Countering Disadvantage, Promoting Health: The Value of Children's Human Rights Education

R. BRIAN HOWE
KATHERINE COVELL
Cape Breton University

ABSTRACT: The purpose of this article is to show the value of rights-respecting schools in countering the negative effects of social disadvantage and poverty on the education and health of children. The article builds on literature on the social determinants of health, showing a linkage between social position and health, and on education research, showing education to be a protective factor against disadvantage. In reference to a study of children's rights education in Hampshire, England, the authors adds to this literature by showing how schools with comprehensive children's human rights education – schools that model practices consistent with the United Nations Convention on the Rights of the Child – engage children in school and counter the ill effects of social disadvantage. In engaging children and providing them with a positive school climate, rights-respecting schools increase the likelihood that disadvantaged children will do better at school, complete school, and live healthier and more productive lives.

RESUME: Le point de cet article est de montrer la valeur des droits dans les écoles pour l'enseignement et la santé des enfants, en contrepartie d'effets négatifs dus à la pauvreté et aux milieux sociaux défavorisés. L'article préparé à partir de documents traitant des causes déterminantes pour la santé, montre une corrélation entre la situation sociale et la santé. Préparé aussi à partir d'une étude pédagogique, il montre aussi que l'enseignement doit être un bouclier protecteur contre les difficultés sociales. En faisant référence à l'étude sur les droits des enfants en milieu scolaire au Hampshire, en Angleterre, les auteurs complètent l'étude en montrant la façon dont les écoles impliquent les enfants et la façon dont elles contrecarrent les effets nocifs de la maladie dus aux milieux défavorisés. Ceci, sous-entend la compréhension de l'enseignement des droits humains des enfants et des écoles-modèles qui appliquent cette politique d'une façon cohérente en

Journal of Educational Thought
Vol. 45, No. 1, 2011, 59-85.

étant chapeautées par la Convention des Nations-Unies relative aux droits des enfants. En impliquant les enfants et en les plongeant dans un environnement scolaire favorable, les droits à l'école augmentent les chances pour des enfants défavorisés de faire des progrès scolaires, de terminer leur scolarité et de vivre d'une façon plus équilibrée et plus productive.

Introduction

Social disadvantage matters. Children living in poverty and socially disadvantaged homes are less likely to perform well at school, more likely to repeat grades, and more likely to drop out. And with less education, as they become adults, they are more likely to experience health problems and less likely to live long healthy lives. This is a central finding of international research on the social determinants of health. But education also matters. Research shows that education can serve as a protective factor for disadvantaged children, reducing the risk of unfavorable educational and health outcomes. Building on this literature and in reference to a study of children's human rights education in Hampshire, England, the purpose of this article is to provide evidence that rights-respecting schools, as put into effect in Hampshire, can be an effective means of countering social disadvantage.

Rights-respecting schools are ones in which school practices and policies are based on the principles of the United Nations (UN) Convention on the Rights of the Child, approved by the United Nations in 1989. Children in these schools are not only educated about their human rights and responsibilities under the Convention, but they are also given the opportunity to exercise their rights and responsibilities. Their right to be heard, for example, is given effect through democratic styles of teaching and participatory mechanisms such as student councils and representation on committees and boards. Through engaging children in their school community and through promoting a positive school climate, rights-respecting schools have been found to improve educational outcomes for disadvantaged children. In doing so, given the findings of research on the social determinants of health, they increase the prospects among disadvantaged children of better long-term health and well-being.

The article is divided into three parts. The first part will provide a brief summary of the research literature on the social determinants of health, showing the linkage between socioeconomic status and health

outcomes. Particular attention will be given to the effects of income and education. The second part will examine research showing education as a factor for reducing the effects of disadvantage. It will examine the various means through which this can be accomplished including early childhood education, structural factors in schools, and various kinds of programming. Finally, the third part will examine research on children's human rights education in schools. It will give particular attention to the factor of school engagement and to evidence showing the impact of rights-respecting schools in engaging children in school and increasing the likelihood among disadvantaged children of enjoying better long-term educational and health outcomes.

Social Determinants of Health

International research on the social determinants of health has demonstrated a strong and consistent relationship between social position and health outcomes (Davey Smith, 2003; Marmot & Wilkinson, 2006; Raphael, 2004a; Wilkinson & Pickett, 2010). Based on population health studies in countries such as Canada (Hayes & Dunn, 1998; Raphael, 2004b), the United Kingdom (Harrison,1998), Sweden (Agren & Hedin, 2000), the Netherlands (Machenbach & Stronks, 2002) and the United States (Auerbach, Krimgold, & Lefkowitz, 2000), the research points to the primary importance of social position in affecting health. It concludes that the social gradient – or differences between people at the top and bottom of the socioeconomic ladder – is more important in determining health outcomes – measured in terms of indicators such as incidence of disease and life expectancy – than biomedical differences, genetic endowment, and behavioral risk factors such as diet or cholesterol level. Genes and life style certainly matter. But according to the research, social differences matter more. Although the steepness of the social gradient varies by country, in accord with the degree of inequality, population health in all countries is unevenly distributed on the basis of social position or socioeconomic status. That there is more social and health inequality in the United States than in Sweden does not take way from the fact that there are significant unequal health outcomes in both countries.

Much of the focus in the literature has been on the health effects of income and income-related factors such as food security, housing, and working conditions. The research essentially shows that: (a) the less income a person has, the less likely the person will enjoy a long healthy life, and (b) the more unequal the distribution of income in a country, the

more unequal is the distribution of health outcomes (Auger, Raynault, Lessard, & Choiniere, 2004; De Vogli, Mistry, Gnesotto, & Cornia, 2005; Wilkinson, 2006). Numerous studies show that people living in poverty or low-income families are more at risk of unfavorable health outcomes. The studies also indicate that income differences during childhood, adolescence, and adulthood are powerful predictors of who will develop and succumb to disease in general and to specific diseases such as heart disease and stroke, cancers, and infectious diseases. Income differences predict not only adult incidence and death from disease but also more unfavorable health outcomes among children. Research shows children living in poverty to be associated with a higher incidence of infant mortality, low birth-weight, undernourishment, hospital stays, illness and disease, and mental health problems (Bauman, Silver, & Stein, 2006; Brooks-Gunn & Duncan, 1997; Browne, 2004; Conger, Conger, & Elder, 1997; Wadsworth & Butterworth, 2006). Such outcomes are a problem not only because they compromise the well-being of children but also because they are associated with an increased risk of ill health and disease in later life.

Education is another important social determinant of health. There is a large body of research showing a strong connection between differences in education and differences in health outcomes (Low, Low, Baumier, & Huynh, 2005; Mirowsky & Ross, 2003; Ross & Wu, 1995). Simply put, people with more education are more likely to have better health (Cutler & Lieras-Muney, 2008; Deaton & Paxton, 1999; Elo & Preston, 1996; Lantz et al., 2001; Grossman & Kaestner, 1997; Ross & Van Willigen, 1997). Better educated people report better health and they have lower rates of mortality, morbidity, and disability. Low educational attainment, on the other hand, is linked with higher rates of infectious diseases, many non-infectious diseases, shorter survival rates when sick, and shorter life expectancy. Educational differences are highly correlated with differences of income. But they are not entirely the same. When income levels are adjusted, education remains a strong predictor of health. At the same levels of income, people who are poorly educated are more at risk of poor health outcomes than people who are well educated (Low et al, 2005; Ross & Wu, 1995; Mirowsky & Ross, 2003).

Although the linkage between education and health is well established in the research, the pathway through which education affects health is not clear. John Mirowsky and Catherine Ross (2003) suggest three main pathways. One is employment. Better educated

people are more likely to find full-time employment and to work in jobs that are more rewarding financially and personally. And they are more likely to have stable employment and good pay and to have more satisfying jobs that allow for autonomy and creativity, which are associated with better health. A second pathway is the development of stable and supportive interpersonal relationships. Better educated people are more likely to be in committed long-term relationships and to have social support in their communities and families, known to have positive effects on health. Finally, a third pathway is the process of "learned effectiveness". where educated persons learn skills, gain knowledge, and gather resources that equip them psychologically with a sense of being able to control events and shape their lives in positive ways. This includes the fostering of good health and the adoption of healthy lifestyles. It is not clear which pathway is most important. What is clear, however, is the strong linkage between education and health. Although there is a correlation between education and income, there also is evidence that educational attainment helps to promote physical and mental health independently of socioeconomic status (Hartog & Oosterbeek, 1998; Molla, Mandans, & Wagener, 2004; Turrell, Lynch, Leite, Raghunathan, & Kaplan, 2007).

A causal link between education and health is demonstrated well in a number of longitudinal studies in the United States of early education interventions with low-income families. For example, the Abecedarian Project was found to protect against the use of marijuana and to lessen the likelihood of depression (Campbell, Raniey, Pungello, Sparling, & Miller-Johnson, 2002; McLaughlin, Campbell, Pungello, & Skinner, 2007), and the High Scope Perry Preschool program was associated with reduced drug use among participants when they were adults (Schweinhart et al., 2005). Similarly, a 25 year follow-up study of past participants in the Brookline Early Education Project showed them to have overall better health, a greater number of positive health behaviors, and lower rates of depression than those in the comparison group (Palfrey et al., 2005). Moreover, a recent analysis of the large-scale Chicago Longitudinal Study data again provides evidence of an independent association between education attainment and health in low-income samples (Topitzes, Godes, Mersky, Ceglarek, & Reynolds, 2009). In this analysis, it was found that those who had completed high school had a large and significantly reduced probability of the health risk behaviors of daily tobacco smoking and illicit drug use, and of being depressed. Specifically, middle school reading achievement was

negatively related to depression, whereas frustration was associated with smoking and drug use. Expectations to attend college also were negatively associated with illicit drug use.

Education as a Protective Factor

Education is well established as one of the social determinants of health. But it is not only that. It also has been shown in research to be a protective factor for disadvantaged children, reducing the risk of unfavorable educational and health outcomes. It is true that much of the time, education simply reinforces income inequalities and unequal health outcomes. Disadvantaged children become further disadvantaged through less education. However, when schools and educational authorities make a conscious and determined effort to do so, and when they focus on the needs of the whole child, they can buffer the ill effects of social disadvantage and increase the level of educational success among disadvantaged children (Ferguson, Bovaird, & Mueller, 2007; Willms, 2006). To understand how education can make a difference, it is necessary to understand how poverty and disadvantage puts children at risk of educational failure.

There is a large body of literature showing that children do not reach elementary school or even kindergarten with the same learning capacities (De Bellis, 2005; Lee & Burkam, 2002; Low et al., 2005). Children who come to school in circumstances of poverty, poor housing, stressful family relationships, parental maltreatment, maternal substance abuse during pregnancy, low parental education levels, and inadequate health care and nutrition, are more likely to have difficulties in learning, more likely to experience school failure, and more likely to drop out (Conger et al., 1997; Ferguson et al., 2007; Jimerson, Egeland, Sroufe, & Carlson, 2000; Pelton, 1994; Phillips, Voran, Kisker, Howes, & Whitebook, 1994; Smith, Brooks-Gunn, & Klebanov, 1997). Identified in the literature are several pathways through which disadvantage affects the capacity for learning. Family income, for example, affects the material resources available to children. Higher income children benefit from higher levels of cognitively stimulating materials provided in their homes, in comparison to low-income children. A stimulating home environment, in turn, makes a major contribution to the cognitive development of preschool children, school readiness, and later school performance. Another pathway is the quality of child care services. Higher income children are more likely to experience higher quality child care – measured in terms of appropriate caregiving, good

programming, and low child to staff ratios – which is related to a higher level of cognitive development. Low-income children are more likely to receive informal, unstable, and lower quality care. Another pathway is the health status of parents. Parents who are poor are more likely to have worse physical, emotional, and mental health than other parents. Poor parental mental health is linked with less stimulating home environments and more conflict with children, which in turn is associated with poorer educational performance. Finally, another pathway is the stress on families created by poverty. Stress increases the likelihood of parental abuse and neglect, which in turn impedes the child's capacity to achieve his or her potential.

Research in developmental neuroscience shows how the common correlates of social disadvantage compromises healthy brain development in the early years (Covell & Howe, 2009; Low et al., 2005; McCain, Mustard, & Shanker, 2007; Shonkoff & Philips, 2000). As a result of sensory and emotional experience, brain development in the early years is extremely rapid. There is a major growth in both the number of brain cells and neural connections between them. The healthier the development and the connections, the greater will be the capacity of the child to learn. However, this brain development is vulnerable to environmental influences and can be easily disturbed and impaired by the correlates of social disadvantage – neglectful or rejecting parenting, use of physical punishment, and exposure to family violence or toxic substances such as alcohol or tobacco that compromise healthy brain development. Such disturbance has a long lasting effect, undermining school readiness and the child's capacity to learn and do well in school. A child so affected is less likely to perform well at school and more likely to have behavioral problems, engage in anti-social and criminal behavior, become involved in drug use, become pregnant while at school, and eventually drop out of school.

If education is to counter disadvantage and enhance opportunity, serious attention needs to be given to addressing the learning problems described above. According to the research literature, key to success is intervention during the early years when children are most receptive to intervention, when the brain is most malleable. Programs and services of early childhood education and care have been found to work in improving school readiness and later performance in school (Karoly, 2005; Low et al., 2005; McCain et al., 2007; Shonkoff & Philips, 2000). Of particular significance, preschool enrichment programs have been found to be effective, where professionals work with at-risk children (and

sometimes also their mothers or parents) to improve the children's cognitive and social skills such that they are more confident and better prepared for school. Evaluations from longitudinal studies – such as of the Perry Preschool Program, the Abecedarian project, the Child-Parent Center program, and Early Head Start in the United States – have shown them to be effective or promising in developing children's cognitive and social skills, improving school readiness, increasing educational achievement, and increasing levels of high school graduation. A comprehensive seven-year assessment of Early Head Start, for example, showed the program to have a positive, albeit modest, impact on early learning (Love et al., 2002).

Programs of quality child care (or early childhood education) also have been shown to be effective. Although not necessarily designed as enrichment programs for children at risk, when child care services are of high quality and when they include disadvantaged children, they can have the effect of countering disadvantage and improving the educational prospects of at-risk children. Quality care means an arrangement where there is a low child-caregiver ratio, skilled and trained caregivers, age-appropriate stimulation and programming, and good health and safety standards. Such care is known to have a positive impact on children's intellectual and verbal development, particularly on children who would otherwise experience adverse or impoverished social environments (Covell & Howe, 2001b; McCain et al., 2007). Although research has not shown ordinary child care – for example, informal and unregulated care in homes – to have an impact in improving educational performance, it has shown well-designed and quality child care to have a positive effect in producing long-term improvements in school success, including higher levels of educational achievement and educational attainment (Barnett, 2008; McCain et al., 2007).

David Low and his associates (2005) make the persuasive argument that if education is to be a significant protective factor for children at risk, education systems needs to be reformed to incorporate enrichment and quality child care programs. As they point out, it is important to recognize that since learning starts at or before birth, and that since the brain's capacity for future learning depends on the quality of learning during the first few years of life, the education system should start not at kindergarten but when the child is born. So in the interests of enhancing educational opportunity and countering disadvantage, early childhood programs should be strengthened and brought into the formal system of education. This means that just as K-12 public education is

now available to all children and families, programs of early childhood education and enrichment should be universally available to all of those who desire to take part. Sweden, they point out, is a model. In Sweden, early childhood education and care has been integrated into the regular education system under the authority of the Ministry of Education. It has been given high priority as reflected in comprehensive coverage and high per capita public spending. A result is a high level of school achievement and a high rate of school completion among disadvantaged children.

For Low and colleagues, the key to addressing the problem of social disadvantage is to commit resources to early childhood education and to integrate early childhood education into the formal education system. However, although Low's recommendation is a very important part of the answer, there are other important ways that education can counter disadvantage. That early childhood programs are effective in reducing the risk factors does not mean that they eliminate the effects of disadvantage. Risk may be lessened but it does not disappear. The better start that disadvantaged children receive through preschool programs needs to be reinforced in school if there is not to be slippage. Without reinforcement and school support, and with the continuing influence of factors outside the school such as poverty and family instability, the children affected may still experience educational difficulties, lose motivation, have behavioral problems, and drop out of school. It is also worth noting – as Low does – that evaluations of enrichment programs such as Early Head Start showed modest success but not overwhelming success in reducing risk factors. It therefore stands to reason that the progress made in preschool needs to be given support in elementary and high school. It also stands to reason that even for at-risk children who have not participated in early childhood programs, schools may serve as protective factors to counter social disadvantage. That early intervention is very important does not mean that schools cannot make a difference.

Research on school dropout and high school completion points to a number of means through which schools can serve as protective factors. As school dropouts disproportionately come from socially disadvantaged and low-income families, what schools can do to reduce dropout and improve educational achievement can be taken as means through which schools can act as protective factors. One means is through the structuring of schools and classes. Research has shown school size and class size in the early grades to have important effects on rates of achievement and dropout (Finn & Pannozzo, 2004; Finn, Gerber, &

Boyd-Zaharias, 2005; Finn & Rock, 1997; Howley & Bickel, 2000). Studies have shown that small schools (or the creation of small schools within large schools) are a significant factor in lowering dropout rates and closing the academic achievement gap between disadvantaged and advantaged students (Howley & Bickel, 2000). A similar effect has been shown with class size. In a study by Jeremy Finn and his colleagues (2005), small classes in K-3 were found to be related to higher levels of later academic achievement and lower rates of high school dropout. The study further found that the impact was most pronounced among at-risk and low-income children. The implication of the research is that disadvantage can be countered through organizing schools and classrooms into smaller sizes such that educators are more able to given attention to children with difficulties.

A second means is through increasing the involvement of parents in their children's education. Although analysis shows that the importance of parental involvement may be somewhat overstated, research also finds that parental involvement does have a positive impact on rates of school completion and school success (Fan & Chen, 2001; Mo & Singh, 2008; Van Voorhis, 2003). When parents have educational expectations for their children (and these expectations are known by the children), show interest in their children's educational progress, and become involved with their children's school, their children are more likely to do better at school. The implication of this research is that schools can make a difference for disadvantaged children through programs of outreach to parents such that parents will become more involved with their children's education. Consistent with the research, it is important that in liaising with parents, school authorities communicate the message of the importance of parental expectations and parenting styles supportive of educational success.

A third means is through special learning programs for high risk children in the early grades. Although good preschool programs are of primary importance, special programs during kindergarten and early elementary school are also helpful. The Fast Track prevention program with sites across the United States, the United Kingdom, Australia, and Canada is an example. Developed by the Conduct Problems Prevention Research Group (1999), it was designed to reduce conduct problems and promote academic, social, and behavioral development among at-risk children in the first six years of elementary school. The approach used was to combine child social and cognitive skills training with parent education. Evaluations have shown a modest but positive impact in

improving academic skills and decreasing behavioral problems (Conduct Problems Prevention Research Group, 1999, 2002). Another example of success is the Montreal bimodal prevention program. Aimed at kindergarten children from disadvantaged families, it also was designed to promote academic development and combat behavior problems. Following the children up to mid-adolescence, research by Richard Tremblay and his associates (1995) showed the program to have a significant impact in lessening behavior problems and improving educational performance. The lesson from both programs is that although early intervention in the preschool period is of critical, special learning programs in the early grades can also make a difference.

A fourth means through which schools can be a protective factor is in providing students at risk – and all students – with social and health programs and services. These may be in the form of particular programs such as school nutrition and meal programs, programs to prevent substance abuse and suicide, sexual health education programs to prevent teen pregnancy, and programs to promote mental health. Evaluations have shown these programs to be effective in varying degrees, particularly mental health programs of long duration and high intensity and involving the whole school (Stewart-Brown, 2006). Another means through which student needs may be addressed is in the form of "full service schools" where comprehensive health and social services are provided on the basis of on-site clinics and programs, and "full service extended schools" where schools work closely with social and health agencies outside the school to provide a broad range of services to children and families (Dryfoos, 1995; Muijs, 2007). Although there has been little long-term evaluation, the research that has been done has found modest benefits for at-risk students in terms of educational performance and rates of school completion (Covell & Howe, 2001b; Cummings & Dyson, 2007; James, St. Leger, & Ward, 2001).

So there is ample evidence that schools can make a difference in tackling disadvantage. But an important problem remains. If children are not engaged in schools, even when there are small classes, greater parental involvement, special learning programs, and comprehensive health and social services, they still are at risk of school failure. When children are disengaged, they are more likely to lose interest, underachieve, misbehave, and fail to complete school (Appleton, Christenson, Kim, & Reschly, 2006; de Bruyn, 2005; Klem & Connell, 2004). Student engagement refers to students' sense of connection to their school, to their perceptions and feelings about their school,

teachers, and peers, and to their level of active involvement in school activities and learning (Furlong, Whipple, St. Jean, et al, 2003; Jimerson, Campos & Greif, 2003). When students are positively engaged, they have positive feelings about their school, feel a sense of belonging, identify with their school, value education, are optimistic about the future, and are motivated to learn. Engagement is crucial to school success and yet it is a serious problem. Research shows that students become increasingly disengaged from school as they progress from elementary to junior high to high school and that this is a major source of dropout (Klem & Connell, 2004). Although disengagement occurs across the socioeconomic spectrum, it is most pronounced among disadvantaged children, ultimately reflecting the ill effects of factors such as poverty, family instability, parental maltreatment, and lower levels of education among low-income parents and their lower regard for education. So in the interests of increasing levels of educational achievement and rates of school completion and thus of enhancing population health, it is important that students from disadvantaged backgrounds become more engaged in their education.

The Value of Children's Human Rights Education

Since the adoption by the United Nations of the UN Convention on the Rights of the Child in 1989, there have been numerous initiatives in schools to educate children about their human rights. Such education has numerous benefits. To begin with, when children learn about their human rights, countries are fulfilling their obligation – upon ratifying the Convention – to educate children about their rights (Howe & Covell, 2005; Johnny, 2005; Lundy, 2007; Krappmann, 2006, Osler & Starkey, 2006, 1998). Under article 29 of the Convention – a legally binding human rights treaty – countries are obligated to direct children's education to the "development of respect for human rights." And under article 42, countries are "to make the principles and provisions of the Convention widely known, by appropriate and active means, to adults and children alike." Schools are the obvious means to do this. Second, from a social and educational point of view, there are the benefits of advancing values associated with human rights and democratic citizenship and of promoting a sense of social responsibility in the school (Covell, Howe, & MacNeil, 2008; Covell & Howe, 2001a, 1999; Decoene & De Cock, 1996; Howe & Covell, 2005; Murray, 2002). For in the process of learning about their rights, children internalize the value of respecting the rights of others and learn about their social responsibility

to respect and uphold the rights of others. But there is another benefit. When children's rights education is put into full effect, it makes a significant contribution to engaging children in school. The evidence will be presented shortly.

Identified in research as major ingredients of student engagement are a positive school climate, teacher support, and student participation. Students are more likely to be engaged in school when there is a welcoming, supportive, and nurturing school climate (Carter, McGee, Taylor, & Williams, 2007; McNeely, Nonnemaker, & Blum, 2002; Stewart, 2003). In such a climate, they feel a more welcome part of their school and are more able to identify with their school. Furthermore, as part of a positive school climate, when there are supportive teachers and when students perceive strong teacher support, they are more likely to be engaged in school (Klem & Connell, 2004; Sanders & Jordan, 2000; Skinner & Belmont, 1993). Crucial to engagement are respectful and supportive relationships in the school and central among these are relationships between teachers and students. Finally, students are more likely to be engaged when they are active participants in their learning and school activities (Finn & Rock, 1997; Jennings, 2003). When school authorities promote participatory learning and active involvement in school life, together with providing for a positive school climate and respectful relationships, they are promoting engagement.

Children's rights education has been found to promote engagement through advancing the conditions listed above (Covell, 2010; Covell, McNeil & Howe, 2009; Howe & Covell, 2009). But it is helpful first to describe what it entails. Implemented in individual classrooms and schools in Canada, the United States, New Zealand, the Republic of Ireland, the United Kingdom, and most notably, in schools across Hampshire County in England, children's rights education has the aim not only of educating children about their rights and responsibilities but of providing a values framework for mutual respect and active citizenship (Howe & Covell, 2005). Such an objective has been most clearly expressed in Hampshire, England, one of the largest educational districts in the country, where education authorities initiated a comprehensive program of children's rights education in 2004 called RRR or *Rights, Respect, and Responsibility*. According to the Hampshire Education Authority (2003), the goal of RRR was to provide children's rights education not simply in a particular classroom but across the school, and not only in a particular part of the curriculum but across the school curricula and in school practices and policies. It was to be a whole-

school approach. Children's rights was to be incorporated into the school ethos by integrating it not only into teaching materials, but also into classroom and school codes of behavioral conduct, classroom charters, mission statements, school displays, and student council activities. The goal was to make the practice of children's rights a defining characteristic of schools. The program was to begin with infant and primary schools and then extend to secondary schools. In 2004, five schools were involved in training for RRR. By 2006, 360 schools were involved, mainly at the primary level, and by 2010, 410 schools were participating in the initiative in varying degrees, including 20 schools at the secondary level.

A three-year evaluation of RRR was conducted for the school years 2005-2006, 2006-2007, and 2007-2008 (Covell, 2010; Covell & Howe, 2008). It was of 18 schools at the primary level representing the variety of geographic and socioeconomic contexts in Hampshire, and involving surveys and interviews with both teachers and students. The findings were indicative of increased student engagement. First, students in schools where RRR was more fully implemented reported more enjoyment of school, a higher level of interest in school, and a more fair and caring school environment. Students were more involved in school activities, demonstrated a better academic orientation, and were reported by teachers to be more engaged in school. Second, there were reports of fewer behavioral problems. Teachers reported fewer incidents of bullying, more cooperative relations among students and between students and teachers, more respect among students for student and school property, and a higher overall level of socially responsible behavior among students. One reflection of this was fewer suspensions and expulsions. Third, the rates of absenteeism were lower in schools where RRR was fully implemented. Because these were elementary schools, rates of dropout were not affected (dropout does not generally occur until high school). But a lower absentee rate among students, together with a higher level of interest and involvement in school and a lower incidence of behavioral problems, are indicative of more engagement.

In fact, significantly higher levels of student engagement in school have been reported by teachers in RRR schools (Covell, McNeil & Howe, 2009), and also by the students themselves (Covell, 2010). This concordance of findings from teacher report of students and students' self-report is particularly compelling. Teachers in fully implemented RRR schools, compared with their peers in partially implemented RRR

schools, reported their students to be more engaged in school and perceive that engagement to continue to increase over time (Covell et al, 2009). The longer the RRR was embedded in the school, teachers reported, the better the students got along with each other and the teachers, the greater the students participated in classroom learning and school activities, and the more rights-respecting their behaviors. And in a recent study by Covell (2010) of 1289 Hampshire students ages 9 to 11, students in fully implemented RRR schools reported comparable outcomes. In comparison to their peers in socio-demographically equivalent schools where RRR was not fully implemented, these students reported that they perceived a more rights-respecting school climate, greater interpersonal harmony among themselves and between teachers and students, and greater levels of participation in all aspects of their school. These three dimensions – school climate, interpersonal harmony, and participation – are strongly associated with school engagement and highly predictive of academic and social success (Furlong et al., 2003). It is particularly noteworthy that the findings of increased engagement were most pronounced at the most disadvantaged of the RRR schools. Here the students not only showed significantly higher levels of engagement than those in other schools, but also indicated increased optimism about their futures, higher self-concepts, and unexpectedly high scores in national achievement tests (Covell & Howe, 2008; Covell, Howe, & Polegato, 2011) .

In line with the research literature on improving engagement, children's rights education helps to promote engagement because it helps to promote a more positive school climate, more teacher support, and a higher level of student participation. It stands to reason, first of all, that a more positive school climate would be an outcome of children's rights education, as reported by both teachers and students in the fully implemented RRR schools. A primary objective of children's rights education is to increase understanding and appreciation not only of one's own rights but also of the importance of valuing and respecting the rights of others (Howe & Covell, 2005). And as children learn about their own rights, and the importance of respecting the rights of others, they learn also about the need to take responsibility in upholding the rights of others and supporting the values of a rights-respecting school. These values and an ethic of mutual respect become internalized and injected into the school climate, providing a values framework for social cooperation and conflict resolution. In many of the RRR schools, at the beginning of the school year, students sign onto a classroom charter

providing a list of rights and responsibilities to guide behavior. On that list, a child may have a right to education or a right to play. But also on the list, a child has a responsibility not to interfere with another child's right to education or to play. Should a dispute occur, a frame of reference is provided for – agreed to by students – to help resolve the dispute. Disruptive or inappropriate behavior can be framed as an infringement of rights or a lack of social responsibility, and, in consequence, compliance easier to obtain. Children's rights education helps to build a more positive school climate by giving students and the school a values framework emphasizing mutual respect. In such a climate, school is a more welcoming place and one with which a student can become more easily engaged.

Children's rights education also helps to build teacher support and the perception of teacher support among students. In schools where RRR was more fully implemented, students reported more supportive and cooperative relationships with their teachers as well as their peers (Covell & Howe, 2008). The evidence suggests that this is related to a higher level of teacher satisfaction and a lower level of burnout among teachers as the result of teaching children's rights (Covell et al., 2009). When teachers have to contend regularly with student disengagement and behavioral problems in the classroom, they are more likely to suffer from problems of emotional exhaustion, detachment, and burnout. But through RRR, when behavioral problems decrease and students become more interested and involved in their learning, burnout levels diminish and teachers feel a higher level of satisfaction with their teaching and more engaged with their students. In such a situation, teachers have improved relationships with their students, and students perceive more positive relationships. In the words of one teacher in a fully implemented RRR school, "teaching RRR has reminded me why I went into teaching – to make a difference" (Covell & Howe, 2008, p. 15). With teachers who are more engaged in teaching and supportive of students in their learning, students perceive more teacher support, which leads to better student engagement.

Finally, children's rights education provides for a higher level of student participation, which is related to engagement. In the more fully implemented RRR schools, both teachers and students reported more student involvement in school-related activities (Covell & Howe, 2008; Covell et al., 2008). That this should occur is in line with practices expected from the principle of child participation emphasized in the Convention (Flekkoy & Kaufman, 1997; Howe & Covell, 2005; Lundy,

2007). Under article 12 of the Convention, children have the right to express views freely in all matters – including educational matters – affecting the child and the views of children are to be given due weight in accordance with their age and maturity. In providing for this right, educational authorities have the obligation to provide opportunities for participation and to facilitate the child's right to be heard. Emphasized in children's rights education is not only teaching children that they have the right to participate but also giving support to this right by practicing it. This means democratic teaching styles where teachers foster participation and self-direction in learning. And it means school practices such as encouraging active student councils and student representation on boards and committees. When students are given the opportunity to become more involved in their learning as subjects rather than objects, and to have a voice in the functioning of their school community, they become empowered and more likely to be engaged in their school (Howe & Covell, 2005).

So there is evidence that when children's rights education is fully implemented, as in Hampshire's RRR initiative, it is an effective means of engaging children in school. It does so because it connects with children in a meaningful way. In the first place, learning about their own rights is meaningful to children because they are learning about rights that are of direct relevance to them. An important message is also conveyed to children: that they have value. As bearers of rights, they learn that they are persons worthy of respect, an understanding they can draw self-esteem from. And as children learn that they have rights, they also learn that they have correlative duties and responsibilities. They learn that if someone has a right, others – including they – have the responsibility to respect and support that right. They learn the importance of responsibility not in a top down didactic way but through making the connection between rights and responsibilities. Through learning rights and responsibilities, and through learning that they have value, children take ownership of the values framework that will guide the functioning of their school community. This has meaning and relevance for them and provides a foundation for their interactions with others and for their participation in the school community.

Furthermore, children's rights education is meaningful to children because it treats them as citizens of the present, not simply of a distant future (Flekkoy & Kaufman, 1997; Howe, 2005; Howe & Covell, 2005). Children learn that under the Convention's principle of participation, they have the right to express their views freely in all matters affecting

them. This is consistent with and affirms a value that students already possess – that they should have a voice. This is a much different approach from the traditional concept of citizenship education where children are to be trained for future adult citizenship. Children's rights education recognizes that children already are citizens with certain rights and responsibilities of citizenship, which are to be exercised in accord with their evolving capacities. For children, this is a much more engaging approach than the traditional patronizing one of regarding them as future citizens. It engages with their feelings and with their desire for respect (Howe & Covell, 2009). Ultimately, children's rights education is successful in engaging children in school because it sends them the message of respect.

Finally, among the positive outcomes of rights education for disadvantaged children is its capacity to improve their health by improving their educational outcomes. Disadvantaged children in RRR schools improve their attendance, behavior, academic achievement and aspirations for future educational and career paths as they become more engaged and successful in school (Covell, Howe & Polegato, 2011). In turn, these improvements in their education are associated with a decreased likelihood of engaging in risky health behaviors, such as drug abuse and unprotected sex, which interfere with success at school, school completion, and future goals. These children, then, are more likely to complete high school and be on a pathway to a more healthy and successful adulthood than otherwise would be the case.

Conclusion

Social disadvantage matters. As found in research on the social determinants of health, children who grow up in conditions of poverty and deprivation are significantly more likely to experience unfavorable educational and health outcomes. As adults in later life, they are more likely to suffer from infectious and non-infectious diseases, to have shorter survival rates when sick, and to have shorter life expectancies. But education also matters. Research shows that when educational authorities make a conscious effort to do so, education can buffer the ill effects of social disadvantage through means such as increasing parents' involvement with their children's education, establishing special learning programs for children at risk, and providing for comprehensive health, social services, and other programs for children in need.

But these measures are incomplete without serious educational efforts to engage children in school. If children with disadvantages have

additional services and special learning programs but are not yet engaged in school, they still are at risk of dropping out. Student engagement is crucial. Research shows engagement to be related to a positive school climate, teacher support, and student participation. Research also shows the value of children's human rights education in promoting student engagement. Findings from research on the effects of the RRR initiative in Hampshire indicate that when children are educated about their rights and responsibilities under the Convention on the Rights of the Child, they are more likely to connect with the school they are attending. The message of rights communicates to them a sense of their own value and the importance of respecting the rights of others. This in turn helps build a positive school climate. In such a climate, teachers experience more satisfaction with their teaching and students perceive a higher level of teacher support. And because the principle and practice of participation is a central part of children's rights education, in the context of a positive school climate, student participation increases and with it engagement. Children's rights education may not be the full answer to promoting engagement and preventing dropout. But it is a program that makes a significant contribution and one that is consistent with the human rights of the child.

In the Convention on the Rights of the Child, article 3 states that in all actions concerning children, the best interests of the child shall be a primary consideration. Article 24 states that children have the right to the highest attainable standard of health. And article 28 states that children have the right to education on the basis of equal opportunity. Children's human rights education contributes to the fulfillment of all of these articles by engaging children in school and thus increasing their prospects for more favorable educational and health outcomes.

REFERENCES

Agren, G. & Hedin, A. (2000). *The new Swedish public health policy.* Stockholm: National Institute of Public Health. Available at www.fhi.se/shop/material_pdf/Nyafoh.pdf

Appleton, J., Christenson, S., Kim, D., & Reschly, A. (2006). Measuring cognitive and psychological engagement: Validation of the student engagement instrument. *Journal of School Psychology, 44,* 427-445.

Auerbach, J., Krimgold, B., & Lefkowitz, B. (2000). *Improving health: It doesn't take a revolution.* NPA Report no. 298. Washington, DC: National Policy Association, Academy for Health Services Research and Health Policy.

Auger, N., Raynault, M., Lessard, R., & Choiniere, R. (2004). Income and health in Canada. In D. Raphael (Ed.), *Social determinants of health: Canadian perspectives* (pp. 39-52). Toronto, ON: Canadian Scholars' Press.

Barnett, W.S. (2008). *Preschool education and its lasting effects.* National Institute for Early Education Research. Available at http://epicpolicy.org/publication/preschool-education

Bauman, L., Silver, E., & Stein, R. (2006). Cumulative social disadvantage and child health. *Pediatrics, 117*(4), 1321-1328.

Brooks-Gunn, J. & Duncan, G. (1997). The effects of poverty on children. *Future of Children, 7*, 55-71.

Browne, G. (2004). Early childhood education and health. In D. Raphael (Ed.), *Social determinants of health: Canadian perspectives* (pp. 125-138). Toronto, ON: Canadian Scholars' Press.

Campbell, F., Ramey, C., Pungello, E., Sparling, J., & Miller-Johnson, S. (2002). Early childhood education: Young adult outcomes from the Abecedarian project. *Applied Developmental Science, 6*, 42-57.

Carter, M., McGee, R., Taylor, B., & Williams, S. (2007). Health outcomes in adolescence: Associations with family, friends and school engagement. *Journal of Adolescence, 30*, 51-62.

Conduct Problems Prevention Research Group (1999). Initial impact of the Fast Track prevention trial for conduct problems: I. The high-risk sample. *Journal of Consulting and Clinical Psychology, 67*, 631-647.

Conduct Problems Prevention Research Group (2002). Evaluation of the first 3 years of the Fast Track prevention trial with children at high risk for adolescent conduct problems. *Journal of Abnormal Child Psychology, 30*, 19-35.

Conger, R.D., Conger, K.J., & Elder, G.H. (1997). Family economic hardship and adolescent adjustment: Mediating and moderating processes. In G. Duncan & J. Brooks-Gunn (Eds.), *Consequences of growing up poor* (pp. 288-310). New York: Russell Sage.

Covell, K. (2010). School engagement and rights-respecting schools. *Cambridge Journal of Education, 40*(1), 39-51.

Covell, K. & Howe, R.B. (1999). The impact of children's rights education: A Canadian study. *International Journal of Children's Rights, 7*, 171-183.

Covell, K. & Howe, R.B. (2001a). Moral education through the 3 Rs: Rights, respect and responsibility. *Journal of Moral Education, 30*(1), 31-42.

Covell, K. & Howe, R.B. (2001b). *The challenge of children's rights for Canada.* Waterloo, ON: Wilfrid Laurier University Press.

Covell, K. & Howe, R.B. (2008). Rights, respect and responsibility: Final report on the County of Hampshire rights education initiative. Retrieved June 1, 2009 from http://www.cbucommons.ca/science/psychology/index/php?/children/

Covell, K. & Howe, R.B. (2009). *Children, families and violence: Challenges for children's rights.* London, UK: Jessica Kingsley Press.

Covell, K., Howe, R.B. & Polegato, J.L (2011). Children's human rights education as a counter to social disadvantage: A case study from England. *Educational Research: Special Issue, Intercultural, Citizenship and Human Rights Education, 53*(2), 193-206.

Covell, K., McNeil, J., & Howe, R.B. (2009). Reducing teacher burnout by increasing student engagement. *School Psychology International, 30*(3), 282-290.

Covell, K., Howe, R.B. & MacNeil, J.K. (2008). If there's a dead rat, don't leave it: Young children's understanding of their citizenship rights and responsibilities. *Cambridge Journal of Education, 38*(30), 321-339.

Cummings, C. & Dyson, A. (2007). The role of schools in area regeneration. *Research Papers in Education, 22*(1), 1-22.

Cutler, D. & Lieras-Muney, A. (2008). Education and health: Evaluating theories and evidence. In R. Schoeni, J. House, G. Kaplan, & H. Pollack (Eds.), *Making Americans healthier* (pp. 29-61). New York: Russell Sage.

Davey Smith, G. (2003). *Health inequalities: Life-course approaches.* Bristol, UK: The Policy Press.

Deaton, A., & Paxton, C. (1999). *Mortality, education, income, and inequality among American cohorts.* Report no. 7140. Cambridge, MA: National Bureau of Economic Research.

De Bellis, M.D. (2005). The psychobiology of neglect. *Child Maltreatment, 10*(2), 150-172.

de Bruyn, E. (2005). Role strain, engagement and academic achievement in early adolescence. *Educational Studies, 31*(1), 15-27.

Decoene, J. & de Cock, R. (1996). The children's rights project in the primary school 'De vrijdagmarkt' in Bruges. In E. Verhellen (Ed.), *Monitoring children's rights* (pp. 627-636). The Hague: Martinus Nijhoff.

De Vogli, R., Mistry, R., Gnesotto, R., & Cornia, G. (2005). Has the relation between income inequality and life expectancy disappeared? *Journal of Epidemiology and Community Health, 59*, 158-162.

Dryfoos, J.G. (1995). Full service schools: Revolution or fad? *Journal of Research on Adolescence,* 5(2), 147-172.

Elo, I. & Preston, S. (1996). Educational differences in mortality: United States 1979-1985. *Social Science and Medicine, 42*, 47-57.

Fan, X. & Chen, M. (2001). Parental involvement and students' academic achievement: A meta-analysis. *Educational Psychology Review, 13*(1), 1-22.

Ferguson, H., Bovaird, S., & Mueller, M. (2007). The impact of poverty on educational outcomes for children. *Paediatrics and Child Health, 12*(8), 701-706.

Finn, J.D., Gerber, S., & Boyd-Zaharias, J. (2005). Small classes in the early grades, academic achievement, and graduating from high school. *Journal of Educational Psychology, 97*(2), 214-223.

Finn, J.D. & Pannozzo, G. (2004). Classroom organization and student behavior in kindergarten. *Journal of Educational Research, 98*(2), 79-92.

Finn, J.D. & Rock, D. (1997). Academic success among students at risk for school failure. *Journal of Applied Psychology, 82*(2), 221-234.

Flekkoy, M. & Kaufman, N. (1997). *The participation rights of the child: Rights and responsibilities in family and society.* London, UK: Jessica Kingsley.

Furlong, M., Whipple, A., St Jean, G., Simental, J., Soliz, A., & Punthuna, S. (2003). Multiple contexts of school engagement: Moving toward a unifying framework for educational research and practice. *The California School Psychologist, 8*, 99-113.

Grossman, M. & Kaestner, R. (1997). Effects of education on health. In J. Berhman & N. Stacey (Eds.), *The social benefits of education* (pp. 69-123). Ann Arbor, MI: University of Michigan Press.

Hampshire Education Authority (2003). The case for RRR. Available at: http://www3.hants.gov.uk/caseforrrr.pdf

Hartog, J. & Oosterbeek, H. (1998). Health, wealth and happiness: Why pursue a higher education? *Economics of Education Review, 17*, 245-256.

Harrison, D. (1998). Integrating health sector action on the social and economic determinants of health. *Review of Health Promotion and Education Online: Verona Initiative.* www.rhpeo.org/ijhp-articles/e-proceedings/verona/1/index.htm

Hayes, M. & Dunn, J. (1998). *Population health in Canada: A systematic review.* CPRN Study No. H/01. Ottawa, ON: Canadian Policy Research Networks.

Howe, R.B. (2005). Citizenship education for child citizens. *Canadian and International Education Journal, 34*(1), 42-49.

Howe, R.B. & Covell, K. (2005). *Empowering children: Children's rights education as a pathway to citizenship.* Toronto, ON: University of Toronto Press.

Howe, R.B. & Covell, K. (2009). Engaging children in citizenship education: A children's rights perspective. *Journal of Educational Thought, 43*(1), 21-44.

Howley, C. & Bickel, R. (2000). *Research about school size and school performance in impoverished communities.* ERIC Document Reproduction Service No. ED 448968.

James, P., St. Leger, P., & Ward, K. (2001). *Making connections: The evaluation of the Victorian Full Service Schools program.* Melbourne: Department of Education and Training.

Jennings, G. (2003). An exploration of meaningful participation and caring relationships as contexts for school engagement. *The California School Psychologist, 8,* 43-52.

Jimerson, S., Campos, E., & Greif, J. (2003). Toward an understanding of definitions and measures of school engagement and related terms. *The California School Psychologist, 8,* 7-17.

Jimerson, S., Egeland, B., Sroufe, L., & Carlson, B. (2000). A prospective longitudinal study of high school dropouts. *Journal of School Psychology, 60*(6), 525-549.

Johnny, L. (2005). UN Convention on the Rights of the Child: A rationale for implementing participatory rights in schools. *Canadian Journal of Educational Administration and Policy, 40,* 1-9.

Karoly, L. (2005). *Early childhood interventions: Proven results, future promise.* Santa Monica, CA: Rand Corporation.

Klem, A. & Connell, J. (2004). Relationships matter: Linking teacher support to student engagement and achievement. *Journal of School Health, 74*(7), 262-273.

Krappmann, L. (2006). The rights of the child as a challenge to human rights education. *Journal of Social Science Education.* Available at http://www.jsse.org/2006-1/index.html

Lantz, P., Lynch, J., House, J., Lepkowski, J., Mero, R., Musick, M., & Williams, D. (2001). Socioeconomic disparities in health change in a longitudinal study of U.S. adults. *Social Science & Medicine, 53*(1), 29-40.

Lee, V. & Burkam, D. (2002). *Inequality at the starting gate.* Washington, DC: Economic Policy Institute.

Love, J., Kisker, E., Ross, C., Schochet, P., Brooks-Gunn, J., Paulsell, K., Boller, J.,Vogel, C., Fuligni, A., & Brady-Smith, C. (2002). *Making a difference in the lives of infants and toddlers and their families.* Washington, DC: U.S. Department of Health and Human Services. Available at www.mathmatica-mpr.com/publications/PDFs/ehsfinalsumm.pdf

Low, M.D., Low, B., Baumler, E., & Huynh, P. (2005). Can education policy be health policy? Implications of research on the social determinants of health. *Journal of Health Politics, Policy and Law, 30*(6), 1131-1162.

Lundy, L. (2007). 'Voice' is not enough: Conceptualizing Article 12 of the United Nations Convention on the Rights of the Child. *British Educational Research Journal, 33*(6), 927-942.

Machenbach, J. & Stronks, K. (2002). A strategy for tackling health inequalities in the Netherlands. *British Medical Journal, 325*, 1029-1032.

Marmot, M. & Wilkinson, R. (2006). *Social determinants of health.* Oxford, UK: Oxford University Press.

McCain, M., Mustard, J.F., & Sankar, S. (2007). *Early years study 2: Putting science into action.* Toronto, ON: Council for Early Child Development.

McLaughlin, A., Campbell, F., Pungello, E., & Skinner, M. (2007). Depressive symptoms in young adults: The influences of early home environment on early educational child care. *Child Development, 78*, 746-756.

McNeely, C., Nonnemaker, J., & Blum, R. (2002). Promoting school connectedness. *Journal of School Health, 72*(4), 138-146.

Molla, M., Madans, J., & Wagener, D. (2004). Differentials in adult mortality and activity limitation by years of education in the United States at the end of the 1990s. *Population and Development Review, 30*, 625-646.

Mirowsky, J., & Ross, C. (2003). *Education, social status, and health.* New York: Aldine de Gruyter.

Mo, Y. & Singh, K. (2008). Parents' relationships and involvement: Effects on students'school engagement and performance. *Research on middle level education online, 31*(10), 1-11.

Muijs, D. (2007). Leadership in full-service extended schools. *Students' School Engagement and performance. Research in Middle Education.* (Online).

Murray, E. (2002). *Impact of children's rights education on primary-level children.* Unpublished paper, Mount Royal College, Calgary, Alberta, Canada.

Osler, A. & Starkey, H. (1998). Children's rights and citizenship: Some implications for the management of schools. *International Journal of Children's Rights, 6*, 313-333.

Osler, A. & Starkey, H. (2006). Education for democratic citizenship: A review of research, policy and practice 1995-2005. *Research Papers in Education, 21*(4), 433-466.

Palfrey, J.S., Hauser-Cram, P., Bronson, M.B., Warfield, M.E., Sirin, S., & Chan, E. (2005). The Brookline Early Education Project: A 25-year follow-up study of a family-centered early health and development intervention. *Pediatrics, 116*, 144-152.

Pelton, L.H. (1994). The role of material factors in child abuse and neglect. In G. Melton & F. Barry (Eds.), *Protecting children from abuse and neglect* (pp. 131-181). New York: Guilford Press.

Phillips, D., Voran, M., Kisker, E., Howes, C., & Whitebook, M. (1994). Child care for children in poverty: Opportunity or inequity? *Child Development, 65*(2), 472-492.

Raphael, D. (2004a). *Social determinants of health: Canadian perspectives.* Toronto, ON: Canadian Scholars' Press.

Raphael, D. (2004b). Introduction to social determinants of health. In D. Raphael (Ed.), *Social determinants of health: Canadian perspectives* (pp. 1-18). Toronto, ON: Canadian Scholars' Press.

Ross, C. & Van Willigan, M. (1997). Education and the subjective quality of life. *Journal of Health and Social Behavior, 39,* 275-297.

Ross, C. & Wu, C. (1995). The links between education and health. *American Sociological Review, 60,* 719-745.

Sanders, M. & Jordan, W. (2000). Student-teacher relations and academic achievement in high school. In M. Sanders (Ed.), *Schooling students placed at risk: Research, policy, and practice in the education of poor and minority adolescents* (pp. 65-82). Mahwah, NJ: Lawrence Erlbaum.

Schweinhart, L.J., Montie, J., Xiang, Z., Barnett, S., Belfield, C.R., & Nores, M. (2005). *Lifetime effects: The High/Scope Perry Preschool study through age 40.* Ypsilanti, MI: High/Scope Press.

Shonkoff, J. & Philips, D. (2000). *From neurons to neighborhoods.* Washington, DC: National Academy Press.

Skinner, E. & Belmont, M. (1993). Motivation in the classroom: Reciprocal effects of teacher behavior and student engagement across the school year. *Journal of Educational Psychology, 85*(4), 571-581.

Smith, J., Brooks-Gunn, J., & Klebanov, P. (1997). The consequences of living in poverty for young children's cognitive and verbal ability and early school achievement. In G. Duncan & J. Brooks-Gunn (Eds.), *Consequences of growing up poor* (pp. 132-189). New York: Russell Sage.

Stewart, E. (2003). School social bonds, school climate, and school misbehavior: A multilevel analysis. *Justice Quarterly, 20*(3), 575-604.

Stewart-Brown, S. (2006). *What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach?* Copenhagen, WHO Regional Office for Europe (Health Evidence Network report) http://www.euro.who.int/document/e88185.pdf Retrieved April 21, 2009.

Topitzes, J., Godes, O., Mersky, J., Ceglarek, S., & Reynolds, A. (2009). Educational success and adult health: Findings from the Chicago Longitudinal Study. *Prevention Science, 10,* 175-195.

Tremblay, R.E., Pagani-Kurtz, L., Masse, L., Vitaro, F., & Pihl, R. (1995). A bimodal preventive intervention for disruptive kindergarten boys: Its impact through mid-adolescence. *Journal of Consulting and Clinical Psychology, 63*(4), 560-568.

Turrell, G., Lynch, J.W., Leite, C., Raghunathan, T., & Kaplan, G.A. (2007). Socioeconomic disadvantage in childhood and across the life course and all-cause mortality and physical function in adulthood: Evidence from the Alameda County Study. *Journal of Epidemiology and Community Health, 61*, 723-730.

Van Voorhis, F.L. (2003). Interactive homework in middle school: Effects on family involvement and science achievement. *The Journal of Education Research, 96*, 323-338.

Wadsworth, M. & Butterworth, S. (2006). Early life. In M. Marmot & R. Wilkinson (Eds.), *Social determinants of health* (pp. 31-53). Oxford, UK: Oxford University Press.

Wilkinson, R. (2006). Ourselves and others – for better or worse: social vulnerability and inequality. In M. Marmot & R. Wilkinson (Eds.), *Social determinants of health* (pp. 341-357). Oxford, UK: Oxford University Press.

Wilkinson, R. & Pickett, K. (2010). *The spirit level: Why equality is better for everyone.* London: Penguin Books.

Willms, J.D. (2006). *Learning divides: Ten policy questions about the performance and equity of schools and school systems.* Montreal, QC: UNESCO Institute for Statistics.

R. Brian Howe is Professor of Political Science and co-founder and director of the Children's Rights Centre at Cape Breton University, Nova Scotia, Canada. He is the author or co-author of numerous books, articles, and book chapters on children's rights, children's rights education, and human rights. Among his recent books is *Empowering Children: Children's Rights Education as a Pathway to Citizenship* (University of Toronto Press, 2007).

Katherine Covell is Professor of Psychology and the executive director of the Children's Rights Centre at Cape Breton University, Nova Scotia, Canada. She has written numerous articles, books, reports, and book chapters on children's rights education. She was the principal researcher and author of the North American Report on Violence Against Children for the UN Secretary General's 2006 Global Report on Violence Against Children.

Authors Address:
Children's Rights Centre
Cape Breton University
Sydney, Nova Scotia
CANADA B1P 6L2
EMAIL: brian_howe@cbu.ca
katherine_covell@cbu.ca