

Child Rights and Wellbeing Impact Assessment (CRWIA) for Coronavirus (COVID-19) Vaccinations 2021-2022

March 2023

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Introduction

As set out in Part 1 of the Children and Young People (Scotland) Act 2014, Scottish Ministers must keep under consideration whether there are any steps which they could take which would or might secure better or further effect in Scotland of the UNCRC requirements, and if they consider it appropriate to do so, take any of the steps identified by that consideration. Undertaking a CRWIA helps Ministers to fulfil this duty.

The World Health Organization declared COVID-19 a global pandemic on the 11 March 2020.

On the 8 December 2020 the Scottish Government began its national vaccination programme. Since its beginning, the aim of the COVID-19 Vaccination Programme has been the prevention of severe COVID-19 infection, hospitalisation and death.

The delivery of Scotland's Vaccination Programme has been guided by expert advice received from the Medicines and Healthcare products Regulatory Agency (MHRA), the Joint Committee of Vaccination and Immunisation (JCVI), and the UK-wide Chief Medical Officers (CMOs).

On 2 December 2020, following a thorough review carried out by the MHRA, the first COVID-19 vaccine, developed by Pfizer/BioNTech, was approved for use in the UK for use in those over 16 years of age.

On 4 June 2021, the same vaccine was approved for use in those aged 12 to 15 years of age.

On 22 December 2021, following a thorough review carried out by the MHRA, the COVID-19 childhood formulation, developed by Pfizer/BioNTech, was approved for use in children aged 5 to 11 years the UK.

Following these regulatory approvals, subsequent advice was received from the JCVI regarding how these vaccines should be rolled out to children and young people .

The benefits and risks from COVID-19 vaccination in children and young people – under the age of 18 - are finely balanced largely because the risks associated with SARS-CoV2 infection are very low.

When formulating advice in relation to vaccination of children and young people, the JCVI have consistently held that the main focus of their considerations is the potential benefits and harms of vaccination to children and young people themselves.

Different cohorts of children and young people have become eligible for vaccination at different stages of the programme as per JCVI advice based on clinical and other risk factors, with those at higher risk of severe COVID-19 outcomes being prioritised.

Full details regarding the JCVI advice which outlines what groups became eligible and when and for how many doses they should be given can be found at JCVI - Search - GOV.UK – this link will take you to the National Government website (www.gov.uk).

The JCVI continue to review their advice in relation to the vaccination of children and young people, taking into account new data and information that becomes available

This CRWIA sets out the consideration which has been given to the vaccination of children and young people and how vaccination may impact upon children's rights and wellbeing.

1. Which articles of the UNCRC does this policy/measure impact on?

The policy impacts upon the following articles of the UNCRC:

- Article 2 Non-discrimination
- Article 3 Best interests of the child
- Article 4 Protection of rights
- Article 5 Parental guidance and a child's evolving capacities
- Article 6 Life, survival and development
- Article 12 Respect for the views of the child
- Article 13 Freedom of expression
- Article 16 Right to privacy
- Article 17 Access to information; mass media:
- Article 18 (1,2) Parental responsibilities and state assistance
- Article 22 Refugee children
- Article 23 Children with disabilities
- Article 24 Health and health services
- Article 28 Right to education
- Article 30 Children of minorities/indigenous groups

2. What impact will your policy/measure have on children's rights?

This CRWIA relates to COVID-19 vaccination policy, in place since the beginning of Scotland Vaccination Programme in December 2020, up until Spring 2022, for all children and young people (under 18 years of age).

The policy aims to protect children and young people from severe infections of COVID-19. Our policy to offer vaccinations to children and young people will reduce the chance that they will experience severe outcomes should they contract COVID-19, and its potential for resulting in hospitalisation and mortality.

This policy will have a positive impact on children's rights. We have assessed the impact under the 'Getting It Right for Every Child' (GIRFEC) principles and values:

Healthy

Vaccinating children and young people will reduce the risk of serious illness and death, particularly in those with underlying health conditions that put them at higher

risk from COVID-19. These positive outcomes will in turn alleviate some of the current and potential future pressure faced by the NHS.

Reducing pressure on the NHS will allow vital services, which have been disrupted during the pandemic to resume, ensuring that children and young people, as well as the wider population, can access vital physical and mental health services.

Achieving

The UK CMOs, in common with the clinical and wider public health community, consider education one of the most important drivers of improved public health and mental health.

The closure of schools and the move to remote learning has had a disproportionate impact on some children, which is likely to create long-term disadvantage. The negative impacts related to the disruption of education have been especially great in areas of relative deprivation which have been particularly badly affected by COVID-19.

Vaccination of children and young people could potentially play a role in supporting educational continuity primarily by:

- reducing the likelihood of young people contracting COVID, and thus being required to self-isolate themselves;
- reducing the likelihood of close contacts having to self-isolate as a result (this is still causing educational disruption despite a revised policy on self-isolation and contact tracing); and
- reducing the likelihood of young people transmitting the virus to unvaccinated or even vaccinated adult staff who then have to self-isolate, although the likelihood of this may be thought of as relatively low if there are high vaccination rates amongst staff.

Active

There is a strong recognition that play and social interactions, with friends and wider family plays a key role in optimising children's development and wider wellbeing.

Children and people have been severely impacted by the epidemic with normal educational, cultural, sporting and social activities.

Vaccination may be beneficial in enabling recreational and entertainment settings, which are particularly attractive to younger people, to remain open if the state of the pandemic changes. Vaccination of children and young people will help support the Scottish Government's efforts to return to a more normal way of living and should help in preventing more restrictive measures such as lockdowns being put into place in the future.

Respected and Responsible

The Scottish Government has made it clear that children and young people and their parents will be supported in their decisions and will not be stigmatised either for accepting, or not accepting, the vaccination offer. Individual choice will be respected.

The impact assessment found that overall the vaccination policy will have a positive impact as it will help mitigate both the health and wider social harms that children and young people have experienced throughout the pandemic and will help support Scotland's strategic intent of managing and living safely with COVID-19.

No negative impact of the policy has been identified. However, just as with any medical product COVID-19 vaccination may, on rare occasions, result in adverse events.

The most frequent adverse reactions following vaccination are injection site pain, fever and headache. These reactions are generally mild, self-limiting and short-lived, typically lasting 1 to 2 days.

Extremely rare reports of myocarditis (inflammation of the heart) have been reported in young people following vaccination with mRNA COVID-19 vaccines. Data from 1 December 2021 shows that in the UK, the MHRA Yellow Card reporting rate for suspected myocarditis in persons aged under 18 year olds was 11 per million doses.

The MHRA and JCVI will continue to monitor reports of serious adverse events and will update their advice accordingly.

Overall, the JCVI agreed that the potential health benefits of vaccination are greater than the potential health risks.

3. Will there be different impacts on different groups of children and young people?

The offer of vaccination for children and young people is determined by the advice we receive from the Joint Committee on Vaccination and Immunisation (JCVI). The type of vaccine a young person will be offered and the number of doses they receive will depend on their age and health condition as detailed below. Our vaccination policy affects all children aged 5 to 17 years.

Based on current JCVI advice children and young people are eligible for vaccination as follows:

- All 5 to 17 year olds are eligible for a primary course of vaccination consisting of 2 doses (5 to 11 year olds will be offered a paediatric formulation).
- In addition to a 2 dose primary course of vaccination, all children and young people aged 5 years and over who, at the time of their first and or second doses are severely immunosuppressed, are eligible for a third primary dose.
- All 16 to 17 year olds and at risk 12 to 15 year olds are eligible for a booster vaccination.
- All individuals aged 12 years and over who are immunosuppressed are eligible for a second booster vaccination in the 2022 spring/summer months.
- No vaccines are currently authorised in the UK for use in children under 5 years of age.

- The JCVI continue to review data on the potential benefits and risks of vaccination for all children and young people and will issue separate advice where necessary. We will continue to be guided by the expert advice received from the JCVI and should any groups, currently excluded by the policy such as those aged 0 to 4 years, become eligible we will ensure that they are able to access vaccines accordingly.

4. If a negative impact is assessed for any area of rights or any group of children and young people, can you explain why this is necessary and proportionate? What options have you considered to modify the proposal, or mitigate the impact?

No negative impact of the policy has been identified. However, just as with any medical product COVID-19 vaccination may, on rare occasions, result in adverse events.

5. How will the policy/measure give better or further effect to the implementation of the UNCRC in Scotland?

This impact assessment considers the impacts to children's rights and wellbeing in relation to the COVID-19 vaccination policy and programme implemented throughout Scotland.

The assessment considers all children and young people, whilst specifically highlighting implications for children and young people who may be at greater clinical risk from a COVID-19 infections. This includes those with underlying health conditions, and examines what steps have been taken to mitigate the impacts for these groups.

Assessment of the vaccination policy conveys an overall positive impact on the United Nations' Convention on the Rights of the Child (UNCRC) for all children and young people.

6. How have you consulted with relevant stakeholders, including involving children and young people in the development of the policy/measure?

Given the unprecedented circumstances presented by the COVID-19 pandemic and the need to react quickly to protect all in society, including children and young people, it has not been possible to consult directly with children and young people on our vaccination policy.

While children and young people have not been directly consulted on the use of COVID-19 vaccine, we have engaged extensively with organisations representing their interests.

All of the decisions related to the vaccination of children and young people have been taken in the best interests of children and young people, as well as to promote health, wellbeing and safety.

It should be noted that COVID-19 vaccinations are not mandatory, therefore this policy is based on voluntary uptake of the offer of vaccination by children and young people.

In all instances, the offer of vaccination must be accompanied by appropriate information to enable children and young people, and those with parental responsibility, to be adequately able to appraise the potential harms and benefits of vaccination as part of the informed consent process prior to vaccination.

7. What evidence have you used to inform your assessment?

Given the unprecedented circumstances presented by the COVID-19 pandemic and the need to react quickly to protect all in society, including children and young people, the evidence we have used to inform our assessment has come from the JCVI, who in turn have based their assessment on all emerging scientific data on Covid. More information on the evidence can be found at JCVI - Search - GOV.UK (www.gov.uk).

8. How will the impact of the policy/measure be monitored?

The JCVI will continue to review data on the potential benefits and risks of vaccination of children and young people.

As ever, we will continue to deliver vaccines in line with the advice received from the JCVI and should the JCVI make further recommendations for vaccination for this group, we stand ready to implement any advice as soon as possible.

9. How will you communicate to children and young people the impact of the policy/measure on their rights?

We will reach out to the organisations that we engaged with during this process to communicate the impact of the policy on children. Another CRWIA will be produced for the Winter 2022 Covid-19 programme and at the conclusion of this programme, we could work with inclusion and communication colleagues to look to produce a report that could be made available to children.

10. Sign & Date

Beth Macmaster, Head of Policy and Liaison, Vaccines Operational Policy Division:
09/08/2022

Derek Grieve, Deputy Director, Operational Vaccines Division: 09/08/2022

Annex 1 – UNCRC Article Clusters

CRC Clusters

I General measures of implementation

[Article 4](#) implementation obligations

[Article 41](#) respect for existing standards

[Article 42](#) making Convention widely known

[Article 44\(6\)](#) making reports widely available

II Definition of a child

[Article 1](#)

III General principles

[Article 2](#) non-discrimination

[Article 3\(1\)](#) best interest to be a primary consideration

[Article 3\(2\)](#) State's obligations to ensure necessary care and protection

[Article 3\(3\)](#) standards for institutions services and facilities

[Article 6](#) the right to life, survival and development (see also: [VI Basic health and welfare](#))

[Article 12](#) respect for the views of the child

IV Civil rights and freedoms

[Article 7](#) right to name, nationality and to know and be cared for by parents

[Article 8](#) preservation of child's identity

[Article 13](#) freedom of expression

[Article 14](#) freedom of thought, conscience and religion

[Article 15](#) freedom of association and peaceful assembly

[Article 16](#) protection of privacy

[Article 17](#) child's access to information, and role of mass media

[Article 37\(a\)](#) right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment

V Family environment and alternative care

[Article 5](#) parental guidance and child's evolving capacities

[Article 18\(1\) and \(2\)](#) parental responsibilities and State's assistance

[Article 9](#) separation from parents

[Article 10](#) family reunification

[Article 11](#) illicit transfer and non-return

[Article 27\(4\)](#) recovery of maintenance for the child

[Article 20](#) [children deprived of their family environment](#)

[Article 21](#) [adoption](#)

[Article 25](#) periodic review of placement and treatment

[Article 19](#) protection from all forms of violence

[Article 39](#) rehabilitation and reintegration of victims of violence (see also: [VIII - Special protection measures](#))

VI Basic health and welfare

[Article 6](#) right to life, survival and development (see also: [III - General principles](#))

[Article 18\(3\)](#) support for working parents

[Article 23](#) rights of disabled children

[Article 24](#) right to health and health services

[Article 26](#) right to social security

[Article 27\(1\)-\(3\)](#) right to adequate standard of living

VII Education, leisure and cultural activities

[Article 28](#) right to education

[Article 29](#) aims of education

[Article 31](#) right to leisure, play and participation in cultural and artistic activities

VIII Special protection measures

A - Children in situations of emergency

[Article 22](#) refugee children

[Article 38](#) children and armed conflict

[Article 39](#) rehabilitation of child victims (see also: [V Family environment and alternative care](#))

B - Children involved with the system of administration of juvenile justice

[Article 40](#) [administration of juvenile justice](#)

[Article 37\(a\)](#) [prohibition of capital punishment and life imprisonment](#)

[Article 37\(b\)-\(d\)](#) [restriction of liberty](#)

[Article 39](#) rehabilitation and reintegration of child victims (see also: [V Family environment and alternative care](#))

C - Children in situations of exploitation

[Article 32](#) child labour

[Article 33](#) drug abuse

[Article 34](#) sexual exploitation

[Article 35](#) sale, trafficking and abduction

[Article 36](#) other forms of exploitation

D - Children belonging to a minority or an indigenous group

[Article 30](#)

[Optional Protocol to the UNCRC on the Involvement of Children in Armed Conflict Governments](#) should ensure that children under 18 who are members of the armed forces do not take a part in combat. Any recruitment of children under 18 must be voluntary and carried out with the full consent of the child's parents/carers. The UK

Government has entered interpretive Declarations to this Optional Protocol. The UK would not exclude the deployment of under 18s who are members of the armed forces in direct combat if there is a genuine military need; it is not practicable to withdraw them before deployment; or doing so would undermine the operational effectiveness of their unit. The minimum age at which children may join the UK armed forces is 16 years, with parental consent required.

Optional Protocol to the UNCRC on the Sale of Children, Child Prostitution and Child Pornography Governments must prohibit the sale of children, child prostitution and child pornography, and recognise the vulnerability of child victims, protect their privacy, provide appropriate support services and ensure their safety.

Annex 2 – General Comments

General Comments are non-legally binding interpretive aids issued by the UN Committee on the Rights of the Child to provide State parties with assistance regarding the interpretation of an article or issue relating to the UNCRC, and what actions governments should take to ensure its implementation. New General Comments appear at irregular intervals.

[Treaty bodies Search \(ohchr.org\)](#)

1. [The aims of education \(2001\)](#)
2. [The role of independent National Human Rights Institutions in the protection and promotion of the rights of the child \(2002\)](#)
3. [HIV/AIDS and the rights of children \(2003\)](#)
4. [Adolescent health and development in the context of the Convention on the Rights of the Child \(2003\)](#)
5. [General measures of implementation on the Convention on the Rights of the Child \(2003\)](#)
6. [Treatment of unaccompanied and separated children outside their country of origin \(2005\)](#)
7. [Implementing child rights in early childhood \(2005\)](#)
8. [The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment \(2006\)](#)
9. [The rights of children with disabilities \(2006\)](#)
10. [Children's rights in juvenile justice \(2007\)](#)
11. [Indigenous children and their rights under the Convention \(2009\)](#)
12. [The right of the child to be heard \(2009\)](#)
13. [The right of the child to freedom from all forms of violence \(2011\)](#)
14. [On the right of the child to have his or her best interests taken as a primary consideration \(2013\)](#)

15. [On the right of the child to enjoyment of the highest attainable standard of health \(2013\)](#)
16. [State obligations regarding the impact of the business sector on children's rights \(2013\)](#)
17. [On the right of the child to rest, leisure, play, recreational activities, cultural life and the arts \(2013\)](#)
18. [On harmful practices \(Joint General Comment with the Committee on the Elimination of Discrimination against Women\) \(2019\)](#)
19. [Public budgeting for the realisation of children's rights \(2016\)](#)
20. [Implementation of the rights of the child during adolescence \(2016\)](#)
21. [Children in street situations \(2017\)](#)
22. General principles regarding the human rights of children in the context of international migration ([Joint General Comment with the Committee on the Protection of the Rights of All Migrant Workers and Members of their Families](#)) (2017)
23. State obligations regarding the human rights of children in the context of international migration in countries of origin, transit, destination and return ([Joint General Comment with the Committee on the Protection of the Rights of All Migrant Workers and Members of their Families](#)) (2017)
24. [General comment No. 24 \(2019\)](#) on children's rights in the child justice system
25. [General comment 25 \(2021\)](#) Children's Rights in relation to the digital environment.



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