledge and skills (Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2016; Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009). However, according to a recent analysis, it appears that the ecosystem model would be the most relevant to produce research results that could adequately reflect this complex issue, since it avoids focusing solely on mothers and reflects more broadly on the context of child neglect (Lafantaisie, St-Louis, Bérubé, Milot, & Lacharité, 2020).

The UK has been a pioneer in transforming this theoretical model into a tool for assessing children's needs, the response to these needs, and the environmental factors that influence how these needs are met. The resulting Framework for the Assessment of Children in Need and Their Families (Department of Health, 2000) quickly became a useful tool for understanding and assessing children's situations. In 2010, a meta-analysis revealed that it was already being used by child protection agencies in fifteen countries (Léveillé & Chamberland, 2010).

The ecosystemic and developmental model defines the responses required to meet children's needs. These responses can be classified into different categories, with the lack of adequate responses leading to three types of child neglect. First, every child is entitled to a response to his or her basic care needs, including the provision of food, shelter, medical care, and clothing. An insufficient response to these needs constitutes a threat to the child's development and is considered physical neglect (Turner, Vanderminden, Finkelhor, & Hamby, 2019). Second, children need security, which involves ensuring safety while providing stability in the child's life. Failure to respond adequately to these needs would lead to supervisory neglect, which is the most prevalent form of child neglect in Canada (Ruiz-Casares, Trocmé, & Fallon, 2012) and in the U.S. (Vanderminden et al., 2019). Third, the child's cognitive and affective needs are expected to be fulfilled, which includes setting boundaries, offering stimulation, and showing love. A lack of response to these needs can lead to emotional neglect (Chamberland, Fallon, Black, & Trocmé, 2011; Kumari, 2020). An important feature of the ecosystemic model is that it does not identify the parents as being responsible for meeting all these needs. Rather, it raises the question of who could be responsible for each response. Responses could come from individuals, as well as institutions, and services. This implies that the more children are surrounded, the more likely they are to have their needs met (Department of Health, 2000).

The model also places the response to children's needs on a continuum. Child neglect is positioned at one extreme, where the response is insufficient to ensure the child's development and security. At the other end are the optimal responses to children's needs. From this perspective, a categorical assessment of the situation as being normal or clinical, although practical for intervention, does not accurately reflect reality. Rather, in some circumstances, certain needs appear to be more difficult to meet. In a study by Clément, Bérubé, and Chamberland (2016), about 20 % of parents stated that over the course of a year, there were times when their child's needs could not be met. Therefore, when resources are fully accessible, one in five parents can be expected to report unmet needs for their child. Past research has also shown that various risk factors are associated with a greater number of unmet needs, such as parental stress, difficulties balancing family and work, perceived poverty, depression, and parental issues with drugs and alcohol (Clément et al., 2016; Mulder, Kuiper, van der Put, Stams, & Assink, 2018; Norman et al., 2012; Stith et al., 2009). Lack of social networks and institutional support is also related to a less adequate response to security needs, leading to supervisory neglect (Klassen, Gonzalez, Sullivan, & Ruiz-Casares, 2020). However, research conducted with parents from the general population is still scarce (Clément et al., 2016; Vanderminden et al., 2019).

2. The effect of COVID-19 on families in Canada

Canada offers different types of support systems to help meet children's needs, including the education and childcare systems, the healthcare system, child protection services, and community organizations. However, in the context of the COVID-19 pandemic lockdown, it quickly became apparent that not all of these systems could meet the needs of children. As such, in the early rise of the pandemic, a scoping review highlighted how a crisis such as the one affecting the world in 2020 was weakening the social security protections that usually surround children (Institut national d'excellence en santé et en services sociaux (INESSS), 2020). Among other things, concerns were raised about the availability of food for children benefiting from food programs through schools or community organizations, the protection of children at risk of maltreatment, and supervision in cases where parents had to cope with full-time jobs and children at home due to the closure of schools and day-care centers. Other literature reviews conducted in the early stages of COVID-19 highlighted that the policies put in place to contain a pandemic also pose a risk to children in care and child protection services in general (Cuartas, 2020; Sistovaris et al., 2020). As such, the pandemic has caused a significant disruption in the shared responsibility for children's well-being, by leaving parents as the sole providers of all children's needs.

Data are beginning to emerge about the effects of COVID-19 on families. A Canadian survey conducted during the pandemic on a sample of 32 000 parents in Canada, most of whom are women with a bachelor's degree, indicates that about three-quarters (71 %) of parents were concerned that their child would have fewer opportunities for socialization, and half were concerned about their child's loneliness or social isolation. Almost two-thirds of parents (62 %) were concerned about the amount of time their child spends in front of a screen. Almost two out of three parents were concerned about managing their child's behaviors, stress, anxiety, and emotions. Finally, almost half of the parents were very or extremely concerned about their parenting behaviors. They feared raising their voice,

scolding or yelling at their child, and having less patience (Statistics Canada, 2020).

Another survey conducted during the pandemic among 2115 parents in the province of Quebec, Canada, revealed that during the confinement, 63 % of parents felt nervous and 36 % felt desperate either sometimes or most of the time. In total, 23 % of parents presented a score indicating psychological distress (Regroupement pour la valorisation de la paternité (RVP), 2020).

The current study aims to explore if the lockdown caused by the COVID-19 has created a context for child neglect. This raises the question of who is in the best position to document the response children receive to their needs. Parents have always been in a privileged position to report on their child's situation. This position became unique in the context of the lockdown, when they became the sole witnesses to their child. The purpose of this study is to document the response to children's needs during the lockdown in the province of Quebec, Canada. Reports from parents concerning the response their children received to their needs during the coronavirus lockdown were examined. Children were compared based on contextual factors known to be associated with a more difficult response to children's needs, namely child age, parental education, family-work balance, and parental stress.

3. Method

3.1. Study design and participants

MAVIPAN (Ma vie et la pandémie, My Life During the Pandemic) is a prospective longitudinal cohort developed to document the health, social, behavioral, and individual determinants and psychosocial impacts of the COVID-19 pandemic on individuals, aged 14 and over, across the Province of Quebec, the epicenter of Canada's COVID-19 epidemic (www.mavipan.ca). Data collection started on April 29th, 2020 through an online platform. Additional data collection points (~4 times/year) will occur over the next five years. Participants were recruited through media, social networks, and mass diffusion across healthcare establishments, universities, and large disease-based networks or associations across the province. MAVIPAN has received approval from the Quebec Integrated University Health and Social Services Center Population Health Ethics Committee. Participants included in the current analysis were adults living with children at home (parents or legal guardians, thereafter parents) who registered and completed MAVIPAN's Entry Questionnaire between April 29th and May 10th, 2020, which corresponds to the most severe lockdown measures established in the province, when schools and daycares were closed and children had to stay at home. In a Google compilation of population movements, Quebec appeared to be the State in North America with the highest level of compliance regarding lockdown restrictions (Péloquin, 2020).

3.2. Sociodemographic information and measures

The following sociodemographic characteristics and measures were extracted for the current study:

3.2.1. Income

Participants reported their household income in 2019. This measure was categorized as either low family income (0–39 999\$CD) or high family income (40 000\$CD or more).

3.2.2. Education

Participants indicated their highest diploma. This measure was categorized as either a high school level diploma (or equivalent) and lower, or a college or university diploma.

3.2.3. Children's age

Participants provided the ages of the children with whom they lived. All questions about children were asked for the oldest child in the household. This measure was categorized into three age groups: 0–5 years old, 6–12 years old, and 13–17 years old.

3.2.4. Working conditions during the lockdown

Participants were asked if they were employed at the time they completed the questionnaire (part-time or full-time) and whether they were working at home or on-site. These two measures were categorized into 1) working full-time or part-time from home, 2) working full-time or part-time on-site, 3) working full-time or part-time from home and on-site, or 4) unemployed.

3.2.5. Response to children's needs

Parents completed a questionnaire used in the 2018 population-based survey on violence against children in Quebec (Clément, Bérubé, & Julien, 2019). The questions are adapted from the short version of the Multidimensional Neglectful Behavior Scale Parent-Report (MNBS; Holt, Straus, & Kaufman Kantor, 2004), validated in Quebec (Clément, Bérubé, & Chamberland, 2017), combined with items from the Room for Parents Questionnaire (Bérubé et al., 2015). The questionnaire is composed of 11 items which are used to determine whether an adult living in the household has ensured that the needs of the child were met. For the MAVIPAN study, the respondent was asked to answer the questions in reference to the previous month. The questions are divided into three scales covering three forms of response to children's needs, namely the Cognitive and Affective Needs scale (4 questions, ex: During the last month, has an adult in the home shown an interest in the activities, games, or hobbies of the child), the Security Needs scale (3 questions, ex: Has an adult in the home ensured that the child is not exposed to unsafe behaviors?) and the Basic Care Needs scale (4 questions, ex: Has an adult in the household ever made sure that there was enough food for the child?). The responses to children's

needs were measured on a continuum, without the use of a clinical cut-off point at which children would be labeled as neglected. The response choices for the items are on a Likert-type scale ranging from 1 to 5: 1) Never, 2) Rarely, 3) Sometimes, 4) Often, 5) All the time. A mean score was computed for each of the three scales.

3.2.6. Parent-child interaction

The Parent-Child Interaction Scale of the Parental Stress Index was used to measure the stress that the relationship imposed on parents. The Parental Stress Index (PSI; created by Abidin, 1983 and translated by Bigras, LaFrenière, & Abidin, 1996) is a multidimensional tool that measures the stress associated with parental obligations, as perceived by the parent, as well as some of the child's characteristics. The short version of this instrument was used to facilitate data collection. A study by Lacharité, Éthier, and Couture (1999) demonstrates that the instrument is sensitive enough to differentiate neglectful parents from underprivileged parents. Each participant's responses to the 12 items on the scale were summed. Parents scoring above 26 were classified as having High Parental Stress because a score above this threshold is representative of parents in the 85th percentile or higher (Abidin, 1983).

4. Results

4.1. Descriptive

Of the 994 participants recruited during the study period, there were 414 parents of children aged 0 and 17 years. More mothers than fathers completed the questionnaire (85.7 % mothers). The majority of participants (81.4 %) had a household income of 40 000 \$ or more (in Canadian dollars). Most parents had a college or university degree (93.0 %). The majority of respondents were employed (82.8 %). One-third of the parents were working at their usual place of work (36.0 %), whereas 33.8 % were teleworking, and 13.0 % had a hybrid formula working from home and the office (Table 1).

4.2. Comparison analysis

Analyses were conducted using R software (version 4.0.1). Fisher's tests were performed on factors and p-values are presented. Student tests (with Bonferroni adjustment) were performed for 2 to 2 comparisons if a factor contained more than two categories.

4.2.1. Cognitive and affective needs

A significant difference between groups was found when comparing parents' answers regarding the response to cognitive and affective needs according to children's age ($F(2,353) = 25.76, p < .001$). Parents of teenagers reported less response to their child's cognitive and affective needs ($M = 4.23, SD = 0.69$) than parents of children aged 0–5 years ($M = 4.78, SD = 0.36$), and parents of children aged 6–12 years ($M = 4.53, SD = 0.46$). Parents of school-aged children (6–12 years old) also reported meeting these needs to a significantly lesser extent than parents of preschool-aged children (Figure 1).

Parents with high levels of parental stress related to parent-child interactions also reported less response to their child's cognitive and affective needs than parents who reported lower levels of parental stress ($F(1,317) = 23.4, p < .001; M = 4.27, SD = 0.63$ and $M =$

Table 1
Sociodemographic Information of Participants (N = 414).

		n	%	Mean	Min	Max
Gender	Women	355	85.7			
	Men	58	14.0			
	Other	1	0.2			
Age (yo)				40.2	18	71
Age of Children (yo)	0–5	94	22.7			
	6–12	160	38.6			
	13–17	160	38.6			
Household Income (CD)	0–39 999\$	22	5.3			
	40 000\$ or more	337	81.5			
	Not specified	55	13.3			
Education Level	High School Diploma or Less	26	6.3			
	College or University Diploma	385	93.0			
	Other	3	0.7			
Employment	Unemployed	65	15.7			
	Telework	140	33.8			
	Usual Work Place	149	36.0			
	Hybrid (Telework And Work Place)	54	13.0			
	Other	6	1.4			

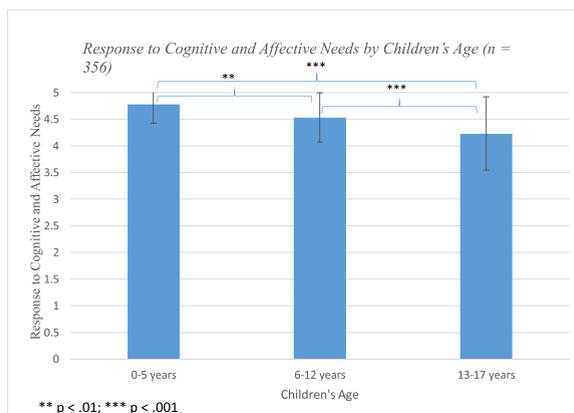


Fig. 1. Response to Cognitive and Affective Needs by Children's Age ($n = 356$).

4.59, $SD = 0.46$, respectively) (Figure 2).

4.2.2. Security needs

A significant difference between groups was found for security needs when comparing children's age groups ($F(2,331) = 15.39, p < .001$). Parents of teenagers reported that they were significantly less able to ensure a response to their child's need for security ($M = 4.32, SD = 0.91$) than parents of school-aged children ($M = 4.63, SD = 0.71$), and parents of preschoolers ($M = 4.90, SD = 0.36$). Parents of school-aged children indicated having less confidence in responding to these needs than parents of preschoolers (Figure 3).

4.2.3. Basic care needs

A comparison of age groups for basic care needs also revealed significant differences ($F(2,343) = 18.46, p < .001$). Parents of the 13–17 year-old age group reported a significantly smaller response to basic care needs ($M = 4.48, SD = 0.87$) than parents of children aged 0–5 ($M = 4.98, SD = 0.08$) and 6–12 years ($M = 4.83, SD = 0.50$) (Figure 4). Parental responses also differed according to the educational level of the parent who participated in the survey ($F(1,344) = 7.23, p < .01$). Parents with a high school diploma or less perceived more difficulty meeting their child's basic care needs ($M = 4.36, SD = 1.19$) than those with a college or university degree ($M = 4.75, SD = 0.60$) (Figure 5).

5. Discussion

During the COVID-19 lockdown, parents of older children reported experiencing more difficulty ensuring their child's needs were met than parents of younger children. These findings are not representative of the results of research conducted prior to COVID-19, although comparisons are difficult to make given the differences between samples. For instance, the current results are representative of a sample composed mainly of employed and educated parents. A population-based study conducted in Quebec in 2012 and repeated in 2018 showed that children's age was not a significant predictor of their needs being met (Clément et al., 2016, 2019). A

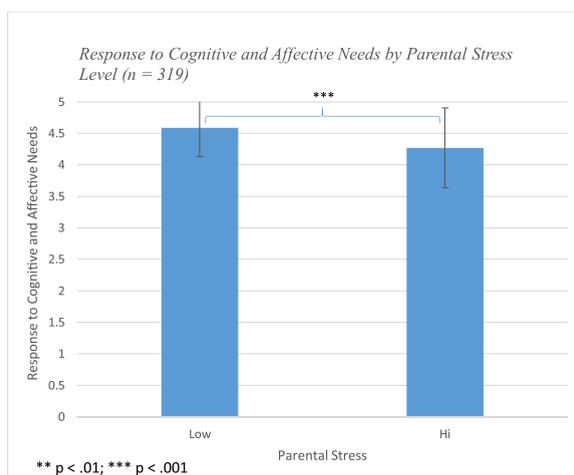


Fig. 2. Response to Cognitive and Affective Needs by Parental Stress Level ($n = 319$).

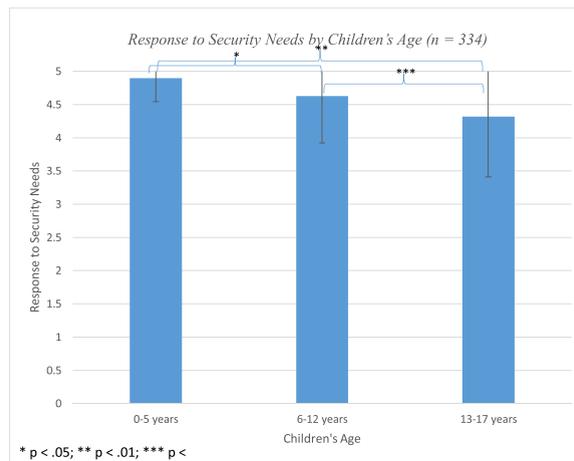


Fig. 3. Response to Security Needs by Children's Age (n = 334).

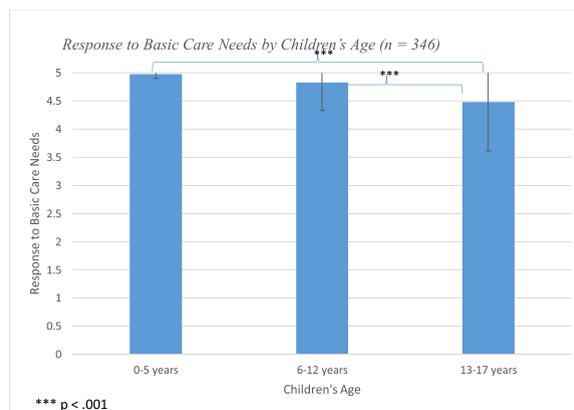


Fig. 4. Response to Basic Care Needs by Children's Age (n = 346).

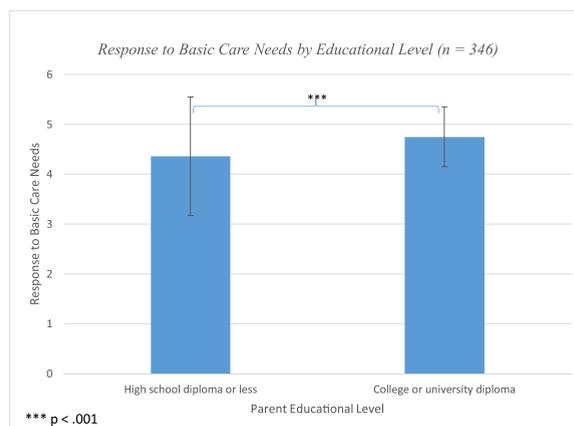


Fig. 5. Response to Basic Care Needs by Educational Level (n = 346).

meta-analysis by Mulder et al. (2018) on risk factors for child neglect also concluded that children's age is not a risk factor for child neglect. As the authors note, for studies including the age factor, children identified as neglected tend to be younger. The results of the current research could therefore be specific to the context of the lockdown. These data challenge societies' responses to a crisis such as COVID-19. While societies must learn more about the effectiveness of public health decisions, they must also consider the social and

psychological consequences these decisions can have on children in both the short and long term.

Our results are consistent with numerous studies that have raised awareness on the potential negative impacts of the lockdown, particularly for school-aged children, on many aspects of child development, including physical and mental health (Golberstein, Wen, & Miller, 2020; Liu, Bao, Huang, Shi, & Lu, 2020; Wang, Zhang, Zhao, Zhang, & Jiang, 2020). In the context of neglect, there is a tendency to put all the responsibility on the parents, although it is theoretically recognized that parents should not be the sole providers of all the child's needs (Lafantaisie et al., 2020). The fact that the response to younger children's needs seems less affected by the lockdown may simply reflect the fact that these parents are more used to assuming most of the responsibilities for their children. This does not imply, however, that these parents find it easy to be the main providers in times of pandemic. The difficulties in meeting children's needs in the context of the pandemic highlight the link between the lack of support outside the immediate family and the precariousness of the response to children's needs.

Among other findings, the present study found that certain risk factors continue to place some families at greater risk than others. Even when a crisis affects everyone, it appears that some are more severely affected than others. Needs related to basic care were more difficult to meet for parents with lower levels of education. Moreover, the children's cognitive and affective needs were more difficult to meet for parents with high levels of parental stress related to parent-child interactions. These results were also observed in non-pandemic times (Stith et al., 2009). The current context exacerbates social inequalities that already exist, with some groups facing even more precarious situations (e.g. women, racialized people, people living in poverty, people from the LGBTQ community) (Bowleg, 2020; Gausman & Langer, 2020; Templeton et al., 2020; Tircheret & Zorn, 2020). However, even families that are not generally identified as being vulnerable or at risk of neglect find themselves in situations where it is difficult to meet the needs of children. Gervais and colleagues (interviewed 215 parents and 195 children who were considered wealthy: 96 % of the parents in the sample had a college or university degree and 65 % had a family income of at least \$80,000 per year. Nevertheless, these families are vulnerable to the current situation. Many reported symptoms of anxiety (65 %), symptoms of depression (48 %), low parental satisfaction (18 %), family dysfunction (25 %), and loneliness (20 %). Among the children whose parents must work, many have had to learn how to care for themselves and would like to spend more time with their parents (Gervais et al., 2020).

Even in times of pandemic, it is essential to ensure a societal contribution to meeting the needs of children of all ages. The following sections describe the changes in societal contribution to meeting these needs during the COVID-19 crisis, as well as a discussion of the role that societies must continue to play to avoid sacrificing children's futures.

5.1. Cognitive and affective needs

Many societies around the world have created comprehensive systems to enable shared responsibility for children's needs. Article 28 of the 1959 Convention on the Rights of Children Education states that every child has the right to have access to free, quality education from an early age. The COVID-19 pandemic has severely affected education systems. Around the world, schools were closed for weeks and months. UNESCO has reported an unprecedented disruption of education, with at least 1.2 billion students out of school (Giannini & Brandolino, 2020). Many acknowledge that this is the first time in history that an entire generation of children around the world has had its education disrupted (Warren & Wagner, 2020). Viner et al. (2020) conducted a rapid systematic review of the effectiveness of school closures on the management of previous coronavirus outbreaks. Coronavirus is the name of a family of viruses. Before the COVID-19 coronavirus, certain societies dealt with other types of coronavirus such as the severe acute respiratory syndrome (SARS), or the Middle East respiratory syndrome (MERS). The authors reviewed these two coronavirus outbreaks and included available data from the COVID-19. They concluded that school closures were not associated in the past with increased pandemic control. They also found that mathematical models show mitigated predictive results on the effectiveness of this measure. Other authors also came to the conclusion that school closure is an effective measure only when the virus is affecting children in larger proportion than adults (Esposito & Principi, 2020). Consideration of the cost-benefit ratio becomes particularly important.

As stated in a UNESCO report, the reopening of schools must be considered for much more than its immediate contribution to the economy. As UNICEF Executive Director Henrietta Fore said:

“Rising inequality, poor health outcomes, violence, child labor, and child marriage are just some of the long-term threats for children who miss out on school [...]. We know the longer children stay out of school, the less likely they are to ever return. Unless we prioritize the reopening of schools – when it is safe to do so – we will likely see a devastating reversal in education gains” (UNESCO, 2020, para. 3).

While some institutions have been able to offer online schooling, this form of education requires technological equipment that is not accessible to all children. In addition, distance learning is possible with the support of adults who can help establish the connection, and ensure that the child remains focused and engaged, and is able and motivated to complete the required work. Parents often bear much of the responsibility for the quality of the learning experience their child will have access to. Inequalities among children may be one of the consequences of the crisis. An economic analysis estimates that the resulting discrepancy in the socioeconomic status among students based on their literacy skills could be increased by 30 % (Haack & Lefebvre, 2020). All this information must be taken into account when responding to a crisis.

When it comes to children's affective needs, the response usually comes from many sources such as parents, extended family members, teachers, caregivers, and friends. However, the COVID-19 lockdown has restricted contact with those who support and love children while eroding the family support system (Cuartas, 2020). In a study of children's perceptions of the pandemic, several of them mentioned that they lacked the presence of their friends. Some struggled to understand that they were not allowed to keep in touch with a friend, always the same one, who could have been part of a safety circle created during COVID-19 (Gervais, Côté, & Lalonde,

2020).

5.2. Security

Ensuring the security and safety of children is an issue of primary concern for Child Protection Services (CPS). In a review of meta-analysis studies based on self-reported and informant-reported experiences of maltreatment, [Stoltenborgh, Bakermans-Kranenburg, Alink, and van IJzendoorn \(2015\)](#) found that the prevalence of child maltreatment was approximately 12,7% for sexual abuse, 22,6% for physical abuse, 33,6% for emotional abuse, 16,3% for physical neglect, and 18,4% for emotional neglect. Generally, referrals to CPS are made by community members who interact with these children on a daily basis. In a 2019 report, the Director of Youth Protection in the province of Quebec, Canada, indicated that 20,1% of reported cases came from schools, 33,7% came from community organizations, and 9,4% were attributed to members of the community ([Direction de la protection de la jeunesse \(DPJ\), 2019](#)). During the pandemic, these sources lost contact with children. As a result, the number of children referred to CPS has decreased significantly ([Bhopal, Buckland, McCrone, Willis, & Owens, 2020](#)).

Children's security also includes the right to grow up in a violence-free environment. Numbers emerging around the world show increases of 20–30% in domestic violence reports or calls ([Boserup, McKenney, & Elkbuli, 2020](#); [Campbell, 2020](#)). The crisis will have increased the number of children with traumatic experiences and more services with a trauma-informed approach will be needed ([Collin-Vézina, Brend, & Beeman, 2020](#)).

Official data are not yet available to compare the situation of children in CPS last year with that of the current year. Moreover, it will take time to understand the real effect of the crisis on child maltreatment, as cases will emerge in the upcoming months. What is seen now could only be the tip of the iceberg. Important resources have been put in place in many societies over the past decades to ensure that children do not stay behind closed doors and that they receive support as soon as possible. These social values must not disappear, even in times of pandemic. Mechanisms must be implemented to ensure the security of children at all times.

5.3. Basic care: healthcare, food, shelter, and clothing

Free and available medical care is not offered universally. Where available, it has been associated with a decrease in infant mortality, with a subsequent reduction in the mortality rate of the exposed population ([Lührmann & Wilson, 2018](#)). In a comparative study among 17 countries, [Kim and Lane \(2013\)](#) found a correlation between increased public health expenditures and lower infant mortality rates, as well as increased life expectancy at birth. Currently, many countries offer free universal medical care and medical monitoring from infancy through late adolescence.

During the COVID-19 crisis, most parents were advised to postpone their child's vaccinations and medical examinations for children over the age of two ([McCarthy, 2020](#)). As a result, the number of routine vaccines ordered by health care providers declined an indication that routine vaccinations were no more on the schedule for many children ([Santoli, 2020](#)). While most of the world's shopping malls reopened, no clear government advice was given to parents to resume health and immunization monitoring. It is questionable whether shopping malls are a safer place for children than pediatric offices. In times of crisis, children's basic health needs should quickly become the focus of discussion and policy, and clear guidance should be given to families.

Another basic need is the access to food. In many countries, the community, schools, and charitable organizations have been assuming part of this responsibility for several decades now. Schools are an important resource where children, especially those living in poverty, can have access to a healthy meal ([Van Lancker & Parolin, 2020](#)). In Canada, more than 250 000 free breakfasts are served every day at school to children growing up in vulnerable situations (<https://www.breakfastclubcanada.org>). These resources were no longer available during the lockdown. Local initiatives have tried to take over, but without a comprehensive organization, it is impossible to ensure that the nutritional needs of the majority of vulnerable children are met.

In the United States, government financial support for the program was reallocated directly to eligible families who could receive a monthly allowance, raising the question of whether all children in need would be eligible, as in the case of undocumented immigrants, for example ([Dunn, Kenney, Fleischhacker, & Bleich, 2020](#)). Moreover, in doing so, the State has placed all responsibility for feeding children in the hands of parents, thereby replacing the idea that children should be surrounded by an entire community.

6. Limits and further directions

The current study reflects the responses of parents who took the time to complete an online survey distributed in Quebec, Canada, during the COVID-19 pandemic and lockdown. Hopefully, this situation created unique circumstances that may not be experienced again. However, history has shown us that from time to time, societies face crises of various scales. Quebec, for example, experienced a major ice storm in 1998 that kept families isolated and transformed schools into shelters, depriving some families of electricity for five weeks in the midst of winter. The effect of this prenatal stress on babies was studied in a project known as the Project Ice Storm. The detrimental short and long-term consequences on children's development are still evident more than 20 years after the events ([Ping et al., 2020](#)). This highlights the importance of documenting the effects of a crisis, even if the results do not appear to be generalizable.

The current results apply to the beginning of the pandemic crisis. At present, the results reflect the difficulties encountered by parents during the first, intense phase of the crisis. Further difficulties may arise as the pandemic unfolds and evolves into a crisis involving less dramatic measures such as complete lockdown, but more latent stress. Children who appear to be the most protected today may be at risk over time. Further data collection with the MAVIPAN project is planned in the months and years to come. These data will allow for more complex models of the interaction between risk factors and children's needs. The present study is a first

glimpse at how the crisis has affected the realities of families and made it difficult to meet children's needs.

Our study did not differentiate between mothers and fathers and did not analyze parental reorganization in terms of shared responsibility during the lockdown. In a survey by Audy et al. (2020), 40 % of parents indicated that the crisis had a positive impact on the way they co-parented. About 67 % of parents perceived spending more time with their children during the pandemic as positive. Thus, certain aspects of the pandemic could also have been positive for some families.

Moreover, this study primarily involved working parents with high levels of education. This group of participants is generally described as privileged. The crisis made it easier for researchers to reach parents who were in front of their computers. Conversely, the pandemic made it even more difficult than before to reach vulnerable families for both intervention and research. As a result, there may be less data available on how these families felt and behaved during the lockdown. When available, such data will be particularly important to ensure that the voices of families who may have been more affected than others are heard.

Finally, child neglect is difficult to measure as it represents an omission rather than a commission of behaviors. Authors have recommended using a broader perspective that would include environmental factors affecting the response to children's needs (Clément et al., 2017; Lacharité, 2014; Jonson-Reid et al., 2019; Turner et al., 2019). Some tools are based on the ecosystemic model. The tools developed within the framework of the AIDES initiative offer a good example of the integration of the model in the measurement of child neglect contexts (Dufour, Lessard, & Chamberland, 2014). The tool Room for Parents also makes it possible to measure children's needs, the response they receive to these needs, and the environmental factors that affect both the needs and the response to these needs (Bérubé et al., 2015). These tools should be favored to obtain a complete picture of the situation a child is facing. However, they are too lengthy to be used in surveys. The tool proposed for this study has the advantage of being short and of targeting the three main areas of child needs. It also addresses the response to needs rather than targeting faulty parental behaviors, which has been criticized with other tools such as the MNBS (Holt et al., 2004) or the Mother-Child Neglect Scale (Lounds, Borkowski, & Whitman, 2004) (see Clément et al., 2017). However, it does not provide information on the environmental context of the response to these needs. Thus, further work is needed to develop a valid tool to measure the context of child neglect in the general population.

7. Conclusion

During the COVID-19 pandemic, societies made choices to protect their citizens from the virus. These decisions could have created contexts of child neglect. With the closure of services and institutions, and the isolation of families from communities, as well as formal and informal social supports, many children experienced unmet needs. Whereas part of this response was justified by the unprecedented spread and the many unknowns about the virus, certain decisions did not consider meeting the needs of children a priority. Societies must learn from this crisis to put children at the top of their priorities in the face of a societal crisis. Thoughtful discussions and energy must be given to ensure that, while facing a crisis, the developmental trajectories of children are not sacrificed.

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