



STANDPOINT ON CORONAVIRUS VACCINATION FOR HEALTHY CHILDREN (AGED 5-12)

Netherlands' Ombudsman for Children: *Make voluntary vaccination possible for healthy children aged between 5 and 12.*

The Netherlands' Ombudsman for Children (hereinafter referred to as the 'Ombudsman') believes that vaccination for healthy children aged between 5 and 12 years should be possible. Although a coronavirus infection usually runs a very mild course in healthy young children, vaccination can protect individual children, according to advice from the Health Council of the Netherlands (*Gezondheidsraad*). The Ombudsman also notes that children may have other, broader reasons to choose to be vaccinated. The Ombudsman nevertheless emphasises that a parent's choice to vaccinate or not to vaccinate their child should remain a free choice, and that this choice must not be allowed to lead to adverse effects for unvaccinated children. The Ombudsman has reached this conclusion after examining the possible benefits of vaccination to children, and not to the interests of adults.

For children aged between 5 and 12 there may be other, broader reasons why they would want to be vaccinated against coronavirus. The Ombudsman is thinking here of healthy children whose families may include parents, siblings, or other relatives in fragile health, and who therefore want to be vaccinated; and also of children who suffer a fear of infection and illness. For these children, vaccination reduces the risk of infecting their loved ones, or it removes the fear of becoming ill. Vaccination can also give these children a greater sense of safety and increased freedom of movement. They can undertake activities that are good for their general development and which they may have avoided until now.

Vaccination can benefit children's education, but keeping schools open must not be its objective

The option to vaccinate may have an indirectly positive effect on children's education. A child who catches the coronavirus today has to go into quarantine. If there are many cases of infection in a class or in a school, all the children have to stay at home and follow online classes. Remote education is unfavourable for the development of most children, and it is known that these children suffer educational lags. Vaccinated children might contribute towards a reduced risk of infection at school amongst other children and teaching staff, thereby contributing indirectly to the accessibility and continuity of education. Vaccination can also contribute indirectly towards the mental health of children by allowing them to physically attend school.

The government must not make keeping schools open the objective of vaccinations. To do so would be to turn vaccination into an instrument with which to safeguard the accessibility of education. Children and parents would then feel under pressure to vaccinate; such pressure would be stressful and harmful to children's development.

No push to vaccinate from government or schools, and no negative consequences for unvaccinated children

Creating the possibility to vaccinate children may also engender a sense of coercion or pressure. The Ombudsman considers that vaccination pressure hampers child development. Particularly in view of children's social and emotional safety it is important that no such pressure is exerted. Unvaccinated children may feel unsafe if they are criticised or questioned about it by other children or adults. This

perception of vaccination pressure and social insecurity can worsen if there are negative consequences for unvaccinated children. Governmental coronavirus policy must therefore ensure that there are no consequences attached to a child's vaccination status. For instance, schools must not employ different quarantine regulations for vaccinated and unvaccinated children; nor must the QR system be introduced for young children.

Provide children and parents with good information, and involve children of 8 and above in decisions on their vaccination

If it becomes possible for children to be vaccinated, it is important that both parents and children are well informed about the choice so that they can reach a well-considered decision on whether to vaccinate the child in its own best interests. Children are quite able to express their own opinion from the age of about eight. They have a right to be involved in the discussion, and to have an influence on the decisions that affect them. The Ombudsman therefore advises parents to involve their child in the decision on whether or not the child should be vaccinated. The government and the GGD can provide the parents with the information they need. The information provided by government and the GGD must be understandable, independent, easy to find, and proactively offered. Information directed towards children must be age-appropriate and disseminated in the places and through the channels that children use. The information provided to children and to adults must make clear what the advantages and possible risks of vaccination are. The information must be non-coercive in character, and the voluntary character of the choice must be made paramount.

CHILD RIGHTS EXAMINATION INTO CORONAVIRUS VACCINATION FOR HEALTHY CHILDREN (AGED 5-12)

Introduction

The Ombudsman has examined how the availability of vaccination against coronavirus for healthy children aged between 5 and 12 could positively or negatively affect the observance of their rights.¹ In all actions concerning children, the best interests of the child must be a primary consideration (Art. 3, UNCRC). Their best interests must therefore first be established. In General Comment 14, the United Nations Committee on the Rights of the Child describes which elements need to be taken into account in order to assess the child's best interests.² The present examination gives an overview of the various elements that need to be assessed when deciding whether to offer healthy children aged between 5 and 12 the opportunity to be vaccinated against coronavirus. These elements correspond to the rights described in the United Nations Convention on the Rights of the Child, a document annexed to the standpoint of the Ombudsman with regard to enabling vaccination against the coronavirus for healthy children aged between 5 and 12 years.

1. Taking account of the child's identity

For children aged between 5 and 12, it is the parents who decide whether or not to vaccinate the child.³ This choice may depend on the religious or faith-based identity of the parents and their children, or on a specific view of life which they regard as an integral part of their identity. The child themselves may also be unwilling to undergo vaccination because of their religious or faith-based identity. The opposite also applies: there may be children younger than 12 who, independently of their parents, have developed their own religious or faith-based identity or conviction, and who therefore wish to be vaccinated. For these children, the option of vaccination has a positive effect.

The option of vaccination may have a negative effect on the children of parents who choose, for religious or philosophical reasons, not to undergo vaccination. These unvaccinated children may then be criticised or questioned about this by other children or by adults, and may feel less socially secure as a result. A child and/or their parents may also feel pressured to vaccinate, especially if consequences are attached to the child's vaccination status. For this reason it is important that at school and at other

¹ The reason for this child rights examination is that on 10 December 2021 the Health Council of the Netherlands advised that vaccination against the coronavirus be made available to all healthy children aged between 5 and 12. See: *Gezondheidsraad* (2021), *Advies Vaccinatie van 5- tot en met 11-jarigen tegen COVID-19*, The Hague: Health Council of the Netherlands.

² Committee on the Rights of the Child (2013), General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration, UNCRC; see also the [Kinderombudsman toolkit 'Het beste besluit voor het kind'](#) (2019).

³ The right for children above the age of 12 to be involved in medical decisions that affect them is well regulated in the Netherlands. The Medical Treatment Contracts Act (*Wet op de Geneeskundige Behandelingsovereenkomst*, WGBO) sets out patients' rights and duties, including defining who has to give permission for a given medical treatment. Children above the age of 12 give permission for themselves, while their parents or guardians also have to give this permission. Children aged 16 or older are entitled to give permission independently, without requiring their parents' consent. Children younger than 12 have no formal say in health care decisions; it is the responsibility of the child's parents or legal representatives to give this permission.

facilities no distinction is made between vaccinated and unvaccinated children, and therefore that no consequences are attached to a child's vaccination status.

Underlying provisions

Article 2 UNCRC: The child's right to equal treatment. Children have a right to equal treatment without discrimination of any kind on the basis of their own convictions or those of their legal representatives.

Article 5 UNCRC: The role of parents in the child's development. States must respect the responsibilities, rights and duties of the child's legal representatives when providing appropriate direction and guidance. This means that parents acting in the interests of the child are free in the choices they make with regard to the care and upbringing of their child.

Article 8 UNCRC: The child's right to respect of identity. The state must respect the child's right to preserve their identity.

Article 12 UNCRC: The child's right to their own opinion. Every child has the right to express their views freely in all matters affecting them. This also applies to children less than 12 years of age. The child's views must be given due weight in accordance with their age and maturity.

Article 18 UNCRC: Parental responsibilities. In principle, a child's parents have common responsibilities for the upbringing and development of their child. The best interests of the child will be their basic concern.

2. Taking account of a child's opinion

It is the parents of a young child who decide whether the child should be vaccinated, but children are quite able to express their own opinion about this from about the age of 8. Parents should therefore also ask for their children's opinions.⁴ Children should therefore have access to good, independent information on vaccinations, appropriate to their developmental level, and be involved as informed participants in the decision. This is the responsibility of parents, but the government should also ensure that appropriate information is available for children and is offered to them.

The option to vaccinate healthy young children may have a positive effect in that it respects the opinion of children who have expressed the wish to be vaccinated (for whatever reason). It is important, however, that this opinion has in no way been influenced by pressure of any kind, as it is equally important to respect the opinion of children who do not wish to be vaccinated.

Underlying provisions

Article 12 UNCRC: The child's right to their own opinion. Every child has the right to express their views freely in all matters affecting them. This also applies to children less than 12 years of age. The child's views must be given due weight in accordance with their age and maturity.

⁴ See: Bruning et al. (2020), *Kind in proces: van communicatie naar effectieve participatie*, Leiden: Universiteit Leiden; see also: Kinderombudsman (2020), *Mijn zorg mijn zaak*, The Hague: Netherlands Ombudsman for Children.

Article 14 UNCRC: The right to freedom of thought, conscience and religion. Children are free to think and believe whatever they want. The state must respect this right. Parents are responsible for providing their children with direction.

Article 17 UNCRC: The right to access to information. Children must have access to good, appropriate information from a variety of sources in order to be able to participate in informed decision-making.

3. Taking account of the preservation of the family environment, and maintaining relations

The option to offer vaccination to a young child may have a positive effect on children who have important family members in fragile health. These children might themselves feel the need and the wish to get vaccinated, as this reduces the risk of infecting their loved ones – parents, siblings, or other relatives. Vaccination may also give them more freedom of movement without affecting their family environment. For instance, it could allow them to undertake activities that are good for their development but which they may have thus far denied themselves. If healthy children are denied the possibility of being vaccinated, it could lead to a situation in which they cannot visit important adult relations, or have no or little physical contact with relatives in fragile health. From the point of view of preserving the family environment, it would therefore be beneficial to enable children to be vaccinated, provided this is a voluntary choice on which the child can also give its opinion.

In some cases the option to vaccinate a healthy child may also have a negative effect on the family environment, namely in situations in which the parents and the children have different views: for instance, the parents do not want the child to be vaccinated but the child would like to be vaccinated. In this situation the option to vaccinate can disrupt the relationship between parents and children.

Underlying provisions

Article 5 UNCRC: The role of parents in the development of the child. States must respect the responsibilities, rights and duties of the child’s legal representatives in providing appropriate direction and guidance to the child. This means that if parents are acting in the best interests of their child they are free in the choices they make in the child’s care and upbringing.

Article 9 UNCRC: Separation of child and parents. Children shall not be separated from their parents against their will, unless such separation is necessary in the best interests of the child.

Article 12 UNCRC: The child’s right to their own opinion. Every child has the right to express their views freely in all matters affecting them. This also applies to children less than 12 years of age. The child’s views must be given due weight in accordance with their age and maturity.

4. Taking account of the care, protection and safety of children

Young children depend on adults for their care and welfare, and this makes them vulnerable. Their safety and sense of safety has to be protected, in the first instance by their own parents and the other adults around them, but also by government. The option to vaccinate may have a negative effect on a child’s experience of their social and emotional safety, if an unvaccinated child is criticised or questioned

about their vaccination status by other children or by adults and a negative dynamic arises in which young children are exposed to this criticism and suffer as a result.

On the basis of the help requests and signals that the Ombudsman receives, we know that unvaccinated children (between 12 and 18 years of age) can feel excluded or bullied because of their unvaccinated status. The Ombudsman notes that attitudes have hardened towards young people (and adults) who are unvaccinated; segregation is being experienced. The Ombudsman received these signals particularly clearly following the introduction of the QR code (coronavirus entry pass) system. Children must be protected against these forms of exclusion and the hardening of social relations.

Given the importance of safety for young children, it is important that they experience no negative social consequences if they are unvaccinated. For this reason, no consequences must be attached to the vaccination status of young children. For example, it would be undesirable for there to be different quarantine rules in school for vaccinated and unvaccinated children. It would also be undesirable for the QR code system to also apply to young children. To sum up, there must be no difference at all in how vaccinated and unvaccinated young children are treated, since this would lead to the perception of exclusion and insecurity.

Enabling vaccination for healthy children may also have a positive effect on their sense of safety, particularly amongst children who are afraid of being infected and becoming ill or infecting their loved ones. For children who have such fears, the option to vaccinate may be positive for their sense of safety.

Enabling vaccination may also have a negative effect on the sense of safety in children who would like to be vaccinated, but whose parents are opposed to the idea. In this case it can lead to children feeling less safe at home because of a difference of opinion with their parents. In order to prevent this, the vaccine information provided to parents and children should at any rate be good, independent advice so that all are well informed on the advantages and risks of vaccination.

Underlying provisions

Article 2 UNCRC: The child's right to equal treatment. Children have a right to equal treatment without discrimination of any kind on the basis of their own convictions or those of their legal representatives.

Article 18 UNCRC: Parental responsibilities. In principle, a child's parents have common responsibilities for the upbringing and development of their child. The best interests of the child will be their basic concern.

Article 19 UNCRC: The right to protection against violence, maltreatment and neglect. Children must be protected against all forms of violence, maltreatment and neglect. This includes protection against social and emotional insecurity.

5. Taking account of the vulnerability of children

For medically vulnerable children the Health Council of the Netherlands has already advised that they be offered the option of vaccination, as medically vulnerable children run a higher risk of serious illness and

complication with MIS-C.⁵ Young children are also a generally vulnerable group in that they depend heavily on their parents and other adults for their care and welfare. As was explained in section 4, enabling their vaccination may have a negative effect on their social and emotional safety and therefore on their development. This is especially the case when unvaccinated children are criticised and questioned on their vaccination status by other children and by adults, creating a negative social dynamic. On the basis of the help requests and signals that the Ombudsman receives, we can observe that social attitudes in this area have hardened. Children need to be protected from these hardened attitudes and this negative social dynamic by their parents, but also by government. It is therefore important that no consequences are attached to the vaccination status of young children (see section 4). For the same reason it is also important that government and other public facilities (such as schools) exert no pressure whatsoever on children to be vaccinated; nor must such pressure be implied in the information and communication about vaccination that is directed towards parents and children.

There is also a group of vulnerable children for whom the option of vaccination may have a positive effect. These are children who are very afraid of catching Covid-19 and becoming ill, who for this reason have tended over the last 18 months to withdraw from social life, and whose consequent isolation has made them vulnerable. For these children, the option to be vaccinated allows them to resume activities that are beneficial to their development.

Underlying provisions

Article 2 UNCRC: The child's right to equal treatment. Children have a right to equal treatment without discrimination of any kind on the basis of their own convictions or those of their legal representatives.

Article 18 UNCRC: Parental responsibilities. In principle, a child's parents have common responsibilities for the upbringing and development of their child. The best interests of the child will be their basic concern.

6. Taking account of the child's right to health protection

Children have a right to the protection of their health. The Health Council has judged that vaccination against the coronavirus can protect children aged between 5 and 12 against a serious course of illness or a serious inflammatory reaction in vital organs (MIS-C).⁶ The option to be vaccinated therefore has a positive effect on those children and parents who would like to have this protection. High quality, independent information must be made available to parents and children on the advantages of vaccination, its possible side-effects, and the treatment of these side-effects, based on scientific

⁵ It is beyond the remit of the Ombudsman for Children to furnish medical information; neither can the Ombudsman assess medical information on side-effects. The Ombudsman defers these matters to the Health Council. See: Gezondheidsraad (2021), *Advies COVID-19-vaccinatie van jonge kinderen met verhoogd medisch risico*, The Hague: the Health Council of the Netherlands.

⁶ Gezondheidsraad (2021), *Advies Vaccinatie van 5- tot en met 11-jarigen tegen COVID-19*, The Hague: The Health Council of the Netherlands.

research. Parents must adequately assess the risks of vaccination for themselves, and be able to make a well-informed choice.

Children whose own health is fragile because of illness or disability may stand to benefit greatly from being vaccinated. The Health Council has advised that these children be offered the vaccine because it protects them against a serious course of illness and the complication MIS-C.⁷ Offering the opportunity to vaccinate children has a positive effect on this specific group.

The option to vaccinate may also have a positive effect on the mental health of children who are afraid of becoming ill or of infecting their relatives. A vaccination could help these children to be less afraid of the coronavirus. This specific group, too, benefits from being able to obtain vaccination.

The option to vaccinate may also have an indirectly positive effect on the mental health of all children. If children are vaccinated, this may help to reduce infection rates between children and between children and instruction staff at school or at sport clubs, for instance, meaning that fewer children have to go into quarantine. Vaccination could therefore contribute towards continuity in children's school lives and in the opportunity to continue taking part in sports or other activities. The social function of school and of sport is important to children's mental health. Vaccination can therefore indirectly contribute to the prevention of mental health problems caused by situations in which children cannot physically attend school or take part in sporting activities. However, this does assume that vaccinated children are, indeed, much less likely to infect others. It is not part of the Ombudsman's responsibilities to assess the medical information in this regard.

The Ombudsman also notes an attendant risk. The vaccination of children must not be allowed to become an instrument in safeguarding the accessibility of public facilities; for example, the accessibility and continuity of education must not be made dependent on the vaccination coverage amongst children. This would place a heavy pressure on children and their parents to be vaccinated – a pressure from which they must in fact be protected (see section 7).

Underlying provisions

Article 23 UNCRC: The rights of disabled children. Children with a chronic disease or disability have a right to appropriate care and education that enables them to lead full and decent lives.

Article 24 UNCRC: The child's right to health and health care. Every child has a right to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.

7. Taking account of the child's right to education

The option to vaccinate may have an indirectly positive effect on the accessibility of education. At present, if a child becomes infected with the coronavirus it has to go into quarantine. In cases where

⁷ Gezondheidsraad (2021), *Advies COVID-19-vaccinatie van jonge kinderen met verhoogd medisch risico*, The Hague: The Health Council of the Netherlands

there are many infections in a class or at the whole school, all the children affected have to stay at home and follow online classes. Remote education is unfavourable to the development of most children. Vaccination in children could contribute to reduced viral cross-infection rates at school, and this would help to prevent children regularly having to go into quarantine or to deal with closed classes or schools. In this way vaccination could indirectly contribute towards the accessibility and continuity of education. This does, however, assume that children are in fact less contagious following vaccination.

However, the Ombudsman also sees an important risk arising if the government were to link the vaccination of children to the aim of keeping schools open and safeguarding the continuity of education. At that moment vaccination would become an instrument that put children and parents under pressure. This pressure is stressful, and deleterious for children's development. The accessibility of education must not be made dependent on the vaccination of children. Government and schools must not push to have children vaccinated, and within schools there must be no consequences whatsoever attached to a child's vaccination status – not just in terms of admission to the premises, but also in terms of differing quarantine rules for vaccinated and unvaccinated children, for instance.

Underlying provisions

Article 2 UNCRC: The child's right to equal treatment. Children have a right to equal treatment without discrimination of any kind on the basis of their own convictions or those of their legal representatives.

Article 28 UNCRC: The child's right to education. Every child has a right to education. Education must be equally accessible to every child.

8. Taking account of the child's right to play, free time, and recreation

The option of vaccination for children may have an indirectly positive effect on their opportunities to take part in sporting, cultural, creative, or other social activities in their free time. If vaccinated children are less likely to catch the coronavirus, and less likely to infect one another with it, this means they will spend less time in quarantine and will be able to continue participating in these activities. This can also indirectly help to prevent sporting or cultural facilities from having to postpone activities or close their doors because of a large number of infections. This does, however, assume that vaccination does in fact reduce the infectiousness of children.

Just as with education, the Ombudsman sees a risk in this regard. The vaccination of children must not be linked to the aim of keeping sporting and cultural facilities open; this would turn the vaccination of children into an instrument, and children and their parents would be put under pressure to vaccinate. The Ombudsman has explained at several points in this document that this would be damaging to children's development, especially because of the negative social consequences that unvaccinated children might experience (see sections 4 and 7).

Underlying provisions

Article 2 UNCRC: The child's right to equal treatment. Children have a right to equal treatment without discrimination of any kind on the basis of their own convictions or those of their legal representatives.

Article 31 UNCRC: The child's right to free time, play and recreation. Children have a right to rest and leisure, to engage in play and recreational activities, and to participate freely in cultural life and the arts.

9. Taking account of the child's right to equal treatment

The option to vaccinate a child may have a negative effect on the child's right to equal treatment. Unequal treatment means being treated differently (directly or indirectly) on the basis of your personal characteristics than someone who does not have those characteristics. For example, if the government were to decide to make schools or other domains accessible to children only if they had been vaccinated and/or had recovered from a coronavirus infection, this would predominantly affect those children whose parents had decided, e.g. for religious reasons or because of the child's disability, not to have their children vaccinated against coronavirus. Young children must not be treated differently, as this can damage their development (see sections 1, 4, 5, 7 and 8).

Underlying provisions

Article 2 UNCRC: The child's right to equal treatment. Children have a right to equal treatment without discrimination of any kind on the basis of their own convictions or those of their legal representatives.

10. Taking account of the parental role in a child's development

The option to vaccinate may have a negative effect on the rights of children with regard to the role of their parents in their development. A child's parents, or others legally responsible for the child, have primary responsibility for the child's care, direction, and upbringing. As long as parents act in the best interests of the child, government must respect how parents raise and care for their children, and offer them support where needed. It is parents who take the decisions on the medical treatment of their children up to the age of 12, also with regard to vaccinations. It is a parental responsibility to protect the bodily integrity of their children, and to decide whether a medical treatment is in the best interests of their child.

Parents may decide not to have their child vaccinated for all kinds of reasons. If consequences were to be attached to a child's vaccination status, this would undermine the role and responsibility of its parents. The government would then be putting pressure on parents, and thereby also on the child, to vaccinate. By extension, it is important that vaccination remains an entirely voluntary choice, involving no element of duty, pressure, or coercion. It is also important that parents have access to good, independent information on vaccination, its advantages, and its possible risks (see sections 1 and 3).

Underlying provisions

Article 5 UNCRC: The role of parents in the child's development. States must respect the responsibilities, rights and duties of the child's legal representatives when providing appropriate direction and guidance. This means that parents acting in the interests of the child are free in the choices they make with regard to the care and upbringing of their child.