

MANIFESTO



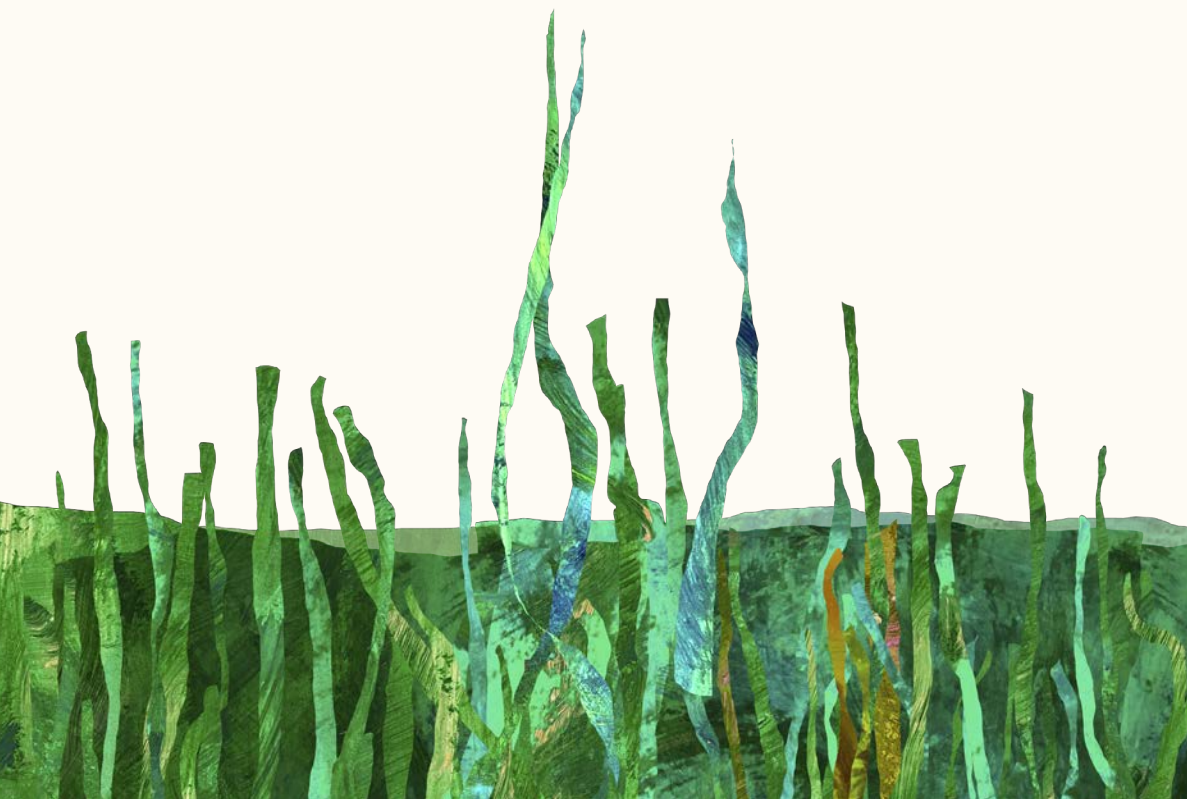
**Children's Rights
in Prevention,
Support and Care**

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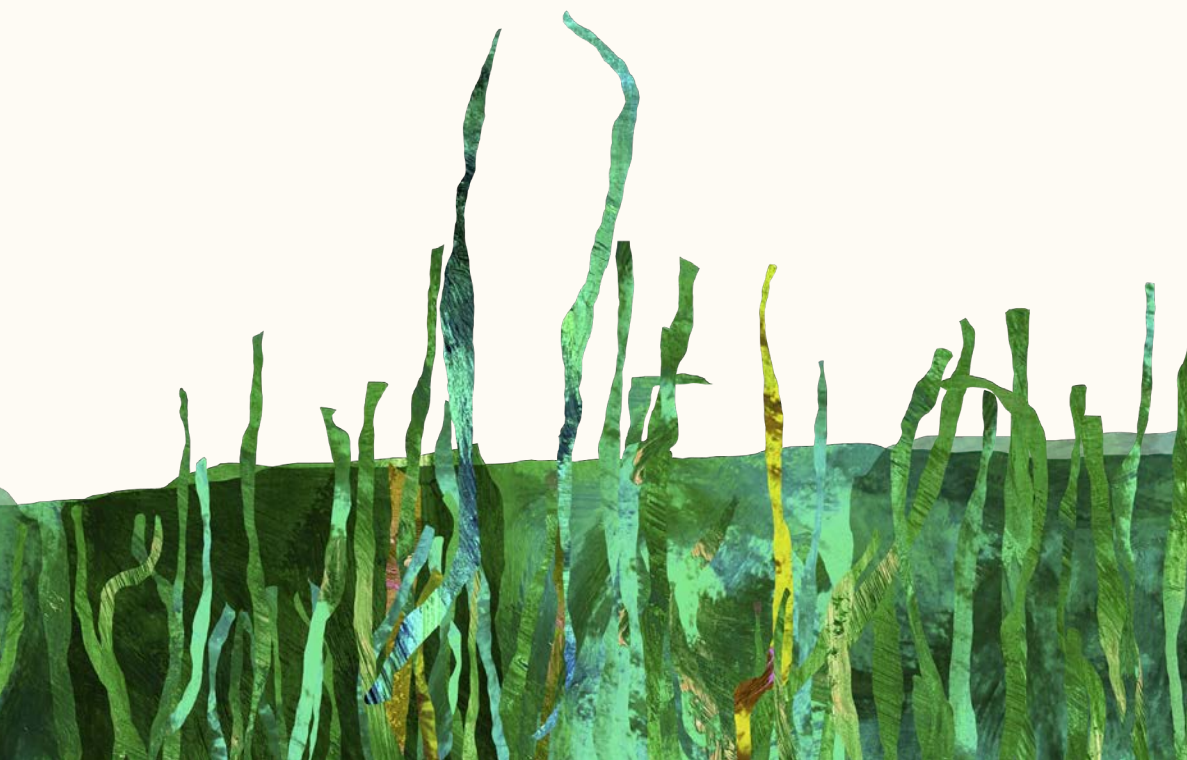




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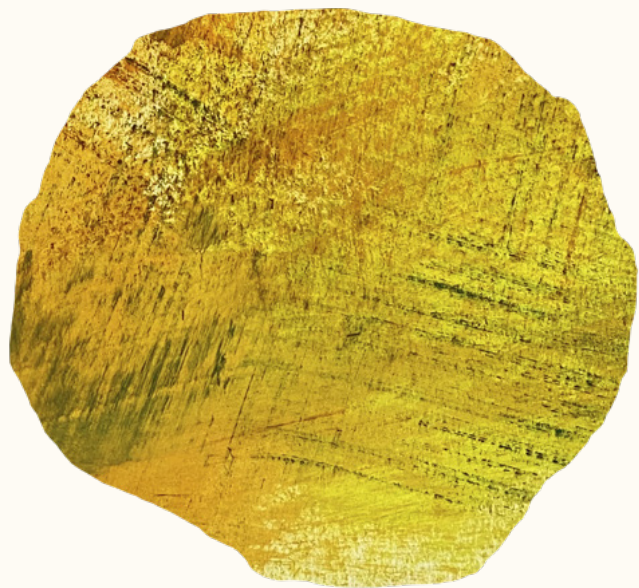


Children's Rights in Prevention, Support and Care







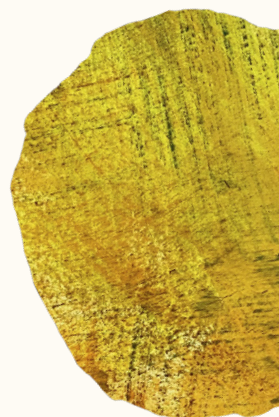


INTRO

What does the world look like when we put the best interests of the child first? In every decision that concerns children? Where we strive to hear the opinion of children themselves? Without discrimination on status or origin?

We know one thing for certain: a society that benefits children benefits everyone. And yet, we have not been able to truly put children's best interests first. In their 2020 evaluation, the Committee on the Rights of the Child of the United Nations, the UN Children's Rights Committee for short, expressed concern over the state of children's rights in the Netherlands. The UN Children's Rights Committee states, among other things, that the best interests of children are not sufficiently paramount in the Netherlands, and that the voice of children is not sufficiently heard. The situation in prevention, support and care for children in the Netherlands was also a point of attention.

In this manifesto, we call for action. Action to improve the prevention, support and care for children in the Netherlands, with four fundamental rights of children as a starting point, and the right to health as background.



THE RIGHT TO HEALTH

The background to our manifesto is **article 24** of the International Convention of the Rights of the Child (ICRC): the child has the right to the highest attainable standard of mental and physical health.

The right to health is *progressive*, which entails that the government must work continuously, systematically, and with maximum commitment on improving determinants and services. No retrogression or deterioration should occur. Unfortunately, the health facilities for children and young people in the Netherlands do seem to have deteriorated in recent years. In 2015, youth care was decentralised from the national and provincial levels to the municipal level. Parts of care, such as the care for children with eating disorders, seem to be less well safeguarded than before the transition to the municipalities.

The right to health is *inclusive*. It is tied with the right to the underlying determinants of health, such as healthy food, suitable housing, social security, an adequate standard of living, recreation, exercise, play, education and support for parents.

The government should safeguard the determinants of health to the best of its abilities. Here, too, there is room for improvement in the Netherlands. Think, for example, of child poverty, lack of physical activity among children and ubiquitous advertisements for unhealthy food and drinks.

The right to health includes the right to timely access to appropriate care. The AAAQ framework applies to facilities, goods and services in health care, which focuses on Availability/ Accessibility/ Acceptability/ Quality of facilities, goods and services in health care. If we apply this framework to prevention, support and care for children in the Netherlands, it is especially the availability and accessibility that are at risk.

We may refer to, for example, the waiting lists in youth care, the limited availability of interpreters in care and the social domain, the inequality between regions, and the lack of access to care for children in vulnerable situations, such as children without a residence permit.



FOUR FUNDAMENTAL RIGHTS

From the background of the right to health, we focus on four articles from the ICRC, which together form the fundamental rights of the child.

All other rights under the ICRC – such as the right to health – must be interpreted in the light of these rights.



These are:

Article 3:

The best interests of the child

Article 12:

The right to be heard

Article 6:

The right to life, survival and development

Article 2:

The principle of non-discrimination





BEST INTERESTS OF THE CHILD

The best interests of the child are paramount, as a primary consideration in all measures, policies and legislation that concern children. This is how it is described in **article 3** of the ICRC.

This right also applies to prevention, support and care. For example, what is the best interest of the child when youth health care chooses a new method for screening? Or when the children of a family are possibly placed out of their home? Do different treatment options exist for the leukemia of a child? Is the welfare organisation going to shut down a community centre with youth work? In all of these situations, the best interests of the child must be paramount, as a primary consideration.

The UN Children's Rights Committee strongly recommends that the Netherlands 'develop(s) child-rights impact assessment procedures for national and sub-national legislation and policies relevant to children.' In this respect, the Netherlands are lagging far behind the international developments. Many countries have already introduced child-rights impact assessment. With that, they investigate what impacts measures and regulations have on the realisation of children's rights, and subsequently take the findings into account in their final policy and legislative proposals.

Internationally, a number of Child Rights Impact Assessment Tools (CRIAs) have been developed for this purpose. Indeed, the delay in the application of article 3 ICRC, the best interests of the child, was a major concern for the UN Children’s Rights Committee. The Dutch Council for Public Health and Society recently asked for this recommendation of the UN Children Rights Committee to be followed in the report *Kinderen uit de knel* (Children out of a tight spot).

The Ombudsman for Children has developed a Dutch instrument for the evaluation of measures concerning individual children: the Step-by-step plan *The best decision for the child*. However, professionals are not required to use this clear and practical step-by-step plan and are possibly not even aware of its existence. Nor does this Step-by-step plan extends to policy and legislation. For evaluating policy and legislation, the Children’s Ombudsman is currently (early 2024) developing the next step-by-step plan.

We call on the national government to comply with the obligations under article 3 of the ICRC, to follow the recommendation of the UN Children’s Rights Committee, while incorporating the step-by-step plans. Children have the right to have their best interests systematically taken into account as a primary consideration in measures, policies and legislations, also when it concerns prevention, support and care. The Children’s Ombudsman’s Step-by-step plan *The best decision for the child* already provides a quality instrument for measures about individual children. It is high time to give children’s best interests the proper consideration also in policy and legislation with the next step-by-step plan. Ultimately, that benefits everyone.



ARTICLE 3

THE RIGHT OF THE CHILD TO BE HEARD

What are the best interests of the child? To determine this, the voice of children must be heard.



Children of all ages have views and preferences. They have ideas about the decisions at hand, about their broad development and about their daily life. They have the right to have their views and preferences taken seriously. That's how it's written in article 12 of the ICRC, the right to participation. Many methods exist to enable children to participate in a meaningful way, and fortunately these are now regularly applied in the Netherlands. Still, there is room for further improvement.

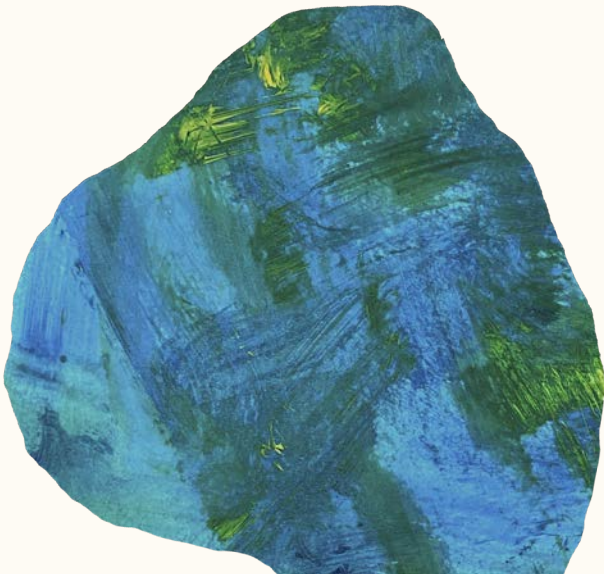
The UN Children’s Rights Committee has expressed concerns about the right to participation in the Dutch context. These past few years, the Dutch government has made little progress on this point. As a result, decision-makers often miss the perspective of the children involved, incurring the risk that their wellbeing and development will be harmed. In addition, children under the age of 12 are often officially excluded from partaking in decisions, for example in healthcare and divorce proceedings. The UN Children’s Rights Committee finds this regretful. It is of great importance that the opinion of all children is heard and respected, in accordance with their development and capacities. Every decision in the Netherlands that affects the interests of children should be enriched by the active input from the children concerned.

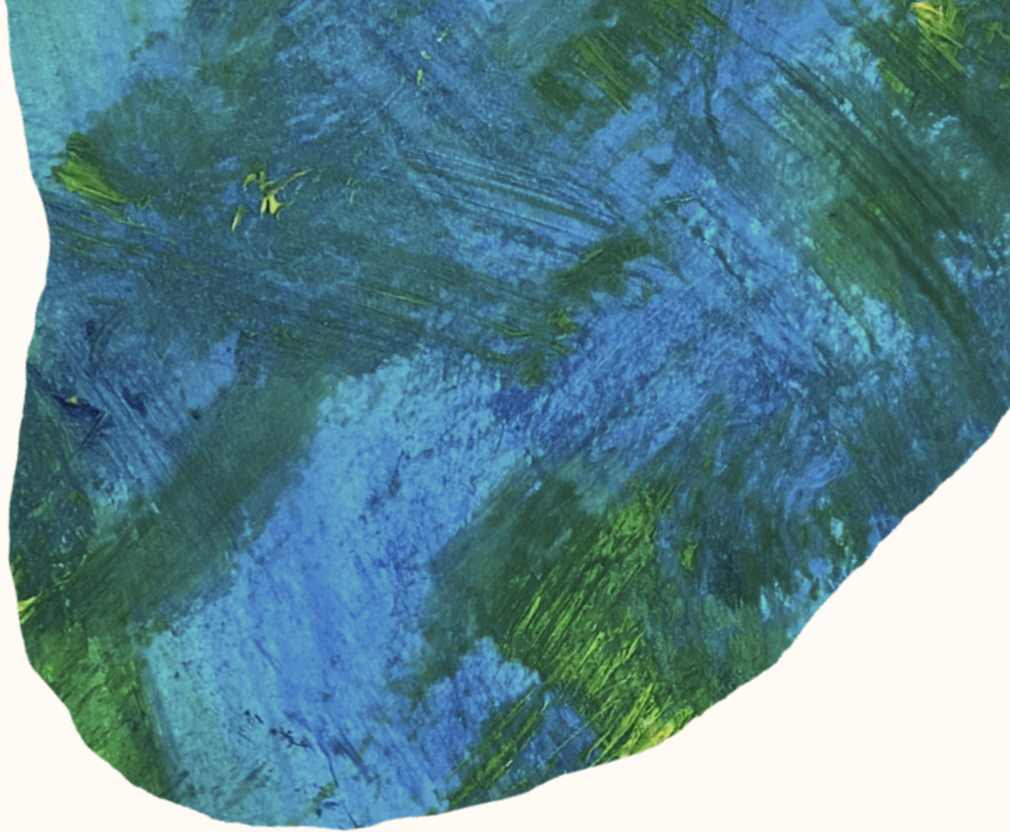


ARTICLE 12

THE RIGHT TO LIFE, SURVIVAL AND DEVELOPMENT

Perhaps the most basic of these rights is set out in **article 6**: the right of the child to life, survival and development.





Children have the right to develop themselves freely in the broadest possible way. Mentally and physically, socially and emotionally, morally and spiritually. The government should create a safe environment for children, with space and understanding for the different developmental stages that children go through. The right to development can be seen as an extension of the best interests of the child: policies and decisions and other actions that contribute to the wellbeing and development of the child are in the best interests of the child.



ARTICLE
6

THE PRINCIPLE OF NON- DISCRIMINATION

A fundamental right of every child is the principle of non-discrimination, such as described in **article 2** of the ICRC. Every child has the right to be protected against every form of wrongful discrimination.

The government must do everything in its power to prevent discrimination and exclusion of children. This right extends to access to care. For every child, care must be available, adequate and acceptable, of high quality and accessible. No child shall be withheld access to care. Not even if the child or their parent(s) or guardian(s), for example, belongs to a minority, does not speak the Dutch language, seeks asylum, is stateless or resides in the Netherlands without a residence permit.



ARTICLE 2

The UN Children's Rights Committee expresses its concern over the Dutch situation. Not every municipality has a service that battles against discrimination, that is accessible for children to go to to report discrimination and receive support. The UN Children's Rights Committee also notes that children from disadvantaged groups are disproportionately affected by regional inequality, and, in practice, even by discrimination, for example in Dutch youth care.





ACTION IS NECESSARY

We call for action. Children have the right to have their best interests systematically taken into account as a primary consideration, also in prevention, support and care. It is high time to structurally weigh up the best interests of children and to hear their voices, in accordance with their developmental phases. Here, the principle of non-discrimination must be guiding: every child participates. Only in this way can we realise children's right to health. Ultimately, everyone will benefit.

Specifically, we propose that the national government makes the use of the step-by-step plans of the Children's Ombudsman mandatory for every policy development and legislation, both local and national, even if at first glance it doesn't seem to affect the interest of children. The government can have the progress of implementation and the outcomes monitored and evaluated.





However, meaningful and broad implementation of children's rights in prevention, support and care for children calls for more actions by more parties. Government, directors, professionals and researchers: what can each party do?

THE GOVERNMENT

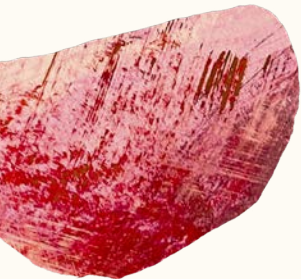
- first and foremost pays special attention to children in vulnerable positions, such as children without a residence permit, with a different ethnic background, children in the special needs education, children with a disability, children with mental health problems, children in poverty and children belonging to the LGBTQIA+ group
- doesn't let the biological age, but the capabilities, vulnerabilities and development of children be leading for participation and in decision-making. Every child develops to independence at their own pace
- actively and meaningfully involves children in decision-making that concerns them
- strongly promotes the dissemination of knowledge about children's rights to children themselves and to every person that deals with children, by facilitating the teaching of children's rights to education, training and continued professional development.



DIRECTORS

IN IMPLEMENTING ORGANISATIONS IN PREVENTION,
YOUTH CARE, HEALTH CARE AND SOCIAL DOMAIN:

- treat the best interests of children with priority
- embrace children's rights and the Children's Ombudsman's step-by-step plans
- lead by example and involve children in their decisions
- facilitate the implementation of children's rights in the daily practice of professionals




PROFESSIONALS



- consider including children's right as ethical framework in their professional code, insofar as this is not already the case for their own professional group
- use all their expertise and empathy, so that children can make their own voice heard
- listen to children, give the proper weight to children's judgement and preferences, and involve their parents – if in the best interests of the child – in this process
- disseminate their insights as advocates for the child.

RESEARCHERS

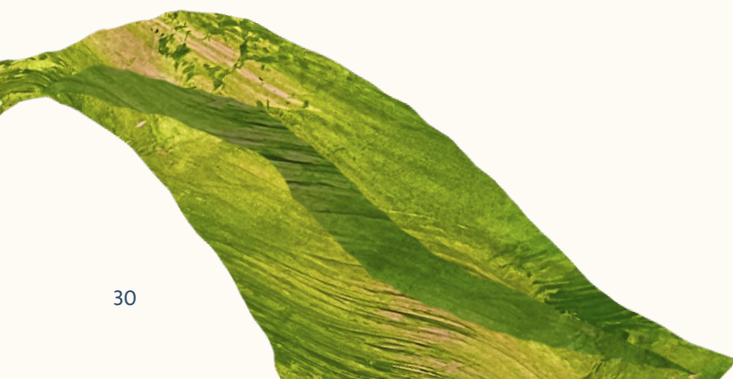
INTERDISCIPLINARY:

- make use of children's experiential knowledge; avoid conducting research only for or about children
 - collect and disseminate reliable knowledge about the implementation and effects of children's rights: what ideas and experiences do children have, where are the rights upheld, for which children are and are they not, with which intended and unintended effects?
 - generate new knowledge through targeted research, draw up a knowledge agenda, advise on data collection and data management
 - monitor and evaluate the implementation process of step-by-step plans; conduct research into their effectiveness.
- 

TOGETHER

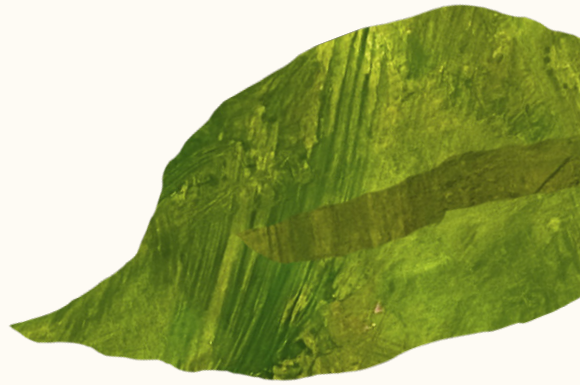


*Government, directors,
professionals and researchers:*
Together, we implement children's rights in such a way that all children receive optimal prevention, support and care. That their best interests are paramount and that it is clear how children themselves see their best interests. Without distinction on origin, status, and with respect for their development. So that they reach the highest attainable state of physical, mental and social health.



STEP-BY-STEP PLAN

The robust implementation of the Children's Ombudsman's step-by-step plans as a test of children's rights for individual decisions, policy and legislation is a necessary first step.







SIGNATORIES

Brigit Toebes

Professor, Health Law in a global context, and scientific director Aletta Jacobs School of Public Health

Alies Struijs, PhD

Chairman Johannes Wier Foundation for health care and human rights

Karine van 't Land, PhD

Vice-Chairman Johannes Wier Foundation for health care and human rights

Frederic van Kleef

General director Aletta Jacobs School of Public Health

Co-signed by:

Paul van der Velpen

Chairman Foundation @ease

Tessa Roseboom

Professor, Future Generations Commissioner Amsterdam UMC

Jan Willem Bruins

Director Beroepsvereniging van Professionals in Sociaal Werk (BPSW)

Laura Batstra

Professor, Medicalisation of behavioral, educational and societal problems, University of Groningen

Simone Goosen, PhD

Campaign leader "Bringing back interpreters in health care (Tolken terug in de zorg, alstublieft)"

Raquel Abrahams

Vice-Chairman AJN Jeugdartsen Nederland

Elianne Zijlstra, PhD

Researcher University of Groningen

Irma Hein, PhD

Children and youth psychiatrist Levvel

Janneke Metselaar, PhD

Lecturer Care for youth (Zorg voor jeugd - NHL)

Annelies Kassenberg, PhD

Lecturer Youth and Living environment Hanzehogeschool Groningen

Petra de Jong

Vice-Chairman Koepel Artsen Maatschappij + Gezondheid (KAMG)

Igor Ivakic

Director Nederlands Centrum Jeugdgezondheid (NJC)

Prof. Ramón Lindauer,

Child and youth psychiatrist Amsterdam UMC

Collaborative Youth Professional Associations:

Beroepsvereniging van Professionals in Sociaal Werk (BPSW)

Verpleegkundigen Maatschappij & Gezondheid (V&VN)

Nederlandse Vereniging van pedagogen en onderwijskundigen (NVO)

Jeugdartsen Nederland (AJN)

Kinder- en jongerenwerk (BV Jong)

Nederlands Instituut van Psychologen (NIP)

Landelijke Huisartsen Verenigingen (LHV)

Nederlandse Vereniging voor Psychiatrie (NVvP)

Kinderen Jeugdpsychiatrie Landelijke Vereniging van Vrijgevestigde

Psychologen & Psychotherapeuten (LVVP)

Nederlandse Vereniging voor Kindergeneeskunde (NVK)

Federatie Vaktherapeutische Beroepen (FVB)



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COLOPHON

This manifesto is a joint publication of the Aletta Jacobs School of Public Health, University of Groningen and the Johannes Wier Foundation for health care and human rights.

<https://www.rug.nl/aletta/>
<https://www.johannes-wier.nl/>

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Jelmar Geertsma / Typehigh
www.typehigh.nl

Illustrations

Ciska Beens
www.ciskabeens.nl

English translation

Daphné Bruggemann



On 26 May 2023, the Aletta Jacobs School of Public Health and the Johannes Wier Foundation for health care and human rights organised a meeting on youth care from the perspective of children's rights.

The discussion that started there led to this Manifesto about children's rights in prevention, support and care. Specifically, we call for the implementation of the Children's Ombudsman Step-by-step plans. In this way, the best interests of the child will truly be paramount in all policy development and legislation, both local and national. In addition, we call on governments, directors, professionals and researchers to take action. Each from their own expertise and responsibilities. Through joint action by the various parties involved, we can improve prevention, support, and care for children in the Netherlands.

Only in this way can we realise children's right to health. Ultimately, everyone will benefit.