



ISSOP Position Statement
A Global Agenda for Social Pediatrics and Child Health
Translating the Sustainable Development Goals and Child Rights into Practice

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Introduction

The United Nations' recent launch of the *Sustainable Development Goals (SDGs)* (1) provides social pediatricians and child health professionals and organizations the opportunity to advance a congruent *Global Agenda for Social Pediatrics and Child Health (Global Agenda)* to improve the global health and wellbeing of *all* children. Advances in social epidemiology and life course health science provide insights into the root-cause social determinants of children's wellbeing that is the focus of the *SDGs*. The emerging consensus from social pediatricians and child health professionals is that these health determinants, defined by poverty, globalization, violence, climate change and other forces, must be addressed by social pediatricians.¹ This *Global Agenda* provides a framework for structuring the response of *all* child health professionals to the social determinants of child health in the context of the *SDGs* using a child rights-based approach (CRBA) to child health (2,3).

Statement of the Issue

Advances in the epidemiology of child health will increasingly require child health professionals and organizations to address the root-cause social determinants of children's wellbeing—determinants that are articulated in the 17 *SDGs*(4) and articles of the United Nations Convention on the Rights of the Child (UNCRC) (5). Optimal outcomes from this response will require child health professionals to work across the child advocacy domains of clinical practice, systems development and the generation of public policy. New strategies, tools and metrics—grounded in the principles, standards, and norms of child rights, health equity, and social justice—can be used by child health professionals to expand their capacity to address the social determinants of child health and well-being. (6)

This *Global Agenda* continues to move social pediatrics and child health progressively beyond a traditional biomedical scope of practice to one capable and empowered to address our evolving knowledge and understanding of child health. It considers the realities of regional, national and global disparities; moves the focus and dialog from disparity to health equity, and provides child health professionals a commonality of purpose, goals and language to organize, integrate, and disseminate their work across national, socioeconomic, ethnic, and cultural boundaries. It provides a context for clinical care, blueprint for health systems, matrix for policy development, template for health education, and schema for research. It provides a strategy to optimize the survival and development of *all* children by translating the principles, standards, and norms of child rights, health equity and social justice into the practice of social pediatrics.

Proposal

ISSOP proposes the following *Global Agenda*, developed in the context of the *SDGs* and a child rights-based approach to health, as a framework and strategy to structure and operationalize social pediatrics practice. It establishes pediatricians as child advocates working in the domains of clinical care, systems development and the generation of public policy. The ten elements of the *Global Agenda* were generated through an iterative process initiated with responses from social pediatricians worldwide who shared their priority concerns on behalf of children. Once

¹ Social pediatricians: health professions working with children under social determinants, rights and public health perspectives.

compiled, this list was submitted for rigorous review and revision to a working group convened at the ISSOP Annual Conference in Geneva in 2015.

The ten elements of the *Agenda* are not prioritized; rather, consistent with the interdependency principle of child rights, all are required to fulfill children's rights to optimal health, survival, and development. Each element of the *Agenda* is presented in relation to specific *SDGs* and Articles of the UN Convention on the Rights of the Child (5). Examples of how these elements can be translated into the three domains of child advocacy—clinical care, systems development and public policy—are presented.

It is understood from the outset that advocacy from all sectors of society will be essential to realize the full potential of this *Global Agenda*. Mobilizing these sectors to establish a trans-disciplinary societal approach to child health will be an increasingly important role of social pediatrics. It is also recognized that once embraced, in concert with the global community, the challenge confronting child health professionals will be that of operationalizing strategies in pursuit of these goals.

Recommendations

The following presents a *Global Agenda for Social Pediatrics and Child Health* in the context of the UN *Sustainable Development Goals* and the articles of the *UN Convention on the Rights of the Child*. Examples provided to illustrate each of the elements of the *Agenda* are not meant to be exhaustive. It is beyond the scope of this policy statement to discuss specific implementation guidelines—these strategies will be presented in future publications. Some orienting examples of *what can be done* by health professionals working with children will be provided at the end of each element of the agenda. These recommendations are framed in the context of the three domains of child advocacy: a) clinical care, b) community systems development and c) policy generation. Many of these proposed targets of crucial importance to children are adapted from the UNICEF Open Working Group's (OWG) report on *SDGs from a child rights perspective* (7).

Global Agenda for Social Pediatrics

1. Provide secure child-friendly spaces for children to thrive

SDGs: 3, 11

CRC Articles: 19,24, 31, 35

Children require child-friendly spaces, including homes, schools, hospitals, play areas, virtual spaces, rural areas and urban settings to ensure optimal growth and development.

- *Violence, poorly regulated development, migration, pollution, and other social, economic, political, and environmental factors result in a lack of secure child-friendly spaces for children.*
- *Infectious diseases, such as HIV, Ebola, Zika, the response to natural disasters, human-induced environmental impacts and social and economic inequities may also limit the availability of secure places for children to thrive.*
- *Children impacted by armed conflicts are particularly vulnerable and require child friendly spaces as refuge.*

Examples of what can be done:

a. Clinical. Include an environmental health assessment as part of routine health promotion visits. Display the European Association for Children in Hospital Child Rights Charter in your office and adopt its statements to your practice. (8) Use available guidelines to establish rights-respecting health practices. (9)

b. Community systems. Provide access to safe, affordable, accessible, and sustainable transport systems, with special attention to the needs of children with disabilities. (7) Advance the development of rights-respecting schools, anti-bullying, and other efforts to establish safe environments for children.

c. Policy. Advance the Child Friendly Cities model to create safe spaces for children. (10) Use the US Centers for Disease Control (CDC) Healthy Places toolkit to develop policies that advance health community design initiatives. (11) Use the IPA (International Play Association, Canada) recommendations to assure the right to play (12).

2. Ensure a life free of poverty

SDG: 1

CRC Articles: 2, 24, 26, 27, 28

The effects of poverty and income inequality on the health and wellbeing of children and the adults they will become cannot be overstated (13).

- *The impact of structural inequity, income inequality, food insecurity, substandard housing, poor education, inadequate legal systems, and other socioeconomic inequities affect people's health and wellbeing throughout their life course.*
- *Poverty is associated with decreased access to health care, providers (primary care and sub-specialty) hospital services, and pharmaceuticals.*
- *Poverty is also associated with a lack of access to quality education, including quality early-learning programs.*
- *Poor sanitation and lack of access to vaccines are among the avoidable causes of mortality associated with poverty.*

Examples of what can be done:

a. Clinical. Integrate an assessment of the depth of household poverty and its impact on access to necessities required for optimal health and wellbeing of children and their adult parents-caregivers into practice. Use evidence-based assessment tools like the HOME survey and Adverse Childhood Experience (ACE) Questionnaire to identify risk for poor health outcomes

across the life course. Restructure clinical practice using a child rights based approach as outlined in the American Academy of Pediatrics Policy Statements on Health Equity and Children’s Rights and Poverty. (6,14). Integrate medical-legal partnerships into clinical practice. Familiarize yourself with the tenets of social epidemiology, the science of toxic stress, and how to develop trauma-informed approaches to practice.(15,16)

b. Community systems. Identify, develop, and/or improve access to resources required to support children and families. Use Health, Equity, and Child Rights Impact Assessments to assess the potential and real impact of public policies on child health. (17)

c. Policy. Institute tax policies, financial aid, and state-sponsored nutritional programs to support families living in poverty. (13) Use child rights economic impact assessments (18) to develop municipal, regional, and national budgets that respond to the needs and rights of children. Develop policies that support equitable built environments and child rights based approaches to urban planning (19) to mitigate the effects of structural inequities on child health.

3. Promote social inclusion and non-discrimination

SDG: 5, 10, 16

CRC Articles: 2, 14, 20, 30

Issues of personal and structural racism and discrimination in clinical practice, and across all sectors and hierarchies of communities and societies, must be addressed as a global priority.

- *Critical health determinants related to discrimination include, but are not limited to discrimination based on culture, religion, and sexual orientation; gender inequities; exclusion of children with disabilities; racism; “childism;” educational and digital illiteracy; stigma associated with mental health conditions; and lack of respect for refugee and immigrant rights.*
- *Bias must be addressed by all child-serving professionals if they are to be effective advocates for the “health of all children” in and outside of their practices and institutions.*

Examples of what can be done:

a. Clinical. Create inclusive practice environments prepared to meet the special needs of marginalized and vulnerable children, e.g., children with physical, mental health, developmental, and intellectual disabilities, children belonging to minorities with a history of discrimination, LGBTQ children and youth, girls, low-income and homeless children, health care transitioning youth, incarcerated youth, etc. Train providers, staff and health professional students in cultural and linguistic competency. (20)

b. Community systems. Develop systems that support religious minorities and refugee groups in community centers. Implement inter-faith dialogue and community-wide initiatives to reduce discrimination. Implement rights respecting schools and inclusive education.

c. Policy. Use the UN Convention on the Rights of Persons with Disabilities and its Optional Protocols, UNICEF’s document on Promoting the Rights of Children with Disabilities (21) and national legislation to develop child rights-respecting policies. Support the creation of built environments and health and education systems that advance the health, development, and wellbeing all children and youth. Support state-sponsored frameworks for the elimination of harmful practices against girls and women, as outlined in the General Comment on the Elimination of all Forms of Discrimination Against Women (22).

4. Address the effects of social determinants

SDG: 2, 4

CRC Articles: 6, 24,27, 28,29

With advances in our knowledge and understanding of social epidemiology, epigenetics, and life course science, integration of child rights-based approaches to health promotion, disease prevention and medical care will be required in order to address the social and environmental determinants of child health.

- *Identifying the root-causes of social and environmental health determinants in communities through rigorous root-cause analyses, health impact assessments and other evidence-based approaches will prepare social pediatricians and child health professionals to respond to critical child health determinants.*
- *A child-rights based approach to health-care delivery will facilitate a more holistic approach to the root causes of children’s health by using rights-based tools informed by life course science, in particular as applied to brain development science, early childhood development and early learning.*

Examples of what can be done:

a. Clinical. Perform root cause analyses to determine the root cause social determinants of common clinical issues that are addressed in practice. (23) Obtain a social history from patients using a “Child Rights Based Approach” (CRBA) to practice (6) in order to address the critical determinants of children’s health and intergenerational factors identified in your root cause analysis.

b. Community systems. Create community buy-in for a rating system for early childhood education programs. Ensure that all girls and boys have access to quality early childhood development and pre-school education so that they are ready for primary education (5). Assess, and mitigate potential exposure of children to environmental toxic agents.

c. Policy. Develop rights and equity-based metrics and implement periodic child health and well-being surveys in municipalities and regions. Conduct policy analyses to determine if the root causes of child health and wellbeing and disparities are being addressed.

5. Respond to the increasing complexity of health needs

SDG: 3

CRC Articles: 23,24

The increased complexity of child health conditions will require the adoption of new approaches to the care of children.

- *This complexity includes: a) early onset of adult conditions, e.g., type 2 diabetes mellitus, hypertension, and obesity; b) stress-related mental and behavioral health disorders; c) disorders related to the external environment, e.g., violence, forced migration, natural disasters, d) transition to adult health of those diseases that in former times caused premature deaths (i.e. CF, complex cardiac malformations, cancer, some metabolic diseases). .*
- *Given the global shortage of child mental health providers, social pediatricians and child health professionals will be increasingly responsible for the diagnosis and management of mental, behavioral, and social-emotional health conditions.*
- *Improved survival into adulthood of children with medical, developmental, and/or behavioral health conditions will require implementation of transitional care to ensure a continuum of physical, mental, and behavioral health care for individuals through the life course.*
- *New models for palliative care, and the care of children with complex medical conditions, will also be required to ensure children are relieved of all pain and attain an optimal quality of life.*

Examples of what can be done:

a. Clinical. Use the model of primary medical care appropriate to each country, for example, the medical home model in the United States. (24). Integrate behavioral health care into pediatric practice. Expand access to pediatric palliative care and pain management, (25, 26) and training in adolescent-adulthood transition care.

b. Community systems. Train pediatricians and other child health professionals to diagnose and manage common mental and behavioral health disorders. Develop community-based palliative care programs. Implement health care transition practices. Develop community-based anti-violence, anti-bullying, and other such campaigns.

c. Policy. Work with professional societies to implement requirements for training pediatricians and other child health professionals to address the root cause determinants of child health and holistic health needs of children with complex medical and mental health conditions. (27) Integrate the anti-violence tenets and policies of WHO, UNICEF and other public and NGO organizations into local, regional and national child health policies. Ensure development of policies that promote mental health and wellbeing, and access to care. Provide support for

funding for research to address the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases (including Zika virus disease).

6. Consider changing family and community structures

SDG: 5, 16

CRC Articles: 2, 7-10, 20, 21, 25, 35

The structure of families and communities will continue to evolve due to changing societal and cultural norms, as well as the impact of globalization, climate change, migration and violence on family stability.

- *Birth rates vary across low, middle, and high-income countries as a result of inequities in education and access to comprehensive family planning and reproductive health services.*
- *Decrease in marriages, increase in maternal age, and increases in single parent and same-sex parent households contribute to accelerating changes in family structures.*
- *Other social and societal forces impacting family structure include early marriage, trafficking, disproportionate incarceration of minorities, and children left orphaned as a result of armed conflicts, migrations, natural disasters, and/ or diseases such as HIV and Ebola.*

Examples of what can be done:

a. Clinical. Provide access to comprehensive family planning to young women, especially in communities in which they are marginalized by culture and socio-economic status. Know the signs of child trafficking and respond appropriately. Respect the wide spectrum of family structures worldwide.

b. Community systems. Work with communities to eliminate practices that harm children, such as early and forced marriage and female genital mutilations. (7) Work to address discriminating practices related to incarceration of youth and separation of children from families in child welfare systems.

c. Policy. Provide a legal identity for all children, including those living as refugees and displaced persons. Ensure the rights of LGBT persons to establish families. Advance policies that prioritize family reunification.

7. Acknowledge the impact of globalization and marketing on child health

SDG: 6, 10, 12, 13

CRC Articles: 3,6, 12, 13, 17, 24

Disproportionate consumption of energy, prioritization of trans-national corporate interests over the best interests of local communities, issues of environmental justice, and the uneven distribution of resources required for child health will have an increasingly profound impact on the health and well-being of our world's children.

- *Privatization of health care and structural adjustment policies will continue to have a negative effect on health worker retention and access to health care.*
- *Health decisions are increasingly affected by neoliberal policies, privatization of health services and resource distribution based on private/profit interests.*
- *Children are increasingly viewed as targets of consumer marketing, in particular, the food, alcohol, tobacco and pharmaceutical industries.*
- *Infants are particularly impacted by the failure of health care professionals and public and private sector organizations and institutions to adhere to the International Code of Marketing of Breast-milk Substitutes.*

Examples of what can be done:

a. Clinical. Abide by the International Code of Marketing of Breast Milk Substitutes in clinical practice. (28) Implement environmental screening as an integral element of pediatric practice.

b. Community systems. Ensure all children have equitable access to health care and other services they require without undue burden on their families. Implement ethical standards for physicians related to formula and pharmaceutical marketing. Adopt the briefing paper to the Council of the RCPCH (UK) on sponsorship of formula milk manufacturers. (29)

c. Policy. Prohibit direct marketing to children below the age of 12. Generate policies that prohibit all marketing of tobacco and alcohol products. Advance international prohibitions against unregulated child labor. Advance environmental justice policies.

8. Frame all public and private sector policy as child health policy

SDG: 3, 7-9, 11, 12, 14-17

CRC Articles: 24, 26,27

To ensure the prioritization of children's health and wellbeing, all public and private sector policies should be assessed for their impact on child health—all public and private sector policy should be child health policy.

- *As a result of increased corruption, decreased state presence, and inadequate civic participation, the prioritization of economic over social policies will continue to result in the marginalization of children's health and wellbeing.*
- *Without interventions, health policy will continue to be influenced by economic interests, with pharmaceutical companies and private sector "insurance" organizations having a defining voice in the delivery of healthcare to children.*

- *The focus of healthcare delivery is shifting to urban centers and becoming more centralized, resulting in gaps in coverage in peri-urban and rural communities.*
- *Migration, poor sanitation and housing, food insecurity, inadequate child protection systems, and weakened social networks are critical determinants of children's health.*
- *The principles and norms of child rights, in combination with community-wide rights-based programs, e.g., Offices of Children's Ombudspersons, Child-Friendly Cities, Baby-Friendly Hospitals, and Rights-Respecting Schools, provide a framework for health policy development.*

Examples of what can be done:

a. Clinical. Screening for the social determinants of health should be integrated into pediatric practice. Pediatricians should be prepared to use the principles and norms of child rights to address the social determinants of health. "Specialty" pediatric practices should be prepared to address the unique needs of children and families, e.g., armed conflict, child abuse and neglect, environmental justice, refugee and immigration, etc. impacted by the lack of effective public policies.

b. Community systems. Ensure that children are given a voice in the development and management of policies and programs that affect them using child participation tools (30). Prepare pediatricians to identify and address critical community systems that advance or challenge the health and wellbeing of children and families. Pediatrics and child health training should integrate these new societal realities and prepare social pediatricians and child health professionals to engage in and/or support systems and policy development locally, nationally and globally. Partner with a local children's ombudsperson to ensure that the rights of children are taken into account in communities.

c. Policy. Prepare pediatricians and other health professions as advocates able to influence public policy. Develop children's ombudspersons in local, regional, and national venues. (31) Establish regional, national, and international policy committees in child health professional organizations.

9. Create the opportunity for a life free of violence

SDG: 10, 11, 16

CRC: 6, 19, 32-35

Violence—be it war, sectarian, state-perpetrated, inner-city, familial, peer-based, self-inflicted, and/or as a result of exploitive labor practices—affects children throughout the world, irrespective of race, class, gender and/or citizenship.

- *There is a concerning trend of violent attacks on children in traditionally child-safe spaces, such as schools and hospitals.*
- *Exploitation due to trafficking, recruitment as soldiers, and/or suicide bombers, participation in land-mine clearing activities, etc. puts children at risk for harm and/or death.*
- *Gender-based violence is increasing globally, including rape as a weapon of war and domestic violence.*
- *To respond to the crisis of violence impacting children, social pediatricians and child health providers must: a) be aware of the epidemiology of violence against children and how trauma impacts the health and well-being of children and adults; b) have the capacity to screen and identify child victims; c) know how to treat and/or refer children for trauma-informed mental and behavioral health care; and d) be prepared to work as effective child advocates in all domains of advocacy.*

Examples of what can be done:

a. Clinical. Create awareness of signs and risks for domestic and other forms of violence, including trafficking and bullying, as part of a comprehensive social history. Implement trauma-informed care into pediatric practice. Prepare pediatricians to screen for and manage mental and behavioral health conditions caused by the impact of violence on children.

b. Community systems. Partner with community organizations to ensure that juvenile offenders are not tried as adults (32) and that former child soldiers are recognized as victims of armed conflict (33). Develop trauma-informed mental and behavioral health referral resources. Establish safe zones for children that respect their rights.

c. Policy. Take immediate and effective measures to secure the prohibition and elimination of the worst forms of violence against children. End all forms of child labour, including recruitment and use of child soldiers. (7)

10. Focus on planetary health effects of climate change on children's health

SDG: 6, 7, 12, 13, 14, 15

CRC: 6, 24

Climate change will increasingly affect the global health and wellbeing of all children.

- *Extreme weather conditions and environmental degradation will become an increasingly prevalent cause of childhood morbidity and mortality.*
- *Access to potable water will increasingly become a global health concern as the earth's water supplies are jeopardized.*
- *Uneven use of planetary reserves will need to be balanced by more equitable distribution of environmental resources.*

- *All global citizens should be mindful of their carbon footprint and promote an atmosphere of social responsibility.*
- *New rights, justice, and equity-based approaches to environmental justice and degradation, such as intergenerational justice, will be required to mitigate the human-induced planetary effects on child health and to promote social accountability models and strategies.*

Examples of what can be done:

a. Clinical. Identify and respond to the needs of children impacted by migration and displacement secondary to climate change. Create an understanding of signs and symptoms of nutritional deficiencies resulting from climate change and forced migration.

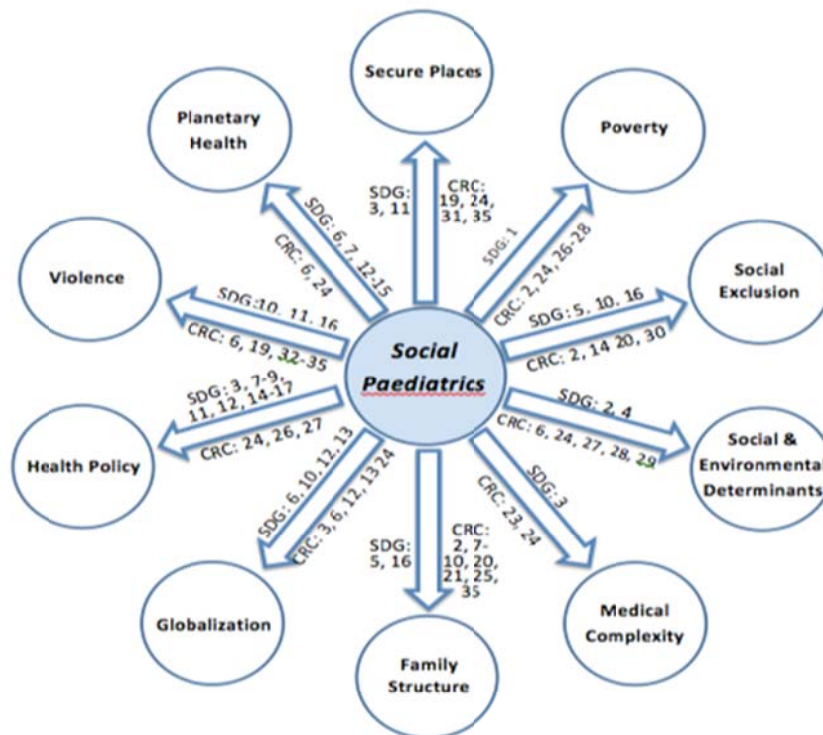
b. Community systems. Implement regional, national and international health impact assessments of climate change on children and marginalized communities. (17) Develop emergency and long-term response plans for displaced persons, immigrants, and refugees. Develop emergency response plans for children and families in the communities in which they live.

c. Policy. Promote mechanisms for raising capacities to minimize causes of climate change. Achieve universal and equitable access to safe and affordable drinking water. Work to ensure sustainable consumption and production of finite resources (7).

Conclusion

The Sustainable Development Goals establish “an agenda that is at once bold and ambitious, inspirational yet practical and – most of all – reflective of the aspirations of people from every part of the world, of all ages and from all walks of life.” (7) As the nations of the world embrace these *Goals* as the framework for global development, it is critically important that social pediatricians and child health professionals and organizations respond in kind. Twelve of the seventeen goals specifically reference children, and the others that do not (Goals 9, 12, 14, 15, and 17) are nonetheless central to their wellbeing. Responding to the *SDGs* through the framework of this proposed *Global Agenda* and the application of a child rights-based approach to health will establish Social Pediatrics as an essential global partner in fulfilling the rights of children to optimal health and development. In concert with the global community, we can then attend to the challenges of translating the Sustainable Development Goals into equitable outcomes for children.

Figure 1. The Global Agenda: Interrelationship Between Social Paediatrics, Child Rights and the SDGs



Appendix 1. Sustainable Development Goals

- GOAL 1. End poverty in all its forms everywhere
- GOAL 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- GOAL 3. Ensure healthy lives and promote wellbeing for all at all ages
- GOAL 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- GOAL 5. Achieve gender equality and empower all women and girls
- GOAL 6. Ensure availability and sustainable management of water and sanitation for all
- GOAL 7. Ensure access to an affordable, reliable, sustainable and modern energy for all
- GOAL 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- GOAL 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- GOAL 10. Reduce inequality within and among countries
- GOAL 11. Make cities and human settlements inclusive, safe, resilient and sustainable
- GOAL 12. Ensure sustainable consumption and production patterns
- GOAL 13. Take urgent action to combat climate change and its impacts*
- GOAL 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- GOAL 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- GOAL 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- GOAL 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development

Appendix 2. UN Convention on the Rights of the Child (A Simplified Version of the United Nations CRC, UNICEF) (34)

- Article 1. Everyone under 18 years of age has all the rights in this Convention.
- Article 2. The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say, whatever type of family they come from.
- Article 3. All organizations concerned with children should work towards what is best for each child.
- Article 4. Governments should make these rights available to children.
- Article 5. Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.
- Article 6. Children have the right to live a full life. Governments should ensure that children survive and develop healthily.
- Article 7. Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.
- Article 8. Governments should respect a child's right to a name, a nationality and family ties.
- Article 9. Children should not be separated from their parents unless it is for their own good. For

example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.

- Article 10.** Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.
- Article 11.** Governments should take steps to stop children being taken out of their own country illegally.
- Article 12.** Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.
- Article 13.** Children have the right to get and to share information, as long as the information is not damaging to them or to others.
- Article 14.** Children have the right to think and believe what they want and to practice their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide children on these matters.
- Article 15.** Children have the right to meet with other children and young people and to join groups and organizations, as long as this does not stop other people from enjoying their rights.
- Article 16.** Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.
- Article 17.** Children have the right to reliable information from the media. Mass media such as television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.
- Article 18.** Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.
- Article 19.** Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.
- Article 20.** Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.
- Article 21.** When children are adopted the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.
- Article 22.** Children who come into a country as refugees should have the same rights as children who are born in that country.
- Article 23.** Children who have any kind of disability should receive special care and support so that they can live a full and independent life.
- Article 24.** Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.
- Article 25.** Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.
- Article 26.** The Government should provide extra money for the children of families in need.
- Article 27.** Children have the right to a standard of living that is good enough to meet their physical and mental needs. The government should help families who cannot afford to provide this.
- Article 28.** Children have the right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthier countries should help poorer countries achieve this.
- Article 29.** Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their cultures and other cultures.

- Article 30.** Children have the right to learn and use the language and customs of their families, whether or not these are shared by the majority of the people in the country where they live, as long as this does not harm others.
- Article 31.** Children have the right to relax, play and to join in a wide range of leisure activities.
- Article 32.** Governments should protect children from work that is dangerous or that might harm their health or education. □
- Article 33.** Governments should provide ways of protecting children from dangerous drugs.
- Article 34.** Governments should protect children from sexual abuse. □
- Article 35.** Governments should make sure that children are not abducted or sold.
- Article 36.** □ Children should be protected from any activities that could harm their development.
- Article 37.** Children who break the law should not be treated cruelly. They should not be put in a prison with adults and should be able to keep in contact with their family.
- Article 38.** Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.
- Article 39.** Children who have been neglected or abused should receive special help to restore their self-respect.
- Article 40.** Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.
- Article 41.** If the laws of a particular country protects children better than the articles of the Convention, then those laws should override the Convention.
- Article 42.** Governments should make the Convention known to all parents and children.

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