

For information about school-justice partnerships, see <https://schooljusticepartnership.org/>

are disproportionately affected by the school-to-prison pipeline.⁷ Furthermore, virtual learning has not met the educational needs for many special education students, a group that is also overrepresented in the juvenile justice system.^{2,8}

Public budget cuts have left schools with fewer resources. Against the backdrop of a society in crisis as it faces a yet to be controlled pandemic, this academic year might be a perfect storm: the anxiety, demoralisation, fear, and frustration of adolescents manifesting in externalising behaviours to which a stressed system responds punitively. Furthermore, for adolescents who are already involved in the justice system, poor academic engagement might be considered cause for detention. A resurgence of the school-to-prison pipeline is a foreseeable outcome, one that would place vulnerable adolescents into a system that is not only ill equipped to address their current mental or physical health needs, but is also associated with poor adult trajectories. Additionally, COVID-19 has proven challenging to control in correctional environments, and compared with community samples, adolescents who have been detained have higher rates of unaddressed chronic medical conditions.⁹

Proactively taking steps to mitigate a resurgence of the pipeline is a matter of population health. Health-care providers should be intentional about promoting coping strategies before disciplinary problems arise. Doing so would require a shift to a more prevention-oriented approach than that routinely used in the mental and medical health-care systems. For adolescents who have a diagnosis that substantially affects their educational experience, families need to understand the special education process and the protections regarding suspensions and expulsions. In

collaboration with local school and judicial systems, health-care providers can also advocate for structural approaches such as school-justice partnerships, which are multidisciplinary initiatives aimed at implementing effective school-based or community-based strategies to address student misconduct, thereby reducing justice system referrals. These steps might help turn the pause in the pipeline into a permanent cessation, contributing to life trajectories that are healthier—mentally and physically—for vulnerable adolescents.

SYV is the owner of Lorio Forensics, a forensic mental health consultation company, and has earned consultation fees through Lorio Forensics; she also has previous and ongoing work as an expert witness in juvenile justice cases, all outside of the submitted work. RJW declares no competing interests.

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Safeguarding children's right to health in hospital during COVID-19

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Children's hospitals have long been advocates of a rights-based approach to health care and will be crucial for ensuring that the rights of children are protected during future COVID-19 surges. The European Children's

Hospitals Organisation (ECHO) is a new organisation representing leading paediatric hospitals across Europe, many of which helped to lead the COVID-19 response locally or regionally. ECHO members provide acute and

long-term disease management, caring for some of the most complex and vulnerable patients in society. Using our collective voice, we call on children's hospitals and public health systems to ensure that the rights of children are central in the new normal of COVID-19.

According to WHO, the COVID-19 pandemic is "one big wave", and health systems should be ready for recurrent surges in cases, regardless of the season. However, other respiratory viruses are seasonal, predictably filling adult and paediatric intensive care unit (ICU) beds. With falling vaccination uptake further exacerbated by the pandemic, fear has grown that an increase in vaccine-preventable diseases could complicate the situation in hospitals this winter.¹ Additionally, how the reopening of schools and more parents heading back to work will affect COVID-19 infection rates remains unknown. Given the possibility of a future surge in COVID-19 cases and the predictable increase in seasonal illness, preparation is imperative to ensure the safety of children and young people.

Although few children required admission to hospital because of COVID-19, social isolation, school closures, missed or delayed medical care, increased family stress, and the loss of state safeguarding structures have all taken their toll on child health. With the nearly exclusive focus on adult care, the argument could be made that as a society we did not adequately protect children's right to health during the pandemic.²

During the pandemic, general and complex paediatric services such as organ transplantation, chemotherapy, or rehabilitation were discontinued or limited. Nine of ten patients with rare diseases said their care had been interrupted.³ Children's hospitals are the primary providers of highly specialised complex inpatient and outpatient medical care, including for rare diseases. Maintaining safe access to children's hospitals will be essential to ensuring that children and young people have consistent and timely access to the care they need, especially for those requiring specialised or complex care. Telemedicine is part of the solution, but health-care providers and patients need additional resources.⁴ During the pandemic, many children's hospitals increased their telemedicine capacity exponentially. Further scaling up should consider the benefits of increased accessibility and safety while being mindful of the limits around quality, confidentiality, and the potential to exacerbate existing health inequities.⁵

Keeping children healthy means keeping communities healthy. A hallmark of the COVID-19 pandemic was the need to quickly increase the number of adult ICU beds. Children's hospitals contributed in a variety of ways, including moving staff temporarily to adult ICUs, consolidating paediatric care, and even caring for adults in paediatric units.⁶ Consolidating paediatric care in one or two locations can increase space for adult care but can also reduce the need for children and families to visit potentially high-risk areas, such as waiting rooms of adult emergency departments. Such an approach sends a message to the community that children's hospitals are safe and ready to care for patients. Looking forward, children's hospitals should work with public health agencies to determine how they can best support public health needs.

With the seasonal increase in respiratory illness, paediatric ICUs will probably find themselves at capacity. Ensuring a child's right to high-quality health care will require having both professional expertise and sufficient resources available, such as ventilators or monitoring equipment. This might pose a challenge, since the availability of paediatric-specific equipment is often scarce because of low volume needs. Rapid identification of COVID-19 positive cases will streamline treatment and help to conserve resources such as personal protective equipment. Digital health systems to help track and manage issues such as bed availability and critical care pathways are another way to address resource needs.⁷ Cross-border data sharing systems are also needed to pool data and rapidly understand the clinical and epidemiological features of outbreaks.

Cross-training and scaling up educational opportunities for staff will also ensure that children's hospitals are ready for a surge in patients who are critically ill.

The pandemic caused a substantial decrease in paediatric emergency department attendance in some areas, leading to real and lasting harm to some children.^{8,9} Delayed attendance resulted from fear of infection or isolation, or from trying to follow so-called shelter in place guidance. Developing clear communication strategies on when and how to seek medical care and ensuring that all children will have the right to have a parent or carer present will be vital in future COVID-19 surges. Strategies include creating clear physical divides to triage suspected COVID-19 positive patients, clearly presenting the minimal risks in



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<https://www.echohospitals.org>

seeking care, and detailing actions hospitals are taking to minimise the risk of infection.¹⁰

As anchors of paediatric care in our communities, children's hospitals have a moral responsibility to ensure that the rights of children are protected and promoted in pandemic response planning. This applies not only to the COVID-19 response, but also to planning for future pandemics. Therefore, children's hospitals, health systems, and policy makers should take action now to ensure that the rights of children and young people are central to current and future pandemic planning efforts.

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