针对婴幼儿及其看护者的新冠肺炎（COVID-19）
城市应对方案

AN URBAN RESPONSE TO COVID-19:
SUPPORTING BABIES, TODDLERS, AND THOSE WHO CARE FOR THEM

1 引言

众所周知，婴幼儿（0至5岁）更易受到伤害，且需要持续的爱和关怀才能够茁壮成长。科学研究表明，婴幼儿时期对于人一生的健康及发展至关重要[1]。面对新冠肺炎（COVID-19）疫情，城市需要为婴幼儿及其看护者制定针对性措施，以确保婴幼儿的健康并降低其长期发展的负面影响。城市的应对措施不一定是全新的，而是应结合现有干预措施，系统性地考虑相关人群的需求。这也是对城市包容性的一次检视：如果孕妇、婴幼儿及其看护者的身心健康和未来发展得到了保障，那么城市中的其他人也就基本得到了保障。

摘要

婴儿的大脑每秒能形成100万个新的神经连接，这些连接为他们的终生发展奠定了基础，其产生也受到婴幼儿从其主要看护者那里获得照顾的频次、质量，以及他们所处环境的影响。为保护婴幼儿及其看护者的健康，降低新冠肺炎（COVID-19）对他们的负面影响，城市需要为他们量身定制应对措施。由于公园等主要基础设施和服务设施的关闭、出行受限以及社区隔离等因素，婴幼儿看护者（通常为其父母）难以获得城市的日常支持，这将影响城市中婴幼儿的健康发展。城市可以通过允许远程访问、改造基础设施与调整服务等一系列积极措施来支持看护者，以确保他们可以安全地获得关键服务并享有城市空间。这些措施不一定是全新的，而应结合现有干预措施，系统性地考虑相关人群的需求。对此，城市可以将共情措施与相关家庭的数据结合起来，并应用于疫情应对措施的评估、定位和制定工作之中。

关键词

婴幼儿；看护；新冠肺炎（COVID-19）；Urban95倡议；共情；数据

ABSTRACT

A million new neural connections are formed every second in a baby’s brain. These connections lay the foundations of their lifelong development, and are shaped by the amount and quality of care they receive from their primary caregivers, and by their immediate environment. To protect their health and limit negative consequences from COVID-19 on their long-term development, cities need to tailor their COVID-19 response to the needs of babies, toddlers, and their caregivers. The COVID-19 pandemic affects babies and toddlers in cities by making it harder for their caregivers — most often their parents — to access their regular support systems, due to closures of services and key infrastructure such as parks, mobility restrictions, or isolation from the community. Cities can actively support caregivers through a range of solutions allowing remote access, or adapting infrastructure, services, and facilities to ensure safe in-person access to key services and urban spaces. This does not always require new solutions, but rather a systematic consideration of their needs into existing interventions. To do so, cities can combine empathy methods with data about families, and use those when assessing the situation, and then locating and designing their urban response to COVID-19.

KEYWORDS

Babies and Toddlers; Caregiving; COVID-19; Urban95 Initiative; Empathy; Data
COVID-19与城市生活

城市是一个复杂的交互系统，且这些交互通常发生在较小的空间范围内。COVID-19重新定义了人际交往中“安全”的含义。仅在短短数周内便颠覆了城市生活。如今，在那些原本意在促进人际交往的城市空间中，人们却需要避免身体接触，在必要的身体接触中也需尽量保持距离——要做到这些是很困难的，或者至少会让人感觉有些别扭。

大多数城市试图通过减少人群聚集来减缓COVID-19的传播。这导致诸如幼儿园、学校、商店、饭店、酒店、咖啡厅和体育设施等人流密集的服务场所处于关闭状态，甚至一些公园和地标性公共场所也会经常关闭。居民被要求减少出行并尽可能居家办公，许多城市甚至出台了限制“非必需出行”的法规，要求人们只能在需要接受医疗服务或采购日常生活用品等必要时刻才能出门。

由于可去的地方变少，而且被明确要求留在家中，人们的出行次数大幅下降，在一些地区甚至下降了80%以上[1]。送货上门和外卖业务正如火如荼，使物流系统面临严峻的考验。即便出门，居民也避免乘坐公共交通工具[4]而选择步行和骑行[5]。空气污染水平、噪音、交通拥堵情况和交通事故的发生率明显下降[6][9]，让人们体验到了“少车城市”的感觉。便捷可达的服务、出门散步和亲近自然则比以往任何时候都更显珍贵。公共生活不但需要保持距离，其发生场所也转移到了阳台、窗边、院子里或智能手机上。人们的焦虑和压力水平普遍增加[10]，但却难以获得排解这些情绪的服务和社区支持网络，这使得人们的孤独感和隔离感日渐加重[11]。

COVID-19的爆发暴露了城市系统在公平性方面的失衡。在医疗、福利、经济、社区、基础设施体系高负荷运转时，脆弱人群所受的影响尤其明显。这些人群受感染的可能性更大，且在患病后所能获得的支持更为有限——不但那些在疫情期间无法居家办公或根本无法工作的看护者正面临这一窘境，生活在受污染严重地区和非正式定居点的家庭，寻求庇护的难民家庭、举家流浪者，以及面临家庭暴力风险的妇女和儿童也是如此。上述人群除了会受到种族、性别、性取向、能力或年龄等方面的既有歧视之外，往往在其他方面也存在脆弱性[12]。
3 这对婴幼儿及其看护者而言意味着什么？

1) 婴幼儿家庭通常需要更多、更频繁的育儿或保健服务，但在当前情况下，获得这些服务的渠道减少，同时也存在安全隐患。

2) 获得亲近自然和户外玩耍的机会对于儿童的成长及其看护者的福祉至关重要，但由于当前必须避免身体接触的规定，这样的机会大幅减少。

3) 由于步速较慢、在公共交通工具和人行道上需要更多空间，以及需要更频繁地停下休息等原因，婴幼儿看护者的活动范围就受到一定程度限制，而针对疫情实施的隔离措施进一步限制了看护者及婴幼儿的出行选择。

4) 看护者的看护行为有赖于社会网络的支持，例如将孩子送至托儿所，或请长辈、邻居帮忙照看，但这些方式如今均受到限制或无法保证安全。

4 疫情期间城市支持婴幼儿及其看护者的7种方法

方法一：为看护者提供更多的时间和空间便利。托儿服务的暂停使看护者需花费更多精力照顾婴幼儿，有时甚至因此无法工作。调整工作时间可以使他们在居家工作的同时照顾孩子，或者，也可像巴黎那样，在保证安全距离的前提下提供最基本（且尽可能免费）的托儿服务。

方法二：尽可能以数字化方式提供服务。尽可能提供远程医疗或在线家长指导等数字化服务，使医疗机构以及公共交通工具不会过于拥挤，从而有效减少身体接触。此外，可利用家长网络共享疫情相关信息，如以色列特拉维夫市所采用的Digital数字平台[13]。还要确保心理咨询热线服务。

方法三：为看护者维持必需的公共交通服务并作出适当调整。考虑到公交车和公共交通工具的安全距离，降低火车和公交车的准乘人数以使乘客之间保持一定距离。澳大利亚悉尼市尽可能地采用自动化设施与服务（如感应门、扫码支付等）以降低接触感染的风险[19]。此外还应增加清洁频率。

方法四：增加公共卫生设施。许多居住在非正式定居点或无家可归的家庭缺乏安全可靠的卫生设施。卢旺达首都基加利在这些家庭的定居点附近安装了临时卫生设施，包括厕所与淋浴设备，引入清洁水源，并供应肥皂[15]。其中一些设施可以长期使用并推广到其他公共场所。

方法五：完善就近服务。确保婴幼儿家庭可在15分钟步行范围内购买到日用品和婴儿用品。如有必要，可提升物流运力或开发送货上门服务，同时确保送货员在送货时与客户保持距离。这方面的例子可参考中国[16]。也可为本地商店提供必要的经济支持，并将商店附近的停车场作为临时排队空间，以确保顾客之间的安全距离。

方法六：灵活改造基础设施，使行人重获路权。为了使婴幼儿能够在自然环境和开放公共空间中安全地玩耍，并保证看护者能够获得舒适的休息空间，新西兰将城市停车场和行车间道进行改造以拓宽人行道[20]，哥伦比亚波哥大则增加了自行车道数量以应对骑行者的激增[21]，阿尔巴尼亚地拉那将街道改造为可以安全玩耍的步行空间，开放学校操场作为游乐场地，并明文规定了使用人群，以保障
最脆弱的群体能够使用这些公共场所。方法七：净化空气。空气污染是加剧疫情的因素之一，而婴幼儿和孕妇更易受其影响。疫情期间交通量的减少有助于提升空气质量，城市管理者应当探索解除出行限制后继续保持交通流量保持在较低水平的方法，例如，继续实施交通简易化措施，鼓励人们居家办公，提供更清洁、更安全的公共交通设施，以及促进积极出行等。

## 5 利用共情措施和数据制定应对措施

共情有助于使城市管理者和设计师从婴幼儿和看护者的角度出发看待问题，数据则对于制定明智的资源分配和设计干预决策至关重要。

### 5.1 优先考虑最脆弱的家庭

共情：倾听、理解和识别城市中存在的各种脆弱性因素及其对那些脆弱家庭的影响，有助于设计出更为有效的解决方案。设计过程中可以和当地组织及现有的代表机构进行合作，并与那些脆弱家庭进行沟通，明确告知其在未来几周或几个月后设计将会带来的积极改变。

数据：除了密切关注病毒感染情况、医疗系统救治能力和死亡率之外，还可以像土耳其伊斯坦布尔那样绘制出最脆弱家庭所在位置以及各种脆弱因素在整个城市中的分布情况，如实际情况不允许，可根据现有数据集提取部分替代性指标以了解当地的脆弱程度。同时，可借助数据分析出最需要特定解决方案的地点，并监测设计目标的实现情况。

### 5.2 增强婴幼儿及其看护者的适应能力

共情：努力了解疫情期间婴幼儿及其看护者的日常生活情况，并总结出那些真正有效的应对措施。考虑哪些措施可以在疫情结束后继续实施（例如交通简易化、拓宽自行车道、完善托儿服务、居家办公、提高街道和公共交通设施的清洁度），哪些措施应当在疫情结束后撤销（例如出行限制、增加物流运力，以及企业停工和关闭公园）。后一类措施可被列入城市应急管理条例，以应对下一次危机。

数据：全面了解所在城市对疫情的应对情况，包括追踪出行方式、公园人流量及托儿服务使用率的变化，收集关于公共生活和看护者心理健康情况的数据，以定性并定量评估所在城市在哪些方面针对婴幼儿及其看护者进行了改进，以及随着时间的推移，这一长期性的结构变化将如何弥补城市的不足。此外，还可以持续记录所在城市的整体健康趋势，并就如何降低诸如空气污染等环境因素对疾病的影响制定目标。

通过将共情措施和数据相结合，城市可以优先考虑疫情爆发下最脆弱的家庭，更好地识别、制定相关应对措施并准确确定实施，以使它们发挥最大效用，从而提升婴幼儿及其看护者应对疫情的韧性。LAF
1 Introduction

We know that babies and toddlers (0 – 5 years old) are more vulnerable, and require constant love and care to thrive. The science also tells us that their first few years of life are decisive to their lifelong health and development[1]. To protect the health of the youngest residents and limit negative consequences on their long-term development, cities need to tailor their COVID-19 response to babies, toddlers, and their caregivers. This does not always require new solutions, but rather a systematic consideration of their needs into existing interventions. Think of it as an inclusivity-check: if pregnant women, babies, toddlers, and their caregivers are safe and thriving, it is likely that everyone else is too.

Striving to integrate a focus on babies, toddlers, and those who care for them in the design, planning, and management of cities is the objective of the Urban95 Initiative from the Bernard van Leer Foundation, based in the Netherlands and working with cities across the world[2]. If you could experience the city from 95 cm — the height of a 3-year-old child — what would you change? This is the simple and bold question that the Urban95 Initiative has been asking city leaders, urban planners and designers since 2016. Answers have come from across the world and have proven valuable to think of urban spaces differently, and to explore innovative solutions to supporting the development of babies and toddlers, and the well-being of caregivers. Some of these insights can now be applied to help urban decision makers, planners, and designers include a focus on their youngest residents in their COVID-19 response.

2 COVID-19 and Urban Life

A city is a complex system of interactions concentrated in relatively small spaces, and COVID-19 has redefined what is considered safe in terms of human interaction, turning urban life upside down in just a few weeks. We now need to avoid physical interactions in places designed to foster them, and when they must happen, we need to keep distance, which is often difficult or simply feels wrong.

In most cities, measures to slow the spread of COVID-19 try to reduce crowding. This translates into the closure of services such as kindergartens, schools, shops, restaurants, hotels, cafés, and sports facilities. Parks and landmark public spaces are often closed too. Residents are asked to stay home and work from there when possible. In many cities, their movement is restricted by law to essential trips such as those related to health or groceries.

With fewer places to go to, as well as a clear ask to stay home, the number of trips has fallen — sometimes by more than 80%[3]. Home-delivery and take-away are sky-rocketing and logistic systems are on a strain. Residents avoid public transit[4], and walking and cycling have gained in popularity[5]. Levels of air pollution, noise, traffic congestion, and road accidents have tumbled[6-9], giving us a glimpse of how car-low cities could feel like. Proximity of services, walkability, and access to nature are now more valued than ever. Public life has shifted to distanced interactions, and happens from balconies, windows, yards or smartphones. Anxiety and stress levels are on the rise at population level[10], and reduced access to services and community support networks have led to more loneliness and isolation[11].

COVID-19 highlights the shortcomings of our urban systems when it comes to equity. By putting our systems — health, welfare, economy, community, and infrastructure — under pressure, COVID-19 is disproportionately affecting vulnerable populations, who are much more likely to be infected and to suffer from severe...
consequences of falling ill, but also less able to access support. This is the case for caregivers unable to work from home — or to work at all — during the crisis. It also includes families living in heavily polluted urban areas, those in informal settlements, asylum seekers and refugee families, homeless families, and women and children at risk of domestic violence. Often, families compound several vulnerabilities, on top of existing discriminations related to race, gender, sexual orientation, ability, or age[12].

3 What Does It Mean to Babies, Toddlers, and Their Caregivers?

1) Families with babies and toddlers typically need to access more services such as childcare or healthcare, and more frequently than other residents, yet access to services is now restricted or less safe.

2) Access to nature and play opportunities are crucial to the development of children and the well-being of caregivers, yet hard to maintain under physical distancing requirements.

3) The mobility range of caregivers with young children is restricted by their slower pace, their need for more space on transit and on sidewalks, and the necessity to pause and rest more frequently. COVID-19 movement restriction measures are further reducing mobility options for caregivers and young children.

4) Caregivers tend to rely on support networks for caregiving — formal such as childcare, or informal such as grandparents or neighbours — to which access is now restricted or unsafe.

4 Seven Ways for Cities to Support Babies, Toddlers, and Their Caregivers during COVID-19

1) Make time and space for caregiving: Most childcare options are no longer available, which places caregivers in stressful situations, sometimes preventing them from working. Adapt working hours to accommodate for caregiving when working from home, and, like Paris, maintain a minimum (and possibly free) childcare service with distancing for the others.

2) Provide services digitally when possible: Rely on digital means of service provision whenever possible, such as telemedicine and online parent coaching. This reduces the need for physical contact and frees space in healthcare facilities and on public transit. In addition, make use of parent networks such as Tel Aviv’s Digitaf to share information related to COVID-19[13]. Also ensure that mental health helplines stay operational.

3) Maintain but adapt transit for caregivers who rely on it: Consider changing protocols to protect bus drivers and other transit workers from infection. Lower the maximum capacities on trains and buses to allow for distancing. Like Sydney, automatize as much as possible (doors, payment, etc.) to reduce the need to touch things[14]. Increase the cleaning frequency.

4) Expand public access to sanitation: Many families in informal settlements, or living homeless, do not have reliable access to sanitation. Install temporary sanitation facilities like in Kigali, capital of Rwanda — toilets, showers, clean water, and soaps — close to where vulnerable families live[15]. Some of these can be made permanent and expanded to other public spaces.

5) Enhance proximity: Ensure that families have access to groceries and baby supplies within a 15-minute walk. If necessary, grow logistical delivery capacity or home deliveries like in China, while ensuring distancing protocols for workers[16]. Support local stores financially if needed, and allow them to make use of parking spaces for customers to practice distancing while queuing.

6) Make infrastructure flexible, and reclaim space from cars: Increase access to nature and open public spaces where babies and toddlers can safely play and where caregivers can comfortably rest, for example by using parking space and car lanes to expand sidewalks like in New Zealand[17]. Or expand cycle lanes to accommodate the surge in cycling like in Bogota, Colombia[18]. Pedestrianize streets for play or open schoolyards as playgrounds, and regulate who can use public spaces, to ensure access to the most vulnerable, like in Tirana, Albania[19].

7) Clean up the air: Air pollution is an aggravating factor for COVID-19 infections, and babies, toddlers, and pregnant women are more vulnerable to it. Reduced traffic during the
低公允价值: 3~513 TL/m
Low fair value: 3 ~ 513 TL/m

中等公允价值: 528 ~ 3,081 TL/m
Intermediate fair value: 528 ~ 3,081 TL/m

高公允价值: 3,187 ~ 7,852 TL/m
High fair value: 3,187 ~ 7,852 TL/m

超商公允价值: 8,271 ~ 12,477 TL/m
High+ fair value: 8,271 ~ 12,477 TL/m

极高公允价值: 13,044 ~ 23,734 TL/m
High++ fair value: 13,044 ~ 23,734 TL/m

*注

伊斯坦布尔的人口加权平均公允价值为1,331 TL/m²。

Population weighted average fair value in Istanbul is 1,331 TL/m².

**NOTE**
epidemic helps improve air quality, and city administrators should explore ways to keep it as low as possible when lifting travel restrictions, for example, by keeping some traffic calming measures, encouraging working-from-home, making transit cleaner and safer, or promoting active mobility.

5 Structure the Response with Empathy and Data

Empathy helps adopt the perspective of babies, toddlers, and those who care for them, and data is crucial to make informed decisions for resource allocation, intervention location, and design.

5.1 Prioritize the Most Vulnerable Families

Empathy: Listen, understand, and identify the various vulnerabilities existing within the city and how some families are compounding them. Understand what drives their choices to design more effective solutions. Rely on local organizations and existing representation institutions. Communicate clearly on what success looks like over the next weeks and months.

Data: In addition to tracking infections, healthcare capacity or death rates, map the locations of the most vulnerable families, and how vulnerabilities are playing out across your city, like in Istanbul, Turkey. Rely on proxies from existing data sets if needed. In parallel, use data to design appropriate solutions and locate them where most needed, and to monitor progress towards your objective.

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