



**Children's Commissioner for Jersey**  
Promoting and Protecting Children's Rights



## Child Rights Impact Assessment

**Impact Assessment by:** Commissioner for Children and Young People Jersey, Strategic Policy, Planning and Performance (SPPP) and Children, Young People Education and Skills Department (CYPES).

**Date:** 14/9/21

### STAGE 1: SCREENING

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| <b>Question 1: Name the measure / proposal and briefly describe its overall aim</b>   |
| Proposal to extend the COVID-19 Vaccination Programme to children and young people aged 12-15 years.  |
| <b>Question 2: What children's rights does it impact upon?</b>  |
| Article 3 The best interests of the child must be a top priority in all things that affect children.<br>Article 4 Governments must do all they can to make sure every child can enjoy their rights. |

Article 5 Parents and Guardians have a responsibility to guide children through childhood. Direction and guidance must take into account the capacities of the child to exercise rights on his or her own behalf.

Article 6 Every child has the right to life. Governments must do all they can to make sure that children survive and develop to their full potential.

Article 12 Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.

Article 16 Every child has the right to privacy.

Article 17 Every child has the right to access information which is important to their wellbeing

Article 18 Both parents share responsibility for bringing up their child and should always consider what is best for the child.

Article 24 Every child has the right to the best possible health. Governments must work to provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy.

Article 28 Every child has the right to an education.

Article 31 Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

**Question 3: What children and young will be affected?**

All children and young people living in Jersey aged 12-15 years. Consideration must also be given to children under the care of the Minister placed in the UK.

**Question 4: What is the likely impact of the proposal / measure on children?**

All Children and young people aged 12 to 15 years will be offered a COVID-19 vaccination.

Parent/carers and children will be encouraged to make an informed decision based on reliable source content.

The decision whether to have the vaccine is for children and parents/carers to discuss and make an informed choice.

Children under the age of 16 years can make decisions without their parent/carers agreement if they have capacity.

There is a process in place should the parent/carer and child have opposing views.

The likely impact of the decision is that the vaccine will be offered to children and through that take up of the vaccine, children will be able to attend school without continued disruption and access their other rights without hinderance caused by ongoing COVID-19 restrictions and measures.

**Question 5: Is a full child rights impact assessment required? Explain your reasons**

Yes, a full CRIA is required because a number of child rights will be impacted on by the decision. A CRIA will aid decision makers to ensure that the decision to offer the vaccine to children and young people is based on the broad range of children's rights.

**STAGE 2: SCOPING (Background and Rights Framework)**

**Question 6: Name the measure / proposal being assessed and describe the overall aim**

Proposal to extend the COVID-19 Vaccination Programme to children and young people aged 12-15 years.

Children and young people aged 12 to 15 years will be offered a COVID-19 vaccination.

Parent/carers and children will be encouraged to make an informed decision based on reliable source content.

The decision whether to have the vaccine is for children and parents/carers to discuss and decide.

Children under the age of 16 years can make decisions without their parent/carers agreement if they have capacity.

There is a process in place should the parent/carer and child have opposing views.

The likely impact of the decision is that the vaccine will be offered to children and through that take up of the vaccine, children will be able to attend school without continued disruption, and access their other rights without hinderance caused by ongoing COVID-19 restrictions and measures.

**Question 7: Which human rights instruments and articles are relevant to the measure / proposal?**

Human Rights Instrument

United Nations Convention on the Rights of the Child (UNCRC)

Article 3 This decision must be in the **best interests** of all children.

Article 4 In making this decision the Government will **respect, protect and fulfil all children's rights**.

Article 5 **Parents and Guardians have a responsibility** to guide children through childhood. Direction and guidance must take into account the capacities of the child to exercise rights on his or her own behalf. This means that if a child has the assessed capacity, that they can make a decision in their own right whether or not to have the vaccine.

Article 6 **Every child has the right to life**. In making this decision the Governments is doing all they can to make sure that children survive and develop to their full potential.

Article 12 **Children will have the right to have a say** in making decisions about the vaccine, and will have their views taken seriously. This means saying that they do not want to receive the vaccination if they have capacity to make that decision.

Article 16 **Every child has the right to privacy**. The vaccination programme will respect and protect the child's right to privacy.

Article 17 **Every child has the right to access information** which is important to their wellbeing. The Government will provide accessible, child and youth friendly information that will enable a child and their care giver to provide informed consent.

Article 18 **Both parents share responsibility** for bringing up their child and should always consider what is best for the child. Parental rights and responsibilities are not unbounded. The best interest of the child will be the parent/carers basic concern.

Article 24 **Every child has the right to the best possible health**. The Government must assess the health benefit of the vaccination for children.

Article 28 **Every child has the right to an education**. The Government must also assess the educational benefits of the vaccination for children.

Article 31 **Every child has the right to relax, play** and take part in a wide range of cultural and artistic activities. The Government must assess the benefits of the vaccination in terms of children's' rights to meet with others to socialise and take part in activities for example extra curricula activities and community sports and activities. Government must ensure that any continued restrictions on Childrens lives e.g. wearing of masks, contact tracing etc are necessary, proportionate and non-discriminatory.

### STAGE 3: EVIDENCE

| Question 8a: What quantitative evidence have you used to inform your assessment? What does it tell you?   |  |   |                                 |
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| Evidence collected  | Evidence source  | Explanation of the importance   | What are the data gaps, if any? |
| <p>Almost half (48%) of children stated that they were feeling worried. That is 1007 children and young people. Family illness was the most common concern, mentioned by 18% of children. Education-related concerns and worries about catching the virus were also mentioned frequently, with each given by 7% of children. Virus-related concerns were more frequently mentioned by younger children, while academic concerns were more frequently mentioned by older young people.</p> <p>More than 80% of children said that they missed their friends when they weren't in school due to covid restrictions.</p> <p>Around 95% of children felt safe at home, but a small number expressed concerns relating to covid-19, home life, or wellbeing. They were worried about</p> | <p>Joint survey<br/>Childrens<br/>Commissioner<br/>and<br/>Government of<br/>Jersey - May<br/>2020</p> | <p>Children and young people in Jersey were encouraged to complete a survey to share their thoughts and feelings about the coronavirus pandemic. The confidential survey, which was a collaborative project between the Government of Jersey's Department for Children, Young People, Education and Skills and the Children's Commissioner, gave children and young people a chance to comment on their experiences so that ongoing support can be tailored to meet their needs.</p> <p>The data demonstrates that the pandemic has heightened the anxiety of children and young people and has had a negative impact on their mental wellbeing. This is further evidenced by the increasing number of referrals into service such as CAMHS.</p> <p>When not in school due to national restrictions or because of contact tracing or otherwise, some children miss out on their right to an education. We have seen an inconsistent digital/home learning experience for island pupils. Some pupils are disadvantage due to the lack of access to</p> |                                 |

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| <p>catching the virus and worried about a family member. Children also stated that family life was a worry with a very small number concerned about domestic violence, alcohol use in the household and overcrowded housing.</p> <p>Over 98% of primary-age children said that they have been able to do schoolwork at home, but this declines to 95% for ages 11-16 and 89% for those over 16. Motivational issues were the most common barrier, but other reasons featured such as limited internet access.</p> <p>When asked what the best part of learning at home has been, 106 children and young people (5%) gave a negative response.</p> <p>About one in three children expressed some sort of concern, such as anxiety, sadness, or safety concerns about the return to school. Of these, anxiety was most common, affecting around 10% for primary children and 15-20% for older children. Younger children were more likely to express sadness about going back to school.</p> <p>When asked about support needed after lockdown, children most frequently mentioned help relating to wellbeing</p> |  | <p>technology, digital accessibility, and for some simply having a quiet space to work.</p> <p>Overall, the wellbeing of children and young people is affected by the continual withdrawal from school due to the effects of the pandemic.</p> <p>School attendance for 13<sup>th</sup> September was 90% for secondary schools. Some of this absence is attributed to illness however children and young people may well be concerned about returning to school due to heightened levels of anxiety and concern around the virus.</p> |  |
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| <p>(22%), education (18%), and social (11%) issues. Wellbeing issues included the need for time to return to normality (8%), mental health (6%), and safety in school (6%). Social support was mentioned more frequently by younger children, while older ones were more likely to mention mental health.</p> |  |   |  |
| <p>CAMHS– the average number of referrals has increased from around 55 per month in 2019 and 2020, to 76 per month during 2021.<br/>Caseloads have increased, with a total of 909 children on the caseload at the end of July.</p>  | <p>Children’s Strategic Leadership Board data September 2021</p> | <p>The data continues to highlight concerns about the impact of the pandemic. The demand for CAMHS continues to increase, whilst Children’s Social Care has not yet seen the anticipated increase in need, there has been a slight increase in the number of families being supported with an Early Help team around the child and family.</p> <p>There is a high percentage of adolescents open to social care. This is partly due to family difficulties resulting from the pandemic.</p> |  |
| <p>The number of enquiries relating to children’s human rights increased during the height of the pandemic. 80% rise during 2020.</p> <p>Domestic abuse data from JDAS 2020: 1,369 recorded domestic abuse incidents.</p>   | <p>Office of the Children’s Commissioner</p>                     | <p>The evidence suggests that there have been a number of negative impacts on children’s rights owing to the emergency measures, and in particular on: education rights; mental health; violence against children; children’s right to play; children’s right to an adequate standard of living; and contact with their families.</p>   |  |

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| <p>In these reports there was a child present 521 times</p>   |                               | <p>Children already seen as ‘vulnerable’ have been more severely affected or disproportionately discriminated against through the application of Emergency Measures. The Commissioner is concerned that many groups of children have been disproportionately affected by the emergency measures especially children with additional learning needs, disabled children, children with mental illness, children with mild to moderate mental health problems, children in care, children of divorced or separated parents, and children in the child justice system. The restrictions and measures put in place during the pandemic has highlighted and exacerbated inequalities between groups of children.</p> <p>The measures have had a negative impact on violence against children and those children have been at an increased risk of experiencing domestic abuse, online abuse, general abuse and neglect, and sexual exploitation.</p> |  |
| <p>CMO announcement</p>  <p>UK CMOs- letter on universal vaccination c</p> | <p>Chief Medical Officers</p> | <p>The UK's chief medical officers (CMOs) have recommended that healthy children should be offered a single dose of the Pfizer-BioNTech vaccine. They have stated that a single dose of the vaccine will significantly reduce the chance of a young person catching COVID-19 and passing the virus on.</p> <p>When considering the broader potential harms to children caused by Covid it is recommended that the vaccine be offered. There are health, wellbeing and education benefits from the vaccination for children aged 12-15 years.</p>   |  |

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|                   |      | <p>Vaccines for children will reduce disruption in schools and mean fewer children will miss classes. It will reduce transmission in schools.</p> <p>Missing face to face education has had a “massive impact” on children both physically and emotionally in terms of their mental wellbeing.</p>  |  |
| JCVI announcement | JCVI | <p>JCVI focused on the health benefits of vaccination to children themselves - not on the impact to schooling or other people and said that they did not recommend all 12-15 year olds should be vaccinated.</p> <p>The JCVI said that overall there was a "marginal", or small, benefit to giving the vaccine to healthy 12-15 year olds, but it wasn't enough for them to recommend giving the vaccines to all 12-15 year olds.</p> <p>JCVI said there was not enough benefit to warrant roll out to the vaccine to 12-15 year olds on health grounds alone - but they recommended that the Chief Medical Officers look at the wider benefits of the vaccination taking into account other factors such as the impact on children’s education. The vaccine will reduce educational disruption during the winter</p> |  |

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| <b>Question 8b: What key missing information / evidence would have been beneficial to your analysis?</b> |
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**Question 9a: What qualitative evidence have you used to inform your assessment? What does it tell you?**

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| Data | Joint survey Childrens Commissioner and GOJ<br>May 2020 | <p><b>Children reported being worried about themselves and family members catching COVID-19</b></p> <p>My mum is a front line worker because she is a childcare officer and im scared that if she does end up getting corona that she might die. Im also worried about school work because im at home and stressing about my mum I cant concentrate on school work which just added more stress."</p> <p><b>Being at home and not in school has caused mental health issues to worsen. CAMHS referrals are very high</b></p> <p>"I have mental health problems which have been worsened by the lockdown so I regularly experience urges to self harm and suicidal ideation."</p> <p><b>Children reported that they had issues undertaking school work at home and preferred to be in school</b></p> <p>"There isn't one. I would much rather be at school where i'm receiving a better education and have structure in my day."</p> <p>"I haven't really enjoyed it. I struggle to stay focused sometimes so I've been struggling to meet deadlines which is quite stressful."</p> <p>"I hate it, my teachers are struggling to give clear instructions on important tasks and this makes it frustrating to complete, lowering work efficiency."</p> <p>"School not having the support from teachers- hard over the phone and emails for points to come through."</p> <p>"teachers need to understand that we have other lessons, not just their lesson. also, it's hard to work at home because it's so so so easy to get distracted, and they need to stop</p> |
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|  |  | <p>coming for us when we haven't finished that one piece of work. also many small tasks would be better instead of one huge task."</p> <p>"I don't feel motivated to get the work done because it is not getting marked so it will not impact the grades I am given. I'm not sure how that could be changed."</p> <p><b>Children reported that they were worried that a return to school would increase their chance of catching the virus</b></p> <p>"Hopefully we don't return too soon otherwise it will vastly increase the covid-19 chance. Due to multiple lessons throughout the day, shared resources and shared areas, we are at a higher risk due to these constraints which are in school. Although it will be good having a teacher there to help and explain stuff again."</p> |
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| <p><b>Question 9b: What key missing information / evidence would have been beneficial to your analysis?</b></p> |
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| <p>[add/delete rows as required]</p>  |

#### STAGE 4: CHILDREN'S INVOLVEMENT

**Question 10: Has evidence from third party consultations with children and young people been considered in the development of the proposal or measure?**

Children and young people in Jersey have not been consulted on the roll out of the vaccine offer to 12–15-year-olds.

The decision to offer the vaccine children and young people has been predicated by the JCVI and CMO decision. This decision was announced on the 13<sup>th</sup> September. There is a need to move with pace to ensure that there is no delay in offering the vaccine to children and young people in this age range. Meaningful engagement with children on the question of extending the offer of a vaccine to 12–15-year-olds cannot be arranged at pace, and to enable children to participate will significantly delay rolling out the vaccination programme.

Children have the right to express their views freely in all matters that affect them. Children have had their voices heard and taken seriously through surveys conducted during the pandemic. The opportunity to have say about the impact of COVID-19 will continue to be led by CYPES.

It would be disingenuous to consult children and young people on the vaccine roll out to 12–15-year-olds when their views will not impact on the decision to offer the vaccine to 12–15-year-olds. Any consultation would not be a genuine opportunity to influence decision making. The decision being made is whether to offer the vaccine to children and this decision is being made in the best interests of all children. This is therefore not a genuine opportunity for children to influence that decision.

Children's protection rights include the right to life, survival and development and protection from harms. This decision to provide children and young people with the choice of receiving the vaccine supports the Government's commitment to children's protection rights but does not compel any child to receive the vaccine against their will.

| Groups consulted | Source of Information | Please provide a brief description of process | What were the findings? |
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**Question 11: What groups of children and young people have been directly involved in developing the proposal or measure?**

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| No children have been involved in developing the proposal. However, |  |  |  |
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| data from the Children's Commissioner and GOJ survey has informed this proposal |  |  |  |
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**STAGE 5: ASSESSING THE IMPACT**

| <b>Question 12: What impact will (or does) the proposal or measure have on children and young people's rights</b> |   |  |
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| Type of impact <i>[please highlight]</i>  | Justification for Argument  | likely or actual short/medium/long-term outcomes   |
| Positive  | <p>The Commissioner is concerned about the current and ongoing negative impacts of continued emergency measures and restrictions on children and young people in school. Of particular concern are specific groups of children who have been and will continue to be disproportionately affected by these measures.</p> <p>Take up of the vaccine will have the impact of reducing the likelihood of children being required to isolate from home and miss out on their education. Children have asked that their lives 'return to normal' and the likely impact of this proposal will mean that normality in their lives can more swiftly be restored with the relaxation of the measures currently in place.</p> <p>The emergency measures must be necessary, proportionate, non-discriminatory and time limited and take up of the vaccine from 12-15 year olds will mean that the restrictions can be eased and in time removed completely.</p> | <p>Children's wellbeing and mental health will improve.</p> <p>Children's right to an education will be fulfilled and protected.</p> |

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|  | By offering the vaccine there will be continued public reassurance as the impact of the extended roll out will mean less disruptions to children's education and lives outside of the classroom |  |
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| <b>Question 13: Will there be (or are there) different impacts on different groups of children and young people?</b> |   |   |
| Group of children affected   | Initial analysis of the positive impact on rights | Initial analysis of the negative impact on rights |
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| <b>Question 14: If a negative impact is identified for any area of rights or any group of children and young people, what options are there to modify the proposal or measure to mitigate the impact?</b>   |   |
| Negative impact   | What options are there to modify the measure(s) or mitigate the impact?   |
| Consent. Children under the age of 16 years can make decisions without their parent/carers agreement if they have capacity. There may be a negative impact should a young person give consent to receive the vaccinations but the parent/carer refuses consent. | <p>The vaccine is being offered to children aged 12-15 years and is an 'opt in' programme. Parent, guardian or carer consent will be sought prior to vaccination.</p> <p>There is in place a process should the parent/carer and child have opposing views. This is based on the Gillick competence assessment based on maturity, understanding and the ability to explain their reasons.</p> <p>Medical professionals need to consider Gillick competency if a young person under the age of 16 wishes to receive the vaccine without their parents' or carers' consent or, in some cases, knowledge.</p> <p>If the young person has informed their parents of the treatment they wish to receive but their parents do not agree with their decision, the vaccine can still be administered if the child has been assessed as Gillick competent.</p> |

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|  | Children will be provided with accessible, youth friendly information and support that will support the child to make an informed decision.   |
| Privacy. The child's right to privacy could be compromised dependent on where the vaccine is administered. Children may feel compelled to accept the vaccine should it be offered in a school setting or may feel embarrassed should they decide not to receive the vaccine. | <p>This will be mitigated against by offering the vaccine outside of school settings. It is recommended that the vaccine take place at the fort at a time suitable for parents/carers to attend e.g. 3:30-8pm and that the setting be adapted to be youth friendly and in a different area of the building from adult vaccinations.</p> <p>We have seen some disruption in pop up settings and children must be protected from any disruptive influences.</p> <p>There will be alternative provision for those children currently deprived of their liberty in the secure children's home.</p> <p>Children who are home schooled will be contacted to make sure they have the information they need to make an informed decision.</p> <p>Teaching staff will not be provided with data regarding children's vaccination status.</p> <p>The Minister has responsibility for off island children in care in the UK and they will be contacted to make sure that they can access the vaccination and that they have the information they require to make an informed decision.</p> |
| Capacity. Children may not fully understand the impact of giving consent to be vaccinated.   | Child/youth friendly information of an age-appropriate nature, will be provided that will include written media and videos to ensure that children can access the information they need to be able to make an informed decision. Children will not be rushed to make a decision and support will be available should they want to discuss the impact of the vaccine on their health and wellbeing.  |

## STAGE 6: CONCLUSIONS AND RECOMMENDATIONS

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| <b>Question 15: In summary, what are your key findings on the impact of the measure or proposal on children and young people's rights?</b>  |
| These proposals will positively impact on all children in Jersey who are at risk of continued restrictions and measures impacting on the fulfilment of all their children's rights. It is recommended that the vaccine be offered to all 12–15-year-olds both on island and for those children in care or otherwise cared for off island. It is recommended that age-appropriate information be made available as soon as possible to ensure children can |

make an informed decision. It is recommended that it be made clear that should children and/or their parent/carer not want to receive the vaccine, that there will not be negative impacts on them or on policy.

#### **STAGE 7: PUBLISH CRIA**

**Question 16: Should the full assessment or a summary be published? Will a child-friendly version be produced?**

Yes this CRIA should be published. It will demonstrate that the Government in making their decision, has taken into account the protection, fulfilment and respect of all children's rights.

#### **STAGE 8: MONITOR & REVIEW**

**Question 17: Have the recommendations made in Stage 6 been acted upon?**

**Question 18: Where recommendations have not been acted upon, is further action required?**

