



# The impact on children's rights

of the measures adopted during  
the SARS-CoV-2 pandemic

CRIA REPORT OF THE COMMISSIONER FOR CHILDREN'S RIGHTS  
CYPRUS 2022



REPUBLIC OF CYPRUS



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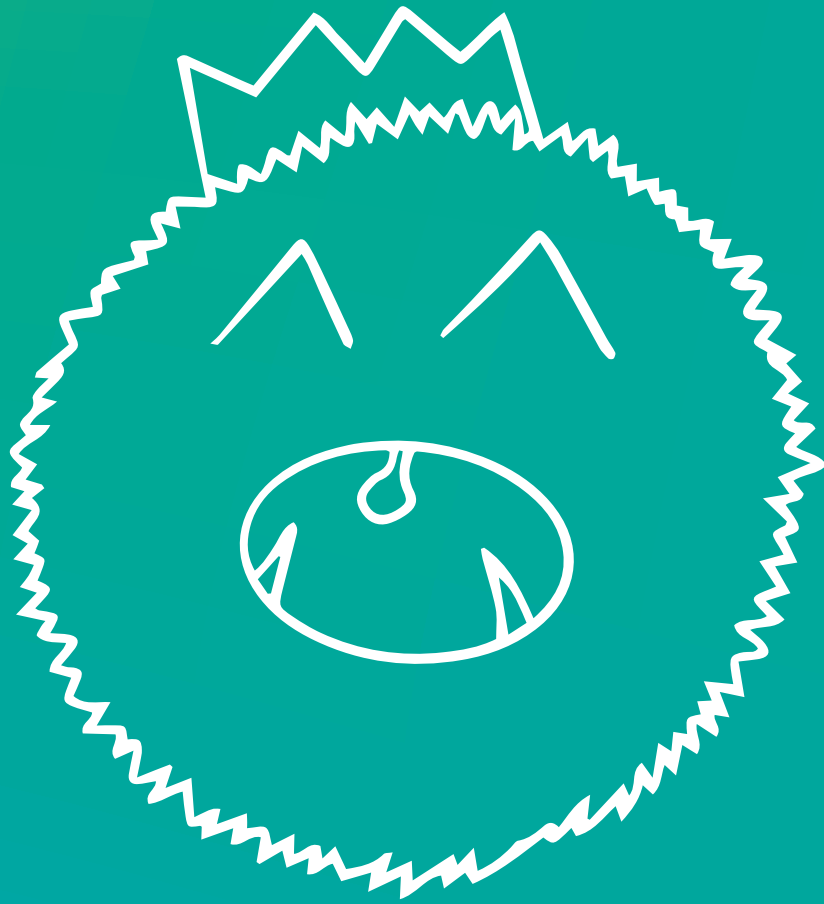
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**“With so many  
restrictions, we feel like  
goldfish in a bowl.  
We live in the best age  
at the worst time”.**



“Children do not  
make laws or ideas,  
but we must take  
part in this ‘race’”

# Introductory Note

Statistics, daily information provided by epidemiologists, movement restrictions and drastic changes to our daily routines and habits have been but a few of the structures imposed in response to the spread of the COVID-19 pandemic. For the first time after the adoption of international Covenants and Conventions, human rights were substantially restricted worldwide by States in order to stop the spread of the virus, which to date has cost the lives of 4,515,104 individuals.<sup>1</sup> Faced with an unprecedented situation, the international community resorted to various means to determine the trajectory of the course of COVID-19, and indeed continues to employ these measures almost two years after the virus was first reported.<sup>2</sup>

The response of the States to such a crisis was not to seek to efface its source, but to limit its impact on individuals and groups. It would be unjust not to acknowledge the difficulties encountered by States in coping with this situation, which posed an immediate threat to both lives and livelihoods and for which most States worldwide were unprepared. The adoption of a series of measures, inseparably welded with human rights, with the aim of protecting the right to life and health and providing health systems with the capacity to respond to this emergency, undoubtedly had an impact on the general population. It is not incidental that these measures were constantly altered, as is characteristic of responses in cases of emergency, based not only on the epidemiological picture that prevailed in a State's jurisdiction, but also as a result of the echo resounding from the effects of the measures on specific groups of people. Nevertheless, diverse insights on the measures show that these cannot be interpreted as idealistic proclamations for the well-being of humanity, but only as anchored in the conception and functioning of a democratic state.

With the advent of the virus in our lives, I came to realise that a manifestation of normative social representations of children's rights, forged by perceptions of childhood, were imprinted on both the process and the content of the measures adopted by the Government of the Republic of Cyprus. Social representations of children and their rights affected not only the measures adopted, but also had a knock-on effect on social representations of the virus' transmission and effective protection measures, and, consequently, on the practices applied in relation to children. One of my main arguments, as Commissioner for Children's Rights in Cyprus, is that the four Principles of the Convention on the Rights of the Child – defined as the participation of children, their best interests, development, and non-discrimination – cannot be incorporated into any decision taken without prior structural changes. The glaring shortcomings in implementing these Principles during a case of emergency indicates the urgent need for structural changes in times of non-emergency and, thus, for a new, contemporary history of children's rights.

The current Child Rights Impact Assessment (CRIA), compiled in collaboration with the European Network of Ombudspersons for Children and UNICEF, was initiated 10 months after the onset of the pandemic in Cyprus in March 2020. Its key findings and recommendations emanate from children and professionals working with children: 3,320 children (aged 3–18), 61 professionals and three parents provided input for the purposes of the current project. Further data were obtained from various organisations working with or providing services for children. Researched in the midst of the pandemic, its purpose is to establish how the measures adopted have affected children and their rights with the aim to inform and guide decision-making and practices, even temporarily, until the end of the pandemic. It is designed to provide a solid foundation for decision-makers, professionals and children themselves. As analytical and thorough as the current report may be, it should nevertheless be underlined that capturing the exact impact of the measures on children at large, on specific groups of children or on individual children would be unfeasible. This report seeks to provide the most accurate portrayal possible.

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<sup>1</sup> As of August 30, 2021. Information retrieved from <https://www.worldometers.info/coronavirus/>

<sup>2</sup> The virus was first reported at the end of 2019.



Beyond documenting in detail the impact of the measures, I consider it essential here to point to one specific aspect that will recur throughout the report. The research gave voice to the intense feeling, on the part of both children and professionals, that the measures were tailored for adults; in other words, they did not take into consideration children's needs. Economic interests, as well as the perception that children would not be able to abide by the rules, allowed for the opening of shops, restaurants and malls, but not schools. The decision to open schools, when it came, was in response to parents' need to return to work. The homogeneous treatment of the population at large resulted in the application of age-inappropriate measures, with children sitting on chairs all day during school time, and age discrimination in the case of sports activities: Sport was allowed for adults but not for children. Ultimately, afternoon activities, formal education, socialisation and play, all of which are significant for children's development, were allowed as a last resort rather than as a priority.

What's more, when a child was asked how her rights were affected by the pandemic measures, she responded that she had to conduct online research to identify which rights the question referred to before she could answer. What can be a more significant threat to children's rights than children themselves being unaware of them?

In the light of these, a main objective of the report is to lay the foundations and underline the necessity to conduct a CRIA prior to any State-based decision-making process that relates to children. This is the first time that a formal CRIA has been applied in the context of Cyprus and I consider this opportunity to hold prodigious momentum that will guide the trajectory of children's rights in Cyprus for years to come. It should be noted that the process and product of a CRIA is not as extensive as this report; as impressive as it may seem, the procedure is relatively straightforward, structured and efficient.

I would like to take this opportunity to express my deep appreciation to all the children, professionals and parents who expressed their opinions. I am particularly grateful to the Minister of Education, Culture, Sports and Youth, the Minister of the Interior, the Minister of Labour, Welfare and Social Insurance, the Minister of Justice and Public Order, along with the Departments within the Ministries which facilitated the process of data collection from children and professionals or provided quantitative data. Last but not least, I am deeply indebted to the Director and the personnel of the Association for the Prevention and Handling of Violence in the Family, and the Hope for Children (NGO) for providing data on children for the assessment period.



**Despo Michaelide**

Commissioner for Children's Rights  
Cyprus



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# 1.

## THE COMMISSIONER FOR CHILDREN'S RIGHTS OFFICE IN CYPRUS

The Commissioner for Children's Rights Office in Cyprus is an independent National Human Rights Institution (NHRI), established by the Commissioner of the Rights of the Child Laws 2007 and 2014 [Laws 74(I)/2007, 44(I)/2014] and governed by the Paris Principles of the independent human rights bodies, to monitor the respect and protection of the rights of the child in the Republic of Cyprus.

The Commissioner's purpose, under the Law, is to protect and promote the rights of the child, to represent children and their interests at all levels, to promote public awareness and sensitivity with a view to safeguarding children's rights in the family, at school and in the community, to identify and promote the views of children, to monitor legislation relating to children and to submit proposals aiming at harmonisation with the UN Convention on the Rights of the Child, to carry out public awareness campaigns, and to represent children in judicial proceedings.

To pursue these objectives the Commissioner:

- Meets and talks with children in multiple settings.
- Provides information on the rights of the child through various means.
- Cooperates with public bodies, NGOs, and international bodies engaged with the protection and promotion of the rights of the child.
- Follows investigations of complaints by other Authorities concerning violations of children's rights and evaluates their outcomes.
- Cooperates with equivalent bodies and Authorities of other States with regards to issues that fall within her competency.
- Studies whether the existing legislation, policies, procedures and practices violate the rights of the child, based on complaints submitted by citizens.

**“My mom does not play with me because she is sad”.**



## 2.

### THE CHILD RIGHTS IMPACT ASSESSMENT AND THE CHILD RIGHTS IMPACT EVALUATION AT A GLANCE

The Child Rights Impact Assessment (CRIA) and the Child Rights Impact Evaluation (CRIE) explicitly referred to in the General Comments No. 5<sup>3</sup> and No. 14<sup>4</sup>, are processes which safeguard the compliance of legislation, policies, and budgetary and administrative decisions with the provisions and the full concept of the Convention. In other words, they are a procedural guarantee, which reports on any measures taken by the State.

The CRIA is a process applied before a decision is taken, providing the space to examine whether the decision will positively or adversely affect the implementation and realisation of the rights of the child within the State's jurisdiction. The ultimate goal is to identify any negative effects on children's rights before the implementation of the policy, and to adjust or reform it accordingly in order to avoid such effects to the maximum extent possible. The CRIE is a process applied after the decision has been taken in order to evaluate the actual impact of the decision on the rights of the child.

Despite the fact that there is no internationally agreed model for applying either CRIA or CRIE, both processes can follow different stages or components<sup>5</sup> in order to ensure the consistency and validity of the outcome. The European Network for Ombudspersons for Children has published a number of recommendations<sup>6</sup> for States to adopt to this purpose.

3 Committee on the Rights of the Child. (2003). *General Comment No. 5. General Measures of Implementation of the Convention on the Rights of the Child (art. 4, 42 and 44, para. 6)*. CRC/GC/2003/5.

4 Committee on the Rights of the Child. (2013). *General Comment No. 14 on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)*. CRC/C/GC/14.

5 An example of the steps required can be found: UNICEF and European Commission. (2014). *Child Rights Toolkit Module 5: Child Impact Assessments*, para.1.1. New York: UNICEF.

6 European Network for Ombudspersons for Children. (2020). *Position Statement on 'Child Rights Impact Assessment (CRIA)'*. Adopted by the ENOC 24<sup>th</sup> General Assembly, 18<sup>th</sup> November 2020.

# 3.

## THE METHODOLOGICAL APPROACH FOR THE CURRENT CRIA

The current evaluation is a “hybrid” of the CRIA and CRIE, as it was conducted both prior to the application of the measures taken to prevent the spread of COVID-19 in Cyprus as well as during the review and renewal of the measures as the pandemic progressed. For purposes of brevity, however, the term CRIA will be used to refer to the current report.

The Commissioner set the following objectives:

- To document the impact of the measures on children’s rights, so as to identify necessary adaptations and develop recommendations for future action.
- To examine the lessons learnt by the application of measures at a collective level in a crisis period that can also assist the recovery process.
- To gather knowledge on the methodology applied for CRIA.
- To promote institutional set-up of CRIA within policy-making.
- To raise awareness at the political level for CRIA education for professionals.

The current CRIA was conducted within an eight-month period (January-August 2021) by internal staff of the Commissioner for Children’s Rights, while two external research assistants assisted with the data collection and analysis. The whole process was facilitated and guided by two international experts.

The methodology included the following steps: Screening, scoping, evidence gathering, data analysis, conclusions and recommendations.

To identify the specific focus of the current CRIA, a first step taken through the screening phase was to list all measures adopted at a national and local level to constrain the transmission of the virus and the spread of the disease. The measures examined in the screening phase were all the Decrees issued by the Council of Ministers over the period of March 2020 to April 2021 (for the full report see [Decrees Screening](#)). For each Decree, the following procedure was enacted: Its content was recorded, the relevant Articles of the United Nations Convention on the Rights of the Child (CRC) were identified, the groups of children affected by the measure were determined, and, finally, the impact was coded as positive, neutral or negative (for the basic content gleaned from the Decrees see Section 4).

A robust and comprehensive evidence-gathering process followed, comprising a desk review, a consultation with stakeholders, and gathering information from children.

The desk review related to academic publications on (a) the “zero separation” concept of premature babies from their parents, (b) domestic violence during the COVID-19 pandemic, and (c) children’s views on their experiences. It also encompassed a review of the complaints received by the Commissioner’s Office relating to the pandemic for the period of March to December 2020 (for the full report see [Complaints Received](#)). Concurrently, information was requested from the 1440 Helpline<sup>7</sup> for victims of domestic violence and the Children’s House<sup>8</sup> for child victims of sexual abuse, both operating in Cyprus. Information was also obtained from the Prisons Department.

On 20 April 2021 a letter was sent to the following four Ministers: the Minister of Education, Culture, Sports and Youth, the Minister of Health, the Minister of the Interior, and the Minister of Labour, Welfare and Social Insurance. The letter informed the Ministers

<sup>7</sup> For more information see <https://domviolence.org.cy/>

<sup>8</sup> For more information see <https://www.uncrcpc.org.cy/en/programmes/>

about the purpose of the CRIA and asked the Ministers to facilitate the process of conducting focus groups with professionals to further identify the impact of the measures on the general population of children and specific groups. As such, four focus groups were conducted with professionals: Two of these with a total of six school counselors, one with three school psychologists, and one with four professionals employed by NGOs working with children with refugee or migrant backgrounds and asylum seeking children. Four interviews were also conducted: One with a professional working with children under the legal care of the State, and three with parents of children who had to be hospitalised during the pandemic. All focus groups and interviews were semi-structured. Although it was considered important to engage health professionals in the process as well, specifically two professionals from the Neonatal Intensive Care Unit (NICU, Lefkosia) and two experts with experience in the care of children with chronic illnesses, the administration of the State Health Services Organisation did not provide access to these professionals.

Of the evidence gathered, the information provided by the children themselves was perhaps the most significant. A survey was conducted with 1,498 children in secondary education (ages 12-18) (for the outcomes of the survey see [Results of the Survey](#)), 1,164 children of primary-school age sent their opinions to the Commissioner (to read these see [Results of Primary School Children](#)), and 652 children of pre-school age sent their opinions through their educators (to read the opinions of the nursery and pre-school children visit the link [Results of Pre-School Children](#)). Additionally, one focus group was conducted with three children who were asylum seekers, along with three semi-structured interviews with children under the legal care of the State.

The children's rights-based approach constituted the principal methodology<sup>9</sup> (Lundy et al., 2021), where the use of open-ended questions provides children with the space to express their opinions on matters of importance to them, how they themselves experienced the degree to which they were able or unable to exercise their rights. The children also had the opportunity to state alternative action the Government could have taken that would have safeguarded (or might still safeguard) their rights. To compile the current report, briefing papers were prepared for each child age-group involved, and were analysed together with the desktop review and the information gathered from the focus groups and interviews with various stakeholders and children.

Due to the variety in the methodology used to conduct the current CRIA, possible biases have been mitigated. The aim was to collect information from diverse sources, even though it was difficult to glean a holistic picture of the impact of each measure on the child population as a whole. The participation of a large number of children in the process, from various geographical locations and with diverse backgrounds, including children in vulnerable situations, indicates the emphasis placed on children's participation, and it is a strong methodological component of the current CRIA. At the same time, however, a weakness of the children's participation aspect was that neither the survey nor the methodology adopted to obtain children's views were designed together with children, a factor that should be taken into consideration for future actions. Despite the fact that children were not involved in the methodology design, however, they were included in the interpretation and dissemination of the data, as well as in the preparation of a child-friendly version of this report.

Another limitation of the methodology used was that the survey regarding secondary school children was carried out online, which excluded the participation of children with no access to the internet. Any lack of representativeness, however, was overcome, at least partially, by the sharing of information about the survey through the official State networks, schools and in certain cases by providing time during school hours for children to fill in the survey. Additionally, the opinions of the nursery, pre-primary and pre-school children were obtained via their educators, and as such, the educators' interest and willingness to retrieve children's opinions affected the groups of children that participated.

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9 Lundy, L., Byrne, B., Lloyd, K., Templeton, M., Brando, N., Corr, M., Heard, E., Holland, L., MacDonald, M., Marshall, G., McAlister, S., McNamee, C., Orr, K., Schubotz, D., Symington, E., Walsh, C., Hope, K., Singh, P., Neill, G., & Wright, H. V. L. (2021). Life under coronavirus: Children's views on their experiences of their human rights. *The International Journal of Human Rights*, 29, 261-285.



The design team was aware of this constraint from the start, and the problem was counteracted to a certain extent by the fact that the groups of children affected were coming from more diverse backgrounds. Focus groups with specific groups of children in vulnerable situations were also implemented in order to garner a more general picture of the opinions of the child population residing in Cyprus.

# 4.

## A BRIEF OVERVIEW OF DECREES ISSUED

In the period up to 12 April 2021 the Government of the Republic of Cyprus issued 73 Decrees.<sup>10</sup> The majority of them (67) were issued by the Minister of Health, five were issued by the Minister of Transport, Communication and Works, and one was issued by the Minister of Labour, Welfare and Social Insurance. All Decrees were approved by the Council of Ministers and can be retrieved from <https://www.pio.gov.cy/coronavirus/categories/diat>.

The Decrees were quite extensive, describing all the prohibitions introduced and the exemptions that accompanied each one of them. The Decree issued on 15 March 2020 determined the closure of dining and recreation areas, and allowed only vital services to remain in operation, such as supermarkets, pharmacies, bakeries and gas stations. The Decree deemed the Ministry of Education, Culture, Sports and Youth responsible for facilitating online classes for students. As of 17 March, public service personnel were authorised to work from home. On 23 March, the Decree issued stated that from the next day onward unnecessary transitions were prohibited and individuals were permitted to change location for specific predetermined reasons only (i.e. to go to work, shop in a supermarket or see a doctor, etc.) and within a limited period of time (stay at home orders). On 30 March, a curfew from 21:00 to 06:00 was also imposed. All these restrictions were initially mandated until 13 April 2020, however, on 8 April, they were extended until 30 April. A new system was introduced whereby an individual required authorisation to leave their house, to be obtained by sending a text message to the number 8998. This period, from 16 March to 30 April 2020, was referred to as the first lockdown in Cyprus. During this period, it was prohibited to visit patients in hospital or children in childcare institutions. As of 8 April the entrance to and exit from centres hosting asylum seekers were prohibited. Following this period, the prohibitions were gradually relaxed. From 4 May 2020, the movement of individuals was increased to three times per day, employees returned to their workplace, and as of 11 May, high-school students in their final year continued their education with physical presence. By the summer of 2020 most restrictions had been lifted. A limited number of restrictions were maintained for the duration of the summer. These primarily applied to the mandatory use of masks in all indoor facilities, to the number of people allowed to attend certain events, including religious services, to the indoor facilities of restaurants and other businesses, and the prohibition of mass events such as concerts, parades and festivals.

In view of the epidemiological data, restrictions regarding specific areas of Cyprus were adopted during autumn 2020. As such, on 6 October specific restrictions were set for the district of Larnaka, while on 13 October, most of these were also applied to the districts of Lefkosia and Lemesos. Ten days later, on 22 October, a Decree was issued entailing restrictions for the cities of Lemesos and Pafos until 30 November. This Decree prohibited, among other things, all afternoon sports clubs and social activities for children under the age of 18 residing in these two cities.

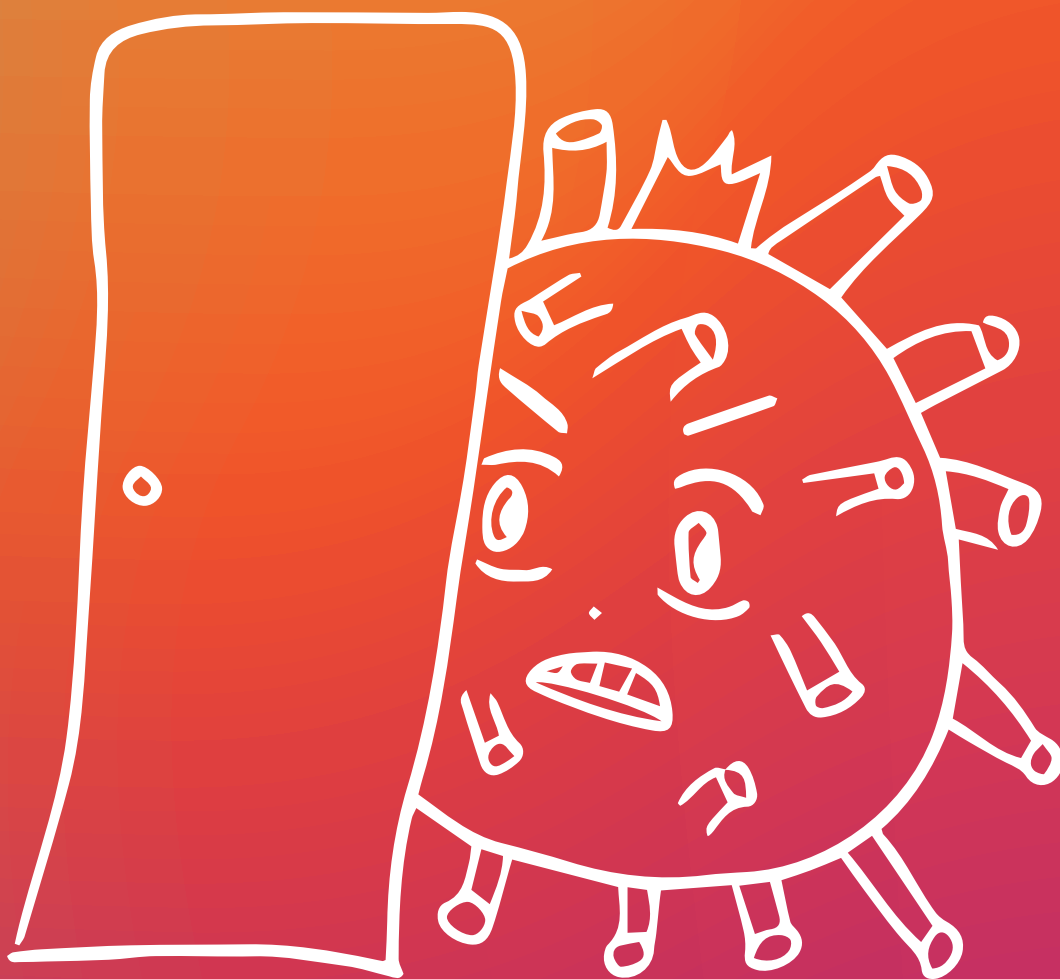
The period beginning on 29 December 2020 is described as the second lockdown in Cyprus. Additionally to the series of restrictions introduced by the Decree adopted on 22 December, which took advantage of the schools closing for the holidays over Christmas and New Year, further restrictions were mandated on 29 December, which applied for a period of 10 days to temporarily ease the pressure on the health system. One of these measures entailed working remotely for all employees except those employed in essential Services. Movement was allowed only once a day and after sending a text message as described above. During this phase, nurseries and kindergartens continued to operate with physical presence. On 15 February 2021, primary schools and the third grade of high schools reopened with students physically present. High-school students returned to school on 1 March, while the return of middle-school students to their schools was determined by the Decree issued on 31 March.

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<sup>10</sup> The first Decree was issued on 11 March 2020.



A number of measures appeared to have significant impact on children, while specific groups of children were identified through the screening process as being affected by particular restrictions. As such, rather than focusing on single measures, specific geographical areas or a particular group of children, a number of thematic areas were specified and the impact of a number of measures on those areas was assessed. The thematic areas were the following: **Health, Education, Adequate standard of living, Play, rest and leisure, Protection from any form of harm, Family life and alternative care, Civil rights and freedoms.** All the areas were analysed and assessed against the four Principles of the Convention: the **Principle of Participation**, the **Principle of Non-Discrimination**, the **Principle of Development**, and the **Principle of the Best Interests of the Child**.





# 5.

## ANALYSIS

The analysis that follows is the result of assessing the combined wealth of information gathered using the various methodological tools applied as described in Section 3. While the analysis of the results is divided into various sections, it is important to emphasise at this point the absence of children's participation in the decision-making processes concerning the enforcement of restrictions and lockdowns, and, thus, of details regarding how they themselves experienced these processes.

Although children's participation<sup>11</sup> has been set as a priority in the agenda of institutions working with and for children, it seems that the State, in an effort to respond immediately and efficiently to the crisis that emerged, dismissed this effective and substantially needs-oriented prerequisite for decision-making. Based on information provided to the Commissioner's Office, children were not involved at all by the State in the drafting, formulating or adapting of the measures adopted to prevent the spread of the COVID-19 virus. Children repeatedly complained that their voices were not being heard, a source of intense frustration for them. In conclusion, it is ascertained that the **Principle of Participation was not safeguarded in any decision-making process related to the pandemic.**

### 5.1. HEALTH

The measures enacted to protect public physical health in the face of the outbreak of the pandemic had profound short-term and long-term repercussions on other aspects of health. These repercussions unveiled certain contradictions: While specific aspects of physical health were reported as being neglected or miscalculated by the restrictions and/or the occasional non-compliance with them, at the same time the measures adopted had an unlimited, and at this stage immeasurable, impact on the mental health of children.

#### 5.1.1. IMPACT ON CHILDREN'S PHYSICAL HEALTH

##### 5.1.1.1. DOCTOR APPOINTMENTS

Children reported difficulties visiting doctors or hospitals in order to receive medical treatment, either because doctors only provided medical advice via the telephone based on the restrictions imposed or because they were overbooked with appointments. Doctors recommended staying at home or suggested alternatives to immediate contact with children, which exacerbated confusion in younger children and in certain cases caused further complications to their health.

Furthermore, children reported that doctors required children who were sick and had scheduled an appointment to produce a negative rapid test result in order to attend the appointment in person. In some cases, this caused further complications, for example if parents disagreed with the principle of testing, or if the children felt unable to carry out the test while feeling unwell.

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<sup>11</sup> Children's Participation a) is a Principle at the Convention on the Rights of the Child that Cyprus ratified in 1991, (b) is at the core of the Principles of the European Convention on the Rights of the Child, (c) in 2012 led to the adoption of the Council of Europe Recommendations on the Right to Participate (Council of Europe Strategy for the Rights of the Child 2016-2021.); further, (d) an emphasis was placed on strengthening the right to participation and expression in the school community (Charter on Education for Democratic Citizenship and Human Rights Education).

Throughout the lockdowns, all surgical operations that were not considered emergencies were postponed. This was considered essential in order to relieve the pressure on the health system. There were reports, however, of children and their families not being informed – or not being informed in a timely manner – about re-scheduled surgery or about any possible effects the postponement may have on the children's (mental or physical) health.

#### **5.1.1.2. REDUCTION OF PHYSICAL EXERCISE**

Children reported of the lack of physical exercise as an element that was detrimental to their health. Physical exercise levels were reduced (a) during school hours, (b) due to the closure of the afternoon activities children attended (i.e. sports and arts classes), and (c) due to the closure of the physical spaces in which children could exercise (i.e. playgrounds and parks). Research<sup>12</sup> conducted in Cyprus has demonstrated that there was a decrease of 50% in the physical exercise levels of children compared to the pre-lockdown period, both inside and outside of school. Children also reported that the increase in hours spent in front of electronic devices resulted in greater food consumption, with their choices not always being healthy ones. Children characterised as discriminatory practices those decisions that allowed for the reopening of services for adults to exercise or permission for adults' sports groups to function while prohibiting the reopening of services for children (such as afternoon classes), of playgrounds, and of children's sports groups.

Moreover, the use of electronic devices over a prolonged period of time for the purposes of online education had an impact on children's physical health. A large number of children reported headaches and visual impairments, but also adverse effects on their mental health, reporting anxiety, stress, and even depression. Children also reported a reduced interest in and motivation to attend online courses and negative feelings toward school in general.

#### **5.1.1.3. INCREASED VULNERABILITY OF CHILDREN**

Younger children reported difficulty following the regulations, even though they fully understood their importance in keeping the general population safe, especially in cases where adults enforced the application of specific rules to younger children (i.e. masks) that were not prescribed by the Decrees.

Two more groups of children reported experiencing an impact on their health due to the measures adopted: (a) Children with asthma or respiratory problems who had to wear masks, in the absence of specific provisions for their cases, and (b) children with disabilities who experienced greater levels of fear and difficulty, for example during testing processes; again, no provisions were made for the application of rapid testing to this group.

Information obtained from NGO professionals described how specific groups were excluded, both from access to information and from health services. Groups without papers, such as migrants, refugees and asylum seekers, are not registered in the health system and, as such, they did not initially have access to services provided to control the pandemic, such as procedures to be followed in case of infection with the virus, or the vaccination scheme. It should be noted, however, that this lack of access was ameliorated within a short time period, once identified. Furthermore, it was noted that these individuals were in most cases unable to report that they were experiencing symptoms of infection with COVID-19, since they could not communicate through the lines established. Various NGOs took on the task of informing the public services about cases of infection and transmission for these groups.

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12 Konstantinou, C., Andrianou, D. X., Constantinou, A., Perikkou, A., Markidou, E., Christophi, A. C., & Makris, C. K. (2021). Exosome changes in primary school children following the wide population non-pharmacological interventions implemented due to COVID-19 in Cyprus: A national survey. *EClinical Medicine*, 32, 1-9.

A number of health issues were reported by NGO professionals regarding asylum seeking children accommodated in reception centres. First, the medical needs and problems of newly-arrived children at the centres were not assessed during the lockdowns, but were left unattended to. Secondly, the fact that medical staff was not daily present at the centres (medical staff was present a maximum of 2 days per week) resulted in the delay in the evaluation and consequent treatment, following referral, of any medical issues. Lastly, children infected with the COVID-19 virus and self-isolating at the designated areas had no access to medical personnel.

Special measures, including the assignment of specific doctors, the immediate response to requests, and the immediate provision of information to alternative care institutions were noted as positive elements that prevented the spread of the virus within these communities.

#### **5.1.1.4. ASPECTS REPORTED AS DISCRIMINATORY**

Children participating in this study also noted conflicts of interest and discriminatory practices inherent within specific measures adopted in the name of health. One example was the use of masks only by the students and not the educators; another was that students were subjected to rapid testing every week in order to be allowed to attend school, while adult employees were not necessarily required to be tested before physical presence in the workplace. Only a certain percentage of adults employed by an organisation, either public or private, had to go through the rapid testing procedure every week. Additionally, discriminatory practices justified by health considerations were reported for specific groups of children, as well as their exclusion from school (for further information see section **5.2. Education**).

### **5.1.2. IMPACT ON CHILDREN'S MENTAL HEALTH**

It was evident from the analysis of both the children's and the professionals' reports that no actions were taken – nor was particular importance attributed to this – to mitigate the negative impact of the pandemic control measures on children's mental health. Indeed, the issue has been only cursorily addressed so far since the beginning of the pandemic. The professionals' responses endorsed the discourse of physical health being prioritised above mental health; children's responses indicated that the dynamics of interplay between physical and mental health were not integral during the pandemic, with the extreme focus on the physical health of the general population having a tremendously negative impact on the mental health of children. Children described this impact as more severe than the harm caused by the virus. As one child vividly described *“Adults can endure the measures, but children suffer”*.

It became evident that the measures taken had the following impact on children's mental health, as a consequence of the deprivation of socialisation, play, leisure and communication:

- Children experiencing feelings of a lost childhood.
- Loss of experiences that they will never have the chance to make up for (e.g. graduation from primary school), creating feelings of “lost periods of life”.
- Children developing increased and uncontrolled phobias regarding the virus.
- Children losing their motivation for daily activities.
- Children experiencing increased levels of anxiety due to the insecurity that prevailed during this period of time and the instability of their environment. Further, children's daily routine, which normally provides a sense of stability, security and identity in children's lives, was lost or radically modified, adding to the strain on children's mental health. This was even more important in the case of children with disabilities, and especially for children with autism spectrum disorder, where routine is a particularly essential component for the child's well-being.

- Social isolation having an impact on the emotional development of children.
- Children experiencing increased tension within the household.
- Increased signs of aggressiveness and fatigue among the general population of children.
- Symptoms of depression in children who had increased levels of anxiety before.
- Increased reports of abuse, domestic or sexual (see section **5.5. Protection from Harm** for further details)
- Increased reports of cyberbullying and violent communication via online applications.
- Decrease in social contacts with children not making efforts to belong to a group.
- Children experiencing, at a mass level, deaths or hospitalisation of relatives.
- Children infected in the very early stages of the pandemic experienced stigmatisation due to actions taken that did not acknowledge their dignity or personal lives.

Moreover, children reported difficulties with and concern for their adult family members with chronic health problems who were unable to go to hospital or visit the doctor. It became clear that children who either faced health issues themselves or had a close relative with health problems were afraid of transmitting the virus to their loved ones and felt an excessive level of responsibility and fear that has not been processed or managed. This fear has further exacerbated their social isolation. The fear of infecting their parents/guardians also related to a general threat perceived by children regarding the protection and safety provided by parents/guardians. As one child vividly described, *"I am afraid that my mom will get sick and die"*. The threat to the physical health of their loved ones had an impact on children's mental health. These feelings, despite not being a direct consequence of the measures adopted to curb the pandemic, were an indirect result of the surrounding atmosphere and related to the individual's responsibility for the protection of other people, especially the elderly and the vulnerable.

Children reported of stress caused by online education and the limited free time or time for rest. They also described tension among family members due to increased and continuous interaction, along with the lack of opportunity to go out and interact with other individuals, as having a tremendous impact on their mental health. Children also commented on the lack of support provided for them regarding their mental health since the beginning of the pandemic.

Some ten months into the pandemic, professionals sounded the alarm over the fact that programmes addressing these impacts on the mental health of children and adolescents were still not in place. The fact that children are at a developmental stage and specific aspects of socialisation and interaction are important for their continued development has not yet been attributed sufficient importance. The lack of political will and decision to address children's mental health, the reduced number of professionals who can address the pandemic's impact in this regard, along with the focus on the cognitive development of children leave children exposed to further harm.

Furthermore, professionals emphasised the feelings of anxiety children experience as a result of electronic newsfeeds. By framing the pandemic within a context of panic, newsfeeds convey a sense of emergency to both adults and children, and have an extreme impact on the stress levels experienced by the general population.



### 5.1.2.1. INCREASED VULNERABILITY OF CHILDREN

A pervasive aftermath of the lockdowns was the loss of support by social workers and/or psychologists provided to specific children before the pandemic. While both these Services had been unprepared during the first lockdown, and the Decrees did not include provisions that would have allowed for such support, such communication was, nevertheless, not prohibited and was established in certain cases (it was reported that for various reasons support was provided in “severe” cases). But even children in alternative care were deprived of support from psychologists and social workers during the first lockdown. In certain cases, it was reported that during the period in which authorisation was needed to go out once a day, parents had to use their one opportunity to leave their home for the purpose of their child’s appointment with the aforementioned professionals. In other cases, professionals reported extreme difficulties in providing online support and guidance to children due to the restrictions set by the non-use of cameras during online education. From behind a screen, children depicted their well-being more positively than it was in fact the case, due to the physical presence of an adult of which the professionals were unaware of. In other cases, professionals experienced difficulties communicating with the children due to the distance in their interaction. Professionals reported that once schools recommenced children gave voice to numerous difficulties they had encountered but had not conveyed through online interaction.

A delay was also noted in the scheduling of appointments to provide mental health services to child and adolescent victims of domestic violence. While this delay had already been prevalent before the pandemic, the measures adopted further increased it, with the competent Authority failing to adopt alternative measures or ways to provide the needed support to this vulnerable group of children.

## 5.2. EDUCATION

Undoubtedly, a multidimensional and continuous impact of the measures adopted was on the right to education. Children’s and professionals’ opinions focused on a number of issues related to online and “traditional” education as applied during the pandemic.

Children recognised that education is considered by the Authorities as an activity children perform, rather than a right, and justified this observation based on decisions taken, such as the opening and closure of schools, that were driven by various interests: While pre-primary and nursery school students physically returned to schools in an effort to facilitate parents’ working hours, middle schools maintained online courses for three consecutive months after shops, restaurants and cafés had resumed business.

### 5.2.1. ONLINE EDUCATION

Although online schooling was considered a tool that enabled access to education under certain conditions, and equipment was provided in specific cases to safeguard access for all children, the affordances of the digital environment were described as inadequate, based on the following:

- (a) The difficulties of children to understand the material taught through online courses, supported by the fact that even visuals, communication and interaction was minimal. Children noted that they did not have the same opportunities to ask the teacher questions regarding their understanding of the content as during physical presence in school. They emphasised that learning takes place through a direct interaction with the teacher and their peers, an important condition that was not fulfilled through online education. They even experienced a “loss” of their relationship with their teachers.
- (b) The fact that experiments (i.e. in Physics class), sports, vocational training and other activities which enhance understanding were not part of online learning.

- (c) The technical/connection problems students had to face on a daily basis that interrupted their learning, in conjunction with a lack of understanding on behalf of the educators for these difficulties they faced.
- (d) The lack of training of educators to cope with the demands of online education.
- (e) The lack of a private space within the household where children could participate in online education, along with the lack of equipment, such as printers, which in certain cases were needed to complete the tasks assigned by the school.
- (f) The fact that some children needed adult guidance and supervision in using the technology provided or understanding the material taught, tendentially affecting younger children, children who are not native speakers, children whose parents are not native speakers, and children whose parents were working in essential Services during the lockdowns.
- (g) The fact that education is more than the mere transfer of knowledge; generally, on-line education can only achieve the latter. Not all courses were taught during online education. Distance education does not provide the means for experiential learning, being subject to so many restrictions that, as educators claim, transform learning from fun to monotonous.
- (h) The fact that in certain cases educators asked parents to collect worksheets from the school for their children during the phases of strict movement restrictions when only one authorisation to go out was allowed per day. Children reported that this practice was very difficult for families, since parents had to use their one text message for collecting their worksheets from school instead of fulfilling other needs of the family.
- (i) For younger children it was reported that the teaching of new material and content was not part of online education, and that the timeframe in which instruction was carried out was much shorter. It was also reported that in some cases parents took on the responsibility of teaching the curriculum content.
- (j) Online education does not allow for diversification of instruction, resulting in mixed ability classes being treated as a homogeneous group.

#### **5.2.1.1. FIXED SCHEDULE FOR ONLINE EDUCATION**

Primary schools were to design their own timetables for providing online education initially, while later the Ministry designated the times in which classes would take place. The Ministry's response created a coherent picture of how schools work and fostered the same conditions for learning. It did not create, however, equal conditions for learning, since specific needs of schools could not be addressed through this provision. For example, while schools who used translators enlisted the latter to serve the needs of a large number of children in a self-designed online schedule, when the timeframe was set by the Ministry the translators were only able to assist a certain number of children.

#### **5.2.1.2. NON-USE OF CAMERAS**

Both professionals and children discussed the prohibition of the use of cameras throughout online education. They reported that it minimised visuals and communication, obscured human interaction and hindered socialisation, creating inhuman learning conditions. Professionals confirmed that closed cameras were conducive to teacher-centric methods, and reported that the non-use of cameras reduced the motivation of and provided an excuse for children not to participate – the “broken microphone” syndrome as they called it, with students reporting malfunctions of their microphones in order to avoid being asked questions by their educators. The non-use of cameras also affected communication between school counselors and children (for a detailed discussion see section 5.1. on Health).



### 5.2.1.3. ACCESS TO ONLINE EDUCATION

At the beginning of the pandemic, professionals reported that in an effort to provide equal access to online education for all children a questionnaire was designed and sent to all schools to be completed by the parents. The aim was to identify and fulfil the family's needs in order that children participate in online education. Other than specific technicalities related to the completion of the questionnaire, where in certain cases it was completed over the telephone and via a translator, possession of a single electronic device and minimum wifi per family were initially considered sufficient equipment via which the child could participate in online education. It was soon discovered that in certain cases that one device, e.g. a smartphone, was being used by the parent at his/her workplace, whereupon the school would take on the role of securing the necessary means for children to participate. At the same time, responding to the demands of secondary education via a smartphone was challenging. No questionnaire was sent to schools to identify the basic needs of the families: Whether they had enough food, whether they could pay the rent, the telephone bill with internet costs and so on, with schools endeavouring to maintain contact with children. Moreover, while certain families were provided with equipment so that children could participate in online education, learning how to use the equipment was not included in the process.

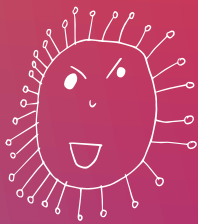
A number of primary schools resorted to the practice of having children filling in worksheets as part of their online instruction. Difficulties were experienced by parents who did not have the equipment to print the worksheets, by low-income families – whether or not due to the pandemic – who could not afford buying the ink cartridge required for printing the number of worksheets needed, and by centres who hosted a large number of children and subsequently had to print out numerous worksheets. At the same time, parents who did not read Greek were unable to help their children understand the instructions on the worksheet and complete the tasks.

### 5.2.1.4. INCREASED VULNERABILITY OF CHILDREN

Online education gave rise to a series of complications for children with disabilities, including those with learning difficulties who receive support when physically present at school. According to the testimonies of professionals, children with learning difficulties did not obtain the support they needed. Once it had become evident that online education would last longer than initially expected, specific arrangements were made to provide this support. In most cases, the support provided had a similar structure to that provided via “traditional” education; as a result, children would not participate in the online class but would join another online learning space with a different educator in order to receive the necessary support. In these cases, the use of cameras was also forbidden, which negatively affected the support provided. There are also reports, however, that in other cases the child did participate in the online class and educators would provide the support needed at another time as convenient to the child. This practice enabled the student to participate in the course and receive the support needed to facilitate the understanding of the material in another timeframe, a practice that could only be implemented via online education.

Professionals reported that online education hindered their ability to identify students with learning difficulties, having not (normally) observed them within the school community, for a period of two consecutive years. Educators did not have the opportunity to interact with these children and understand the assistance they needed to report difficulties, with children attending the third grade of middle school or high school without the necessary support. At the same time, however, children who lagged behind academically due to online education were referred to the Educational Psychology Services in order for their needs to be identified. Lacking any other means of supporting these children, the schools proceeded to refer large numbers of students to the relevant Authority.

Online education further brought about a series of complications for children with disabilities who attend general education classrooms, such as children with hearing impairments who lip-read. A number of children with disabilities needed additional



assistance from parents or an adult in order to take part in online education. Parents took on this role with an impact on the family's income. There was a lack of specialised equipment and the software needed in certain cases to provide children with disabilities with agency in their education. Moreover, children who before the pandemic had received therapeutic treatment during school hours within the school setting did not have this therapy provided during online education, with an adverse impact on their development, skill acquisition, and a loss of past accomplishments. Professionals confirmed that online education as a tool was not sufficient to fulfil the goals of education, for which reason they had applauded the decision of the Authorities that students with disabilities would be allowed to physically attend school for individual instruction, considering this as one of the most substantive decisions taken for this group of children of all the measures adopted.

Over the course of the pandemic it became clear that students stopped participating in the multidisciplinary groups enacted to determine courses of action related to their educational needs. It was not clear why this requirement to determine the children's best interests was not fulfilled; the argument made was that children should not miss the online classes, according to professionals.

Other groups of children who required urgent attention during online education were: (a) Children who were non-native speakers of the language of instruction. In the physical space, part of the translation process is undertaken by their classmates, while physical interaction during recess enhances language acquisition. The lack of these elements within the digital environment hampers understanding for non-native speakers, and especially those children registered in schools for the first time; (b) students with low academic performance, who reported higher feelings of inadequacy in understanding the instruction and participating in the process; (c) students attending the first grade of middle school and the first grade of high school, since they had no opportunity to become part of the school community and develop a sense of belonging; and (d) students who had only recently arrived in Cyprus and had not attended school in their home country.

Concomitantly, it was taken for granted that children knew how to use the computer or how to use it efficiently for educational purposes, an assumption that was proven incorrect throughout the lockdowns. This deficiency was soon addressed, however, with the intervention of technology educators who provided assistance and helped children become acquainted with the equipment and software.

Educators emphasised the amount of support provided by the school unit to the children during this period. They also stressed that this support placed an excessive workload on their shoulders, which they nevertheless took on without hesitation. In secondary education, school counselors worked well in providing support to students. Leaflets were sent to all students informing them how to contact the counselors during online classes, private communication was established in already known cases on a continual basis, and information on how to deal with stress was regularly uploaded by school counselors. Nevertheless, it was on the initiative of the children whether they made use of the information or not. The course taught by the school counselors was not part of online education and educators did not provide their course time to school counsellors due to the pressure they were under to teach the content of the curriculum. As a result, the school did not address neither stress nor mental health in general with regard to secondary school children. Moreover, a number of children reported that they did not have access to information on how to contact the school counselors during the period that online education was provided.



## **5.2.2. PROVISION OF EDUCATION IN THE PHYSICAL SPACE OF SCHOOLS**

The fact that pre-primary and nursery schools remained open during the second lockdown was noted positively by both children and professionals. Professionals also noted the reduction in school dropouts during this period.

### **5.2.2.1. GENERAL DECISION-MAKING FOR SCHOOLS' FUNCTIONING**

Opening and closing schools repeatedly and without warning created extreme levels of stress for children and educators, who had no time for preparation to start online learning or to give guidelines to children. Professionals indicate that all unscheduled events increase levels of insecurity and stress, as a result of disorganisation and a lack of control over the situation. Educators' stress was transferred to children when decisions were announced with only a day's warning. Moreover, children with specific disabilities, such as autism spectrum disorder, need a routine and to be informed well in advance of changes to their lives; otherwise they may become dysfunctional.

In May 2020, it was decided that middle-school students would attend school until 11:30, while primary-school students would do so until 13:05, without the competent Authority providing a justified rationale for the decision. Additionally, the maximum number of students within a class was set to 12, without taking the area of the classroom into consideration. Confusing information was also given regarding the participation of self-isolating secondary students in the Pancyprian Exams.

It was also noted by professionals and children alike that despite the fact that the first lockdown happened in March 2020, there was no preparation during the summer holidays for a second wave, resulting in a chaotic reopening of schools in September 2020 and a response to the second wave as if it were a new crisis. Similarly, no preparation was observed by professionals or children for the new school year starting in September 2021, which again resulted in the pandemic being treated as an unexpected event with decisions affecting children's rights to a major degree. Professionals emphasised the importance of preparation to deal with the course of the pandemic as the new reality in our lives in reducing its impact on children's mental health.

All in all, both professionals and children emphasised that schools should be closed only as a last resort based on the following argumentation:

- They are spaces which can provide meaningful and age-appropriate information to children about the pandemic.
- The daily routine of children is not disrupted.
- For some children school is the only place that provides educational or entertainment activities, and the only space in which they can interact with their friends.

### **5.2.2.2. CHANGES MADE TO METHODS OF INSTRUCTION**

Commenting on the provision of education in the physical space of school during the course of the pandemic, respondents described schools as functioning differently due to the coronavirus after they had reopened and physically welcomed children back. Learning in younger age-groups takes place through experiential learning, group work and the use of materials. Play during recess, learning through play, movement, singing, theatre activities, borrowing books from a library, educational or entertainment excursions, celebrations and cultural events, and daily routines such as greeting their friends, were all at once deleted from the school's activity map, as noted by children and professionals. Alterations were made to the teaching formats of specific classes, such as physical education classes, music, the arts, and courses taking place in laboratories, structural changes that deprived those classes of their "fun" character. Students acknowledged the aims of education as being more than knowledge acquisition in order to fulfil its purpose as the right to grow and develop holistically.

Moreover, when schools reopened educators focused on courses considered to be the most important in order to cover the material needed, and did not implement courses such as Health Education, which would have empowered children and increased their resilience. As professionals reported, only subjects “valued” as providing knowledge acquisition were implemented, with a direct impact on the degree to which children enjoyed school.

#### **5.2.2.3. CHANGES IN THE SCHOOL’S FUNCTIONING AS A SOCIAL SYSTEM**

School also has other aspects of significance for children. It is a space where they can search for guidance and support, an element lost during online education, with only limited and restricted (due to closed cameras) contact with the school’s counselors. Furthermore, the school, as a physical setting, is a safe space in which to feel and act as children. The impact of the pandemic restrictions on the school as a sphere of social interaction was also prevalent in the children’s comments; they were unable, for instance, to share their food with or give treats to other children at school, a fact charged with negative feelings such as helplessness in not being able to provide for their friends who could not afford these items. It incidentally became apparent from the children’s responses that restricting this experience meant the restriction of the emotional and social development of children. A pre-primary schoolchild described the situation thus: *“At home the right was not violated, we do have food. At school it was affected. If someone does not have food, we cannot give it to him/her”*.

Even in the physical academic domain, children noted that the social distancing between educator and students resulted in the former avoiding proximity with students, for example when helping them with their assignments.

Children reported that schools are a means through which children are informed about events, and their closure had an impact on the information to which they had access. As such, during lockdown, younger children had limited access to information or access to age-inappropriate information, obtained mainly through their electronic devices. The lockdown measures also affected their access to information, since the lack of direct communication with other individuals hindered information exchange while the restrictions of movement impeded their access to printed products. Another group of children noted an oversupply of information on COVID-19 and limited information on other areas of children’s interest, which also came to be emotionally exhausting for children. In general, all professionals stated that the media fostered more fear and insecurity among children. They confirmed that the information shared either through traditional media or social media confused children and caused further stress. In cases where parents were aware of this danger and placed limits on watching the news, younger children had no access to information related to the pandemic.

Schools took on the role of information provider for young students. Children were the recipients of a huge capacity of information from a variety of sources (e.g. family members, the media, etc.) that they could not process since it was not appropriate for their age-groups. Schools presented this multitude of information in a framework that provided stability in children’s lives during the crisis period. Otherwise, instability would have been disruptive for children and would have obscured their functioning in their daily lives, particularly for younger children. Some secondary-school students, on the other hand, expected to receive information on the pandemic from the school and to have been provided the space to share their concerns; this expectation was not met.

#### **5.2.2.4. RAPID TESTING AND THE USE OF MASKS IN SCHOOLS**

A number of secondary-school students commented on the mandatory rapid testing required to attend school. Some reported health problems that prevented them from performing the tests; others described their fear of going through the testing

experience. All in all, commenting on the mandatory rapid testing required to attend school, those who had not been able to return to school alongside their classmates due to not agreeing to perform the procedure expressed their disappointment and sadness concerning this situation.

A number of complaints were received by the Commissioner related to the obligation of secondary-school students to wear a mask. The Commissioner's position was that this measure must be part of a general planning on behalf of the competent Authority and to be not applied horizontally, taking into consideration the particularities of each child and/or specific groups of children in order to ensure the principles of the child's best interests and non-discrimination.

Pre-school children reported strong negative feelings and reactions to the wearing of masks by their educators. It seems that the loss of direct interaction with these important adult figures in their lives affected their well-being. While children did not lose this direct interaction with family members, they experienced this loss with their educators, something that they pinpointed as affecting them dramatically. While the measure of having educators wear masks and adhere to social distancing was applied for children's protection, the impact on children's well-being does not seem to have been taken into account or assessed. One child even reported a fear of seeing adults with masks.

#### **5.2.2.5. INCREASED VULNERABILITY OF CHILDREN**

A point emphasised by educators was the loss of spontaneity, an important aspect when working with very young children. Educators stated that by applying further social distancing measures within and outside the classroom, an extensive set of rules was introduced, which reduced both spontaneous actions on the part of the children themselves as well as spontaneous interaction. Educators pointed out that play is a right based on the need of very young children to move and interact, and by violating this right the biological needs of children were neglected.

In secondary education, students noted a lack of flexibility and will on the part of the Ministry to reduce the amount of material to be covered for examination and provide alternative examination procedures. This caused additional stress for the students, especially for those in the third grade of high school, whose examination results would determine their future careers. In general, they described the exams and the grading system as suffering as a result of online education because: (a) educators were obliged to teach a specific curriculum that was not reduced in the light of the circumstances, (b) the final exams, which were identical across all schools, caused extra stress for educators since they had to teach the specific curriculum included in the exam, (c) information about the exam's content was not provided in a timely manner, and (d) tests were not conducted during online education, leading to a more intensive series of tests later within a much more limited timeframe. All the aforementioned elements were overwhelming for students with a high academic performance, and also for middle-school students who attended online education for a prolonged period of time. A further cause of stress for this group was the unwillingness of the Ministry to take into consideration students' opinions on the difficulties they faced and matters of concern to them.

School counselors and educational psychologists reported on the inability or difficulty on behalf of educators in secondary education to understand the impact of the pandemic on the mental health of children. Both groups of professionals reported that the lack of teacher training on children's resilience resulted in a non-comprehension of the reasons that certain students who had not displayed problems previously now showed signs of depression and did not attend classes. There was an inflexibility regarding excuses for absences, which resulted in children who became vulnerable during the pandemic and/or with a decreased motivation to attend online courses being left unattended. Professionals felt that they themselves were left alone trying to "convince" the educational community of the school to take into consideration that multidisciplinary teams were also reduced during online education



“Our home  
has become  
our ‘prison’”.

and were not available for students who became dysfunctional due to the pandemic.

Alongside the aforementioned outcomes for children in general, the intentional transformation of education in response to the emergency also had a specific impact on particular groups of children:

- (a) Children who tested positive with the COVID-19 virus self-isolated for a two-week period. Despite the directive to provide for asynchronous education, in practice this was not always successful, leaving children out of classes for a ten-day period from at least ten different courses.
- (b) In certain cases, primary-school children were prevented from attending school by their own parents, due to the parents' fear of infection.
- (c) Toddlers and preschoolers learn human behaviour through social interaction, which was minimal over a period of two years. The removal of play from instruction also affected their development.
- (d) Children with hearing impairments attending general education and lip-reading had more difficulties participating in class and the general school community due to mask-wearing. The use of masks also obscures facial expressions, which inhibits skills acquisition for children with certain disabilities.
- (e) Some children with disabilities had difficulties adjusting to new structures and environmental changes and the “transformation” was a hindrance to their development.
- (f) For primary-school children, some of the measures, such as being obliged to sit continuously on a chair during recess, were overwhelming given their age and needs.

Overall, throughout the course of the pandemic, the Commissioner received a number of complaints concerning children with disabilities being deprived of access to education with the reopening of schools, the refusal to provide differentiated teaching or assessment in certain cases, the insufficient provision of support and/or reasonable adjustments, the discrimination inherent in the requirement only of children with disabilities to complete a specific form, and the obligation to perform a rapid COVID-19 antigen screening test, which was temporarily imposed only on children with disabilities based on the rationale that they were a vulnerable group<sup>13</sup> requiring extra procedures for their own protection.

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<sup>13</sup> Considering children with disabilities as a vulnerable group in terms of health issues is highly correlated with the medical model of disability.

The Commissioner also received a number of complaints from parents resident in the districts of Lemesos and Pafos following issuance of the Decree stipulating the provision of online education for a two-week period in November 2020 due to the epidemiological conditions in the two districts at the time.

Based on professionals' reports, the number of children referred to them tripled compared to the previous years, while the number of professionals themselves did not increase. The impact of the pandemic on mental health is evident not only from the numbers, but also from the severity of the cases.

### **5.3. ADEQUATE STANDARD OF LIVING**

The lockdown measures and social distancing resulted in a reduction of staff in workplaces, which had a knock-on effect on families' income and the ability of parents/guardians to provide an adequate standard of living for their children. This was recognised at an early stage by the relevant Authorities, and specific Decrees were issued introducing support plans for employees. Some groups and individuals were not eligible for this support, however, such as individuals working in the tourism sector on a part-time basis. Moreover, unemployed parents experienced difficulties looking for work during the period when schools were closed. In general, the situation worsened for families which were already facing financial difficulties.

Children from very young ages to adolescents exhibited accumulated stress as a result of the financial constraints faced by their families, caused by the new circumstances the pandemic created.

#### **5.3.1. DYSFUNCTIONS CAUSED BY THE RESTRICTIONS IMPOSED ON PUBLIC SERVICES**

The restrictive measures implemented to curb the pandemic significantly affected the functioning of public and State mechanisms, thus affecting the services provided to various groups of people. As such, various delays were observed in the provision of allowances to specific groups of families, according to complaints received by the Commissioner's Office. One delay observed was in the assessment of children with disabilities by the Department of Social Inclusion of Persons with Disabilities, resulting in the untimely provision of financial assistance to children for their rehabilitation services. Another group of children significantly affected by the delays were asylum seekers, refugees and migrants. Specifically: (a) access of international protection workers to asylum application processes was affected, which had severe implications for material reception conditions (housing, daily needs, etc.), (b) access of asylum seekers and recipients of other benefits to the Department of Labour was affected, and (c) procedures for submitting, assessing and responding to applications for the issuance or renewal of residence permits were affected, with consequences for child applicants within families in terms of exercising their rights. Moreover, travel restrictions made it difficult to find work, rental accommodation, obtain coupons, and secure necessities for survival.

The pandemic circumstances meant that unemployed individuals were not required to visit the competent Authority to prove their status each month, as they had been before the pandemic, but received their unemployment benefits without fulfilling this obligation. However, individuals who became unemployed during the course of the pandemic, based on information retrieved by NGO professionals, were required to visit the relevant Authority to fill out unemployment forms, which was difficult since the Decrees prohibited physical appointments with Public Service officers. Unemployed individuals with a migrant and low socio-economic background were mostly affected during this period, with no access to the appropriate services where they would usually be able to register as unemployed and claim unemployment benefit.

Further difficulties were experienced by this group, according to professionals, due to the long delays in the provision of benefits, in conjunction with the interruption of public services' normal operation. For example, based on testimonies of NGO professionals,

in order to visit the Social Welfare offices in Lakatamia, which provide the allowances, an individual would have to spend €6 of their €75 monthly allowance on the return bus fare. A considerable number of individuals therefore went on foot from the centre of Lefkosia, where they were resident, to the Lakatamia offices, including vulnerable groups, such as pregnant women or women with infants. Upon their arrival, they were not allowed to see an officer but were required to write their concern or request down on a piece of paper and hand it to the security staff. The processing of these papers would last up to four months, during which the journey to the offices would be repeated in order to complete application forms. In the meantime, these families depended on charity for their survival.

### 5.3.2. FOOD SHORTAGES AND HOUSEHOLD CONSUMPTION

The closing of schools affected food provision to children from low-income families. **Table 1**<sup>14</sup> provides information on the number of children who receive free breakfast in schools.

**Table 1.** Number of children receiving free breakfast in schools

School Year	Primary Education	Secondary General Education	Secondary Technical Vocational Education and Training
2017-2018	7,194	4,910	1,272
2018-2019	6,913	4,736	958
2019-2020	7,329	4,914	919
2020-2021	7,393	5,065	1,120

As **Table 1** indicates, a total number of 13,578 children who received free breakfasts in school during the school year 2020-2021 were affected by the school closures. The relevant Authority noted this problem and provided the daily meal that children received in school to low-income families. However, families which were not registered as low-income families before the pandemic but now faced financial strain as a result of the restrictions were not provided with this food allowance. As professionals reported, these families were overlooked, particularly as in many cases the sense of shame they associated with their current situation hindered their registration. As such, the system failed to identify them as in need of support.

Younger children reported an impact on the variety of the food they consumed, especially during the first lockdown, due to an increased fear on the part of their parents of shopping in supermarkets. Younger children also reported a shortage of certain foods at the supermarkets, which affected what the family cooked and ate on a daily basis. On the positive side, however, healthier food habits were adopted by some families. Another group of children complained of no longer being able to share food with their friends. A common report was that a shortage of food on the family table was due to a reduction in the family's income: In some families, parents experienced difficulties obtaining supplies having lost their jobs. Being unable to visit grandparents exacerbated the situation further. Children compared the present time with the past, when the family would go to the supermarket to obtain food supplies, noting a reduction in the frequency and amount of supplies including fruits and sweets. Children also reported that their parents required authorisation via one text message daily, as described above, in order to go to the supermarket, a further aspect that restricted regular access to food.

Children also commented on the financial burden on families created by the need to purchase masks, describing how families without enough income for food supplies had to spend a considerable amount of their limited financial resources on these items.

<sup>14</sup> Data provided by the Ministry of Education, Culture, Sports and Youth.



### 5.3.3. INCREASED VULNERABILITY OF CHILDREN

The fundamental right to an adequate standard of living was not fulfilled for children with an immigrant and low socio-economic background. A number of these parents worked in the area of domestic help and were not allowed to work during the lockdowns. In the absence of a State measure, a number of efforts were initiated by schools, which collaborated with various NGOs and private companies to provide food and basic necessities for these children. As professionals commented, the first questionnaire that was sent to schools shouldn't inquire as to the educational needs in terms of the family's capacity to implement online education, but rather about the children's survival needs. As one professional stated *"the first questionnaire sent to schools should ask children 'Do you have enough food to eat?'"*



## 5.4. PLAY, REST AND LEISURE

### 5.4.1. THE RIGHT TO PLAY

Play, other than a reality for children shaping their daily choices due to its importance for their development, is defined as a right in the Convention. The suspension of various services, sports clubs and cultural activities, and the restriction of movement, along with the prohibition of use of playgrounds and parks, had a major impact on the right of the child to play and experience leisure time.

Children of younger ages emphasised the tremendous difference in how they played before the pandemic – as an act with a group character and promoted by schools – as compared to the more individual action it now constituted, also affecting their social relationships. To prevent the spread of the virus within the school community, schools applied different measures to avoid, as far as possible, the exposure of children to a large number of individuals. One of these measures was staggered recess time for different classes, reducing the social interaction of children during play, and/or defining the physical space that each class could use during recess time, a measure that deprived children of the opportunity to move throughout the school area. There were descriptions of pre-school children ordered to play only within a designated area no larger than a hula-hoop, which reduced the range of motion and physical movement possible for the children during that period. In certain cases, a large number of primary schools introduced the rule that children remain sitting on their chairs throughout recess, a practice which eliminated play from the school's curriculum and even further reduced the physical exercise available to children during school hours. Even within the classroom, children reported that they had to stay in their seats for prolonged periods of time in order to avoid contact with other children. Play was also affected during Physical Education class, which was also rescheduled and reformed. Older children reported weight-gain and a loss of interest in physical activity. While adults were able to resort to alternative means of exercise, it was even harder for children to leave the house than adults, resulting in a loss of play as a means of exercise. Some were even reprimanded for playing outside their homes. They also stated that it would have been beneficial if special training for children had been adopted during this period regarding how to eat healthily and exercise at home.

According to professionals, the measures adopted contradicted the main concepts of the kindergarten curriculum: Socialisation and interaction skills, group work skills, empathy and helping each other, sharing skills, and group play. These skills, necessary for living within a peaceful society, which were taught and enacted through play before the outbreak of the pandemic, were restricted by the measures. Educators confirmed that this lack of specific skills acquisition had a major impact on children's well-being and emotional development which, as educators explain, must be considered an important element to include in compensatory measures after the end of the crisis. Social distancing not only affected play and subsequently socialisation and interaction skills, but also language development, educators noted, since children of this age group reconstruct, shape and differentiate language during play with others in order to master and use it.

The closure of playgrounds, parks, and other physical spaces (e.g. beaches), where they used to play in the past, was also specified by children as having an impact on their right to play. Children could not visit playgrounds for a prolonged period of time, a physical space that also enhanced interaction with children they had never met before and developed their social skills and language. One child said: *"The virus stole play at the playgrounds, stole playing with my friends"*. Some children also stated that the measures had prevented them from playing in the neighbourhood as they had done previously. Although Cypriot society does not consider play as significant for teenagers, prohibition of the use of playgrounds and parks was also reported by this age-group as having a negative impact.

The prohibition of the use of playgrounds most affected children whose families already faced financial difficulties before the onset of the pandemic and worsened over its duration, since they were only able to undertake activities at home due to lack of resource-



es. Children also commented on children “who are different” and that the measures did not allow them to play as they had before.

Not being able to meet their friends and remaining inside all day brought about feelings of fatigue in younger children, especially in children living in apartments with no option to play in the yard, for instance. Play was restricted within the internal space of the home and became individualistic, especially for children without siblings. Children also stated that for all the above reasons, creative play and play with friends was substituted by play on electronic devices.

The children interviewed were very emotional and expressed sadness and sorrow concerning how the measures affected their ability to meet, interact and play with their friends. They also had no opportunities to make new friends or form even transient friendships. They reported that communication with their friends via electronic devices was difficult in certain cases, since some of them did not possess these, while they also characterised this form of communication as tiring. Children reported that the prolonged period of time spent without being able to see their friends resulted in losing the friendship ties. As one child described: *“With some friends you cannot make up the lost time, since there is a huge distance between us right now”*. Children who attend secondary education reported limited online contact with friends and relatives since they had no experiences or information to share, and a strong impact on their mental health due to the inability to see their friends. As one child reported, *“You cannot be happy when you are locked in a house alone 24 hours a day”*. Additionally, since this is a period in life where young people start to seek companionship and develop an interest in romantic relationships, some reported the impact the measures had on meeting potential partners or even sustaining an existing relationship, a concern also expressed by professionals in relation to young people.

Children also expressed a continuous concern for their friends, with even obsessive thoughts about their becoming sick, an indirect impact of the social distancing measures. Even after the measures were lifted they were unable to express themselves freely with their friends, since certain “rituals” and practices among friends were considered “unhygienic” and were to be avoided. Finally, children reported that, due to the fact that their only option during lockdown was to play with their older or younger siblings, they played games that were inappropriate for their age-group, which resulted in not enjoying play to the extent that they did with their friends.

#### **5.4.2. THE RIGHT TO REST**

Children also commented on their right to rest. Some children reported that this right was not affected and that, on the contrary, rest and leisure time increased because they were not attending afternoon classes and so they spent more time at home.

The other side of the coin is that, as another group of children reported, online classes and spending a significant portion of the day in front of electronic devices were tiring, more tiring than physically attending classes at school. Another group of respondents focused on the mental fatigue of children. The lockdowns, along with the other measures adopted such as the use of masks, disinfectants and social distancing over a prolonged period caused mental fatigue in children and deprived them of the energy and motivation to perform tasks. The following quote from a child is characteristic of the data collected: *“Rest is not restricted to physical rest, but being mentally relaxed. We believe that this right was violated because we were not calm and free”*.

#### **5.4.3. THE RIGHT TO LEISURE**

The right to leisure was affected. Children who described this right as being overly affected recognised the importance of leisure for their development and the consequences for their mental health of a lack of leisure over a prolonged period of time. They actually reported a change format, commenting that it has been replaced by electronic devices. For certain groups of children, however, whose families did not have the

means to provide alternate means of leisure such as books, comics, electronic devices, toys, colouring pencils and colouring books, balls, physical space in which to play, etc., this right was disproportionately affected. Some of these groups were children of low-income families, child asylum seekers accommodated in reception centres, and child migrants of low socioeconomic status.

Leisure activities and play were also neglected in the daily routine for some children isolated for a specific time period due to having tested positive for the virus, such as children in alternative care and child asylum seekers in reception centres. Child asylum seekers expressed their sorrow and sadness concerning the fact that their right to play and have friends is constantly violated and not just during the pandemic period, since the centre is located at a distance from the village, impeding interaction with their friends during the afternoons.

Leisure had also been part of the school curriculum. Professionals reported that the instructions provided stipulated that all the activities organised by the school community ceased, without alternatives. For example, school excursions, theatre and other educational visits were suspended in line with instructions issued by the Authorities. Professionals confirmed that there would have been alternative ways to implement these activities while adhering to the safety measures, which indicates an inflexibility on behalf of the system to adjust to the new – and still ongoing – situation. Suspending the provision of these services to children, services that for some groups are essential since they cannot be provided by the family environment, was not considered a vital or appropriate solution to the problem. The system has an obligation to adapt rather than ban activities important for children's development. As one professional described: *"Children are deprived of happiness. There are children whose life is school; they return home and have no family. It is unfair for these children not to derive pleasure from school"*. The same was emphasised for the right to play and run within the school area, the prohibition of which professionals characterised as an excessive measure.

The right to participate in cultural and sports activities was overtly affected by the restrictions applied to extracurricular activities in which students participated in the afternoon. According to the children's statements, these activities helped them to develop physically and spiritually, and for some of them they were their chosen career path. Similarly, the right to exercise was related to sports activities children had previously participated in the afternoon. Children commented on the discriminatory practice of allowing professional football matches to take place while children were not permitted to practice sports, or even go for a walk or to a park to maintain or improve their physical condition and feel better at the same time. The suspension of sports activities had a major impact on child athletes, since, according to children, their non-participation in sports activities had a severe impact on their mental health and increased the risk of injuries once they recommenced training. Further, these children often lost their motivation and thus, also skills necessary to compete in international tournaments, since training was not 'prohibited' in all countries. Concurrently, children reported the prioritisation of economic interests over and above children's development, since afternoon activities, an essential component of children's daily routine, experiences and development in Cyprus, were suspended while shops and other services reopened.

Extra-curricular activities are a recovery and empowerment mechanism for specific groups of children, such as children who have experienced trauma in the past or as a therapeutic tool for children with disabilities. One of the groups benefiting from extra-curriculum activities within this framework was that of children in alternative care. For more than a year and a half these children did not attend any of these activities, as there was no such provision included in the measures imposed.

#### **5.4.4. ASPECTS REPORTED AS DISCRIMINATORY**

Children also commented on conflicting interests in the restrictions imposed for adults and children, despite the fact that the initial measures had applied equally to both groups. The social lives of adults were not disrupted to the same extent as those of children, since the measures were designed based on adults' lives and needs and

not children's. Children's socialisation was completely interrupted by the disruptions to school life, afternoon activities and being able to meet with friends. They could only interact face-to-face with family members with whom they lived under one roof. On the contrary, a number of adults continued to attend their workplace and thus had opportunities for socialisation and to experience alternative environments through their work or by visiting a supermarket or a bank. At the same time, adults' need to socialise and meet with friends is not comparable to that of children. All in all, the lack of value placed on play and education, essential ingredients for children's development, is salient proof of the measures being designed and tailored to the needs of adults.

## 5.5. PROTECTION FROM HARM

Several instruments have been adopted on an international level, a number of mechanisms have been adopted by States to protect children within their jurisdiction, and on an individual level various practices aim to safeguard the children's right to be protected from harm, abuse and exploitation. As this report reaffirms, the measures taken to prevent the spread of the virus and protect the general population at the same time nullified certain safeguards for children in general, and for certain groups of children in particular, having both a direct and indirect impact on children's well-being and exposing them, in certain cases, to further harm, abuse and/or exploitation.

On a positive note, in certain cases the protection mechanisms were strengthened for certain families, children reported, due to an increase in hours spent with family members: Some children experienced a greater concern on the part of parents/guardians for their health and safety and interpreted this as a new protection mechanism. Moreover, positive outcomes were noted for certain children, especially those who encountered greater difficulties communicating due to increased stress levels following abuse. These children found communication via the internet a means to communicate that suited their needs at the time, were empowered through the process, and they returned to school having developed skills to overcome the stress.

### 5.5.1. DOMESTIC VIOLENCE AND SEXUAL ABUSE OF CHILDREN

The measures adopted to control the trajectory of the pandemic (a) affected the provision of medical help and guidance including by the frontline personnel who respond to violence<sup>15</sup>, (b) created a gap in the coordination of various services provided to victims of sexual abuse and domestic violence, (c) made it more difficult for victims to ask for help due to the continuous physical presence of the perpetrator within the household, (d) increased the risk factors for violent behaviour<sup>16</sup> (economic stress and instability, pandemic-related stress, social isolation, unemployment, increase of substance abuse) (e) removed the factor of school as a support network for children, and (f) resulted in younger children being left unmonitored by parents/guardians and, thus, increased their exposure to perpetrators. The number of child victims of domestic violence and sexual abuse<sup>17</sup> increased dramatically. According to the UN Women report<sup>18</sup>, *"globally 243 million women and girls aged 15-49 have been subjected to sexual and/or physical violence perpetrated by an intimate partner in the last 12 months"*.

15 UN Women. (2020). *COVID-19 and Ending Violence Against Women and Girls*. (2020). Retrieved on August 12, 2021: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

16 Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, 29, 549–552.

17 Salt, E., Wiggins, T. A., Cooper, L. G., Benner, K., Adkins, W. B., Hazelbaker, K., & Rayens, M. K. (2021). A comparison of child abuse and neglect encounters before and after school closings due to SARS-Cov-2. *Child Abuse & Neglect*, 118.

18 UN Women. (2020). *COVID-19 and Ending Violence Against Women and Girls*. (2020). Retrieved on August 12, 2021: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

Research<sup>19</sup> also confirms certain shifts, with fewer younger children being victims of sexual abuse, more offences being perpetrated by neighbours, and offences taking place during the day when children should be at school. Other reports<sup>20</sup> also point to the increase in teenage pregnancies and child marriages. All these must be seen in the light of possible difficulties in reporting, since respondents have noted<sup>21</sup> that victims may not have adequate access to information or the perpetrator may control it, and fear of being infected with COVID-19 while asking for medical treatment may prevent victims from pursuing it.

Both quantitative and qualitative data collected for the purposes of this CRIA confirm that the physical constraints placed on children within the family ‘space’ (a) increased the levels of domestic violence and sexual abuse experienced by children, (b) increased the number of children who experienced domestic violence and sexual abuse within the family unit, and (c) increased the feelings of helplessness and despair within these two groups of children by removing the safety nets normally provided. These safety nets were means via which children could report the violence or draw strength and support. This was most prevalent during the lockdowns, especially those which allowed only necessary services to remain in operation and prohibited school activities.

In confirmation of the above arguments, the data related to child victims of sexual abuse and domestic violence offer more detail on the situation in Cyprus during the pandemic. **Table 2** provides information<sup>22</sup> on the number of children who were reported to the Children’s House as cases to be investigated as child victims of sexual abuse, including those under 14 years of age, and those subjected to child pornography and/or “sexting”. **Table 3** provides information<sup>23</sup> on the number of cases reported to the Police Department for individuals with criminal liability (not including acts committed online). **Tables 4 and 5** provide data<sup>24</sup> for child victims of domestic violence.

**Table 2.** Number of children in Cyprus who were referred to the Children’s House as victims of sexual abuse in cases to be investigated.

Period	No. of months	No. of cases reported
January – December 2019	12	294
January – December 2020	12	324
January – 30 June 2021	6	241

19 Stevens, M. L., Rockey, C. J., Rockowitz R. S., Kanja W., Colloff F. M., & Flowe D. H. (2021). Children’s vulnerability to sexual violence during COVID-19 in Kenya: Recommendations for the future. *Frontiers in Global Women’s Health*, 2.

20 Villegas, C. C., Peirola, S., Rocca, M., Ipince, A., & Bakrania, S. (2021). Impacts of health-related school closures on child protection outcomes: A review of evidence from past pandemics and epidemics and lessons learned for COVID-19. *International Journal of Educational Development*, 84, 1-9.

21 Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal of Mental Health Nursing*, 29, 549–552.

22 This information was obtained from the Children’s House.

23 This information was obtained through an interview with Mr Michalis Gavrielides (Inspector at the Criminal Investigation Department of the Cyprus Police) published in the electronic version of the newspaper *O Phileleftheros* on August 8, 2021. The information was then cross-verified with the relevant Department.

24 This information was obtained from the Association for the Prevention and Handling of Violence in the Family.



**Table 3.** Number of cases in Cyprus reported to the Police Department regarding individuals with criminal liability (not including acts commenced online).

Period	No. of months	No. of cases reported
January – December 2019	12	211
January – June 30, 2020	6	104
January – December 2020	12	208
January – 30 June 2021	6	159

**Table 4.** Number of cases of children in Cyprus reported to the 1440 Helpline.

Period	Reports involving children as victims of violence	Reports of child abuse	Reports of sexual abuse of children	Total reports
January 2020	9	7	1	17
February 2020	10	6	1	17
March 2020	15	13	0	28
April 2020	14	17	0	31
May 2020	31	15	0	46
June 2020	21	17	2	40
July 2020	20	13	0	33
August 2020	27	10	0	37
September 2020	11	14	1	26
October 2020	28	26	1	55
November 2020	18	12	0	30
December 2020	18	7	1	26
January 2021	26	11	1	38
February 2021	28	13	0	41
March 2021	25	6	2	33

**Table 5.** No. of children-victims of domestic violence accommodated in shelters in Cyprus.

Period	No. of children accommodated in Lefkosia	No. of children accommodated in Lemesos	No. of children accommodated in Pafos	Total number of children
January 2020	8	16	4	28
February 2020	10	12	4	26
March 2020	10	8	4	22
April 2020	15	6	3	24
May 2020	16	7	8	31
June 2020	15	7	6	28
July 2020	15	7	12	34
August 2020	17	11	4	32
September 2020	21	11	1	33
October 2020	19	9	10	38
November 2020	18	13	11	42
December 2020	12	10	10	32
January 2021	18	11	13	42
February 2021	17	13	17	47
March 2021	11	13	17	41

As is apparent from **Tables 2** and **3**, with regard to Cyprus there was a 10% increase in the number of cases reported to the Children's House as cases of sexual abuse to be investigated for the year 2020 as compared to 2019. It is also evident that for a six-month period in 2021 the reported cases reached 83% of the cases reported over a 12-month period in 2019. Looking closer at the number of cases reported to the Police Department for individuals with criminal liability (not including acts of sexual abuse commenced online), we observe that the cases did not increase from 2019, before the onset of the pandemic, and during 2020. There is a 53% increase, however, in the number of cases reported for the same period of January to 30 June in 2020 and 2021, confirming the hypothesis that reporting increases (a) the longer the pandemic-curbing measures are in place, and (b) during phases in which restrictions are relaxed and victims find ways to report it.

The data presented in **Table 4** indicate that the number of reports to the 1440 Helpline that involved children as victims of violence doubled – and in certain months tripled – as compared to the number of reports the Helpline received at the beginning of 2020. The same applies for the number of children accommodated in shelters, as **Table 5** indicates. Of special interest are also the reports filed via the Helpline in May 2020, when the first lockdown was lifted. It becomes apparent that once the Services recommenced and the movement restrictions were lifted, victims of violence had more opportunities and access to report it. The highest number of reports concerning children to the Helpline took place in October 2020. While a large number of children were accommodated in shelters during that month, it is unclear why there was such an increase at that time, and further data and information are needed for greater insight.



Equally striking is the number of children accommodated in shelters in the district of Pafos, which was either the same or greater than the number of children hosted in shelters either in Lefkosia or Lemesos, taking into consideration that the population of Pafos is only 1/5 of the population of Lefkosia and 1/3 of the population of Lemesos.

### 5.5.2. WEAKENING OF CHILDREN'S SAFETY NETS

The repercussions of school closures were multiple. Information obtained from children demonstrated the importance of the school environment as a physical and social space, where children feel supported, find alternatives and guidance. In other words, schools are a support network for children. Even when students did not attend classes within the physical space of the school, professionals reported that in certain cases children of secondary education contacted their educators, school counselors or other professionals within the school unit to report violence and/or abuse, illustrating just how critical it is to retain this culture of safety schools create, even in cases where direct contact is not feasible. The same does not apply for younger children, who are not yet able to initiate more complex procedures in order to report abuse. Furthermore, school closures increased the feelings of loneliness and helplessness child victims of sexual abuse or domestic violence experienced. As one teenager described: *"I speak only for them, for child victims of violence. Most likely school was the only way for them to escape. Now they are constantly locked in their homes with the people who are abusing them"*.

The school structure also offers established "official" mechanisms of support for children, implemented by, among others, the school counselors and educational psychologists. These professionals reported that during the school closures it was difficult for them to contact and build relationships with children with whom they had not interacted before. The fact that school functioning was interrupted soon after the beginning of the school year was a further strain faced by school counselors, who often had to provide guidance via the internet or the telephone to children with whom they had had no previous communication or for whom there were no previous records. Additionally, the fact that they did not see the children over an extended period of time had an impact on the relationships built and, consequently, on the willingness of children to open up and communicate with the school counselors. New cases of abuse arising during the pandemic within families not previously known to the professionals were difficult to identify unless they were reported by the children themselves. Ultimately, the restrictions imposed exacerbated the problems in collaboration between various service providers that had already existed before the pandemic.

Another detrimental consequence of the restrictions was the absence of adult supervision in cases where parents had to go or return to work and schools remained closed. Even though this is quite a common phenomenon and a source of concern to families from abroad currently resident in Cyprus, this was the first time that native Cypriot families were not able to rely on members of their extended family as caregivers while they were at work. This revealed the inadequacy of the State to provide a framework and structure for childcare facilities and services. An ethical dilemma emerged for professionals working with children once they realised that children of young ages were unsupervised at home regarding whether or not they should report such cases to the responsible Authorities.

The restrictions prescribed social distancing as a tool to protect oneself from the virus. Schools and other facilities hosting a large number of children introduced this measure, which according to children weakened even further the major safety net provided by other children and friends. One child brought up an example from daily school life, stating that they were unable to provide comfort and assistance to other children. From the children's responses, this restriction was evaluated as not only having an impact on the protection of children, but also on their emotional development, since they could see a fellow human suffering and could not help him/her. This was not only important for young children but for teenagers as well, for whom friendship is deeply valued and offers support, guidance and consequently protection.

### 5.5.3. ONLINE FORMS OF VIOLENCE AGAINST CHILDREN

Online bullying and verbal abuse in social media increased and was detected by professionals, but not by children, who considered it a “normal” mode of communication via apps and failed to recognise it as a form of violence. In cases of working parents, younger children used the internet without adult supervision and older children used the digital environment in ways other than those envisaged by their parents and teachers. These circumstances exposed children to cyber risks that they were neither informed about nor equipped to cope with.

### 5.5.4. INCREASED VULNERABILITY OF CHILDREN

The pandemic caused long delays in all stages of investigation of allegations of violence of any kind, according to complaints received by the Commissioner’s Office, particularly on the part of professionals to visit affected families and listen to children’s testimonies. A significant delay was also observed in the trials of cases of violence of any kind, with a detrimental effect on child victims of domestic violence or sexual abuse.

Furthermore, according to NGO professionals, a series of actions violated the rights of children applying for asylum in Cyprus who were accommodated in one of the two reception centres functioning in the country. If these children tested positive for the virus during the first lockdown, they were isolated in a fenced area alongside other adults, with whom they slept side-by-side and shared shower facilities which lacked locks or privacy. As NGO professionals reported, some of those children had no access to their parents during their ‘isolation’ period, which for some of them lasted longer than originally envisaged. The prevailing conditions in the reception centres during the first lockdown were conducive to sexual abuse or harassment of children in physical spaces where they had close contact with adults (such as the showers, the queue to visit the doctor, etc.). The situation was publicised and actions were undertaken to form a safe zone for children (separate bedrooms, showers and bathrooms for children). These safe zones were within limited physical spaces, however, which made it difficult for children to engage in play or entertainment. To eliminate this shortcoming the responsible Authorities re-merged the two spaces, which resulted in adults having access to children once again, according to testimonies by NGO professionals.

Moreover, despite the fact that asylum procedures require an immediate evaluation of the vulnerability of child asylum seekers in order to assess the reception conditions and the procedure to be followed, the lockdown meant that such evaluations conducted by non-State officials were terminated. Consequently, no evaluation was made of the children’s needs, resulting in chronic illnesses remaining undetected in some children, or victims of violence or trafficking not being recognised as such. As some children were isolated for a prolonged period<sup>25</sup> without access to parents/guardians or medical personnel, their needs remained unmet for a long time.

The absence of political action and a framework for children without papers resulted in these children being neglected and without access to healthcare and social services, which may have resulted in their needs being unattended during this period. There are reports of children being literally locked within their homes for a period of over three months due to constant fear.

## 5.6. FAMILY LIFE AND ALTERNATIVE CARE

A commendable effort was made by the State to adopt measures aimed at protecting family life. Although a number of Decrees had a negative impact on the child’s right to a family life, these provisions were replaced and/or modified once identified. Nevertheless, the following will give a brief description of these negative impacts.

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<sup>25</sup> As newly infected children would be put in the same facilities as previously infected children, the period that the children would spend in isolation was constantly extended with some children being isolated for more than 60 days, according to reports by NGO officials.



### 5.6.1. GENERAL IMPACT ON THE INSTITUTION OF THE FAMILY

The institution of the family was empowered in certain cases, such as when parents who under normal circumstances had only minimal quality time with their children due to their work obligations now had the time and energy to spend time and communicate more intensively with their children. Younger children also reported more playing time with their parents/guardians. Children in reception centres also emphasised an improvement in the relationships in various families as a result of the extended periods of lockdown and the difficulties these produced. This did not apply, however, to children whose parents were working in the health sector or other Services defined as essential. These children reported less (quality) time with their parents due to increased fatigue, and prolonged periods of time with grandparents or extended family members. When the restrictions were lifted and parents returned to work, a number of children stayed at home without parental supervision. Although the Authorities did make special child-care provisions, families with higher income<sup>26</sup> and individuals working in essential Services were not eligible or able to apply for it, leaving many children of these households without supervision. In a number of cases, older children took on the parental role for their younger siblings. As one child described: *“I had to watch over my little brothers/sisters because my parents had to work in both lockdowns, and we couldn’t see our grandparents. I didn’t know whether I was doing a good job”*.

As children of all ages reported, family relationships suffered and many became dysfunctional, even in non-violent cases. The prolonged period of isolation within households without alternative means of entertainment and activities, along with the increased responsibilities of parents/guardians who often took on different roles in order to substitute the ‘losses’ in various domains of their children’s lives, in conjunction with the increased stress due to uncertainty and fear for the future, all caused an increase in emotional tension that systemically affected the family unit as a whole. Furthermore, parents’ unemployment, other than causing financial difficulties for the families, created a further dysfunction within the family unit due to the stigma of unemployment and the accumulated stress parents experienced as a result. As one child stated: *“Mom and Dad are sad because they lost their jobs”*. Concurrently, children reported an attitudinal change in parenting style, with parents becoming more authoritarian in the hope of protecting their children from infection with the virus.

Online education caused a number of malfunctions within the family unit. Children reported that it affected the right of parents to work and disturbed the family routine with its demands on parents to perform tasks related to it. Some parents also exhibited stress-inducing and authoritarian behaviour toward their children regarding online learning. Professionals reported that there was an increase in panic attacks within families where parents placed high importance on academic knowledge and children were not able to maintain high standards due to the limitations of online education. The following quote from a child is typical of many: *“I believe that there are many conflicting interests between adults and children. An example is that none of us [neither adults nor children] had any personal time for themselves because of the online courses. Family members could not move around comfortably in their own homes or talk because the student needed to concentrate on the lesson. In conclusion, family members did not have the right to exercise any movement that would be called a distraction for the student”*.

Online education was an extra burden for parents on top of the stress factors already discussed, with this burden increasing the younger the child was. For younger age-groups, especially children of primary-school age who did not receive online classes, a number of parents were deeply concerned for the cognitive development of their children and took on the role of educator themselves. In most cases, as children report, this role gave rise to further malfunctions within the family unit.

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26 Based on a Commissioner’s position paper sent to the responsible Authorities, the Minister responded that individuals with higher incomes could make other arrangements for the care of their children or they could make use of their annual leave.

Another group of children described the impact on family life when one of the parents became infected with the virus and was isolated in order to prevent the spread of the virus to the rest of the family. In these cases, children reported being unable to interact and play with the parent for the time that the quarantine lasted. They also reported having to stay with grandparents if the parent became sick. As professionals indicated, a number of children also suffered the death or hospitalisation of a family member, and the disruption of access to support services meant that the child was not offered help to cope with this trauma.

The movement restrictions had another impact on children in general, reported by children themselves as a violation of their right to family: The possibility to see and visit extended family members. Even when the lockdowns were lifted, a group of children reported minimal interaction with grandparents in an effort to protect the latter, a vulnerable group. The minimal interaction with extended family members also changed how the family celebrated national holidays or spent its free time. Movement restrictions also affected children who had grandparents living in care homes for the elderly, where visits were prohibited for a prolonged period of time.

### **5.6.2. INCREASED VULNERABILITY OF CHILDREN**

The effects of the measures on single-parent families were significant. Single parents not only had fewer opportunities to respond to the needs of the family in times of restricted movement (as described above, with only one outing permitted per day and authorised by text message), but in many cases also had minimal childcare options in order to perform regular family chores, such as buying daily supplies from the supermarket, their usual support networks no longer being available due to restrictions. Moreover, children living within single parent families reported difficulties seeing or spending time with the other parent. At first, movement restrictions did not provide exemptions for divorced parents for the purposes of childcare, which omission was identified and altered accordingly at an early stage. Nevertheless, movement restrictions continued to affect children of divorced parents. As one child vividly described: *“My mom had coronavirus and was sick for some days. I stayed at home. My dad couldn’t come whenever he wanted and stay as long as he wanted”*.

Delays to the already slow procedures of family lawsuits due to various dysfunctions were another product of the pandemic, as indicated by complaints received by the Commissioner’s Office. As a result, valuable time has been lost in resolving family issues concerning aspects of parental care, thus widening the gap between child and parent and contributing to parental alienation.

In certain cases, the restrictions affected specific groups of children who had family members living abroad or in other towns within Cyprus. These groups include children with an immigrant or refugee background. The restrictions on entrance to Cyprus did not last long and, under certain circumstances, entrance to Cyprus was permitted.

Based on children’s records, movement restrictions have had an impact on families with infants, toddlers, preschoolers and other younger children not in possession of a cell phone. While families with teenagers could partly cater for their children’s needs by sending text messages, families with younger children did not have that option and were often required to fulfill the needs of all family members with one adult’s cell phone. This difficulty was exacerbated further in families with more children.

#### **5.6.2.1. CHILDREN IN MEDICAL CARE FACILITIES**

The measures adopted to prevent the spread of the pandemic also affected the child’s right to systematic and uninterrupted communication with his/her parents/guardians during stays in medical care facilities. Two groups of children were identified as being disproportionately affected: Children in the Neonatal Intensive Care Unit (NICU, Lefkosia) and children in the Pediatric Intensive Care Unit (PICU, Lefkosia).

Knowledge on the development of premature babies is not empirical, but a systematic exploration of specific constructs within well-designed and longitudinal research programmes. Worldwide, 15 million newborns are born preterm every year, which amounts to one in every 10 children born.<sup>27</sup> In Cyprus the percentage of premature babies was 14.7% in 2010, which comes to 1,900 births for that year.<sup>28</sup> At the same time, deaths from complicated births were fewer than 50, an indicator of the high quality of care provided for preterm newborns. For the period March 2020–March 2021 it is estimated that some 1,500 babies were born preterm in Cyprus.

The ongoing research on premature babies shapes the unique pathway for practices to be undertaken by professionals in such cases: Physical presence and contact with the caregiver are of utmost importance for the survival, development and well-being of the newborn, including his/her psychological stability.<sup>29, 30, 31, 32</sup> It is no coincidence that WHO recommends skin-to-skin contact in the first hour of life for all newborns, the initiation of breastfeeding as soon as possible after birth, maintaining the newborn's comfort by staying in the same room as the mother,<sup>33</sup> and continuous or intermittent kangaroo mother care for all newborns, but especially for low-birthweight babies.<sup>34</sup> WHO<sup>35</sup> also documents short- and long-term developmental success as a result of empowering parents to support their premature babies' care.

Based on parents' testimonies, parents had no contact, not even visual, with their premature babies due to the restrictions enforced by the intensive care units. During the first lockdown, visits were not allowed at all, while during the second and third waves only one of the parents was allowed to visit after presenting a negative molecular test and for half an hour per day. As a mother vividly describes: *"I didn't see my baby. Not even the moment I gave birth to him. I didn't even see his face. They took him away immediately because I had tested positive for the virus. When I was discharged, I had a PCR test and tested negative. But even then they wouldn't allow me to go and see him, nor his father"*. The kangaroo method, previously applied to premature babies, was not used over the duration of the pandemic; only in individual cases special permission was given for a partial application. The limited number of trained staff in the intensive care units for premature babies and the large number of premature babies within one room were factors influencing the decision

27 March of Dimes, PMNCH, Save the Children, & WHO (2012). *Born Too Soon: The Global Action Report on Preterm Birth*. Geneva: WHO.

28 Ibid.

29 Bergman, N. J. (2014). The neuroscience of birth – and the case for Zero Separation. *Curationis*, 37(2), Art. #1440, 4.

30 Porter, R.H., (1998). Olfaction and human kin recognition. *Genetica*, 104(3), 259–263.

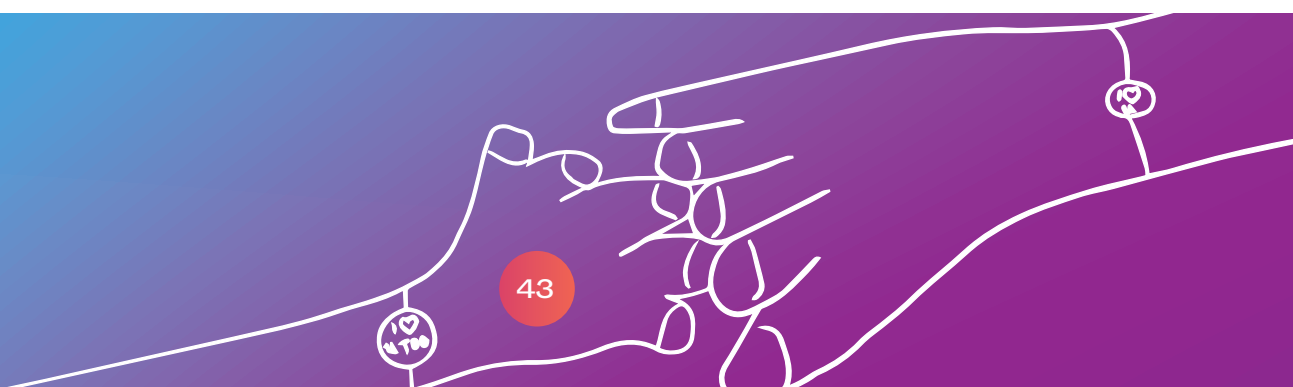
31 Bartocci, M., Winberg, J., Ruggiero, C., Bergqvist, L.L., Serra, G. & Lagercrantz, H. (2000). Activation of olfactory cortex in newborn infants after odor stimulation: A functional near-infrared spectroscopy study. *Pediatric Research* 48 (1), 18–23.

32 Hofer, M.A. (1994). Early relationships as regulators of infant physiology and behavior. *Acta Paediatrica* 397, 9–18.

33 WHO. (2017). *WHO recommendations on newborn health: guidelines approved by the WHO Guidelines Review Committee*. Geneva: World Health Organization; 2017 (WHO/MCA/17.07). Licence: CC BY-NC-SA 3.0 IGO.

34 WHO. (2019). *Survive and thrive: transforming care for every small and sick newborn*. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

35 WHO. (2019). *Survive and thrive: transforming care for every small and sick newborn*. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.



to separate premature babies from their parents. According to parents' testimonies, information given to parents depended on the goodwill of the nursing staff. Mothers also spoke of the importance of the presence of the father during labour, another practice that was forbidden during the pandemic.

A second group of children highly affected by the restrictions prohibiting visits to patients in all private and public hospitals were children with chronic illnesses and in intensive care units. According to parents' testimonies, a positive aspect was that a number of measures that were not followed before the pandemic, such as the use of disinfectant and masks in all hospital spaces, along with the reduced number of individuals in one room, were implemented along with the restrictions. On the negative side, parents of children with chronic illnesses reported being informed with only a day's notice that they could no longer see their child, without being given the opportunity to explain this separation to the child. In one case, parents were not allowed to see their child for a period of two months, which had a detrimental effect on the well-being of the child and the communication parents established with him/her, despite the adequate medical services that were provided. In another case, an infant was hospitalised for four days, and neither the infant nor the parent were allowed to exit the room either to walk or play. According to the testimony, the parent took on the role of a nurse, assigned with the responsibility of administering medicines and keeping medical records. The nursing staff visited the infant once a day.

It was also reported that children were not allowed to be accompanied by a parent when being prepared for surgery, or in the recovery room, after waking up, which is a stressful and unpleasant experience for children. A large number of scheduled operations results in procedures<sup>36</sup> solely based on medical considerations without accounting for the psychological impact on the child patient.

#### **5.6.2.2. CHILDREN IN ALTERNATIVE CARE**

The measures adopted had a double impact on the right to a family life for children in alternative care: (a) They affected the child's contact with his/her biological parents and (b) they disrupted the "family" environment built and sustained within the residential institutions. During the first lockdown in March 2020, no visits were allowed to residential institutions, which affected contact between children and their biological parents to a major degree. As of the end of the first lockdown and for the rest of the duration of the pandemic, however, meetings with biological parents were fixed and parents with a negative COVID-19 test could visit their children. Older children reported that visiting biological parents or being visited by their parents at the residential institutions had not been allowed – or was at least discouraged – during all lockdowns. Similarly, during the lockdowns children were not allowed to see the volunteers with whom they had developed a relationship and spent a substantial amount of their free time. Visits were not allowed if the whole group of children needed to be isolated, which happened often due to the large number of people within the residential institutions (including the professionals), and the fact that once one member had tested positive, the rest were considered "close contacts". Moreover, younger children reported that once they had tested positive and were isolated in a room, in most cases they had no means of communication with their biological parents, since they could not exit the room to use the telephone. In certain cases, however, when social isolation of a child resulted in missed contact with family members, children reported that there were efforts to substitute the lost meeting with extra meetings afterwards.

With regard to the notion of the "family" within residential institutions, it was hypothesised that the various measures imposed within the residential institutions (e.g. rapid tests and social isolation), which aimed at protecting the residents in view of the large number of people within the same physical space, would affect how chil-

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36 Even in scheduled surgeries parents were not allowed to enter the surgery room, since their preparation would take longer due to the COVID-19 protection measures.

dren would feel about the physical space resembling, via proximity, the home. This did not hold true for rapid testing. Both older and younger children felt that it was a measure that could keep them safe, and had no negative feelings regarding its implementation. On the other hand, their testimonies revealed that their social isolation was intense and created extremely negative feelings in children. The fact that they had to be isolated, after testing positive, in a room with only their electronic devices for company and – in the case of younger children – without communication with their biological parents, created feelings of extreme sadness, boredom and frustration. This is different to the situation of a family unit in similar cases, where the child is isolated at home with at least one adult care provider, who additionally provides for alternative means of entertainment for the child. Children in residential institutions reported that in most cases they were not even allowed to go out into the house's yard. As one child described the period of isolation: *"It sucked"*.

### 5.6.2.3. CHILDREN OF PARENTS SERVING PRISON SENTENCES

Another group affected by the restrictions were the children of parents serving prison sentences. To secure the right of children to communicate with their parents and maintain contact with them, the responsible Authority<sup>37</sup> provided alternative means during the lockdown periods. The use of mobile phones was extended until late in the evening, and all detainees were allowed to use the Skype application to contact their children (before the pandemic this had been a privilege available only to detainees with children resident outside Cyprus). Once the movement restrictions were lifted, physical visits were allowed on the basis of the relevant recommendations by the Ministers of the Council of Europe: Large toys which were easier to disinfect, individual painting blocks and coloured pencils replaced the previous toys, aiming at creating a child-friendly space for visiting their detained parents. Similarly, when the epidemiological situation improved, both at the end of July 2020 and in June 2021, events were held for children up to the age of 18, during which inmate parents could spend a creative afternoon with their children. In certain cases, the events took place on three different days so that all parents would have the opportunity to participate with their children within the scope allowed by the restrictions.

## 5.7. CIVIL RIGHTS AND FREEDOMS

Civil and political rights are anchored in the concept of a democratic State and traditionally constitute the birthright of a State's residents, and in certain cases citizens. Individual freedoms (e.g. movement, thought, residence, conscience and religion), will, and self-determination are guaranteed by these civil and political rights. As Doise<sup>38</sup> has put it, *"exceptions to the respect of these freedoms cannot be envisaged to protect the state per se, but to safeguard a democratic system which should at all times 'keep the State at reason'"* (p. 21).

The COVID-19 pandemic and the measures adopted to contain it imposed restrictions on the right to movement in an effort to protect citizens. These restrictions could not be bypassed by a democratic system based on the contractual realities caused by the pandemic and, as such, were described as a "necessary evil" by children themselves, who understood and acknowledged the necessity and importance of the restrictions, even in view of the impact they had on their rights and well-being.

The right to freedom and freedom of movement was most often reported by children as having been violated in the process. Restrictions to their freedom were conceived in more general terms, as an interference with their own will and self-determination, while they used specific words and metaphors, such as being locked up, incarcerated or imprisoned, vividly describing their feelings as consequence of the movement restrictions. They also emphasised the importance of socialisation as a developmental prerequisite, thus

<sup>37</sup> Information obtained from the Prisons Department.

<sup>38</sup> Doise, W. (2002). *Human Rights as Social Representations*. London: Routledge.



# 1.5 billion children globally out of school.

## An estimate of 146,000 children out of the classroom in Cyprus.



describing the measures as inhibiting their development.

Children additionally expressed a concern for the inability of people to express their opinions and demonstrate, and referred to an example where the Police caused harm to demonstrators in attempts to dissolve a march. Children described this as power and control gained by the State, unnecessary for protecting individuals from the pandemic.

As both children and professionals explained, movement restrictions were not differentiated between different family members, and the ultimate referent, the child, experienced movement restrictions differently and at a higher degree than adults, as detailed above. In some cases, parents of various family units had to cater to all their children's needs with a single text message authorisation. For example, for a child to either visit a friend or a relative or exercise in the neighbourhood, parents had to use their one daily text message to either transfer or accompany their children, a practice that restricted movement of younger children even further. The situation was exacerbated in cases of families with more than one child of different ages and with different needs.

Overprotective and authoritarian parenting as a result of the restrictions (see section **5.6. Family Care and Alternative Care**), was another element which increased as a result of the parents' fear. As adolescents explained, this meant excessive control over children's lives. Either enacting further restrictions to their children's activities and needs or by failing to provide psychological support, these parents increased the feelings of loneliness and social isolation experienced by their children.

While the initial decrees issued did not account for exceptional circumstances, resulting in a failure to address specific needs of groups of children such as children with disabilities, these exceptions were quickly incorporated. Children with disabilities could then obtain the therapies they needed during the rest of the lockdown period.

One group of children was also significantly affected, not only by the official restrictions, but also by their own fear of transmitting the virus to family members, in which case children themselves reduced their own movements even further.

### **5.7.1. INCREASED VULNERABILITY OF CHILDREN**

The movement restrictions were discriminatory toward child asylum seekers accommodated in the reception centres in Cyprus. Both centres were closed in line with the regulations, prohibiting the entrance and exit of any individual outside the premises even after the movement restrictions were lifted for the general population. In other words, the two centres came to be detention centres for children and their families for no valid reason. This had important implications for a number of children's rights, especially during the period when schools were open and children could not attend them due to this specific restriction. Despite the Commissioner's Position Paper sent to the responsible Authorities requesting the withdrawal of this rule, the situation did not change. Even though children reported some positive elements of being imprisoned within the centre for a prolonged period of time, such as the strengthening of friendships among them, it is of particular importance to note that when asked what they would remember from that period, they emphatically stated that they would prefer not to remember it at all. Children's rights were further violated in one of the two centres as described in section 5.5. **Protection from Harm.**

Moreover, a number of decisions that affected child asylum seekers were taken during this period in order to control the increasing migrant flows.<sup>39</sup> Examples of these decisions were: (a) As of 17/03/2020 the process of submitting requests for international protection for all third-country nationals, including unaccompanied minors, was suspended without providing alternative ways of submitting a request. The suspension of asylum applications submission deprived applicants of access to material reception conditions, leaving them homeless, without food and without access to medical care. (b) All newly-arrived third-country nationals wishing to apply for international protection, including many unaccompanied and vulnerable minors, were transferred to one of the two reception centres operating in Cyprus and placed in a specially designed area. Until 02/04/2020, 48 unaccompanied children (seven girls and 41 boys) were transferred to the specific centre. (c) The living conditions at the specific reception centre were inhumane, with the housing facilities being tents without beds, electricity or basic facilities such as toilets and showers (chemical toilets and a hose with cold water had been installed). (d) The safety measures adopted to control the spread of the virus were particularly difficult to apply in a reception centre that at the time was accommodating almost 600 people.

Regarding residential institutions, a rule prevented any person who did not live or work within the institution to visit it, which had an impact on children in alternative care and on their communication with their families and friends.

Lastly, another group that the Commissioner identified as vulnerable were parents without papers who were also detained in conditions that did not follow the measures adopted to prevent the spread of the virus (both for the individuals without papers and the personnel). The Commissioner asked the competent Authority to consider releasing these parents and/or to provide care and assistance for their families in the light of the conditions created by the pandemic.

Police checks during the lockdowns were intensified in areas considered "high-risk" due to their high numbers of low-income migrants, which during the first lockdown resulted in children being afraid to go onto the balconies of their family apartments.

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<sup>39</sup> Retrieved from the Commissioner's intervention to the Minister of the Interior on 14 April 2020 <http://www.childcom.org.cy/ccr/ccr.nsf/All/B49328EE89219867C22586100046E402?OpenDocument>



# 6.

## KEY FINDINGS

This section outlines the main outcomes of the analysis, in bullet points for easier reference, directly related to specific recommendations that derive from empirical findings. It is structured under the same headings, which correspond to the sections of the analysis above. Both the key findings and the recommendations that follow derived from the data collected from children, parents and professionals, complaints received by the Commissioner's Office, and the desk review.

### 6.1. HEALTH

- The restrictions allowed the health system to respond to the emergency situation caused by the crisis.
- A widespread fear among children regarding the virus was especially prevalent among younger children.
- Surgery, along with treatments of other health issues of children, was postponed, and families were either not informed at all or were not informed in a timely manner.
- There was a tremendous decrease in the opportunities children had for physical exercise; it was no longer part of their daily schedule and routine. Taking into consideration that, according to a WHO initiative,<sup>40</sup> Cyprus had one of the highest obesity rates<sup>41</sup> in Europe before the onset of the pandemic, the reduction of physical activity during its course may result in short- and long-term consequences for children's physical health.
- Health issues such as headaches and effects on vision have been reported as a result of the extensive use of digital media by children.
- A number of groups with an immigrant background, refugees, asylum seekers, and individuals without papers, are not registered with the health system. Decisions taken to protect the health of the general population (i.e. PCR testing, vaccination scheme, etc.) excluded these groups, who had access neither to information in a language they understood, nor to services where they could report the status of their health.
- Despite the incalculable impact on children's mental health, political decisions and actions to address the impact of the restrictions on the mental health of children were either sporadic and minimal or implemented by non-governmental agencies.
- Newsfeeds increased anxiety levels and stress experienced by children.
- Children who had previously received psychological support and/or guidance from social workers and psychologists experienced an interruption to this support during the first lockdown.
- There was a delay in scheduling appointments to provide psychological and support services to child victims of violence.

### 6.2. EDUCATION

- The quality of online education is not equal to that of education provided within the physical space of the classroom. This has resulted in the school system failing to achieve

40 World Health Organization. (2018). *COSI Factsheet. Childhood Obesity Surveillance Initiative Highlights 2015-2017*. Retrieved from [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0006/372426/WH14\\_COSI\\_factsheets\\_v2.pdf](https://www.euro.who.int/__data/assets/pdf_file/0006/372426/WH14_COSI_factsheets_v2.pdf)

41 It has been documented that obesity levels reached 21% for boys and 19% for girls aged 6-9 years old, with an additional 22% of boys and 24% of girls being overweight.

the aims of education as described in the Convention.

- Notwithstanding its focus on knowledge acquisition, online education failed to essentially provide this for all children and particularly for specific groups of children, such as students with disabilities, students with learning difficulties, non-native speakers, students with low academic achievement, children with no parental support, and younger children.
- The non-use of cameras had multiple implications on children's learning and the provision of support by the school system. The right to privacy and data protection was not weighed up against other rights of the child, an outcome of the lack of consideration of children's best interests.
- An initial identification of needs for participation in online education was conducted via a questionnaire administered by the responsible Authority. The actual demands of online education, however, were not covered by this questionnaire, leaving a vast number of children without the necessary equipment to adequately follow the lessons (e.g. secondary-school students reported participating in online courses and assignments over the telephone).
- A common practice for primary schools was the use of worksheets that families were expected to print out, which caused great difficulties for many groups of children.
- The educational needs of children with learning difficulties remained unidentified for two consecutive years because online education complicates this process, the end result being children left without adequate support.
- Online education compensates neither for experiential learning and group-work, nor for the development and application of practical skills taught in vocational and athletic schools.
- Both during online education and after schools reopened, emphasis was placed solely on the acquisition of knowledge, downplaying the importance and provision of courses such as Music classes, Health Education classes, Physical Education, etc.
- Last-minute decisions affected the content and form of examinations, causing extra stress for both educators and students of secondary education.
- In nursery schools, the use of masks by educators affects language acquisition skills.
- Decisions to close schools were taken unexpectedly and with only a day's notice, without a preparation phase, causing additional stress to both educators and children.

### **6.3. ADEQUATE STANDARD OF LIVING**

- The lockdown measures led to a reduction in income for a certain number of families. Support mechanisms and schemes were immediately established and announced to provide for these families.
- Certain groups, such as individuals working as part-time employees before the pandemic, individuals working as domestic help, in NGOs, and employed by trade unions, political parties or charitable foundations were excluded from certain support schemes.
- Delays were observed in public mechanisms to provide for or identify families in need during the crisis.
- The quality and quantity of food consumption was affected either negatively within households with reduced income or positively for households which cooked most of their meals themselves.
- School closures meant a loss of access to school meals, on which some families relied. Strategies were developed for schools to provide meals for children after the first lockdown.
- Families which had not faced financial difficulties before the onset of the pandemic were more difficult to identify and it was more difficult for them to come forward and report their needs.

- Financial hardship in the family was a stress factor for children and disrupted family relationships.
- The use of masks to perform daily errands rendered them a necessity that many families could not afford.

## 6.4. PLAY, REST AND LEISURE

- Playgrounds and parks were closed for an extensive period of time, even after most services had resumed business.
- Play was banned in a large number of primary schools during recess time for purposes of social distancing. Children were confined and 'immobilised'.
- The format of play changed both in nursery, pre-primary and primary schools and came to be an individualistic act.
- The non-use of play either intrinsically by children or through instruction, deprived younger children of skill development through play.
- During the confinement measures both younger and older children turned to electronic devices for their leisure, a form of leisure that 'conquered' their lives, even after the end of the lockdowns.
- Afternoon sports, arts and cultural activities, part of children's development, were restricted for a long period of time. No exceptions were provided for child athletes, children who had chosen these activities as their future career, in cases where these activities were used therapeutically or as an empowerment tool for building children's resilience in cases of trauma.
- Restrictions often entailed age discrimination, since adults' extra-curricular activities were allowed in certain cases but not those of children.

## 6.5. PROTECTION FROM HARM

- Reports of abuse (domestic violence and sexual abuse) increased.
- The disruption of education in the physical space of the school affected the identification and disclosure of abuse by children, as the school has been reported to be one of the main reporters of child abuse. The school functions as a support network as well, and its closure increased feelings of despair among child victims.
- There were delays in all stages of investigation of allegations of violence to children, including trials.
- Family relationships and parenting worsened for many children due to the extensive time spent confined together with no alternatives and the accumulated stress caused by the instability of daily life that resulted from the pandemic.
- There was an increase in online bullying and violence, with children being unable to recognise it as such.
- Almost all families, including those which traditionally had extended family members as a support network, had minimal or no options for the provision of childcare during working hours. As a result, even young children were left unattended and exposed to harm.
- The support network provided by other children, especially friends of adolescents, was also dismantled.
- The prevailing conditions of children's isolation at one of the two reception centres for asylum seekers exposed children to sexual harassment and abuse due to their coexistence with adults within the same physical space and the lack of parental supervision. This was the case for children who tested positive and had to self-isolate or were new arrivals to the centre.

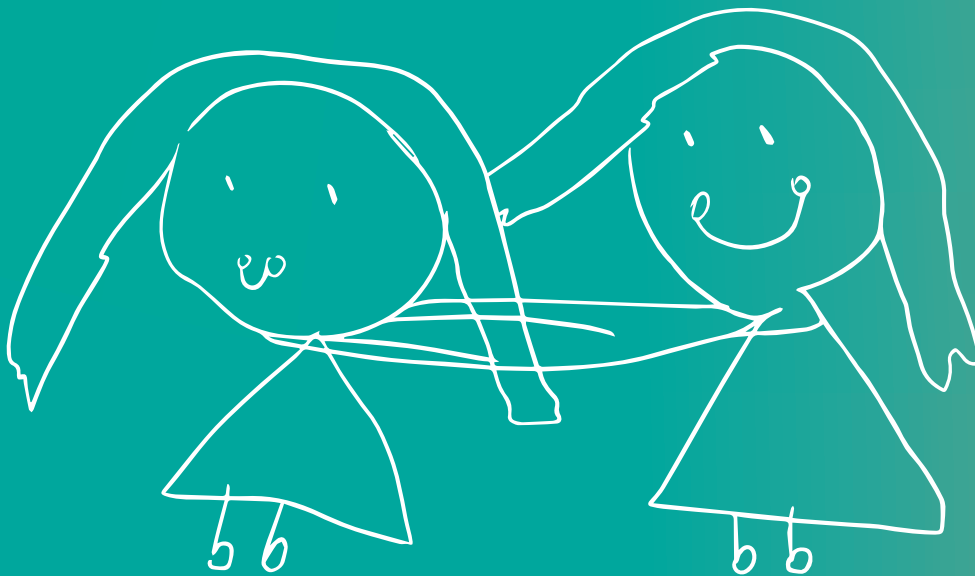
- The evaluation of children's vulnerability in the cases of new arrivals to a specific reception centre was not conducted during the lockdowns, leaving children without any support after harm had been previously inflicted on them.
- Children without papers were locked in their homes without access to services or support networks, their needs remaining unmet.

## 6.6. FAMILY LIFE AND ALTERNATIVE CARE

- Family relationships and family quality time improved for some children.
- Working parents had no alternative means of childcare, since the traditional childcare system provided by extended family members was not available due to the restrictions. Single-parent families experienced this inadequacy in particular. This absence of an alternative care system for children in Cyprus had already been noted well before the beginning of the pandemic.
- There were delays to family lawsuits, with a direct impact on family life.
- The impact of the restrictions on divorced parents was recognised early on, and compensatory measures were taken to allow for the right of the child to maintain contact with both parents.
- Parents' communication and interaction with their children in the Neonatal Intensive Care Unit and the Pediatric Intensive Care Unit were severely disrupted. In the first case, visits were not allowed at all, while in the second case only one parent was allowed, with the child locked in a room.
- Parents were not allowed to accompany their children into surgery or be present in the recovery rooms due to the restrictions, with a direct impact on the mental health of their children and subsequently to their physical health.
- Children in alternative care did not have contact with their biological parents during lockdowns, and in certain cases, even telephone communication with their biological parents was interrupted for self-isolating children.



**“We cannot have an opinion on anything. They all consider us stupid and immature”.**



## **6.7. CIVIL RIGHTS AND FREEDOMS**

- Movement restrictions were applied horizontally for all individuals without exceptions based on the size and composition of the family unit, creating particular difficulties for families with more children, families with younger children, and families of children with disabilities.
- Movement restrictions initially imposed for all individuals without exceptions were soon altered to allow movement for specific groups of children, such as children with disabilities.
- The restrictions and specific aspects of the pandemic were conducive to authoritarian parenting, which was practiced to a higher degree.
- The restrictions provided justification for political decisions to transform reception centres with child asylum seekers into detention centres, with a strict prohibition of entrance or exit of any individual, regardless of the rules in force for the general population.
- Visits to residential institutions where children were in care were forbidden, including visits from biological parents, with a direct impact on the right to a family life.

# 7.

## RECOMMENDATIONS

The recommendations are grouped according to the target stakeholder they address. While a more general spectrum of recommendations has been prepared by the European Network for Ombudspersons for Children (Annex 1), the recommendations provided below are more context-specific and have been derived from data provided by children and professionals. The list of recommendations is not intended to be exhaustive, but comprises recommendations made directly by the children and professionals who were respondents in the study as well as recommendations made by the Office of the Commissioner for Children's Rights, Cyprus, based on the analysis of their responses.

### Group of Experts advising the President of the Republic

- Child Specialist Advisers must be included in the decision-making body to inform decision-making in times of emergency. Children's representatives can also be part of that group.
- A small-scale CRIA must be applied before any decision is undertaken related to the measures to restrain the spread of the pandemic.
- Information must be provided in an age-appropriate manner for children as well.

### Minister of Health

- Include Child Specialist Advisers in the groups converting the measures prescribed by the Decrees into practical guidelines to be followed by the Departments under the Ministry.
- Provide timely information regarding surgery or other medical treatments cancelled or postponed, including the impact of such a delay on children's health.
- Place emphasis on children's mental health, so that political decisions, actions, budgetary allocation and legislation take into consideration this important aspect of children's overall health.
- In cases of emergency, increase the personnel responsible for attending to the mental health of children, including the number of clinical psychologists in specialised children's units. It should be taken into consideration that the number of children who will need to use these services will dramatically increase in the near future as a result of the pandemic, while the reduction in families' income will increase the demand placed on public services. Provide exemptions for the face-to-face use of these services by children even during lockdown periods, since the household may not be a safe space for children to discuss their mental health issues.
- Run a number of information campaigns via traditional (TV, radio, and newspapers) and non-traditional (social media, digital environment) media, specifically addressing:
  - Children's fears, including information on the COVID-19 virus and how it is transmitted. The campaigns must be age-appropriate, and priority should be given to information for younger children.
  - The stigma that accompanies the use of services relating to the mental health of children (i.e. psychologists).
  - The void created by the restrictions and how to creatively fill children's daily routines, both for younger children and adolescents, to avoid exploitation of other forms of harmful entertainment such as substance abuse.

Information campaigns must take into consideration the concerns of other cultures.

- Undertake political action to provide therapeutic support for child victims of domestic violence and sexual abuse, without the parents' consent.
- Remove any obstacles that delay the provision of support to victims of violence, both in times of crisis and non-crisis.
- Establish mechanisms, which address the mental health of the general population and build resilience.
- Provide a framework for journalists and news producers on how to communicate news and updates about the virus.
- If strict confinement measures, such as lockdowns, must be imposed for the sake of public health, these must not be radically implemented but rather preceded by a preparation period along with a justification of the need for the measure, its expected length and outcome. The information provided must not be misleading, and a respected individual by the general population can reduce feelings of anger, indignation and stress that may arise.
- Design preventive programmes for children's mental health.
- Medical records and data must be recorded for children: Number of children who become sick, severity, infection source, etc. The confinement measures must be adjusted to acquire this knowledge from the records held.
- Mechanisms established to provide information to the general population during a crisis (i.e. helplines and/or leaflets), must facilitate information provision in other languages as well.
- For asylum seekers in reception centres, provide medical information via other means, e.g. through posters placed around the centre in various languages used by the residents.
- Decisions taken to provide access to certain medical treatments (PCR testing, vaccination, etc.) for the general population must entail access for individuals who are not registered to the health system, such as asylum seekers or refugees.
- Accommodate the presence of the father during labour.





- Reduce the number of newborns in Intensive Care Units in order to facilitate the presence of parents within the Unit. Specific provisions must be established so that the parents may remain in contact with their newborn. Methods such as “kangarooing” must be carried out even during emergency situations.
- Regulate the use of playrooms within hospital units by children hospitalised in line with social distancing. If these are considered high-risk, provide alternative means of entertainment and physical movement for children during their hospitalisation in times of emergency.
- Avoid the adoption of practices involving the provision of medical care by parents instead of medical personnel as a means to reduce infection rates.
- Establish and disseminate a framework for information provision to parents about the state of health of their infant.

### Minister of Education, Culture, Sports and Youth

- Include Child Specialist Advisers within the groups that convert the restrictions into practical guidelines to be followed by the Departments under the Ministry.
- Undertake a series of actions<sup>42</sup> to ensure that schools remain open and take decisions related to their closure only as an absolute last resort. If it is unavoidable, schools should be closed for the minimum period possible.
- Once a decision has been made to close schools, provide time for educators to prepare children both emotionally (why there is a need for the restriction, what will happen, for how long, etc.) and materially. This is an essential prerequisite to lessen the stress experienced due to unexpected events.
- Instructions and guidelines sent to schools which deviate from regular school operations must be provided with justification in order to be better understood and adopted by the school community.
- The measures of mask-wearing and proof of vaccination must not be applied horizontally, but must take into consideration the specific circumstances of certain children.
- Undertake political decisions<sup>43</sup>, which highlight the importance of mental health and of schools providing for the well-being of children in times of emergencies, in order to support educators in doing so and shift their focus away from pure knowledge acquisition.
- Build preventive programmes which increase children’s resilience and address their mental health. The experience and material of the Educational Psychology Service can help toward this purpose.
- Provide for educator training on how to support children’s mental health.
- Increase the number of educational psychologists and their daily presence in schools both during the emergency and the recovery periods.
- Undertake political decisions that will allow access of the general population to consulting services by psychologists within the school setting, without parents’ consent.
- Given the limitations of online education, this should be used for a minimal period of time and only when all other alternatives have been exhausted.
- Provide teacher training on how to use the digital environment efficiently for teaching, including diversified instruction and, to the maximum extent possible, experiential learning.
- Re-examine the use of cameras during online education, bearing in mind that the right of the child to privacy and data protection should be considered within the broader spectrum of rights, based on the child’s best interests.

<sup>42</sup> Such as rotated attendance, implementation of safety measures, reduction of student numbers in class.

<sup>43</sup> One such example has been undertaken recently by the Ministry of Education, Culture, Sports and Youth to conduct research on the psycho-social impact of the pandemic on students, according to a circular dated 10/08/2021 (File No: 7.11.09/21).

- Document the requirements of online education, as indicated by its application over the past two years, and identify and support children to fulfil them (the use of a telephone, for example, is not considered an adequate means by which to participate in online education).
- Schools must be provided with flexibility to construct their own online timetables tailored to their own needs during times of emergency.
- Make provisions for the practical application of skills taught in vocational and athletic schools during online education (for example physical attendance in rotation).
- Should the use of worksheets be considered a necessary part of online instruction, schools must provide for these to be distributed to and completed by children.
- Employ strategies that will help non-native speakers to understand and participate in online instruction.
- Provide remedial learning for children with a refugee background and those at risk of illiteracy<sup>44</sup> or with low academic achievement. Support mechanisms employed during the summer or afternoon hours can also serve this purpose.
- During online education, establish a framework of personal telephone communication between educators and younger children in order to better recognise situations in which harm is being caused to younger children who have no alternative means of reporting.
- Run campaigns on cyber-safety, including information on online bullying using online materials.
- Develop a questionnaire that assesses the basic survival needs of families and use it to collect information that can be used in times of emergency. Provide translations of the questionnaire in multiple languages.
- Explore ways to identify the learning difficulties of children even in cases of emergency, in order to provide the support needed.
- Employ strategies to provide the therapies provided within the school setting to children with disabilities in cases of schools' closure.
- Make children's participation a prerequisite for multidisciplinary discussions in any format to serve children's best interests.
- Take political decisions and actions which highlight the importance of all school subjects, both during online education and after schools recommence, avoiding an emphasis on academic subjects such as Greek Language and Mathematics while downplaying other classes. To this end, with the recommencement of schools after a period of closure, undertake decisions to reduce the content taught and provide clear instructions to schools to substitute the lost material with courses that allow for children to play, interact and address their mental health, such as Health Education, Music, and Physical Education.
- Both the content and form of secondary education examinations must be defined well in advance and provided to educators and students. The Ministry can organise discussions with groups of educators in the subjects examined (i.e. Math and Greek Language) in order to decide which aspects of the curriculum are necessary.
- Guide schools in providing information about the pandemic in an age-appropriate manner and organise discussions with children about its course.
- Explore ways to assist language acquisition skills for nursery-age children who are lagging behind due to the use of masks.
- Infuse the curriculum with children's rights so that children are empowered to acknowledge these violations during times of crisis.
- Provide guidelines for the implementation of activities to empower and support children's mental health, including during online education.

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<sup>44</sup> Actions have already been undertaken by the Ministry of Education, Culture, Sports and Youth, according to a circular dated 10/08/2021 (File No: 7.11.09/21).



- Encourage the participation of children and student councils in building a community during times of emergency.
- Provide clear guidelines to schools on the importance of adopting alternative ways to undertake excursions, school visits, celebrations, and play. Make it clear that restricting or banning these should be avoided in all cases.
- Even during online education, establish communication lines with schools or an application that regularly and continuously provides information on the challenges faced, the practices applied and the needs identified.
- Prioritise the reduction of numbers of children in classrooms in all times.
- Create schemes to support communities in designing and carrying out programmes and/or interventions promoting physical activity for children.
- Provide teacher training for physical education instruction with non-contact activities.
- Undertake political action to indicate the priority given to facilitating physical activity for children within the space of the school in a safe manner.
- Provide support schemes for families (ideally with funding) to participate in outdoor activities following lockdowns.
- In cases of lockdown, adopt specific measures that allow for children to physically exercise.
- Special measures for the continued training of adult athletes must also be applied for child athletes.

#### **Minister of Labour, Welfare and Social Insurance**

- Undertake a series of actions to ensure that visits to residential institutions are not forbidden for any reason, safeguarding the right to a family. Prohibition of visits should be a measure of absolute last resort only. Should this be unavoidable, it should be implemented for the minimum period possible and alternative means of communication with the biological parents should be made available to the children affected.
- Communication with their biological parents for children in care must be facilitated and supported with alternative means, should restrictions taken to prevent the spread of the virus have an impact on this (in the same way that decisions related to communication between divorced parents and their children should be improved within the scope of the restrictions).

- For younger children in residential institutions who test positive for the virus, adopt methods of self-isolation that do not confine a child within a room for a prolonged period of time, without means of communication with the biological parents, play, leisure and/or communication with other members.
- Support the public Services assigned with the responsibility of providing assistance for those in need in cases of emergency and during recovery periods with the necessary personnel, equipment and software. Establish these Services as core and essential during crises and maintain them to be accessible and available at all times, including home visits when needed.
- Compile a list of families in danger of poverty in cases of emergency and establish a mechanism for establishing communication with them, especially with families rendered more vulnerable by the restrictions and without a support system.
- During times of emergency, establish a framework for social workers to undertake proactive and unexpected house visits to families with indications for violence to verify children's well-being.
- Establish close monitoring of families with prior reported incidents of domestic violence with no extended support system that would facilitate reporting during times of crisis.
- Create childcare facilities functioning not just in times of emergency in order to allow parents to work.
- Facilitate discussions among children, parents and experts through various means about spending quality time together during lockdowns or in cases of emergency.
- Invest in early intervention and education in times of non-emergency.

### Minister of the Interior

- Refrain from transforming reception centres with child asylum seekers into detention centres. The confinement measures applied to the general population should be equally applicable to these groups.
- Reexamine the conditions of social isolation of child asylum seekers within the reception centres who have tested positive for the virus. Develop a plan by which their isolation will not exceed the number of days prescribed by the protocols, without interrupting access to family members, access to services, and in decent conditions that protect them from harm and allow them to act as children.
- With regard to the detention of child migrants, any immigration policy decision (arrest, detention for deportation) that affects children should take, through an institutionalised process, primarily the best interests of the child into consideration.
- Detention – either of the parents or of the children themselves – should be applied as a last resort after all alternatives have been exhausted.
- Design immigration policy in line with the international obligations of the Republic of Cyprus and respecting human rights. Create a comprehensive regulatory framework specifically for migrant families without papers with long and well-established residence in the Government-controlled areas of the Republic, which provides the possibility for a lawful and permanent status, and includes an explicit, institutionalised procedure to determine the child's best interests.
- Ensure that all third-country nationals, including unaccompanied minors and families with children, have access to the international protection application process, using alternative means of submission in cases of emergency such as the COVID-19 pandemic.
- The identification, registration and needs identification of unaccompanied minors must be prioritised during periods of emergency and together with social welfare officers in order to remain functional and take immediate action regarding issues of protection and care.
- Provide child asylum seekers with accommodation that ensures decent living conditions

and at the same time allows preventive and protective measures to be implemented to control the spread of the virus.

- Include in any plan to control immigration flows, action to safeguard human rights during periods of emergency, other than the obligations of the Republic of Cyprus toward ratified international instruments and the suggestions of the Commissioner for Children's Rights (already published in Position Papers/Reports).

### Judicature

- Process hearings for child victims of violence as soon as possible, even in times of emergency.
- Refrain from delaying the examination of family lawsuits due to restrictions. To avoid delays in cases where all safety measures have been established for the child, virtual hearings must be considered once other remedies have been exhausted.

### Parliament

- In times of non-emergency, revisit existing laws that do not comply with the CRC.
- Adopt robust legal protection of children from harm, including action during periods of emergency.

### General recommendations

- Develop a comprehensive national strategy for children's rights within the CRC framework, with measurable and achievable goals and with the participation of children. To be effective and functional, the following conditions must be met, among others:
  - Compile a central database on children resident in Cyprus. The lack of such a database leads to a fragmented handling of children by the relevant Authorities in cases of emergency and to a lack of interventions and initiatives that could otherwise target and effectively address the needs of children in general and specific groups of children during emergencies.
  - An immediate priority of the Government should be the creation of a fiscal space for the discussion of children's issues and policies designed to address them. In this context, part of the State budget should be earmarked specifically for the implementation of economic, social, cultural and other rights of the child. The lack of allocation of part of the State budget specifically to the needs of children in Cyprus is an indicator that the rights of children are neglected.<sup>45</sup> In the absence of such a mechanism, the needs of children are met by funds aimed at the general population, running the risk of children's needs being unmet during times of crisis.
- Establish mechanisms to take into consideration the voices and concerns of children during decision-making processes, even in times of emergency. It is very important to involve children in the decision-making process, even during times of emergency.
- Provide immediate and accurate information for children on the decisions taken in times of emergency (accountability for the measures imposed on the children).
- Take all necessary steps to ensure that playgrounds and parks remain open and that any closure of these is a last resort. In a statement,<sup>46</sup> primary care pediatricians call for the reopening of playgrounds and parks in urban areas based on "*preliminary evidence that*

<sup>45</sup> This finding was pointed out to the Government of the Republic of Cyprus by the United Nations Commission on the Rights of the Child on two occasions.

<sup>46</sup> European Confederation of Primary Care Pediatricians. *Respect Children's Rights in the Covid-19 Pandemic!* Retrieved August 16, 2021 from [https://www.ecpcp.eu/fileadmin/pdf\\_doc\\_ppt/Corona\\_articles/ECPCP-Respect\\_children\\_s\\_rights\\_in\\_Covid19.pdf](https://www.ecpcp.eu/fileadmin/pdf_doc_ppt/Corona_articles/ECPCP-Respect_children_s_rights_in_Covid19.pdf)

*children and young people have lower susceptibility to SARS-CoV-2 and a lower probability of being an infected contact, while they play a lesser role in transmission of SARS-CoV-2 at a population level”.*

- Establish a framework for response, which defines how the various agencies must collaborate to respond to reports of violence, including response in times of crisis. The framework must provide for immediate investigation of allegations of violence and the provision of support to the victims even in times of emergencies.
- Provide additional funding for helplines, including online counseling and assistance in other languages, and expand the capacity of shelters during the crisis and the recovery period, since it is expected that reporting will increase after the crisis.
- Run campaigns on the zero tolerance of violence during the crisis and the importance of reporting abuse. Make information about services (hotlines, shelters, counseling) known to the general public through a variety of means (social media, health facilities, school facilities, etc.). Bear in mind that child victims of domestic violence have less exposure and access to digital means and, thus, may not be informed about services available to them.
- Provide alternative means<sup>47</sup> of disclosure for victims.
- Encourage the Special Committee convened to support the mental health of the general population to formulate and implement actions that will address the impact of the pandemic on children’s mental health.
- Once movement restrictions are applied, the size of the family unit along with its possible needs (e.g. having an infant) must be taken into consideration.
- Should movement restrictions and social distancing measures be applied, alternative means must be provided to the public, including to the population of children, to voice concerns in order to avoid demonstrations. (Accountability of the State for the concerns raised.)
- Assess the impact of the restrictions on children’s rights; this demands the training of professionals on human rights and on applying a CRIA.
- Support and strengthen collaboration among municipalities/local councils and private agents or NGOs to provide or reform outdoor spaces for children’s non-contact physical activities during lockdown whilst following the social distancing protocols.
- Enrich and monitor the national “Sport for All” policy and strengthen its implementation programme (implemented by the Cyprus Sport Organisation) both as a recovery process and in order to compensate for the reduction of physical exercise in children’s lives.
- Develop a support scheme for families in need to provide for essential equipment and/or materials needed in emergencies, such as the free provision of face masks.

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<sup>47</sup> Various stores, such as pharmacies and grocery stores, introduced the use of code words to alert staff of their need of immediate help (Davies & Batha, 2020).



**“The measures  
have killed  
children’s smiles  
and freedom”.**

## **8.**

### **PLANNED FOLLOW-UP**

The overall aim of the current CRIA report is to document the impact on children’s rights of the measures implemented to prevent or reduce the spread of SARS-CoV-2 in the context of Cyprus, so as to identify necessary adaptations and develop recommendations for future action and assist the recovery process. To this end, the results of the report will be made widely available and accessible in order to raise awareness of the impact of the restrictions on children’s rights. Specifically, the results will be communicated and disseminated to: (a) European bodies through collaboration with the ENOC and UNICEF, (b) all the competent Authorities of the Government of the Republic of Cyprus for their information and action, (c) various public Services, professionals and NGOs established in Cyprus, (d) to the academic community of Cyprus for research purposes, (e) the wider public in Cyprus through various means, including the media, and via the website and social media of the Commissioner’s Office and (f) to the general population of children, for which purpose a child-friendly version of the report will be made available.

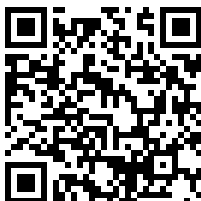
The Commissioner’s Office will continue to follow the response of the State to the medical emergency in order to help minimise the negative impact on children’s rights. The Commissioner will hold the State accountable for any negative impacts on children’s rights documented in this report for future decision-making processes, and expects the State to implement the recommendations included here. The Commissioner also plans to formulate a new report for children’s rights, a year after the publication of this report, on any changes that had been achieved as a result of the CRIA.



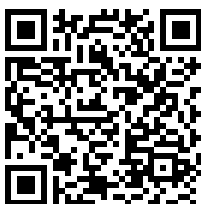
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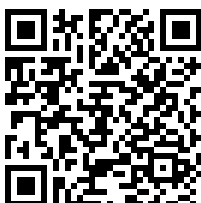
Complaints Received



Results of the Survey



Results of Primary School Children



Results of Pre-School Children



