

**EVALUATING CHILDREN'S
RIGHTS IN HOSPITAL:
Results from the first pilot
implementation of Self-Evaluation
Model and Tool (SEMT) in 17
hospitals.**

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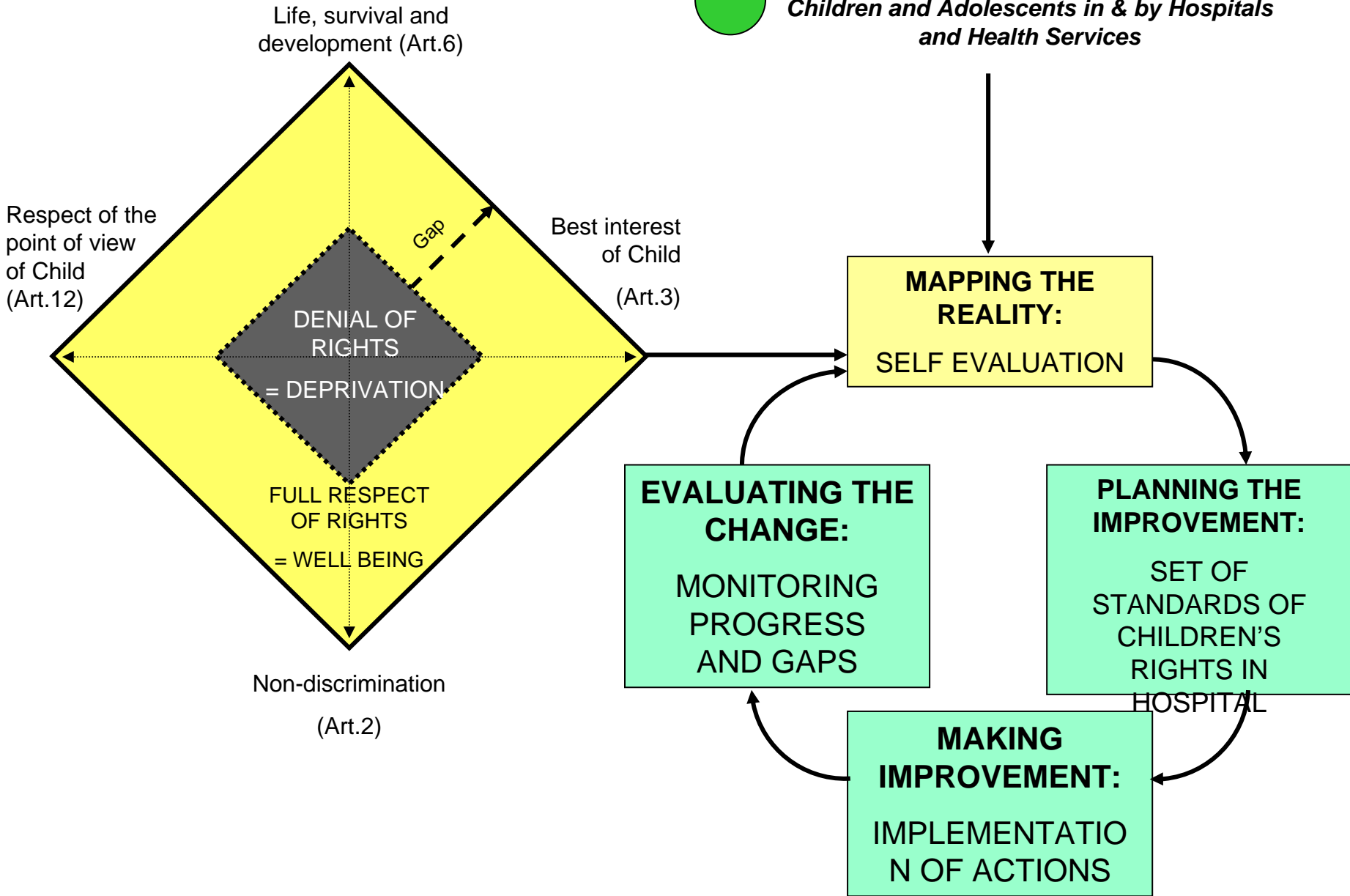
Introduction

After an exploratory survey in 114 European paediatric hospitals that highlighted a **gap in the adoption of Charters on Children's Rights** and the **lack of tools to access the respect of children's rights in the hospital setting**, the Task Force on health promotion for children and adolescents in and by hospitals and health services (HPH-CA) elaborated the Self-Evaluation Model and Tool (SEMT).

General Principles of the UN Convention on the Rights of the Child



HPH Task force on Health Promotion for Children and Adolescents in & by Hospitals and Health Services





List of Rights of SEMT on the respect of Children's Rights in Hospital

- AREA 1: Right to the highest attainable standard of health care.
- AREA 2: Right to information and participation in all decisions involving their health care.
- AREA 3: Right to protection from all forms of violence.



Aims of implementation of SEMT in 17 hospitals:

- Access to what extent children's rights are respected.
- Identify good practices and gaps in need of improvement.
- Verify the applicability of the Convention as a framework for accessing and improving children's rights in the health care setting.



The select group of hospitals implementing the tool

1. **Medical University of Vienna, Austria (MUV)**
2. **Hospital Sant Joan de Déu Barcelona, Spain (SJDB)**
3. **University Hospital Ntra. Sra. De Candelaria, Canary Islands, Spain (HUNSC)**
4. **Mother and Children's University Hospital of Canarias, Spain (HUMIC)**
5. **Sydney Children's Hospital, Australia (SCH)**
6. **University Hospital of Canarias, Spain (HUC)**
7. **Heim Pál-Madarász Children's Hospital, Hungary (HPMCH)**
8. **Meyer University Children's Hospital, Italy (MUCH)**
9. **Caldas da Rainha Hospital, Portugal (HCR)**
10. **Cascais Hospital, Portugal (HC)**
11. **São Francisco Xavier Hospital, Portugal (HSFX)**
12. **Tallinn Children's Hospital, Estonia (TCH)**
13. **Jávorsky Ödön Town's General Hospital, Hungary (JOTGH)**
14. **"P. & A. KYRIAKOU" Children's Hospital, Greece (PAKY)**
15. **Alder Hey Children's NHS Foundation Trust (Liverpool, England)**
16. **Royal Hospital for Sick Children (Edinburgh, Scotland)**
17. **Akershus university hospital (Lørenskog, Norway)**

General Information about the self-evaluation processes

Participating hospitals	17
Type of process leaders	Task Force member (7), hospital management (3), head of Paediatric department (3), <i>Patient-Parents Association</i> (1) and medical doctor (1).
Type of participants	Task Force member; children, adolescents and caregivers; hospital management and heads of various departments; health, admin., HP, cultural diversity, patient liaison, play therapists, teachers and other staff; patients' and parents' associations; social services; other.
Approx. n. of participants	Over 200
Average n. of meetings	From 2 to 11 meetings
Work methodologies adopted	Joint group discussion, establishment of a steering committee, working groups, one-to-one interviews, discussion between hospitals, informal discussions ward by ward, and audits with staff, children, young people and carers.

Results

Status of adoption of a Charter on Children's Rights in Hospital

- 8 out of 15 hospitals declared to have adopted a Charter;
- At least 4 hospitals adopted the EACH Charter;
- 3 hospitals declared adoption in progress.
- It is important to note though, that despite having adopted a Charter, only one hospital stated that the Charter is displayed in all hospital wards and in three hospitals it was displayed in few wards and at given times.

Complementary actions that insure the sustainability of the hospital Program on Children's Rights:

- Conferences centered on children's rights
- Charter being part of Quality Management Report
- Children's rights are included in the Hospitals' Code of Ethics.
- There was dissemination of the Charter in child-friendly version.
- Awareness raising activities for all stakeholders (health staff, children and families).



Results

AREA 1. Right to the highest attainable standard of healthcare

Recognition of the need for:

- Comprehensive approach to care.
- Centrality of children/patients and their families.
- Recognition and commitment to the right to play across all hospitals.

Need of training of all staff in:

- Cultural competence
- Recognition of their diverse and individual circumstances.
- Understanding culture-specific parenting beliefs and expectations.

More attention must be paid to the needs of adolescents and children at risk.



Results

AREA 2. Right to information and participation

It is evidently the most challenging one for hospitals to respect and deal with. The right of children to express their views, meaning the right to participation, seems to be particularly difficult. Information and participation was **only** considered in relation to children's condition and their treatment. The overall results demonstrate a pressing need to raise awareness amongst staff about the importance of communicating with children and their parents and to give staff the adequate skills to do this in the most effective way.



Results

AREA 3. Right to protection from all forms of mental and physical violence

Strong recognition and commitment to the respect of this right:

- Appropriate protocols for protection;
- Referral mechanisms;
- Collaboration with social services, courts and other;
- Regular conferences and training for staff;
- Pain management procedures;
- Parents allowed to stay at all times, with few restrictions
- Clinical research is strictly regulated; other.

Respect of the right to privacy needs to be further protected.



Conclusion

Lessons learned:

- All participants stated that the SEMT is a **useful tool** to initiate discussion, improve hospital activities and to raise awareness on children's rights in hospital;
- Local self-evaluation processes enabled to **identify strong points of hospital performance and good practices**;
- Local self-evaluation processes enabled to **identify existing gaps** in need of improvement;

This seems to be particularly the case when:

- Hospital Management **leads** or strongly **supports** the process;
- Multidisciplinary teams are constituted;
- Children, parents and their representatives participate effectively;
- A significant range and number of stakeholders are involved.



Conclusion

- This experience helped us understanding the implementation processes of the CRC at local level. It has showed that respecting children's rights contributes to the improvement of the quality of healthcare services.
- TF HPH-CA recognises the respect of children's rights as a key component of health promotion, of a child and family-centre care and of advocacy.



How you can contribute:

- Get informed.
- Join others in your country.
- Promote a self-evaluation autonomously.
- Make change.

For more information visit:

- http://www.sch.edu.au/health/#childrens_rights
- <http://www.healthpromotinghospitals.org/>
- <http://who.collaboratingcentre.meyer.it/>



Thank you for your attention