Additional Needs
POLICY & PROCEDURES

Sixth Form Centre

Mental Health and Wellbeing

Approved by:	K James, Principal	**Published on:**	01/09/2025
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Named persons

Name	Position	Organisation	Contact
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Mr Kieran James	Mental Health (MH) Lead	The Guernsey Grammar School and Sixth Form Centre	01481 226571
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This policy works in conjunction with the following:

School policies:

1. Child Protection and Safeguarding Policy (October 2018)
2. The SEN policy (March 2019)
3. The Attitude to Learning Policy (July 2015)
4. BYOD Policy (October 2017)

Island Policies:

1. Children (Guernsey and Alderney) Law, 2008.
2. E-safety Policy – Connect Ed
3. SEN/Inclusion Policy – Connect Ed
4. The Complaints Policy/ Procedure - Connect Ed
5. Professional Teaching Standards - Connect Ed- HR-PM

If you are unable to gain access to any of the policies above please contact the school office on office@grammar.sch.gg or sixthform@grammar.sch.gg

Young People are our Priority

As a highly inclusive school we recognise that all students are individuals and flourish in different ways. We pride ourselves that, in addition to providing pastoral and academic care for our students, we also have a clear and coherent student support team that incorporates both personal and academic progress in all aspects of our students' lives. The range of support helps our students to become independent, self-sufficient, healthy and productive young people and adults. We adopt a proactive, whole-child centred approach and have key skilled staff that can provide a wide range of interventions, reduce barriers to learning and enhance healthy development. Our school offers a clear graduated response system which involves tutors/teachers, Pastoral leads within Sixth Form and lower school/Heads of Department, SENCO and Senior Leadership Team. With such a continuum of developmental, proactive, remedial and support services within the Grammar School and Sixth Form Centre the capacity of all of our students to achieve happiness, personal well-being and academic success is enhanced.

At our school, we aim to promote positive mental health and wellbeing for our whole school community; students, staff, parents and carers, and recognise how important mental health and emotional wellbeing is to our lives in just the same way as physical health. We pursue this aim using universal, whole school approaches and specialised, targeted approaches aimed at vulnerable students. We are also committed to employing the Bailiwick of Guernsey Curriculum (Sept 2017), which recognises the importance that "learners skills, attributes and beliefs reflect positive mental health and wellbeing".

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. In an average classroom, three children will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health procedures we can promote a safe and stable environment for students affected both directly, and indirectly by mental ill health.

Purpose; This policy displays the processes of identifying and supporting students with mental health needs and supporting students in their personal development.

This policy aims to:

- Promote positive mental health in all staff and students;
- Increase awareness and understanding of common mental health problems;
- Alert staff to early warning signs of common mental health problems;
- Provide support to staff working with young people with mental health problems;
- Inform staff how students with mental health problems might be supported outside of their lesson;
- Provide support to students suffering mental ill health, and their peers and parents/carers.

We recognise that many behaviours and emotional problems can be supported within the school environment, or with advice from external professionals. Some children will need more intensive support at times, and there are a range of mental health professionals and organisations that provide support to students with mental health needs and their families.

Definition of 'Mental Health'

We use the World Health Organisation's definition of mental health and wellbeing: *"a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".*

Mental health and wellbeing is not just the absence of mental health problems. We want all children/young people to enjoy:

- A sense of meaning and purpose;
- A feeling of competence and achievement;
- Feeling part of a community ;
- A sense of privacy;
- Being part of a social grouping;
- Feeling secure and safe in their surroundings;
- Being able to give and receive attention appropriately ;
- A sense of autonomy and control ;
- Emotional intimacy;
- Being able to express a range of emotions appropriately;
- Learning;
- Life, in times of calm and in times of change;
- Positive coping strategies that can be employed in times of crisis.

We take a whole school approach to promoting positive mental health that aims to help students become more resilient, be happy and successful and prevent problems before they arise.

This encompasses 7 aspects:

1) Creating an ethos, policies and behaviours that support mental health and resilience that everyone understands.
2) Helping students to develop social relationships, support each other and seek help when they need to.
3) Helping students to be resilient learners, with a growth mindset.
4) Teaching students social and emotional skills and an awareness of mental health.
5) Early identification of students who have mental health needs and planning support to meet their needs, including working with specialist services.
6) Effectively working with parents and carers.
7) Supporting and training staff to develop their skills and resilience.

We also recognise the role that stigma can play in preventing understanding and awareness of mental health issues and aim to create an open and positive culture that encourages discussion and understanding of mental health issues.

Students who are identified as having a specific mental health need will be added to the school's SEN register under one of the following categories of need (Appendix 3):

N

- No current need (could be historic) e.g. stammer / literacy support at primary
- Need is being met and no additional support needed in school/from outside agencies *regularly* e.g. hearing impairment where hearing aids allow full access / low level anxiety but have skills to manage
- Re: medication (if the medication is meeting the need and no action in school is needed, e.g. medicated from bipolar but no additional support in school)
- *No EAA*

A

- Some action being taken in school to meet the need, e.g. hearing impairment where despite having hearing aids, they still need additional arrangements such as listening exams / severe depression so has a reduced timetable
- Re: medication (if the medication is meeting the need mostly, but action in school is still need, e.g. ADHD Concerta/Ritalin and lesson strategies also employed)
- *EAA may be appropriate*

P

- Regular input from external agencies to help meet the need (in or out of school) e.g. Ed Psychs / Child and Adolescent Mental Health Service (CAMHS) / Action For Children (AFC)
- Re: medication (if the medication is partly meeting the need, but regular action by the school and external agencies are both still needed, e.g. someone treated for anxiety and sleep, but also seen for therapeutic input at CAMHS)
- *EAA may be appropriate*

Accountability

- All tutors have a responsibility to know and understand the needs of their tutees and to adapt their tutor programme accordingly with the needs in their tutor group.
- All teaching staff have a responsibility to understand the mental health needs of students and to plan and execute lessons that meet the needs of the learners. Where students have strategies such as an exit card, staff should be fully aware of this (all recorded in SIMS).
- All staff have a responsibility to be mindful that all students have neds and where there is conflict, this is dealt with with knowledge and understanding of the students needs in mind.
- All members of staff have a responsibility to ensure that they are up to date with student provisions in SIMS.
- All members of staff have the responsibility to ensure learners feel safe and secure in the school community and where this is not happening, appropriate actions will be taken.
- The Mental Health Coordinator will analyse provision weekly to half termly. This will take place mainly in the Student Support meetings which happen weekly. Support will be adapted if and when needed.
- The Mental Health Coordinator will liaise with the appropriate stakeholders including parents, carers outside agencies to ensure the students needs are being met regularly and in a timely fashion.
- The Mental Health Coordinator will report to a member of SLT who is responsible for Inclusion.
- The school will follow all Mental Health Coordinator guidelines set out by Education, Sport and Culture.

Roles and Responsibilities

Processes to follow if you are a member of staff

Identification of a mental health need where you feel there is a safeguarding issue:

- Inform the Child Protection Officer (SCPO/deputy SCPO) immediately. In the absence of the CP Officer contact a Deputy Headteacher or Principal

Identification of a mental health need where there is no immediate danger (see Appendix 1):

Any member of staff who is concerned about the mental health or wellbeing of a student should follow the graduated response:

Stage 1 (All members of staff):

- Gather information from the student; Date and time, main points from the conversation, agreed next steps
- Gather information from SIMS. Do they have any risk factors? *(See appendix I)*
- Speak with the student if the member of staff feels able to
- Liaise with the student's tutor as their first port of call
- Learning Support Assistants (LSA)s are allocated to students with additional needs, and provide this by supporting the classroom teacher which may involve working with groups of students

Stage 2 (Tutors):

- Tutor to gather information from the student
- Tutor to gather information from relevant members of staff to create a purposeful picture of need, using information from SIMS
- Liaise with the Head of Year or Sixth Form Manager and actions discussed and agreed. Contact with parents/carers to be made where necessary
- To create an action plan to help to support the student

Stage 3: (Head of Year (HOY) or Sixth Form Manager (SFM)):

- HOY/SFM to create an action plan to help support the student
- HOY/SFM to present the barriers raised at the weekly Student Support Meetings
- Actions to be recorded and a clear date for evaluating such actions is given. SEN register is adapted during this meeting to reflect the provision

Stage 4: (Mental Health and Wellbeing Coordinator)

- MHWBC to ensure provision meets the needs of all students identified through knowledge, understanding and clear communication
- Clear communication to appropriate staff is carried out
- Provision is monitored and evaluated regularly

For all of the above please see below which work in conjunction with the process.
N.B All disclosures should be recorded, and e-mailed to their tutor in the first instance. See the 'Child Protection and Safeguarding Policy' for more details and advice on managing disclosures.

Confidentiality of Information or a Disclosure

A student should never be informed that their disclosure will be confidential and should be fully aware that there are support networks in school for them to engage with and a process in which staff must adhere to.

From a safeguarding perspective: All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children and young people. All staff must be aware that they cannot promise confidentiality to a child or young person which might result in the child or young person's safety or wellbeing being compromised.
N.B Guidance about sharing information has been taken from the DFE document "*Information Sharing: Advice for Practitioners providing safeguarding services 2015".* Although these are statutory guidelines for the UK it is still good practice here in Guernsey.

Good Practice:

As an advocate for the student, it is necessary to pass on your concerns about their mental health needs. Where possible you should discuss with the student:

- Who you are going to talk to;
- What you are going to tell them;
- Why you need to tell them;
- Their feelings, thoughts and their consent (ideally) for you to share their disclosure.

It is important that we build trust and relationship with our students whilst at the same time maintaining a professional approach and a duty of care.

Recording, Maintenance and transfer of records

Recording:

- If dealing with any of the 'processes' above, an email with all details should be sent to the appropriate person within 24 hours.
- All mental health needs, disclosures are discussed in the Student Support Meetings.

Maintenance:

- The SEN register will be altered in the Student Support Meetings to reflect the student's' mental health needs
- All strategies and documents will be linked to the student's profile in SIMS

Transfer:

- When/if a child or young person transfers between schools the Mental Health and Wellbeing Coordinator is responsible for transferring the child or young person's Individual Care Plan to the new establishment (within 15 school days).

How We Support Positive Mental Health

We believe that we have a key role in promoting student and staff positive mental health, and helping to prevent mental health problems. Our school has developed a range of strategies and approaches including;

Student - led activities

- Campaigns and assemblies to raise awareness of mental health happen throughout the year, e.g. World Mental Health Awareness Day.
- Sixth Form Student Support Prefects - lead on whole school campaigns on health and wellbeing. Last year the Champions led a campaign on promoting mental health, reducing stigma and the importance of talking to someone if you feel worried and helped plan ways to reduce stress before SATs/exams.
- Student voice is a priority in our school, and so we always seek feedback from students who have had support to help improve that support and the services they received, in order to make changes which are appropriate.
- Sixth Form Peer Mentoring Programme.
- Student Voice representatives.
- House Captains.

Whole school

- *All students are screened with the SDQ (strengths and Difficulties Questionnaire)*
- There is a clear tutorial programme that all students follow with support from their tutors
- Promoted through the curriculum in many areas. Examples being Personal Social Health Economics (PSHE), Information Communication Technology (ICT) and Sixth Form Personal Development.
- Displays e.g maps of Guernsey which signpost where to go for help and support both within the school and outside the school and the Student Support displays.
- Charity events

Small group activities

- SocialEyes for students with autism, or who have autistic traits. Many of these students have associated mental health needs.
- Student Support Room: Room 18 (lower school) and Place 2 Be (P2B) (sixth form) are both accessible throughout the day, before and after school as a safe space for proactive self care and supported activities with staff throughout the day.
- Managing exam anxiety prevention and preparation groups for Year 11, Year 12 and Year 13, all run in conjunction with the Youth Commission and the Education Psychology Service.
- Innovative interventions to develop skills in complex areas of need, e.g. an indoor climbing intervention to work on reading and writing speed, as well as confidence and teamwork; a jiu-jitsu intervention for students who struggle with focus, concentration and behaviour.
- Tea and talk offered by Jill Etheridge for students who need informal talking time.

Working with Parents and Carers

Where it is deemed appropriate to inform and include parents/carers, we need to be sensitive in our approach. Before disclosing to parents/carers we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face? This is preferable.
- When should the meeting happen?
- Who should be present? Consider parents/carers, the student, other members of staff and any possible external agencies.
- What are the aims of the meeting?

It can be shocking and upsetting for parents/carers to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We should be accepting of this (within reason) and give the parent time to reflect.

We should always highlight further sources of information and give them, if appropriate, a CAMHS Post-Referral Information Booklet to take away where possible as they will often find it hard to take much in whilst coming to terms with the news that you're sharing. Sharing sources of further support aimed specifically at parent/carers can also be helpful too, e.g. parent support groups, helplines and forums.

We should always provide clear means of contacting us with further questions and consider booking in a follow-up meeting or phone call right away as parents/carers often have many questions as they process the information. Finish each meeting with agreed next steps and always keep a brief record of the meeting on the child's confidential record.

In fact, *all* parents/carers are often very welcoming of support and information from the school about supporting their children's emotional and mental health. In order to support parents/carers we will:

- Highlight sources of information and support about common mental health issues on our You in Mind school website.
- Ensure that all parents/carers are aware of who to talk to, and how to go about this, if they have concerns about their own child or a friend of their child.
- Make our mental health policy accessible to parents/carers on our school website.
- Share ideas about how parents/carers can support positive mental health in their children through our regular information evenings
- Keep parents/carers informed about the mental health topics their children are learning about in PSHE and share ideas for extending and exploring this learning at home

Supporting Peers

When a student is suffering from mental health issues, it can be a difficult time for their friends. Friends often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that friends may learn unhealthy coping mechanisms from each other. In order to keep peers safe, we will consider on a case by case basis which friends may need additional support. Support will be provided either in one to one or group settings and will be guided by conversations with the student who is suffering and their parents/carers with whom we will discuss:

- What it is helpful for friends to know and what they should not be told;
- How friends can best support;
- Things friends should avoid doing or saying which may inadvertently cause upset;
- Warning signs that their friend may need help (e.g. signs of relapse).

Additionally, we will want to highlight with peers:

- Where and how to access support for themselves;
- Safe sources of further information about their friend's condition;
- Healthy ways of coping with the difficult emotions they may be feeling.

Training and Support for Staff

Training:

- As a minimum, all staff will receive regular training about recognising and responding to mental health issues as part of their regular Child Protection training to enable them to keep students safe. Most staff will also undertake the national Youth Mental Health First Aid/Champion/Aware qualification through Mental Health First Aid England.
- We will host relevant information on our school website You in Mind for staff who wish to learn more about mental health. Training opportunities for staff who require more in depth knowledge will be considered as part of our Performance Management process and additional CPD will be supported throughout the year where it becomes appropriate due to developing situations with one or more students. Where the need to do so becomes evident, we will host twilight training sessions for all staff to promote learning or understanding about specific issues related to mental health. Suggestions for individual, group or whole school Continuing Professional Development (CPD) should be discussed with the SLT member who takes the lead of CPD.
- The Mental Health lead has a specific responsibility for mental health needs of students at a whole school level and has support from the Youth Commission's Senior MHWB Manager, as required.
- As part of a transparent performance management process, all staff should highlight the areas that they wish to develop in relation to their role, and should actively seek relevant CPD opportunities.
- The Educational Mental Health and Wellbeing (EMHW) team at the Youth Commission have begun working with the school since January 2022 and will be offering training to staff, students and parents based on a whole school audit which began July 2022.

Support:

Supporting and promoting the mental health and wellbeing of staff is an essential component of a healthy school and we promote opportunities to maintain a healthy work life balance and wellbeing, such as yoga, mindfulness, and physical activities. Procedures have now been put into place that The States of Guernsey will pay for up to five hours of psychological therapy for staff.

Any member of staff who feels that they are experiencing poor mental health is entitled to a referral to Occupational Health. It is important to note that at the moment, self-referral is not an option, and only the Business Manager or Headteacher are able to arrange this referral. At this point, either the Business Manager or Headteacher will complete a form which they (one of them) and the member of staff will sign, and this will be sent to Occupational Health asking them to arrange an appointment. A copy of this referral will also be sent to Human Resources for their records, so that they know to expect an invoice. Staff should speak to the Business Manager or the Headteacher to ask any further questions.

Involving Parents and Carers

Promoting mental health:

We recognise the important role parents and carers have in promoting and supporting the mental health and wellbeing of their children, and in particular supporting their children with mental health needs.

On first entry to the school, our parents/carers meeting includes a discussion on the importance of positive mental health for learning. We ask parents and carers to inform us of any mental health needs their child has and any issues that they think might have an impact on their child's mental health and wellbeing, based on a list of risk factors pertaining to the child or family (see appendix 1). It is very helpful if parents and carers can share information with the school so that we can better support their child. During the year if there are any changes to the child's mental health and wellbeing it would be useful for the parent to make sure the school is aware via communication with the form tutor as their first port of call.

To support parents and carers:

- We provide information on our school mental health webpage 'You in Mind' on mental health issues and local support programmes. The information includes who parents/carers can talk to if they have concerns about their own child or a friend of their child and where parents/carers can access support for themselves.
- We include the mental health topics that are taught in the PSHE curriculum, on the school website.
- When students start school, all parents and carers are given information on how they can support their child's mental health and where to go for help and support.
- The Educational Mental Health and Wellbeing (EMHW) team at the Youth Commission have begun working with the school since January 2022 and will be offering training to staff, students and parents based on a whole school audit which begins July 2022.

Supporting parents and carers with children with mental health needs:

We are aware that parents and carers react in different ways to knowing their child has a mental health problem and we will be sensitive and supportive. We also help to reassure by explaining that mental health problems are common, that the school has experience of working with similar issues and that help and advice are available.

When a concern has been raised the school will:

- Contact parents and carers and meet with them.

In most cases parents and carers will be involved in their children's interventions, although there may be circumstances when this may not happen, such as child protection issues. Children over the age of 18 are entitled to consent to their own treatment, but we will always try, where possible, to be transparent and include parents/carers.

- Offer information to take away and places to seek further information. *(See Appendix III)*

- Be available for follow up telephone/email conversations and meetings.
- Make a record of the meeting.
- Agree an action plan together with next steps.
- Discuss how parents and carers can support the student.
- Keep parents and carers up to date and fully informed of decisions about the support and interventions.

Parents/carers will always be informed if their child is at risk of danger, and students may choose to tell their parents/carers themselves. We give students the option of informing their parents and carers about their mental health needs for themselves or go along with them.

We make every effort to support parents and carers to access services where appropriate. Our primary concern are students, and in the rare event that parents and carers are not accessing services we will seek advice from the Local Authority. We also provide information for parents and carers to access support for their own mental health needs.

Transition Programmes

Year 6 - Year 7 Transition and Year 11 - KS5 Transition

Students are identified by their host primary school and our school SENCO who prepare a bespoke transition process for students. Prospective students can opt into the transition process at a point that is appropriate to meet their needs. For example, a student with Autism or severe Anxiety may well start earlier than those with other SEN needs or those with a mental illness but who has positive mental wellbeing and therefore has less unmet needs in the transition process. Our SENCO will meet with the SENCO of the feeder primary and secondary schools to gather any additional information regarding their needs, and may complete some baseline assessments (such as the SDQ or the Childrens Spence).

Students will be given the opportunity to, for example, meet relevant colleagues, have tours of the school to relevant areas for them of the building, discuss appropriate interventions such as exam access arrangements and familiarise themselves with student support staff. The programme of transition is very much bespoke and will be planned each year with those students in mind.

APPENDICES

I

Protective and Risk factors

Determinants of Mental Health:

Level	*Adverse factors*		*Protective factors*
Individual attributes	Low self-esteem	↔	Self-esteem, confidence
	Cognitive/emotional immaturity	↔	Ability to solve problems and manage stress or adversity
	Difficulties in communicating	↔	Communication skills
	Medical illness, substance use	↔	Physical health, fitness
Social circumstances	Loneliness, bereavement	↔	Social support of family & friends
	Neglect, family conflict	↔	Good parenting / family interaction
	Exposure to violence/abuse	↔	Physical security and safety
	Low income and poverty	↔	Economic security
	Difficulties or failure at school	↔	Scholastic achievement
	Work stress, unemployment	↔	Satisfaction and success at work
Environmental factors	Poor access to basic services	↔	Equality of access to basic services
	Injustice and discrimination	↔	Social justice, tolerance, integration
	Social and gender inequalities	↔	Social and gender equality
	Exposure to war or disaster	↔	Physical security and safety

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Specific Mental Health Needs Most Commonly Seen in School-Aged Children

For more information:

- See our school's Diversity and Inclusion Handbook
- See Annex C Main Types of Mental Health Needs of the 'Mental Health and Behaviour in School DfE March 2016'

III

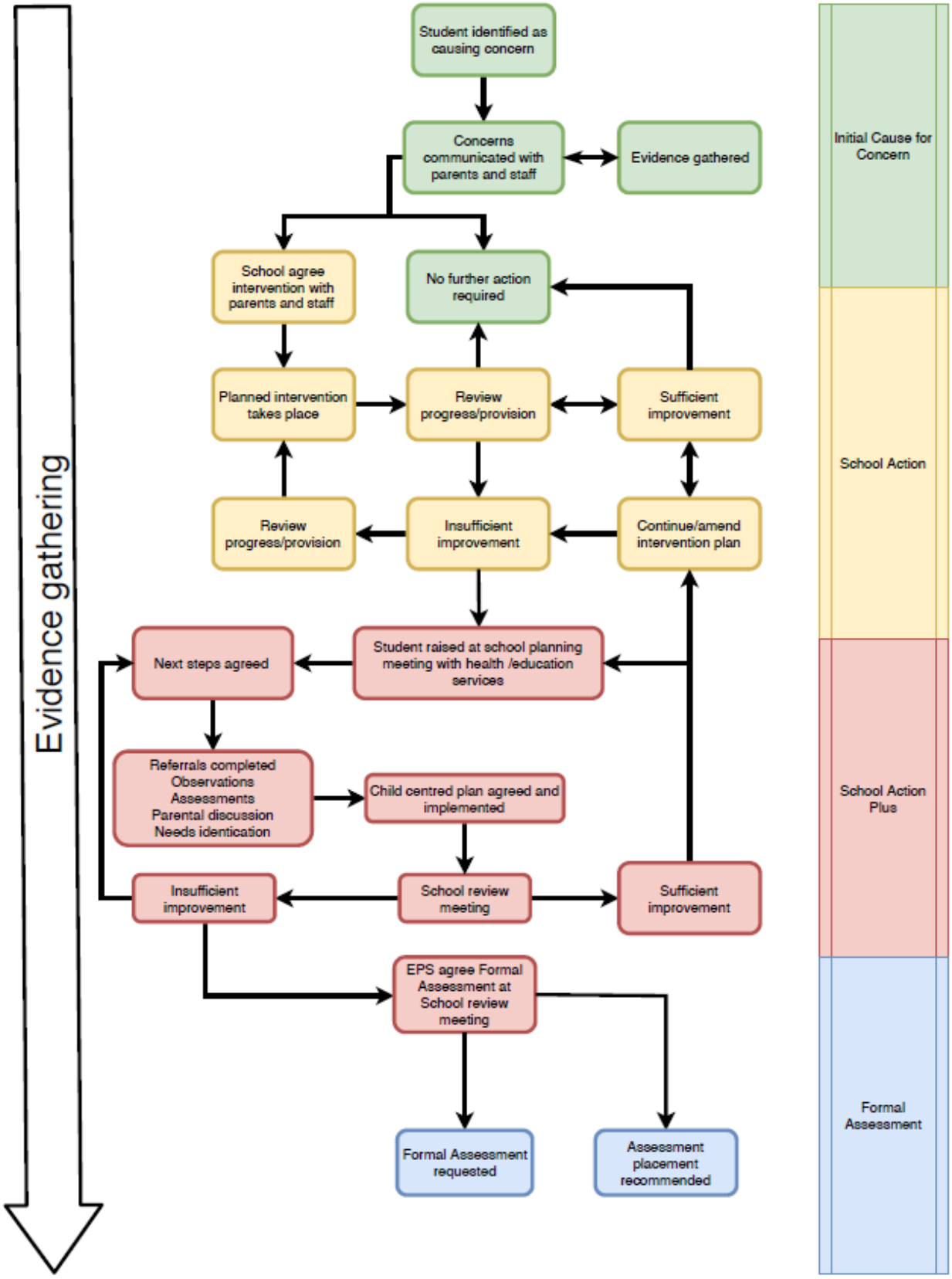
Where to Get Information and Support

For support on specific mental health needs:

- See our school's You in Mind website section on 'Support Online'

For general information and support
www.youngminds.org.uk champions young people's mental health and wellbeing
www.mind.org.uk advice and support on mental health problems
www.minded.org.uk (e-learning)
www.time-to-change.org.uk tackles the stigma of mental health
www.rethink.org challenges attitudes towards mental health

SEN Flowchart



Evidence Gathering

	Direct support	Indirect support

Initial Cause for Concern	• Appropriate differentiation
	• Appropriate groupings
	• Class organisation
	• Curriculum review
	• Environment/seating
		• School communicates with
		  o Parents
		  o Staff
		  o SENCO
		• ABC chart to identify need

School Action	• **In addition to above**
	• Additional or different teaching materials
	• Strategies from child centred plans implemented (IEP/ILP/IBP etc)
	• Planned intervention
	  o In class
	  o Out of class
	  o Unstructured time
	  o Group
	  o individual
	• Targeted support
	  o Key adult used to support
	• Further differentiated learning
		• **In addition to above**
		• Meeting with Parents/carers to discuss School Action
		• Child centred plans written agreed and shared (IEP/ILP/IBP etc)
		• Regular reviews held (at least twice a year)
		• Raised at Multi Agency Planning (MAP) meeting
		• SENCO observations
		• Further assessments as appropriate
		• Monitoring of progress, academic and/or SEMH
		• Key adult identified#
		• Good practice guidelines NI to be followed

School Action Plus	• **In addition to above**
	• Planned interventions
	• Direct/indirect work from external agencies. For example
	  o EPS
	  o YJ
	  o CASS
	  o SAS
	  o SALT
	  o Inclusion Service
	  o CAMHS
	  o Sensory support service
	  o OT
	• Implementation of advice
	• Engagement in programmes e.g.
	  o Bounce
	  o Decider skills
	  o Prince's Trust
	  o Alternative Provision (AP)
	• Home support for example
	  o Routines
	  o Boundaries
	  o Clubs
	  o Sleep
		• **In addition to above**
		• Consent gained
		• Review meeting with Parents/carers
		• Referral to appropriate support agencies. For example:
		  o EPS-(Education Psychology service)
		  o Les Voies Inclusion Service
		  o SALT-(Speech and Language Therapy)
		  o CASS-(Communication and Autism Support Service)
		  o CAMHS-(Child and Adult Mental Health Service)
		  o IY-(Incredible Years)
		  o PPP-(Positive Parenting Programme)
		  o YC-(Youth Commission)
		  o Resource Allocation Panel (RAP)
		• Further assessments as appropriate
		• Advice/guidance from of external agencies
		• Engagement of services
		• Review meetings
		  o TAC
		  o MAP
		  o PSP
		  o Professionals meeting
		• Appropriate training identified and delivered
		• Coaching/mentoring, advice and guidance received from appropriate agency
		• Whole school strategic support
		• Identified next steps

Formal Assessment		

IV

A summary of the rights under the Convention on the Rights of the Child

Article 1 (Definition of the child): The Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood younger. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18.

Article 2 (Non-discrimination): The Convention applies to all children, whatever their race, religion or abilities; whatever they think or say, whatever type of family they come from. It doesn't matter where children live, what language they speak, what their parents do, whether they are boys or girls, what their culture is, whether they have a disability or whether they are rich or poor. No child should be treated unfairly on any basis.

Article 3 (Best interests of the child): The best interests of children must be the primary concern in making decisions that may affect them. All adults should do what is best for children. When adults make decisions, they should think about how their decisions will affect children. This particularly applies to budget, policy and law makers.

Article 4 (Protection of rights): Governments have a responsibility to take all available measures to make sure children's rights are respected, protected and fulfilled. When countries ratify the Convention,they agree to review their laws relating to children. This involves assessing their social services, legal, health and educational systems, as well as levels of funding for these services. Governments are then obliged to take all necessary steps to ensure that the minimum standards set by the Convention in these areas are being met. They must help families protect children's rights and create an environment where they can grow and reach their potential. In some instances, this may involve changing existing laws or creating new ones. Such legislative changes are not imposed, but come about through the same process by which any law is created or reformed within a country. Article 41 of the Convention points out that when a country already has higher legal standards than those seen in the Convention, the higher standards always prevail.

Article 5 (Parental guidance): Governments should respect the rights and responsibilities of families to direct and guide their children so that, as they grow, they learn to use their rights properly. Helping children to understand their rights does not mean pushing them to make choices with consequences that they are too young to handle. Article 5 encourages parents to deal with rights issues "in a manner consistent with the evolving capacities of the child". The Convention does not take responsibility for children away from their parents and give more authority to governments. It does place on governments the responsibility to protect and assist families in fulfilling their essential role as nurturers of children.

Article 6 (Survival and development): Children have the right to live. Governments should ensure that children survive and develop healthily.

Article 7 (Registration, name, nationality, care): All children have the right to a legally registered name, officially recognised by the government. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents.

Article 8 (Preservation of identity): Children have the right to an identity – an official record of who they are. Governments should respect children's right to a name, a nationality and family ties.

Article 9 (Separation from parents): Children have the right to live with their parent(s), unless it is bad for them. Children whose parents do not live together have the right to stay in contact with both parents, unless this might hurt the child.

Article 10 (Family reunification): Families whose members 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 (Kidnapping): Governments should take steps to stop children being taken out of their own country illegally. This article is particularly concerned with parental abductions. The Convention's Optional Protocol on the sale of children, child prostitution and child pornography has a provision that concerns abduction for financial gain.

Article 12 (Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.This does not mean that children can now tell their parents what to do. This Convention encourages adults to listen to the opinions of children and involve them in decision-making -- not give children authority over adults. Article 12 does not interfere with parents' right and responsibility to express their views on matters affecting their children. Moreover, the Convention recognizes that the level of a child's participation in decisions must be appropriate to the child's level of maturity. Children's ability to form and express their opinions develops with age and most adults will naturally give the views of teenagers greater weight than those of a preschooler, whether in family, legal or administrative decisions.

Article 12 (Respect for the views of the child): When adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account.

Article 13 (Freedom of expression): Children have the right to get and share information, as long as the information is not damaging to them or others. In exercising the right to freedom of expression, children have the responsibility to also respect the rights, freedoms and reputations of others. The freedom of expression includes the right to share information in any way they choose, including by talking, drawing or writing.

Article 14 (Freedom of thought, conscience and religion): Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should help guide their children in these matters. The Convention respects the rights and duties of parents in providing religious and moral guidance to their children. Religious groups around the world have expressed support for the Convention, which indicates that it in no way prevents parents from bringing their children up within a religious tradition. At the same time, the Convention recognizes that as children mature and are able to form their own views, some may question certain religious practices or cultural traditions. The Convention supports children's right to examine their beliefs, but it also states that their right to express their beliefs implies respect for the rights and freedoms of others.

Article 15 (Freedom of association): Children have the right to meet together and to join groups and organisations, as long as it does not stop other people from enjoying their rights. In exercising their rights, children have the responsibility to respect the rights, freedoms and reputations of others.

Article 16 (Right to privacy): Children have a right to privacy. The law should protect them from attacks against their way of life, their good name, their families and their homes.

Article 17 (Access to information; mass media): Children have the right to get information that is important to their health and well-being. Governments should encourage mass media – radio, television, newspapers and Internet content sources – to provide information that children can understand and to not promote materials that could harm children. Mass media should particularly be encouraged to supply information in languages that minority and indigenous children can understand. Children should also have access to children's books.

Article 18 (Parental responsibilities; state assistance): Both parents share responsibility for bringing up their children, and should always consider what is best for each child. Governments must respect the responsibility of parents for providing appropriate guidance to their children – the Convention does not take responsibility for children away from their parents and give more authority to governments. It places a responsibility on governments to provide support services to parents, especially if both parents work outside the home.

Article 19 (Protection from all forms of violence): Children have the right to be protected from being hurt and mistreated, physically or mentally. 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. In terms of discipline, the Convention does not specify what forms of punishment parents should use. However any form of discipline involving violence is unacceptable. There are ways to discipline children that are effective in helping children learn about family and social expectations for their behaviour – ones that are non-violent, are appropriate to the child's level of development and take the best interests of the child into consideration. In most countries, laws already define what sorts of punishments are considered excessive or abusive. It is up to each government to review these laws in light of the Convention.

Article 20 (Children deprived of family environment): Children who cannot be looked after by their own family have a right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language.

Article 21 (Adoption): Children have the right to care and protection if they are adopted or in foster care. The first concern must be what is best for them. The same rules should apply whether they are adopted in the country where they were born, or if they are taken to live in another country.

Article 22 (Refugee children): Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the rights in this Convention.

Article 23 (Children with disabilities): Children who have any kind of disability have the right to special care and support, as well as all the rights in the Convention, so that they can live full and independent lives.

Article 24 (Health and health services): Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy. Rich countries should help poorer countries achieve this.

Article 25 (Review of treatment in care): Children who are looked after by their local authorities, rather than their parents, have the right to have these living arrangements looked at regularly to see if they are

the most appropriate. Their care and treatment should always be based on “the best interests of the child”. (see Guiding Principles, Article 3)

Article 26 (Social security): Children – either through their guardians or directly – have the right to help from the government if they are poor or in need.

Article 27 (Adequate standard of living): Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing.

Article 28: (Right to education): All children have the right to a primary education, which should be free. Wealthy countries should help poorer countries achieve this right. Discipline in schools should respect children’s dignity. For children to benefit from education, schools must be run in an orderly way – without the use of violence. Any form of school discipline should take into account the child's human dignity. Therefore, governments must ensure that school administrators review their discipline policies and eliminate any discipline practices involving physical or mental violence, abuse or neglect. The Convention places a high value on education. Young people should be encouraged to reach the highest level of education of which they are capable.

Article 29 (Goals of education): Children’s education should develop each child’s personality, talents and abilities to the fullest. It should encourage children to respect others, human rights and their own and other cultures. It should also help them learn to live peacefully, protect the environment and respect other people. Children have a particular responsibility to respect the rights of their parents, and education should aim to develop respect for the values and culture of their parents. The Convention does not address such issues as school uniforms, dress codes, the singing of the national anthem or prayer in schools. It is up to governments and school officials in each country to determine whether, in the context of their society and existing laws, such matters infringe upon other rights protected by the Convention.

Article 30 (Children of minorities/indigenous groups): Minority or indigenous children have the right to learn about and practice their own culture, language and religion. The right to practice one’s own culture, language and religion applies to everyone; the Convention here highlights this right in instances where the practices are not shared by the majority of people in the country.

Article 31 (Leisure, play and culture): Children have the right to relax and play, and to join in a wide range of cultural, artistic and other recreational activities.

Article 32 (Child labour): The government should protect children from work that is dangerous or might harm their health or their education. While the Convention protects children from harmful and exploitative work, there is nothing in it that prohibits parents from expecting their children to help out at home in ways that are safe and appropriate to their age. If children help out in a family farm or business, the tasks they do are safe and suited to their level of development and comply with national labour laws. Children's work should not jeopardize any of their other rights, including the right to education, or the right to relaxation and play.

Article 33 (Drug abuse): Governments should use all means possible to protect children from the use of harmful drugs and from being used in the drug trade.

Article 34 (Sexual exploitation): Governments should protect children from all forms of sexual exploitation and abuse. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.

Article 35 (Abduction, sale and trafficking): The government should take all measures possible to make sure that children are not abducted, sold or trafficked. This provision in the Convention is augmented by the Optional Protocol on the sale of children, child prostitution and child pornography.

Article 36 (Other forms of exploitation): Children should be protected from any activity that takes advantage of them or could harm their welfare and development.

Article 37 (Detention and punishment): No one is allowed to punish children in a cruel or harmful way. Children who break the law should not be treated cruelly. They should not be put in prison with adults, should be able to keep in contact with their families, and should not be sentenced to death or life imprisonment without possibility of release.

Article 38 (War and armed conflicts): Governments must do everything they can to protect and care for children affected by war. Children under 15 should not be forced or recruited to take part in a war or join the armed forces. The Convention's Optional Protocol on the involvement of children in armed conflict further develops this right, raising the age for direct participation in armed conflict to 18 and establishing a ban on compulsory recruitment for children under 18.

Article 39 (Rehabilitation of child victims): Children who have been neglected, abused or exploited should receive special help to physically and psychologically recover and reintegrate into society.Particular attention should be paid to restoring the health, self-respect and dignity of the child.

Article 40 (Juvenile justice): Children who are accused of breaking the law have the right to legal help and fair treatment in a justice system that respects their rights. Governments are required to set a minimum age below which children cannot be held criminally responsible and to provide minimum guarantees for the fairness and quick resolution of judicial or alternative proceedings.

Article 41 (Respect for superior national standards): If the laws of a country provide better protection of children's rights than the articles in this Convention, those laws should apply.

Article 42 (Knowledge of rights): Governments should make the Convention known to adults and children. Adults should help children learn about their rights, too. (See also article 4.)

Articles 43-54 (implementation measures): These articles discuss how governments and international organizations like UNICEF should work to ensure children are protected in their rights.