

Child Rights and Health Care

International Society for Social Pediatrics and Child Health (ISSOP)

Position Statement

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Statement of the problem

Children's rights are fundamental to paediatric practice. Paediatric healthcare professionals encounter children's rights (CR) issues on a daily basis, yet these rights are by no means always acknowledged, respected or protected. There is limited understanding by paediatricians about CR and little systematic training on how paediatricians can support CR in the clinical setting. Also there is a lack of research and academic writing on the practice of CR in health settings (Granado-Villar *et al.* 2010).

Policy background

How the United Nations Convention on the Rights of the Child (UNCRC) operates in relation to health care:

The CRC (United Nations Children's Fund 1989) has implications both at policy or decision-making level and at practice or health care provision level. Below are examples of how the CRC can be translated into practice in relation to children's health care.

- 1 **Adoption of relevant legislation** – When countries ratify the CRC, its articles are integrated into national constitutions and legislation. Laws may cover specific areas of CR, such as violence and may include legislation protecting children against sexual abuse, child pornography or trafficking; or introduce guidance and criteria for specific services providing care for children
- 2 **Adoption of national plans and strategies** – A range of national strategies and action plans have been adopted throughout the world to improve health care and promote children's health and well-being, which may cover some areas of rights. Examples of these include Armenia, Kazakhstan, Albania, Scotland and Portugal.

- 3 **Establishment or identification of institutions responsible for implementing, monitoring and evaluating specific rights or children's health and well-being** – It is well recognized today that the evaluation of the impact of policies and services for children must be an integral part of any programme cycle and service improvement. In many countries national institutes for child health, ombudspersons for children and other type of institutions have been established to monitor and evaluate the respect, protection and fulfilment of CR in different sectors and areas. On the other hand, institutions providing care for children should also be responsible for assessing the services, which they are providing. Children and families should be a part of these processes
- 4 **Availability of statistical information and reports** – The production of statistical information and indicators on child health status and well-being is essential to improve the respect of CR. Within health care provision there is a lack of data and reports on many aspects of care, including even basic indicators such as number of beds available in hospital.
- 5 **Raising public awareness and training of health professionals working with children** – The education of both children and parents and health professionals working with children is key to ensuring that CR are respected in the health care setting. There are a variety of manuals for health workers that cover rights such as discrimination, harm against children, information and participation. Increasingly, education materials in different formats have also been prepared for parents and children of all ages, on their rights as patients and parents [Children's Rights and Child Health: A course for Health Professionals (CRED-PRO)] (Goldhagen & Waterston 2008).

There is still much exploitation of children globally in relation to issues such as child labour, child trafficking, violence against

children and basic health needs not being met. Even though almost all countries in the world have signed up to the CRC, fine words are not always followed by action (UNICEF).

In health care it is unusual for there to be specific regulations on CR apart from those mentioned above. Hence it is up to health professionals to set standards and monitor progress as well as encouraging children and young people's (CYP) participation in health care. A self-evaluation tool has been set up by the Task Force on Health promotion for children and adolescents of the International Network of Health Promoting Hospitals and Health Services, but this has yet to make an impact globally (Simonelli *et al.* 2009). However, it does offer a tool to paediatricians and other child health professionals to analyse the state of affairs in their own institutions.

Which children are at risk?

All children will benefit from greater consideration of their rights in a health care setting. Problem areas for all children at present are as follows:

Communication not carried out adequately: all ages of children in particular adolescents and those with communication difficulties such as hearing impairment, speech and language difficulties and learning difficulties.

Consent not sought: all ages of children in particular adolescents and children with disabilities.

Confidentiality not practised: adolescents and others as above.

Lack of participation in health care: all ages of children.

Rural/urban differences to access to health care.

Out-of-pocket payments for health expenses thereby limiting access

Parents not allowed to stay in hospital with their children

There are also particular categories of children who are more at risk and for whom a public health approach is required. These include:

Children living in poverty

Children of parents with health problems including mental health

Children with emotional and behavioural difficulties

Children with physical disabilities and learning difficulties

Children who are refugees or asylum seekers

Children from ethnic minorities who are open to discrimination

Children who are looked after or live in foster care

Children who have suffered abuse and neglect

What we are calling for

Recognizing the value of children's rights to their health:

We call for a greater recognition of CR in all health care settings, and for the adoption of standards in this respect. We see that practice varies across Europe and globally and would like to encourage a sharing of good examples which are undoubtedly present in some countries.

Paediatric associations should apply the principles of the UN Convention on the Rights of the Child to all their activities. We encourage the formation of a child rights committee within each National Paediatric Association, which would lead the development of a curriculum for professional education. A consultation procedure should be developed so that, where appropriate and where possible, there is consultation with CYP over the content of policies and guidelines set out by the Association.

Paediatricians should show leadership in responding to child rights issues:

This includes: advocating for children at individual, community, national and international levels; demonstrating an understanding of and respect for legal and ethical issues relating to consent and confidentiality in paediatrics; and knowing the law with regard to consent to treatment and the right to refuse treatment; engaging effectively with adolescents.

Recommendations

We recommend that governments:

- 1 Take action to strengthen the UNCRC by incorporating it into domestic legislation and establishing specific criteria, which must be fulfilled by health care institutions.
- 2 Take action to adopt relevant international standards applicable to health systems, such as the Council of Europe Guidelines on Child Friendly Health Care.
- 3 Ensure that all children have access to independent Children's Rights Commissioners and are aware of their rights under the UNCRC.
- 4 Implement procedures that require considering the best interests of children in all legislation and public policies.
- 5 Strengthen relationships with NGOs (international or national) working specifically on child rights or using a child rights framework.
- 6 Create mechanisms that ensure children's participation in the design, assessment and improvement of health care services.

Paediatricians should:

- 1 Be aware of the content of the UNCRC and adopt it as grounding for their practice
- 2 Build advocacy skills across the continuum of clinical, community and wider population advocacy.
- 3 Integrate the principles of rights, equity, social justice and non-discrimination into their practice.
- 4 Ensure that children have access to information required for them to be informed decision makers and are routinely involved in decision making regarding issues that affect them.

We recommend that National Paediatric Associations:

- 1 Develop a strategy to promote child rights through training, research, health policy development and advocacy.
- 2 Work with other agencies and organizations seeking to implement child rights in all child health rights initiatives.
- 3 Ensure that training programmes provide paediatricians with the knowledge, attitudes, and skills to incorporate child rights in their practice.
- 4 Promote research on child rights and their extent of use in health services.
- 5 Develop a policy of ensuring the participation of young people in the work of the Association.

Key messages

- There is limited understanding by paediatricians about CR and little systematic training on how paediatricians can support CR in the clinical setting.
- There is a lack of research and academic writing on the practice of CR in health settings.
- Paediatricians should be aware of the content of the UNCRC and adopt it as grounding for their practice.
- National Paediatric Associations should develop a strategy to promote child rights through training, research, health policy development and advocacy.

References

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