

Using children's rights in mental health policy and practice



Children's
Rights Alliance
for England

Recent years have seen increased concern for the mental health of children and young people in Britain. A report published by the Children's Commissioner for England, in 2017, highlighted the growing unmet need for mental health support for children, and the under-prioritisation and insufficient investment in much-needed services.¹ Mental health has been raised by children and young people themselves as a priority issue for them.²

A report by the Association of Child Psychotherapists has raised grave concerns about the current failure to ensure timely access to quality support for children with mental health difficulties. Both a lack of sufficient resources and of comprehensive, longer-term and specialist services, especially for those with complex, severe and enduring needs are to blame.³

Some children are particularly vulnerable to mental health difficulties, due to their experiences and circumstances. This includes children in the criminal justice system, migrant and asylum-seeking children, children in care or leaving care and those with special educational needs.

The demand for child and adolescent mental health services (CAMHS) is increasing.⁴ However, only around 200,000 children received specialist CAMHS treatment in 2016, about 3% of 5-17 year olds.⁵

The rise in children's mental health difficulties has been attributed to a number of factors, including the growing pressures of reaching adolescence, anxiety about passing exams and getting a job, worries about body image, extensive use of social media, but also underlying factors such as poverty and insecurity⁶.

A report by the Care Quality Commission, *Are we listening?*⁷, highlighted several barriers to timely access to quality care. These include: staffing shortages, restrictive eligibility criteria, long waiting lists, gaps in service provision, services that are far away from where children live, and reductions in funding for mental health services in schools, in

early intervention services and in early years services. The review also found that children and young people valued services which were tailored to their needs and which empowered them to identify the support and care they required.

This briefing explores the ways in which a children's rights approach to tackling mental health issues among children can help to address this growing problem. It is the fifth in a series of briefings, and part of a three-year project funded by The Baring Foundation to build the capacity of voluntary sector organisations to use the children's rights framework in their policy and public affairs work.

What are children's rights?

Children's human rights are the basic things that children need to thrive, be free and live in dignity - the right to an adequate standard of living, to be protected from all forms of violence, the right to education, to play, be healthy, and be cared for. Children's rights should act as a safety net – meaning children always receive at least the minimum essential standard of treatment and protection, whatever the changing economic or political climate. However, research from the Joseph Rowntree Foundation (JRF) has found that human rights, including children's rights, are rarely integrated into UK public policy and in public debates on social policy, poverty and exclusion.⁸ This is a missed opportunity.

What is the CRC?

Children's rights are set out in the **UN Convention on the Rights of the Child (CRC)** – an international treaty (agreement) which nearly every country in the world has signed up to. The UK Government ratified the CRC in 1991 which means all areas of government and the state (including local government, schools and health services) must do all they can to uphold these rights.

Roughly every five years, a group of 18 independent experts from the UN – the **UN Committee on the Rights of the Child (CRC)**

Committee) - scrutinises all States Parties (countries that have ratified the CRC) on how well they are respecting and promoting children's rights and issues its final recommendations (Concluding Observations). The UK was last examined in 2016.⁹

Each right is set out in the 54 **articles** of the CRC. It also has four guiding principles (**General Principles**) which are rights in themselves but also the framework through which all the rights in the CRC should be interpreted. They are: non-discrimination (Article 2); the best interests of the child (Article 3); survival and development (Article 6); and respect for the views of the child (Article 12).

General Comments published by the UN Committee provide a more detailed interpretation of an article or issue relating to the CRC, and provide guidance on the actions required by governments to ensure its implementation¹⁰.

Children have their own rights because:

- They are separate and unique to adults
- They need special protection because of their vulnerability and developing maturity
- They have special developmental needs and evolving capacities
- They are sometimes less articulate than adults
- They are less likely to be taken seriously, and have less power

What is a children's rights approach?

- It is a human rights based approach specifically for children
- Children's best interests are always central
- The child's voice is at the centre
- Children's views are taken into account and given due weight; a group that often is not listened to
- It takes a holistic approach which looks at the whole child, e.g. not just their status as a homeless child
- It uses a set of binding international standards for all children and enables the state to be held to account on how it treats children, including by children themselves

What are the benefits of taking a children's rights approach to policy making and accountability?

Our research with children's and human rights policy experts revealed multiple benefits of a children's rights approach to policy making.¹¹

A framework for applying human rights

As the CRC has not been fully incorporated into our domestic legislation, the broader human rights frameworks were perceived as being very useful. The courts use the CRC to interpret the European Convention on Human Rights (ECHR), incorporated in the UK through the Human Rights Act (HRA) 1998, in cases concerning children (see below for more information). The duty on public authorities to comply with the ECHR has also led to positive changes to children's rights protection without the need to go to court.¹² Human rights were also found to be useful in creating a common language. Interviewees outlined the importance of human rights as a practical universal framework, not an individual's own moral compass, and which can lend objectivity to policy and advocacy.

An internationally accountable standard

The CRC was seen as a uniquely powerful tool in advancing children's rights. It is a common global framework that provides a basis for policy making and for national and international accountability. It sets out a binding, universal minimum standard for how children should be protected and treated. Its status as an international convention, which virtually every country in the world has signed up to, was seen as a clear strength.

A framework specifically for children

Unlike the CRC, the ECHR and other human rights treaties were not developed with children specifically in mind. As a result they do not contain a number of key principles and protections that are of crucial importance for children. For example there is no 'best interest' or welfare standard for children in the ECHR (as is included in Article 3 of the CRC) and no requirement for children's views to be taken into account when decisions affecting them are made. The inclusion of economic, social and cultural rights in the CRC – such as the right to adequate housing and to an adequate standard

of living - was felt to be particularly relevant for children.¹³ Experts outlined the importance of the CRC as *'a whole continuum of rights for children'* that looks at the child holistically along their developmental journey to adulthood.

An adaptable and evolving tool

Interviewees highlighted the benefits of the evolving and changing nature of the CRC itself as it is continually interpreted through General Comments, the COs and jurisprudence from Optional Protocol 3 (OP3). Although the UK hasn't ratified OP3, which establishes a complaints mechanism for individuals to the CRC Committee regarding a breach of children's rights, jurisprudence from the CRC Committee from such cases is a powerful tool in interpreting child rights standards. This makes it constantly adaptable and relevant for lobbying purposes.

A key mechanism for accountability

The provisions contained in the CRC, and the accompanying guidance and reviews by the CRC Committee and other human rights bodies, are essential for holding governments accountable for their obligations as signatories to the CRC. The processes to review government efforts in implementing the CRC and ICESCR offer opportunities for civil society to give input (eg in the form of evidence and expertise) and to highlight the ways in which duty-bearers are either upholding or failing in their duties. The Concluding Observations of the CRC Committee provide a tool to remind Ministers, parliamentarians and public bodies of their responsibilities in upholding children's rights. Raising concerns framed in children's rights terms, through parliamentary questions and debates, early day motions or Westminster Hall Debates is also necessary to raise awareness and understanding of the CRC and the government's corresponding duties.

While the CRC is not incorporated into UK law, and England also does not have a public sector statutory duty to have due regard to the CRC, as in Scotland and Wales, the UK is still bound by the CRC and organisations can use it to bring about stronger rights protections in legislation, policy and practice.

Case example

High threshold for accessing CAMHS

Matthew* was 17 years old and accommodated under Section of 17 Children Act 1989, but his solicitor believed this to be wrong and that he was not being given the level of care and support he required. Matthew should have been looked after under Section 20 and his solicitor challenged this. Matthew told his support worker he had mental health issues: difficulties dealing with his anger, feeling very anxious all the time and having a distorted sleeping pattern. He often felt depressed and in such low mood that he didn't find the drive to do anything else. He felt isolated because he got angry very easily and found it difficult to communicate with others. Matthew approached his GP, who agreed he might be suffering from a mental health condition and referred him to CAMHS. However, the referral was rejected on the basis that he did not meet the eligibility criteria required to access support from CAMHS. This meant Matthew did not have a formal diagnosis and couldn't access or receive the support he needed. 'I know I need some help because of my mental state... I know things are not right and need to get some help and sort myself out... Everything is taking so long and I don't understand why, it all makes me very frustrated.'

*Not his real name

How are children's human rights relevant to mental health?

Rights under the CRC

The CRC includes the protection of all children from all forms of discrimination and harm. This includes the right of all children with mental health issues to be protected from violence, abuse, stigma and mistreatment in institutions such as health and social care facilities, schools and the criminal justice system. It also includes the right of all children to have access to healthcare services that meet their needs, including mental health information, support and specialist services.

Article 2, CRC

The CRC states that children should be protected from all forms of discrimination. Health services and facilities must be provided to all without any discrimination, for example on the basis of age, race, language, gender identity, religion or disability. Children should not be discriminated against because they have a mental health condition or special educational needs. Their right to protection and to mental health care and support must be upheld for all children, especially the most vulnerable, such as children in care, in detention, in police custody and unaccompanied or homeless children.

Article 3, CRC

In all actions concerning children, the best interests of the child shall be a primary consideration.

Article 12, CRC

Children have the right to express their views in all matters affecting them, and their views should be given due weight in accordance with the child's age and maturity.

Article 19, CRC

Children have a right to be protected from all forms of physical or mental violence, injury, abuse, neglect, mistreatment or exploitation, including through the provision of social programmes that provide necessary support for children and for those who care for them.

Article 24, CRC

All children have the right to the highest attainable standard of health and to health care services that help them to attain this, including mental health.

Article 27, CRC

The State should ensure that every child has a standard of living which is adequate to allow them to develop fully - physically, mentally, emotionally, spiritually and socially. Whilst recognising the responsibilities that parents have, governments must ensure that they provide assistance to families to ensure that children's essential needs are met - in particular, nutrition, health, clothing, housing, education and safety.

Article 37, CRC

No child should be subjected to cruel, inhuman or degrading treatment or punishment. Children who commit offences should not be imprisoned for life. The arrest, detention or imprisonment of a child should be used only as a last resort and for the shortest appropriate period of time. Every child deprived of liberty should be treated with humanity and in a manner that takes into account his or her needs. Children in custody should be kept separate from adult prisoners and they have the right to maintain contact with their family. Every child deprived of liberty has the right to prompt legal advice and other assistance.

Relevant CRC Concluding Observations (2016)

When the UK was last examined on its children's rights record in 2016, the CRC Committee raised concerns about the increase in the number of children with mental health needs and the shortage of adequate child-specific mental health support. The Committee also expressed concerns at the distance that some children have to travel to access necessary support services, at the lack of sufficient therapeutic community-based services and the use of prescription drugs on very young children.

It recommended to the UK government:

61 (b) Rigorously invest in child and adolescent mental health services, and develop strategies with sufficient human, technical and financial resources. Ensure the availability, accessibility, acceptability and quality of such services and pay particular attention to children at greater risk, including children living in poverty, children in care and children in contact with the criminal justice system.

61 (c) Expedite the prohibition of placing children with mental health needs in adult psychiatric wards or police stations, and ensure the provision of age-appropriate mental health services and facilities.

61 (d) Support and develop therapeutic community-based services for children with mental health conditions.

61 (e) Review current legislation on mental health to ensure that the best interests and the views of the child are taken duly into account in cases of mental health treatment of children under the age of 16, particularly with regard to hospitalization and treatment without consent.

63 (b) Ensure that the prescription of drugs is used as a measure of last resort and only after an individualized assessment of the best interests of that child, and that children and their parents are properly informed about the possible side effects of such medical treatment and about non-medical alternatives.¹⁴

It also recommended:

40 (b) Abolish all methods of restraint against children for disciplinary purposes in all institutional settings, and ban the use of any techniques designed to inflict pain on children

40 (c) Ensure that restraint is used against children only to prevent harm to the child or to others and as a last resort

Rights under ICESCR

The UN International Covenant on Economic, Social and Cultural Rights (ICESCR), which the UK has signed and ratified, is the core treaty protecting social and economic rights. These include the right to health, to adequate housing, to social security, to food and education. It applies equally to children and adults.

Mental health is an integral component of the right to the highest attainable standard of health (Art. 12, ICESCR), which is recognised in international law and has been enshrined in several international human rights treaties including the CRC. The right to health is an inclusive right, which encompasses the right to access healthcare services and information, but also a range of factors that are considered necessary to be able to lead a healthy life, such as adequate housing, nutritious food and a safe and healthy living and working environment. Additional underlying determinants that are specifically relevant to mental health include: protection from violence and abuse, poverty, adverse childhood experiences and early childhood development.

However, like the CRC, the ICESCR has not been directly incorporated into our national laws. Individuals, therefore, cannot ask a domestic court to adjudicate a claim if there is a breach of ICESCR rights.¹⁵ Nevertheless, like the CRC, its international obligations are binding, and it is possible to use international legislation to interpret rights in the HRA. The UK was last examined by the UN Committee on Economic, Social and Cultural Rights (CESCR Committee) in 2016.

Article 12 (1) ICESCR

This protects the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. It recognises the duty of governments to take the necessary steps to ensure the 'healthy development of the child' and to ensure conditions that guarantee access to medical care in the event of sickness, including mental ill health.

General Comment No. 14 by the CESCR Committee provides guidance on the scope and meaning of the right to health, which should not be interpreted in a narrow or restrictive sense. It should be seen as the right of everyone to have access to the necessary healthcare to prevent and treat illness (irrespective of access to financial means) and to enjoy living conditions which are conducive to health and wellbeing.

The CESR Committee¹⁶ has identified the following as essential components of the right to health:

Availability of health services and information (there should be enough services available for all the population)

Accessibility of services (services should be financially and physically accessible, on the basis of non-discrimination)

Acceptability of services (respectful of medical ethics and human rights, sensitive to gender and life-cycle, culturally appropriate, respectful of confidentiality and empowering for individuals)

Quality of care (services must comply with medical ethics and clinical quality standards)

The CESCR Committee has clearly stated that *'the right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment'*¹⁷.

Relevant ICESCR Concluding Observations (2016)

The CESCR Committee examined the UK in 2016. It raised concerns about the lack of sufficient adequate resources for mental health services, despite the legal duty introduced by the 2012 *Health and Social Care Act* to deliver 'parity of esteem' between mental and physical health. It recommended the UK Government:

52. Allocate sufficient resources to the mental health sector and ensure the accessibility, availability and quality of mental health care, including for persons in detention.¹⁸

Long waiting times for assessments and treatment, high thresholds for access to CAMHS, and missed appointments which are not followed up by mental health service providers are all factors which leave children in very vulnerable and potentially dangerous situations, without the timely support they need.¹⁹

The CESCR Committee, in reviewing the UK in 2016, raised concerns on the disproportionate and adverse impacts that austerity measures have on the enjoyment of economic, social and cultural rights by disadvantaged people and groups. It stressed that any 'austerity measure' must be temporary, proportionate and not discriminatory, and must not disproportionately affect the rights of marginalised individuals and groups. The Committee also recommended that the UK government conduct an assessment of the cumulative impact of austerity measures²⁰.

There is evidence on the impacts of public spending cuts and austerity measures on children's health and wellbeing, including their mental health and access to the necessary support services.²¹ Children and young people's emotional and mental

wellbeing are adversely affected by experience of poverty, insecurity, inadequate and unsafe housing and parents' mental health. There is also evidence that young people's mental health is negatively affected by disadvantage and inequality in experiences of social welfare legal problems.²²

Human Rights Act

The Human Rights Act (HRA) 1998 has relevance for mental health in a number of ways²³. It compels the Government and public institutions, including the police, the NHS, local authorities and prison staff to respect, protect and fulfil the human rights in the Act, and to treat everyone with equality, fairness, dignity and respect. This includes the ways they make decisions and exercise their powers and functions under specific laws, including the Mental Capacity Act and Mental Health Act²⁴.

For example, the HRA's right to liberty (Art. 5) means that people cannot be kept in facilities, without good reason, for extended periods of time. The right to be free from inhuman or degrading treatment (Art. 3) means that care has to ensure patients' respect and dignity at all times, and the right to be free from discrimination (Art. 14) means that no one can be refused services or be treated unfairly because of their mental health. Art. 8 (right to private and family life) means there is a duty to respect people's private and confidential information, to enable them make choices for themselves and to see and be close to friends and family.

The Act incorporates the European Convention on Human Rights (ECHR) and brings it into our domestic law. HRA cases involving children draw on the CRC to interpret articles in the HRA. While the ECHR does not contain rights that are specific to mental health, various articles in the Convention and its protocols provide protection for the right to health, for non-discrimination and for standards of dignified and respectful care and treatment, as well as protections against violent, degrading and inhuman treatment. All of these have direct relevance to mental health policy, practice and legislation.

Section 6 of the HRA defines the duty of public authorities to comply with the Act. This applies to all public bodies, including those responsible for providing mental health care and treatment,

and those with responsibility for safeguarding individuals with real and/or perceived mental health conditions eg in schools, in policing, in prisons and in youth secure estates.

The Mental Health Act

The review of the Mental Health Act (MHA) 1983 is an opportunity to ensure that human rights, including children's rights, are at the centre of the legal framework which governs the admission, detention and treatment, in hospital, of those suffering from mental ill health. The Act applies equally to children under 18 and is accompanied by a Code of Practice which provides statutory guidance for professionals. The Mental Health Alliance has highlighted the ways in which reform of the Act is needed to ensure it is fit for purpose and that the detention of those with mental health conditions is carried out in ways consistent with human rights standards, respecting individuals' dignity, autonomy and agency.²⁵

The interim report by the independent body tasked with reviewing the MHA has also emphasised the need for improvements to the Act to ensure dignity and respect for service users, more autonomy and involvement of those affected, and more focus on rights-based approaches, including consideration of the CRC.²⁶

Some children's rights issues that need consideration in the MHA Review:

- A greater role for children, young people and their families and carers in decision-making about care and treatment
- Respecting children and young people's consent and capacity
- Ensuring children and young people's right to an advocate
- Participation of children, young people and their families and carers in decisions about service design and delivery
- Ensuring timely and appropriate transitions between services
- Effective communication with children, young people and their families and carers about their rights and pathways when in inpatient care

The CRC is an important framework to ensure that legislation and practice in this area uphold children's best interests, their protection from

discrimination and from abuse, violence and cruel or inhuman treatment, and that their views and feelings are taken into account. It provides an essential reference in addressing policies and decisions which affect children, including the use of restraint and detention and the safeguarding of children and young people in all settings.

Violence against children and young people in institutional settings

In 2016/17 there were over 25,000 cases of restraint against children and young people in NHS funded secondary mental health, learning disabilities and autism services in England.²⁷ This includes the use of physical and chemical restraint, seclusion and segregation. The CRC Committee has called for the abolition of all methods of restraint against children for disciplinary purposes, in all institutional settings, and recommended that restraint should only be used as a last resort and exclusively to prevent harm to the child or to others. The Committee has also called for a ban on any technique designed to inflict pain on children.²⁸ In its last examination of the UK, the UN Committee Against Torture reaffirmed the CRC Committee's recommendations.²⁹

Barriers to using children's rights approaches

CRAE has conducted research to explore the barriers to using a children's rights approach among decision makers, such as government officials and parliamentarians, and those who influence them e.g. the media and the public. We also explored barriers among staff in voluntary sector organisations.

A common concern was that the CRC itself is too legalistic and technical. It was felt that using a human rights or children's rights approach made sense in legal case work, or strategic litigation, but did not necessarily add value in policy or advocacy work. There was also a general lack of understanding of the CRC and its mechanisms and procedures.

The biggest barrier to taking a children's rights approach was seen to be the pervasive anti-human rights agenda and narrative, common in the media and among some politicians. This is also backed up by external research.³⁰

For more information on CRAE's research findings and some solutions for embedding a children's rights approach see our briefing: *Barriers and solutions to using children's rights approaches in policy*.³¹

Children's rights duties for public bodies

Public authorities and central Government

Public authorities, including central government departments, are bound by the CRC and the ICESCR under international law, and should comply with it in making decisions and carrying out their functions.

Although the protections in the CRC are not part of UK law, in December 2010 the Government made a commitment to give "due regard" to the CRC when making new policy or legislation.³² They have since reiterated this commitment,³³ however there is still no mechanism to do this through a mandatory system of Children's Rights Impact Assessments (CRIAs) of policies or legislation and evidence shows this is not happening in any systemic way.³⁴ The Department for Education has been developing a CRIA template for this purpose. Organisations can play an important role in urging and supporting government departments to consider the CRC in their decision-making and to use CRIAs. This is one way of building accountability for the UK's obligations under the CRC.

Local authorities

Local authorities play a crucial role in realising children's rights because of the frontline services they provide.

An example of the obligation on local authorities to uphold children's rights is found in the 2013 Statutory Guidance to all local Directors of Children's Services and Lead Member for Children's Services.³⁵ This requires them to:

- have regard to the general principles of the CRC;
- ensure that children are involved in the development and delivery of local services;
- consider the CRC when making sure they do not discriminate, and keep a paper trail to show they have done so.

Courts

At the moment, as noted above, children cannot bring cases under the CRC or the ICESCR in the UK courts as these are viewed as international instruments and have not been "incorporated" into UK domestic law.

However, courts in the UK should still take the provisions of these international standards into account when deciding whether public authorities have complied with their obligations under domestic legislation (such as the Mental Health Act, the Human Rights Act or secondary legislation).

Using the Human Rights Act

The British Institute of Human Rights (BIHR) has produced several resources on the relevance and use of human rights, and the Human Rights Act (HRA) in particular, to improve policy and practice in mental health provision. BIHR's *Mental Health, Advocacy and Human Rights: Your Guide*³⁶ shows how the HRA can help to protect and promote the rights of people with mental health problems. It includes examples of how individuals and their advocates can use human rights to improve the services and support they receive and to challenge poor practices and treatment. <http://www.bihr.org.uk>

The Human Rights Act (HRA) and public officials

The Act places a legal obligation on all public bodies (including local authorities and care institutions) and other bodies carrying out public functions to respect and protect the rights contained in the ECHR. This means public officials need to be thinking about human rights in their day-to-day decisions. Where public officials fail to respect and protect our rights, children and their families can take action in their local courts. All laws, policies and guidance should be compatible with the rights in the HRA. As mentioned above, the CRC is used to interpret the HRA in the Courts.

Framing mental health as a children's rights issue

Despite the barriers mentioned above, there are practical and effective ways of using the children's rights framework in policy and public affairs, and to communicate issues with decision-makers, the media and the public, to secure greater awareness, understanding and support for children's rights and to achieve policy change.

Some examples include:

Young Minds is campaigning for greater rights for young people and their families when they receive inpatient care for mental health difficulties. They have worked with young people who have experienced inpatient care, and with their families, to develop the *ALWAYS Charter*. This sets out key principles that mental health hospitals and providers should always practice, to ensure care for children and young people with mental health problems that respects their rights, dignity and agency.³⁷

The **Scottish Youth Parliament** integrated human rights, including children's rights, in their work on mental health and in their campaign *Speak Your Mind*. Their report, *Our generation's epidemic: Young people's awareness and experience of mental health information, support, and services*³⁸, highlighted young people's views on taking a rights based approach to mental health support and services, echoing the rights contained in the CRC. The report was then used to inform the Scottish Government's 2017-2027 Mental Health Strategy, which is grounded in a rights-based approach.³⁹

How to take a children's rights approach to mental health policy and practice

1. Take time to look at the principles of a children's rights approach in this briefing to ensure your public affairs and policy strategy aligns with this.
2. Get involved in the CRC monitoring and reporting process to ensure the Government is held to account and takes action on the Concluding Observations relevant to mental health.
3. Use recommendations by the CRC Committee, and other human rights bodies, in policy and advocacy work on children's mental health. Use them to hold government and public bodies to account and raise them with parliamentarians, Ministers and public officials.
4. Use Concluding Observations, General Comments and articles from the CRC and ICESCR to back up arguments in your briefings, reports, submissions to consultations, media work and campaign materials.
5. Mix public facing messages on mental health with 'behind the scenes' more technical advocacy using children's rights. But be tactical and layer/tailor children's rights language. Take on the right conversations in the right arena.
6. Consider ways in which training in children's rights could help your organisation's policy and advocacy work on mental health, and consider calling for child rights training for all those working with children and young people
7. Take people across your organisation (media, fundraising, senior management) on a journey to increase their confidence in using children's rights arguments. It takes time.
8. Use insights from strategic communications and framing to change the narrative and attitudes amongst the public and the media around mental health and children's rights.
9. When working with parliamentarians, use examples that highlight how approaches to mental health are breaching children's rights and highlight how basic rights under the CRC are being violated and not respected.
10. Work with children and young people to support them in understanding, communicating and campaigning for their rights in relation to mental health. Consult with them on any policy development you undertake, ensure that their voice is reflected in your work and in organisational campaigns as partners to achieve change.
11. Use examples of where the CRC has been used to challenge decisions in the courts on unacceptable practices. The courts are a good example of where the CRC has clear implications.
12. Consider when strategic litigation in the courts might be appropriate as part of your lobbying strategy and be helpful in achieving your goal.

Endnotes

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4. Frith, E., CentreForum (2016) *CentreForum Commission on Children and Young People's Mental Health: State of the Nation*
5. Children's Commissioner for England (2017) *Briefing: Children's Mental Healthcare in England*
6. Moss, D. (2017) *'Child Mental Illness: Why Is it happening?'*; National Children's Bureau and Centre for Longitudinal Studies Online, UCL Institute of Education (2017) *Mental ill-health among children of the new century, trends across childhood with a focus on age 14*; Young Minds and The Children's Society (2018) *Safety Net: Cyberbullying's impact on young people's mental health*. Inquiry report
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9. UN Committee on the Rights of the Child (2016) *Concluding Observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland*
10. The CRC Committee's General Comments can be found here: http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11
11. We interviewed 16 people to explore the barriers and solutions to using a children's rights approach to policy. These people were mixture of children's and human rights policy and legal experts from across the UK and Europe, policy experts from large children's charities and the homelessness and mental health sectors. We then tested our findings at a roundtable event with 22 individuals from the same sectors, most of whom had not been interviewed as well. See: Williams, N. CRAE (2017) *Barriers and Solutions to Using Children's Rights Approaches in Policy*
12. For example, it has enabled a disabled girl to access transport to get to school and prevented a newborn baby and her mother from being made homeless. BIHR (2014) *The Human Rights Act: Changing Lives (2nd edition)*
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17. Ibid
18. CESCR Committee (2016) *Concluding Observations on the sixth periodic report of the United Kingdom of Great Britain and Northern Ireland*
19. The Children's Society (2017) *Stick with us. Tackling missed appointments in children's mental health services*
20. CESCR Committee (E/C.12/GBR/CO/6) *Concluding Observations on the sixth periodic report of the United Kingdom of Great Britain and Northern Ireland*, July 2016
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38. Scottish Youth Parliament (2016), *Our Generation's epidemic: young people's awareness and experience of mental health information, support and services*
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About CRAE

The Children's Rights Alliance for England (CRAE), is part of the charity Just for Kids Law and works with 150 organisational and individual members to promote children's rights, making us one of the biggest children's rights coalitions in the world. We believe that human rights are a powerful tool in making life better for children. We fight for children's rights by listening to what they say, carrying out research to understand what children are going through and using the law to challenge those who violate children's rights. We campaign for the people in power to change things for children. And we empower children and those who care about children to push for the changes that they want to see.

Find out more

Other briefings in this series:

'Using children's rights in homelessness policy'
<http://www.crae.org.uk/news/using-childrens-rights-in-homelessness-policy/>

'Barriers and Solutions to Using Children's Rights Approaches in Policy'
<http://crae.org.uk/media/123572/Barriers-and-solutions-to-using-childrens-rights-in-policy-E.pdf>

'Summary of the 2016 Concluding Observations on the General Measures of Implementation'
<http://www.crae.org.uk/media/121610/crae-cos-gmi-briefing-2017.pdf>

'Summary of the 2016 Concluding Observations'
<http://www.crae.org.uk/media/118248/CRAE-Briefing-UN-Committee-Rights-of-the-Child-Concluding-Observations-2016.pdf>

Further reading

'The UN Committee on the Rights of the Child's Concluding Observations 2016'
http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fGBR%2fCO%2f5&Lang=en

'The UN Committee on Economic, Social and Cultural Rights Concluding Observations 2016'
http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGBR%2fCO%2f6&Lang=en

'State of Children's Rights in England' CRAE
<http://www.crae.org.uk/publications-resources/state-of-childrens-rights-in-england-2017/>

Information about the Human Rights Act and how to challenge decisions or policies which may breach human rights can be found from the Equality and Human Rights Commission
<https://www.equalityhumanrights.com/en/human-rights/human-rights-act>



Children's
Rights Alliance
for England

This briefing was written by:

Giana Rosa, Senior Policy and Public Affairs Advisor
Children's Rights Alliance for England,
part of Just for Kids Law. T: 020 1374 2279 | E: info@crae.org.uk
W: www.crae.org.uk | T: [@crae_official](https://twitter.com/crae_official)
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