



Children and adolescents deprived of liberty in the context of the COVID-19 response in the WHO European Region

Situation

Children and adolescents deprived of liberty¹ in detention facilities are at higher risk of being infected by COVID-19 than the general population given the restricted capacity for physical distancing and hygiene. They often have co-occurring physical and mental conditions, and experience entrenched social disadvantage. Control measures restricting social interaction may aggravate behavioural problems. Many face legal, administrative and language barriers, further endangering their access to information and health care.

Although healthy children infected with COVID-19 experience comparatively mild disease, they are at increased risk of disease and death due to pre-existing medical conditions. The often rapid “churn” between community and detention implies infection can rapidly spread among people in detention, staff and their communities.

Challenges

Challenges may include lack of coordination across government agencies; Loss of safeguards for detainees due to limits on independent inspections; and adverse impacts on halting family visits on children. Staff may also experience negative impacts associated with job loss, and anxieties for their well-being, which may have follow-on effects for children.

Responses require innovation and improved collaboration across agencies, increasing access to alternative mechanisms for visits and for service delivery, including via phone or online and providing alternative and safe recreation to support well-being.

¹ The approach from a child justice perspective is to include all persons under the age of 18 (CRC, Article 1). There is no differentiation between children, adolescents and young people. In line with international law, children differ from adults in their physical, mental, psychological and developmental needs and vulnerabilities. Such differences constitute the basis for a separate system (e.g. child protection/child justice system) with a differentiated, individualized, child- and gender-sensitive approach, applicable only to individuals under 18 years old.

Key principles

- Any response should be consistent with best evidence and ensure that children are involved.
- Basic human rights of children must not be breached; isolation in response to COVID-19 should not be used as solitary confinement or punishment.
- Detention should be recognized as harmful to children's health and development, and that there is an ongoing need to invest in alternative measures to formal judicial proceedings.

Key response actions

1. Reduce the number of children in detention as per strategies under the Convention on the Right of the Child.
2. Reduce transmission in detention facilities through:
 - **Communication:** Provide tailored information about COVID-19 to all children, staff and visitors.
 - **Risk mitigation:**
 - Minimize movements of children and staff between units and ensure access to enough hygiene products.
 - House new receptions in a designated unit for 14 days prior to transfer to another area, if asymptomatic.
 - Manage infection control risk of visits by physical distancing.
 - **Infection control:**
 - Isolate suspected and confirmed cases and their close contacts and ensure timely access to COVID-19 testing and treatment.
 - Implement routine daily symptom and fever screening of all staff and children and ensure that staff who are unwell stay home.
 - Implement physical distancing.
 - Regularly clean facilities, particularly shared ones.
 - **Well-being:** Mitigate physical and mental health impacts by facilitating physical activity, low-risk social interactions and continued psychosocial support.
3. Ensure children have access to safe housing, health care and social support upon release.



WHO/Interagency guidance published/in process and upcoming

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