

Street and working children: a call for rights-based approach to their health and well-being

Rajeev Seth ¹, Pia MacRae ², Jeffrey Goldhagen ^{3,4},
Shanti Raman ^{5,6}

VIEWPOINT

Street and working children (SWC) globally are among the most vulnerable to violence, exploitation and exposure to hazardous and toxic environments. As such, they experience profound violations of their human rights. This is a global crisis with the burden being disproportionately borne by the low-income and middle-income countries. By prioritising the rights, health, development and well-being of these children, a future can be created where they have opportunities to thrive.

The United Nations (UN) Committee on the Rights of the Child, in its General Comment (GC) 21,¹ provides authoritative guidance to states on developing comprehensive, long-term national strategies for children in street situations using a holistic, child rights-based approach. The GC defines the term ‘children in street situations’ as comprising children who depend on the streets to live and/or work, whether alone, with peers or with family; as well as a wider population of children who have formed strong connections with public spaces and for whom the street plays a vital role in their everyday lives and identities. The International Labour Organization convention 182 and the Sustainable Development Goals’ target 8.7 call on countries to ‘take immediate and effective measures’ to eradicate forced labour and secure the prohibition and elimination of the worst forms of child labour.²

¹Department of Pediatrics, Bal Umang Drishya Sanstha (BUDS), New Delhi, India

²Consortium for Street Children, London, UK

³Division of Community and Societal Pediatrics, University of Florida, Jacksonville, Florida, USA

⁴Department of Pediatrics, University of Florida College of Medicine—Jacksonville, Ponte Vedra Beach, Florida, USA

⁵Department of Community Paediatrics, South Western Sydney Local Health District, Liverpool, New South Wales, Australia

⁶Women’s & Children’s Health, University of New South Wales, Sydney, New South Wales, Australia

Correspondence to Dr Rajeev Seth; sethrajeev@gmail.com

Despite these international conventions stating what is expected of nation states in terms of promoting the rights of SWC, they remain largely invisible; their health and well-being have had poor visibility in healthcare and research. Conservative estimates put the number of children living in street situations worldwide at over 100 million, including in high-income countries.³ A fluid, mobile population, often without birth certificates or legal identities, SWC cannot be accurately counted in official statistics, thus this number is very likely an underestimate.

The latest global estimates show the progress against child labour has stalled, with at least 160 million children engaged in labour; and this is before the effects of the pandemic were felt on children’s lives.² In low-income and middle-income countries, SWC can be seen inside railway stations and markets, along road sides, selling flowers, shining shoes, carrying tea, picking rags, and vending trinkets and plastic toys. And often they are hidden from view—confined to factories, informal sector businesses, back-room bars or inside tarpaulin-covered huts. In high-income countries, they can be found toiling long hours in agriculture, cleaning meat packing plants, repairing roofs, working on conveyor belts, trafficked and exploited in the fast-food industry.

The root causes of both children in street situations and working children may differ within and between countries and regions. Poverty, demographic change, migration, armed conflict, climate change and natural disasters are key drivers that force children onto the street and into hazardous labour. These drivers both contribute to and are amplified by trafficking, exploitation, and physical, sexual and/or psychological abuse and neglect in homes or childcare institutions. Health crises in families are an all too frequent catalyst for a child to engage in child labour and/or become dependent on the street for their survival. Moreover, we are currently witnessing wars and genocides, which have had a

profound and devastating impact on children’s rights worldwide, contributing significantly to the increase in the number of SWC. This issue transcends borders and affects low-income, middle-income and high-income countries alike.

SWC experience multiple adverse childhood experiences, harsh living and working conditions, and thus bear the burden of a range of short, medium and long-term health consequences.³ Access to appropriate and quality healthcare is challenging for both groups of children and young people. SWC seek appropriate healthcare services in diverse settings, but most importantly in public healthcare institutions. There is a significant role that supportive adults—non-governmental organisation workers or family members—can play in facilitating these young peoples’ access to healthcare.⁴

CHILD RIGHTS-BASED RESPONSES

Translating the principles, standards and norms of child rights, health equity and social justice into clinical practice, systems development and policies required to optimise the health and well-being of SWC is the challenge confronting us as child health professionals. Advances in child rights-based approaches to child health and well-being based on the UN Convention on the Rights of the Child,¹ along with companion frameworks including the Sustainable Development Goals, provide the guidance, strategies, tools and indicators necessary to advance the rights of SWC to life, and optimal survival, development and health. A child rights-based approach will require that we listen and respond to their voices in collaboration with them, consider their best interests in all decisions made on their behalf, ensure their lives are lived free of discrimination, and embrace the child rights principles of universality, interdependence and accountability.⁵ All rights adhere to all children all of the time, regardless of their ethnic or migration status. To fulfil one right, that is, the right to optimal survival and development, we must address all rights. And as duty bearers, with special obligations and responsibilities as healthcare professionals, we are accountable to fulfil the rights of children to optimal health and well-being.

CONCLUSIONS

The aim of this special collection is to capture the voices and experiences of SWC, understand their status, needs and strengths, and advance knowledge with



respect to how we can optimise their health and well-being. The collection encourages submission of all types of manuscripts that will advance expertise in these domains. The collection will stimulate and capture innovative research, best practice models and programme evaluation methodologies that enumerate the number and demographics of SWC; identify health and developmental needs; and articulate evidence-informed interventions to guide clinical care, systems development and policy generation. The collection will bring some coherence to our collective evidence and knowledge base—fragmented strategies and policies, focused solely on isolated rights to the exclusion of others, will not be sufficient to accomplish the sustainable change we all seek for these children. The Declaration on the Health and Well-being of SWC by the International Society for Social Pediatrics and Child Health, Indian Child Abuse Neglect and Child Labour group of Indian Academy of Pediatrics and International Society for the Prevention of Child Abuse and Neglect was launched at the International Pediatric Association Congress in Gandhinagar, India in 2023.⁶ Our call was for global agencies and governments, in partnership with child health professional societies, to establish systems of multidisciplinary care tailored to the unique physical, mental, public and social health needs of SWC, in a way that affirms their dignity and rights.

Twitter Rajeev Seth @sethrajeev_Dr and Pia MacRae @streetchildren

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ORCID iDs

Rajeev Seth <http://orcid.org/0000-0001-6870-4280>

Pia MacRae <http://orcid.org/0009-0002-0574-0385>

Jeffrey Goldhagen <http://orcid.org/0000-0001-7661-1551>

Shanti Raman <http://orcid.org/0000-0002-4546-3231>

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