International Network of
Health Promoting Hospitals
& Health Services

HPH Task Force on

Children and Adolescents

WHY WE'RE HERE AND WHAT'S AT STAKE?
WHAT CAN WE DO TO POSITION OURSELVES TOWARDS SUPPORTING THE HEALTH OF CHILDREN AND ADOLESCENTS IN HOSPITALS AND OTHER HEALTH CARE SETTINGS?

Ilaria Simonelli, PhD
Coordinator of the TF HPH-CA

WHY WE’RE HERE

Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services (TF HPH-CA)

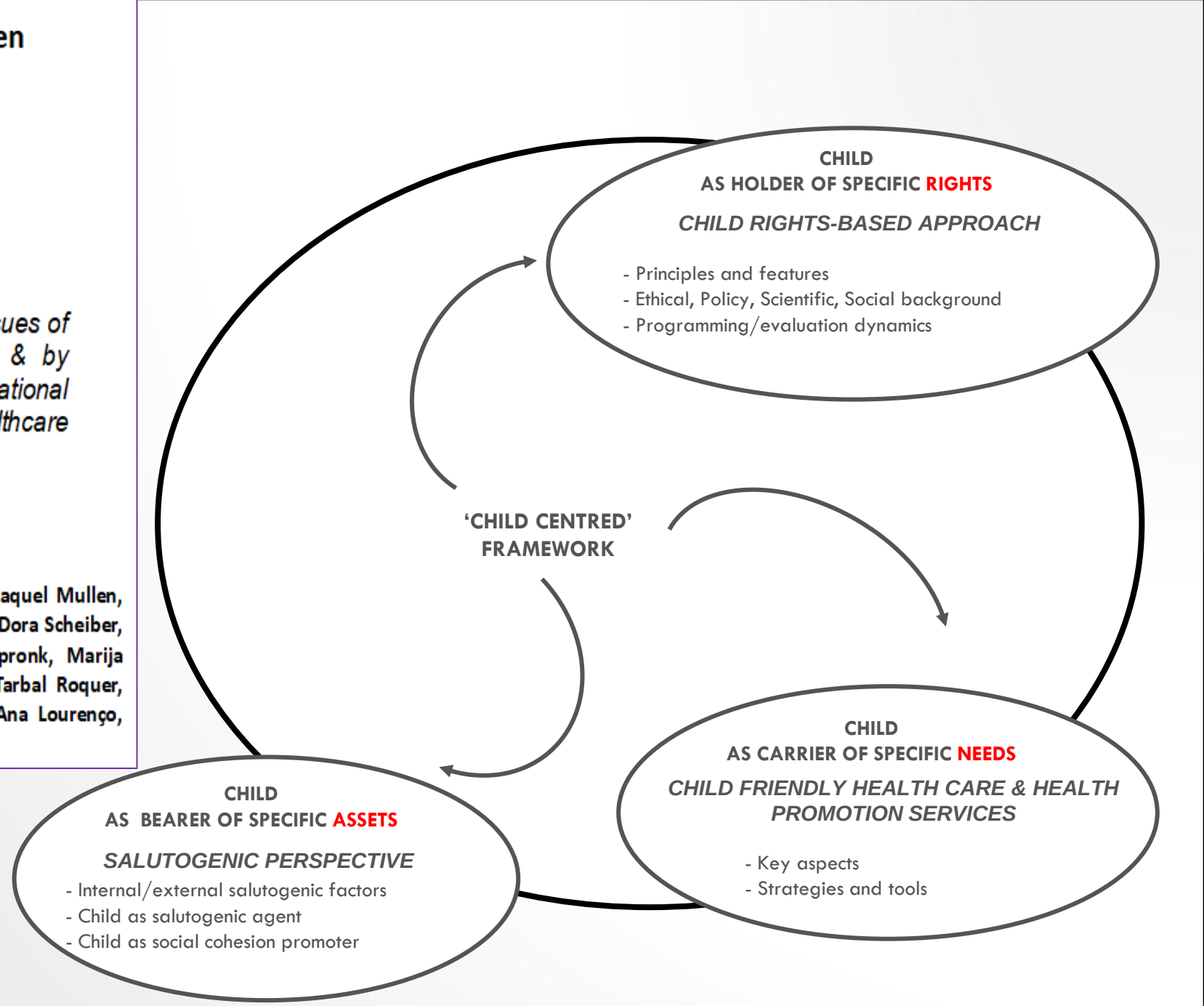
TF HPH-CA MISSION
(since 2004)

"to apply HPH principles and criteria to the specific issues of health promotion for children and adolescents in & by hospitals, providing an organic conceptual and operational framework for institutions, decision-makers, healthcare organisations and their professionals, social workers".

The Task Force Members

Andy Mangione Standish, Lagle Suurorg, Raúl Mercer, Stella Tsitoura, Raquel Mullen, Andrew Clarke, Kjersti J. Ø. Fløtten, Ang Seng Bin, Ana Isabel Guerreiro, Dora Scheiber, Irma Manjavidze, Lucia Maria Loteran, Rosa Gloria Suárez, Sarah Spronk, Marija Radonić, Giuliana Filippazzi, Christina Dietscher, Jean R. Piard, Arian Tarbal Roquer, Francoise Galland, Nuria Serrallonga, Virginia Binns, James Robinson, Ana Lourenço, Gustavo Ramos Martín

MISSION



REFERENCES TO OUR WORK


Office of the United Nations
High Commissioner
for Human Rights

World Health
Organization

The Right to Health

Fact Sheet No. 31

Constitution of the World Health Organization (1946): "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Dichiarazione Universale dei diritti dell'Uomo (1948): Art. 25: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services."

International Convention on the Elimination of All Forms of Racial Discrimination (1965): "The right to public health, medical care, social security and social services."

International Covenant on Economic, Social and Cultural Rights (1966):

"The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"

Convention on the Elimination of All Forms of Discrimination Against Women (1979):

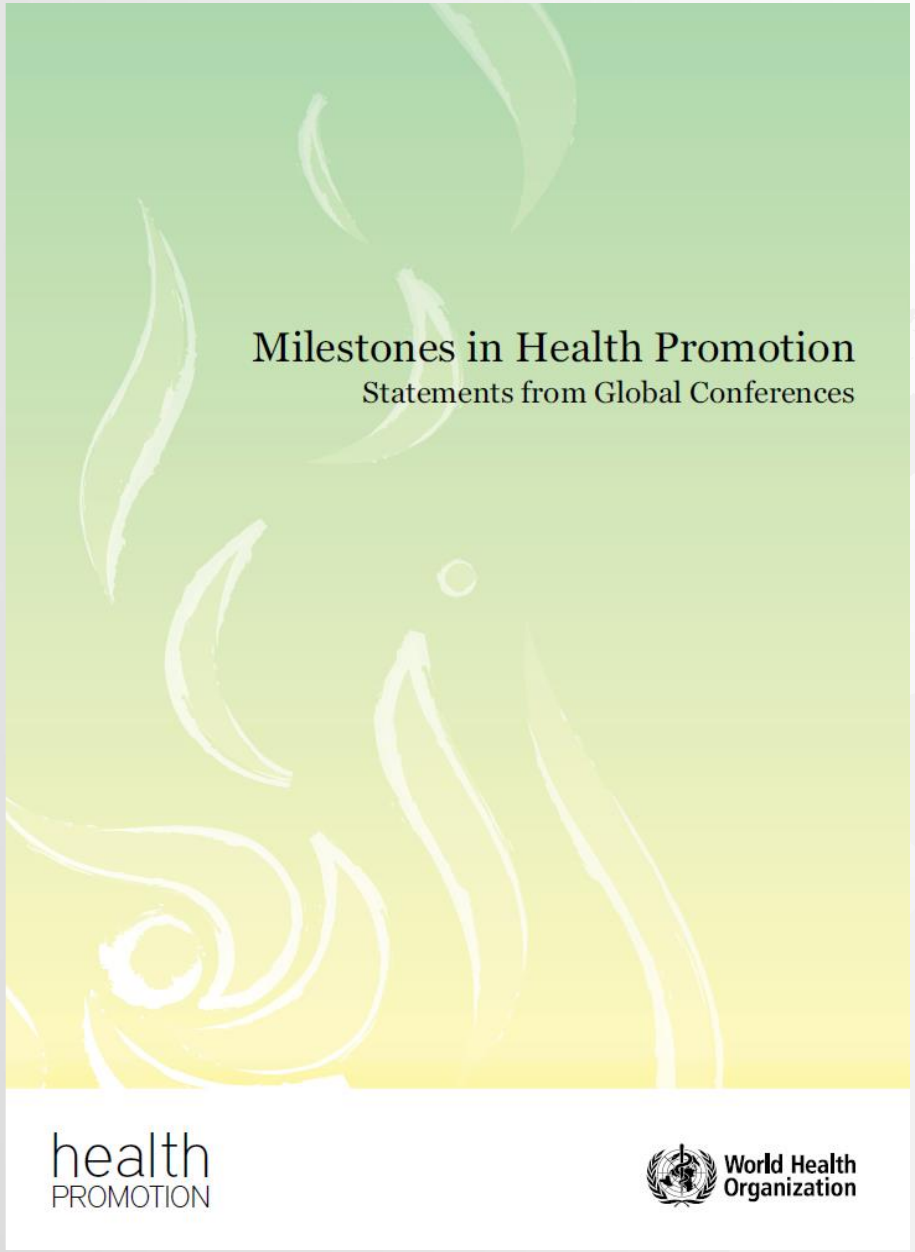
Article 12: States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.

Notwithstanding the provisions of paragraph I of this article, States Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

Convention on the Rights of the Child (1989):

Art.24 "Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States shall strive to ensure that no child is deprived of his or her right of access to such health care services."

Convention on the Rights of Persons with Disabilities (2006): "persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability."



HEALTH PROMOTION MILESTONES (SOURCE: WHO)

❑ The Ottawa Charter for Health Promotion (1986):
Advocate, Mediate, Enable

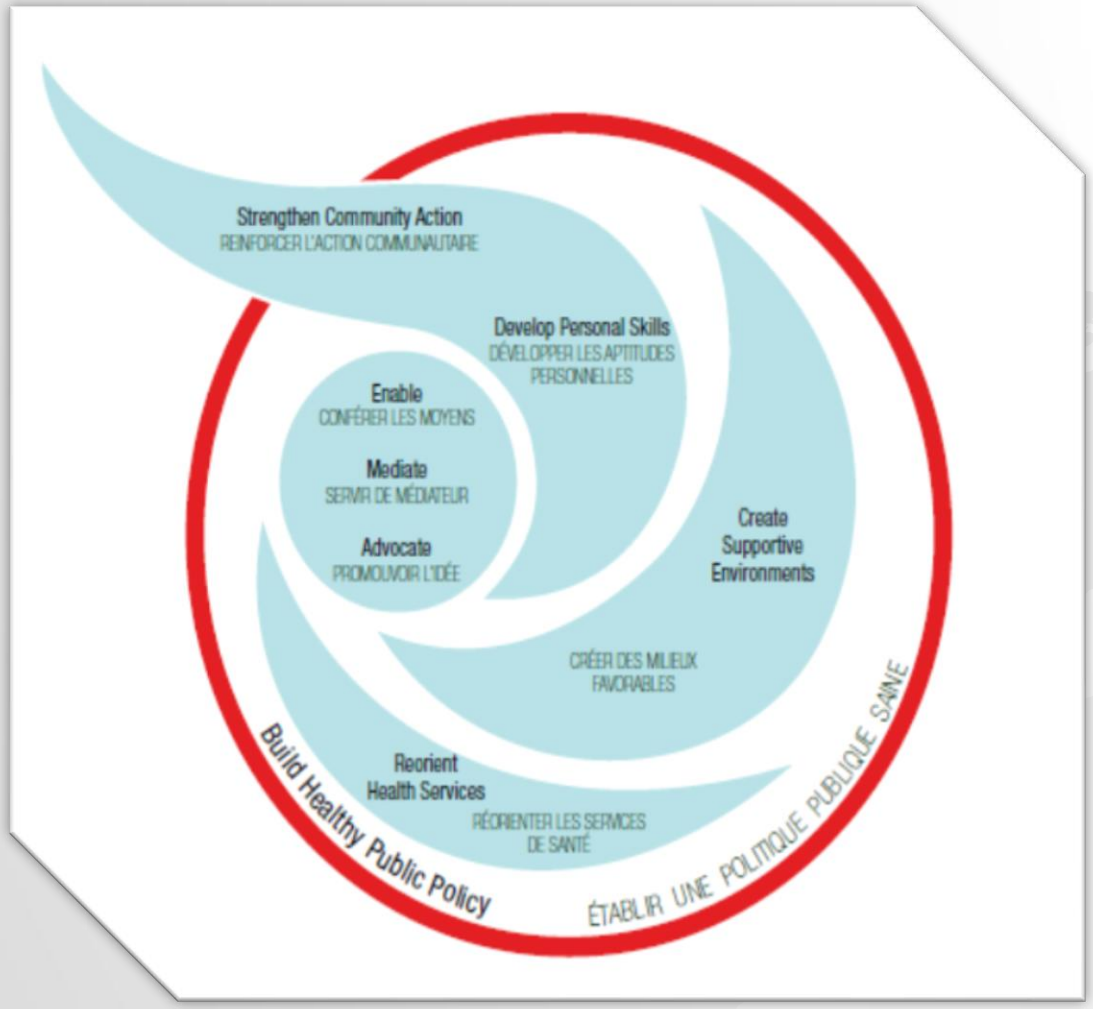
❑ Adelaide Recommendations on Healthy Public Policy (1988):
Women's health, Food and Nutrition, Tobacco and Alcohol, Supportive environments

Sundvall Statement on Supportive Envoronments for Health (1991):
strenghtening social action, global perspective, global accountability

❑Jakarta Declaration on Leading Health Promotion into the 21° Century (1997):
Social responsibility for health, Increase investment for health development, Consolidate and expand partnerships for health, Increase community capacity and empower the individual, Secure an infrastructure for health promotion

The Bangkok Charter for Health Promotion in a globalized world (2005):
Make the promotion of health central to the global development agenda,
Make the promotion of health a core responsibility for all of government,
Make the promotion of health a key focus of communities and civil society,
Make the promotion of health a requirement for good corporate practice

Health Promotion Milestones



✓The Budapest Declaration on Health Promoting Hospitals (1991)

✓The Vienna Recommendations on Health Promoting Hospitals (1997)

✓The Standards for Health Promotion in Hospitals (2006-2020)

✓New Haven Recommendations (2016): enable patient and family involvement within **direct service provision** (micro-level); enable patient, family, and citizen involvement on the **organizational / hospital** (meso-level); enable patient, family, and citizen involvement in **planning** health care delivery systems and policy (macro-level)

……

STRATEGIES

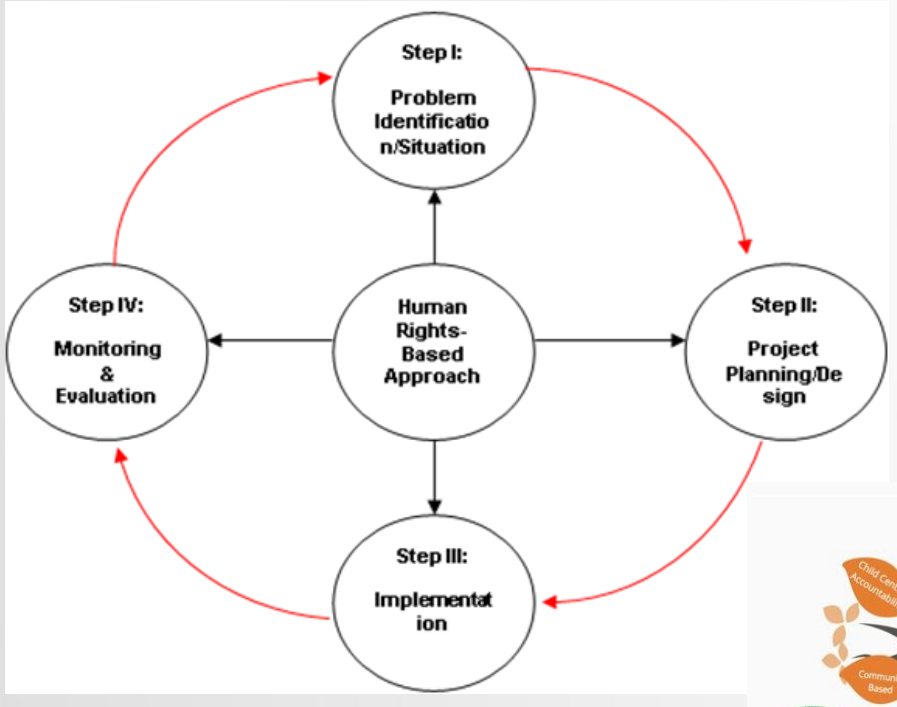
'**Evidence on effective health promotion, health protection and disease prevention activities is a particular focus**. The economic impact of diseases is a serious constraint to health systems in all countries. Evidence shows clearly that **many costs can be avoided by investing in promotion, protection and prevention**. Evidence on the costs of not investing effectively in child and adolescent health, tackling existing inequalities and addressing the impact of austerity measures on children and adolescents is also crucial to the development of comprehensive child and adolescent health policies'

'**Health promotion,** disease prevention services (such as vaccinations) and treatment of common childhood illnesses are essential if children are to thrive as well as survive'

'In order to survive and develop to their full potential, **children need health care**, nutritious food, education that nurtures their minds and equips them with useful knowledge and skills, freedom from violence and exploitation, and the time and space to play. **The right to life, survival and development thus points to a wide range of indicators that must be measured in order to make sure that this right is realized'**

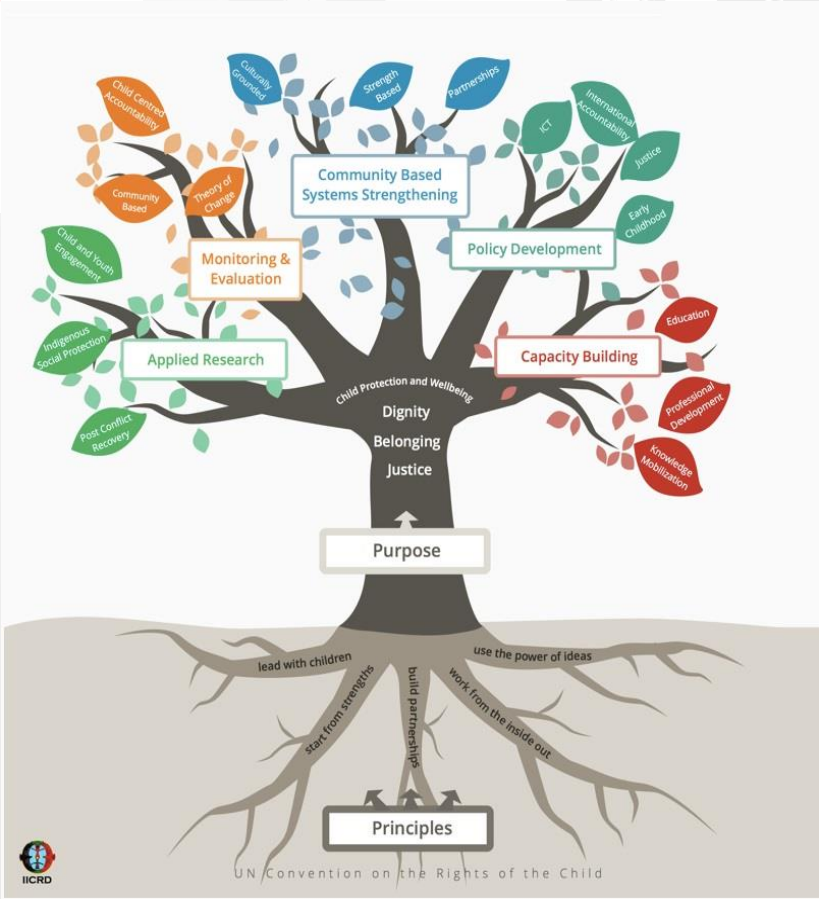
SDG-3: 'Goal 3 seeks to ensure **health and well-being for all, at every stage of life**. The Goal addresses all major health priorities, including reproductive, **maternal and child health**; communicable, non-communicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines. It also calls for more research and development, increased health financing, and strengthened capacity of all countries in health risk reduction and management'

APPROACH



Human Rights Based Approach

- Assessment
- Causal analysis
- Role analysis
- Capacity analysis



'Engaging children and their communities in identifying risk factors and mobilizing protective mechanisms as part of wider community development' (International Institute for Child Rights and Development)

Council of Europe guidelines

…AND WHAT'S AT STAKE?

International Journal of Qualitative Studies on Health and Well-being

Co Action Publishing

EMPIRICAL STUDY

Promoting participation in healthcare situations for children with JIA: a grounded theory study

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[1]*Region Halland, Halmstad Hospital, Sweden and* [2]*School of Social and Health Sciences, Halmstad University, Halmstad, Sweden*

Abstract

Children's right to participate in their own healthcare has increasingly become highlighted in national and international research as well as in government regulations. Nevertheless, children's participation in healthcare is unsatisfactorily applied in praxis. There is a growing body of research regarding children's participation, but research from the children's own perspective is scarce. The aim of this study was thus to explore the experiences and preferences for participation in healthcare situations among children with juvenile idiopathic arthritis (JIA) as a foundation for creating strategies to promote their participation in pediatric healthcare. Twenty children, aged 8 to 17 years, with JIA were interviewed individually and in focus groups. In order to increase the children's opportunities to express their own experiences, different interview techniques were

Children's right to participate in their own healthcare has increasingly become highlighted in national and international research as well as in government regulations. *Nevertheless, children's participation in healthcare is unsatisfactorily applied in praxis*. There is a growing body of research regarding children's participation, but research from the children's own perspective is scarce.

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RESEARCH ARTICLE

WILEY NursingOpen

Patient participation, a prerequisite for care: A grounded theory study of healthcare professionals' perceptions of what participation means in a paediatric care context

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School of Health and Welfare, Department of health and nursing, Halmstad University

Abstract

1. **Children are a group of patients who are excluded from patient participation, with little attention paid to their views** (Runeson, Elander, Hermeren, & Kristensson-Hallstrom, 2000; Runeson, Hallstrom, Elander, & Hermeren, 2002) and with a marginal role in discussions about their care (Cahill & Papageorgiou, 2007; Coyne, 2006; Moore & Kirk, 2010; Savage & Callery, 2007).
2. **Children are not included when information is given concerning decisions about their care and in terms of their possibilities for being involved in decisions** that need to be made about their care (Coyne, Amory, Kiernan, & Gibson, 2014; Coyne & Gallagher, 2011; Hallstrom & Elander, 2004; Runeson, Martenson, & Enskar, 2007; Runeson et al., 2002; Feenstra et al., 2014; Koller, 2016; Moore & Kirk, 2010; Wyatt et al., 2015).

Issues	Gains of participation
1. If the pediatric team has not learned how to handle difficult situations and to build relationships of trust and empowerment for the child, the result will be that pediatricians will talk about difficult children as if they were objects instead of with them as members of a team. (Lilly Damm, MD, Ulrike Leiss, PhD, Ulrike Habeler, MD, and Jochen Ehrich, MD, DCMT, Improving Care through Better Communication: Understanding the Benefits, EPA) 2. Research is way too limited (…and limitating): 'Most of the studies have ignored the implications of a child's presence in medical encounters. Although all studies claim to examine the interaction in the doctor-parent-child triad, most research methodologies used are based on dyads'. (Tates, K., Meeuwesen, L. Doctor–parent–child communication: a (re)view of the literature. Soc. Sci. Med. 2001;52:839–851.)	1. Effective doctor–child communication is a necessary prerequisite for safe medical care (Lilly Damm, MD, Ulrike Leiss, PhD, Ulrike Habeler, MD, and Jochen Ehrich, MD, DCMT, Improving Care through Better Communication: Understanding the Benefits, EPA) 2. '…'children's participation' appears to have a protective and preventive effect for health-related problems. Therefore, it is argued, that 'enablement', a key-element of both the Ottawa Charter on Health Promotion and the International Convention on the Rights of the Child, should be at the core of every child-health promotion programme'. (de Winter, M., Baerveldt, C., Kooistra, J. Enabling children: participation as a new perspective on child-health promotion. Child Care Hlth. Dev. 1999;25:15–25)

Physicians can improve the likelihood that children will answer their questions by:

(a) asking them social questions early in the visit

(b) phrasing their questions as yes–no questions

(c) directing their gaze at the children during each question.

(Physician–child interaction: When children answer physicians' questions in routine medical encounters, Stivers, Tanya, Patient Education and Counseling , Volume 87 , Issue 1 , 3 – 9)

As chronically ill adolescents need to prepare themselves for transition to adult care, healthcare providers should encourage them to take the lead in communication by initiating independent visits and changing the parents' roles.

(Unraveling triadic communication in hospital consultations with adolescents with chronic conditions: The added value of mixed methods research,van Staa, AnneLoes, Patient Education and Counseling , Volume 82 , Issue 3 , 455 – 464)

Instead….

'There are still no established definitions, standardized diagnostic methods and effective interventions to treat and prevent this problem (ndr. non adherence to transplant related therapies). We propose the recommendations to approach the problems of adolescent transplant non-adherence from the transplant clinician's viewpoint. With early identification and appropriate interventions, significant improvement in adolescent graft survival is possible'.

Rianthavorn, P. and Ettenger, R. B. (2005), Medication non-adherence in the adolescent renal transplant recipient: A clinician's viewpoint. Pediatric Transplantation, 9: 398-407. doi:10.1111/j.1399-3046.2005.00358

Instead…

'Analyses of 105 videos show that in most consultations, both GP and parent displayed non-supportive behavior. Despite the GPs' initial efforts to involve the child in the interaction, 90% of the consultations ended up in a non-participatory way. During this last segment of diagnosis and treatment information, the child's voice was hardly heard, as reflected in the minimal involvement displayed and the absence of turning to the parent for support'.

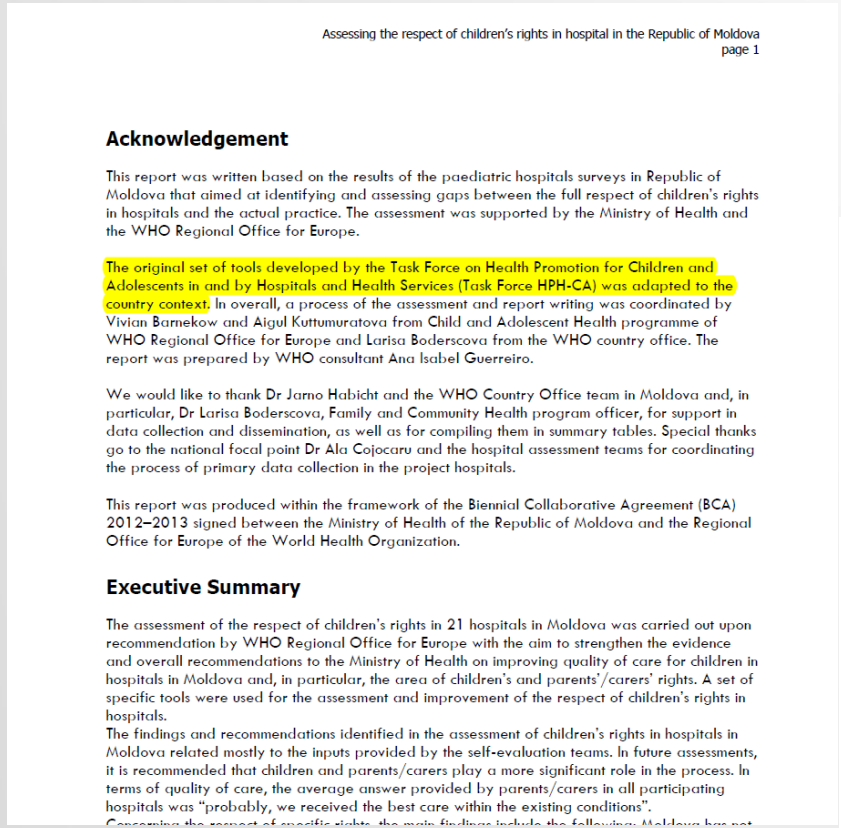
(Doctor–parent–child relationships: a 'pas de trois' Tates, Kiek et al., Patient Education and Counseling , Volume 48 , Issue 1 , 5 – 14)

WHAT CAN WE DO TO POSITION OURSELVES TOWARDS SUPPORTING THE HEALTH OF CHILDREN AND ADOLESCENTS IN HOSPITALS AND OTHER HEALTH CARE SETTINGS?

GLOBAL NETWORKING ON CHILD RIGHT TO HEALTH AND CHILD HEALTH PROMOTION; IMPLEMENT A HUMAN RIGHTS BASED APPROACH TO HEALTH IN HOSPITAL AND HEALTH CARE SERVICES

SEMT (Self Evaluation Model and Tool) adopted and implemented by WHO in Moldova, Tajikistan and Kyrgyzstan and in 2015 in Uzbekistan.

In Australia specific Audits have been carried out using the SEMT (2011-2013-2015)



Assessing the respect of children's rights in hospital in the Republic of Moldova
page 1

Acknowledgement

This report was written based on the results of the paediatric hospitals surveys in Republic of Moldova that aimed at identifying and assessing gaps between the full respect of children's rights in hospitals and the actual practice. The assessment was supported by the Ministry of Health and the WHO Regional Office for Europe.

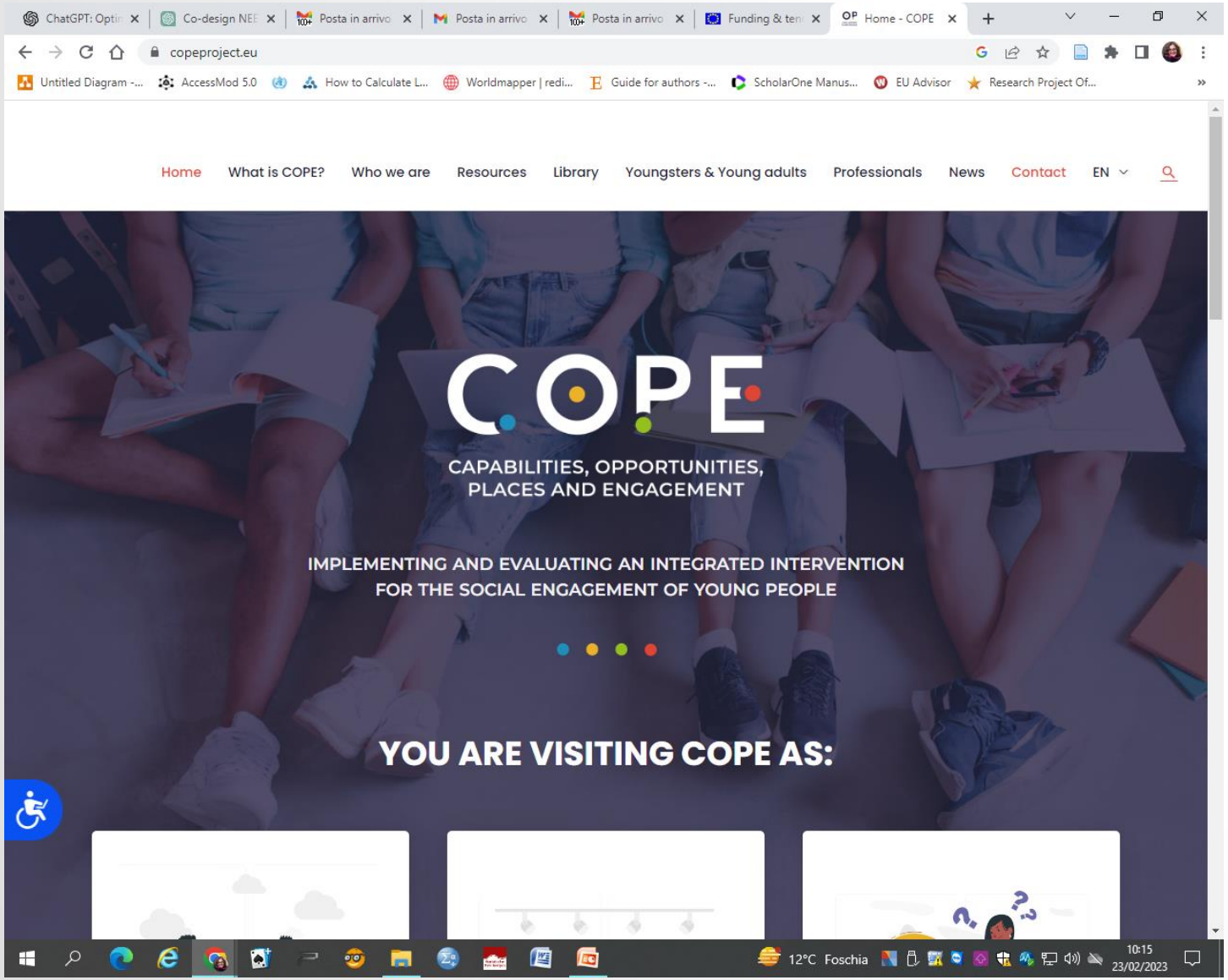
The original set of tools developed by the Task Force on Health Promotion for Children and Adolescents in and by Hospitals and Health Services (Task Force HPH-CA) was adapted to the country context. In overall, a process of the assessment and report writing was coordinated by Vivian Barnekow and Aigul Kuttumuratova from Child and Adolescent Health programme of WHO Regional Office for Europe and Larisa Boderscova from the WHO country office. The report was prepared by WHO consultant Ana Isabel Guerreiro.

We would like to thank Dr Jarno Habicht and the WHO Country Office team in Moldova and, in particular, Dr Larisa Boderscova, Family and Community Health program officer, for support in data collection and dissemination, as well as for compiling them in summary tables. Special thanks go to the national focal point Dr Ala Cojocaru and the hospital assessment teams for coordinating the process of primary data collection in the project hospitals.

This report was produced within the framework of the Biennial Collaborative Agreement (BCA) 2012–2013 signed between the Ministry of Health of the Republic of Moldova and the Regional Office for Europe of the World Health Organization.

Executive Summary

The assessment of the respect of children's rights in 21 hospitals in Moldova was carried out upon recommendation by WHO Regional Office for Europe with the aim to strengthen the evidence and overall recommendations to the Ministry of Health on improving quality of care for children in hospitals in Moldova and, in particular, the area of children's and parents'/carers' rights. A set of specific tools were used for the assessment and improvement of the respect of children's rights in hospitals.
The findings and recommendations identified in the assessment of children's rights in hospitals in Moldova related mostly to the inputs provided by the self-evaluation teams. In future assessments, it is recommended that children and parents/carers play a more significant role in the process. In terms of quality of care, the average answer provided by parents/carers in all participating hospitals was "probably, we received the best care within the existing conditions".
Concerning the respect of specific rights, the main findings include the following: Moldova has not



Cooperate with professionals who are building Health promotion Frameworks for providing solutions to support Young People's Mental Health

e.g. Neet's

MEASURING

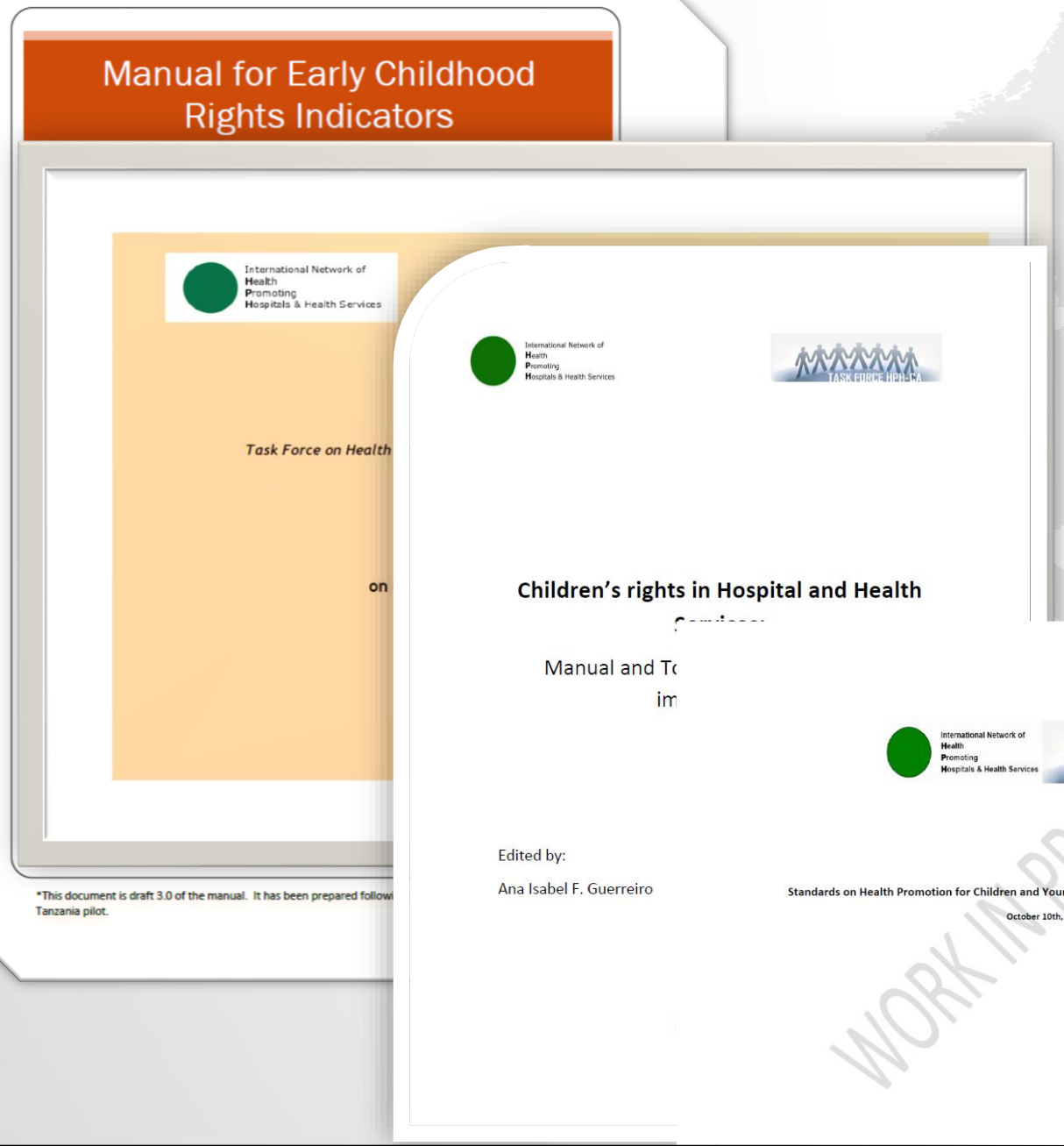
Measuring the World

Indicators, Human Rights, and Global Governance

by Sally Engle Merry

Indicators are rapidly multiplying as tools for assessing and promoting a variety of social justice and reform strategies around the world. There are indicators of rule of law, indicators of violence against women, and indicators of economic development, among many others. Indicators are widely used at the national level and are increasingly important in global governance. There are increasing demands for "evidence-based" funding for nongovernmental organizations and for the results of civil society organizations to be quantifiable and
of complex phenomena began in st
recently migrated to the regulation
to indicators in the field of global g
implications for relations of power
civil society. The deployment of sta
expertise. The growing reliance or
corporate form of thinking and gov

Indicators can effectively *highlight deficits, areas of inequality, spheres of human rights violations, and other problem areas*. Reform movements depend on producing statistical measures of the wrongs they hope to redress, such as human rights violations, refugee populations, disease rates, and the incidence of poverty and inequality. They are a valuable reform tool in their ability to show areas of state failure.



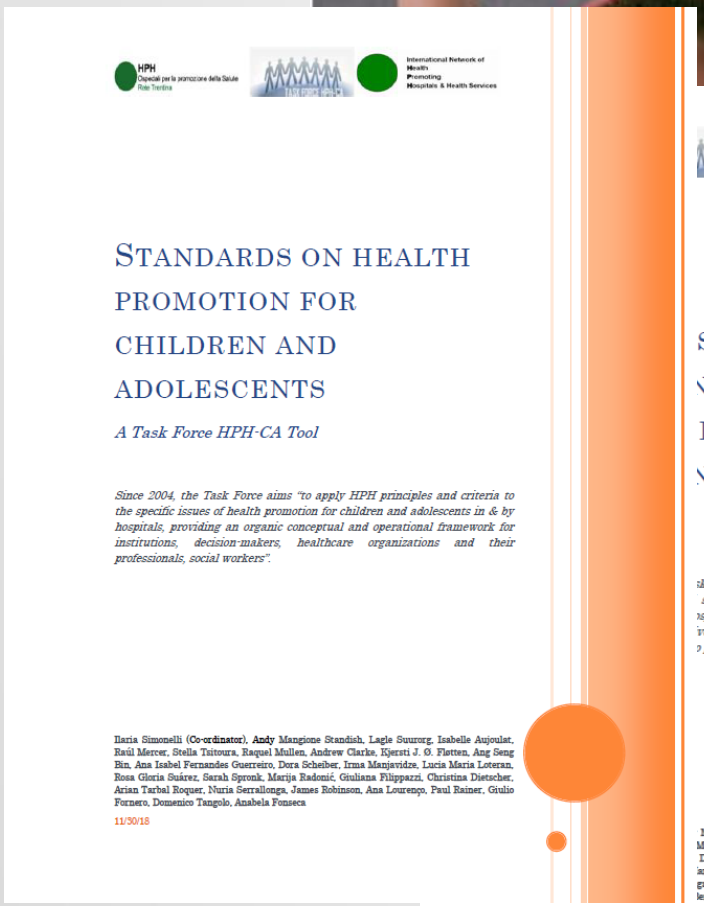
Early Childhood Rights Indicators: A Right-Based Approach to Early Child Development (ECRI is a tool that **promotes health and developmental outcomes of the early years of childhood through facilitation of monitoring the implementation of young children's rights)**

Self Evaluation Model and Tool (SEMT)

Children's rights in Hospital and Health Services: Manual and Tools for assessment and improvement

STANDARDS TF HPH-CA


EU-UNICEF
Child Rights Toolkit:
Integrating Child Rights in
Development Cooperation


HPH
International Network of Health Promoting Hospitals & Health Services
STANDARDS ON HEALTH PROMOTION FOR CHILDREN AND ADOLESCENTS
A Task Force HPH-CA Tool
Since 2004, the Task Force aims "to apply HPH principles and criteria to the specific issues of health promotion for children and adolescents in & by hospitals, providing an organic conceptual and operational framework for institutions, decision-makers, healthcare organizations and their professionals, social workers".
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11/30/18


International Network of Health Promoting Hospitals & Health Services
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NTI
k Force è quello di "applicare i principi e i
specifiche della promozione della salute di
spedali e nei servizi sanitari, fornendo un
vo per le istituzioni, i decisori politici, le
professionisti".
Mangione Standish, Lagle Suurorg, Isabelle Aujoulat, Mullen, Andrew Clarke, Kjersti J. Ø. Fletten, Ang Seng Dora Scheiber, Irma Manjavidze, Lucia Maria Loteran, arija Radonić, Giuliana Filippazzi, Christina Dietscher, ga, James Robinson, Ana Lourenço, Paul Rainer, Giulio lengough, Sarra Mougel
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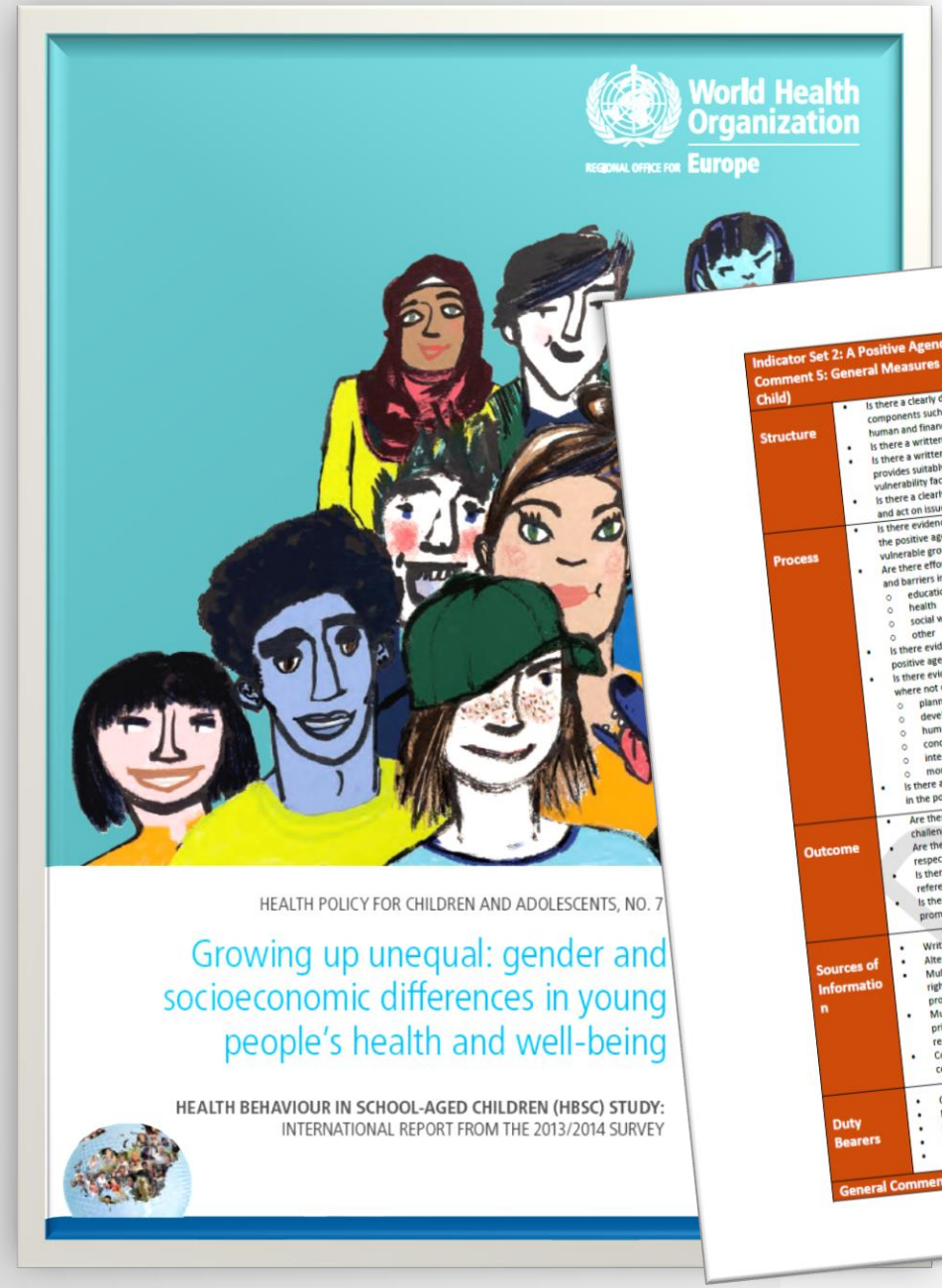
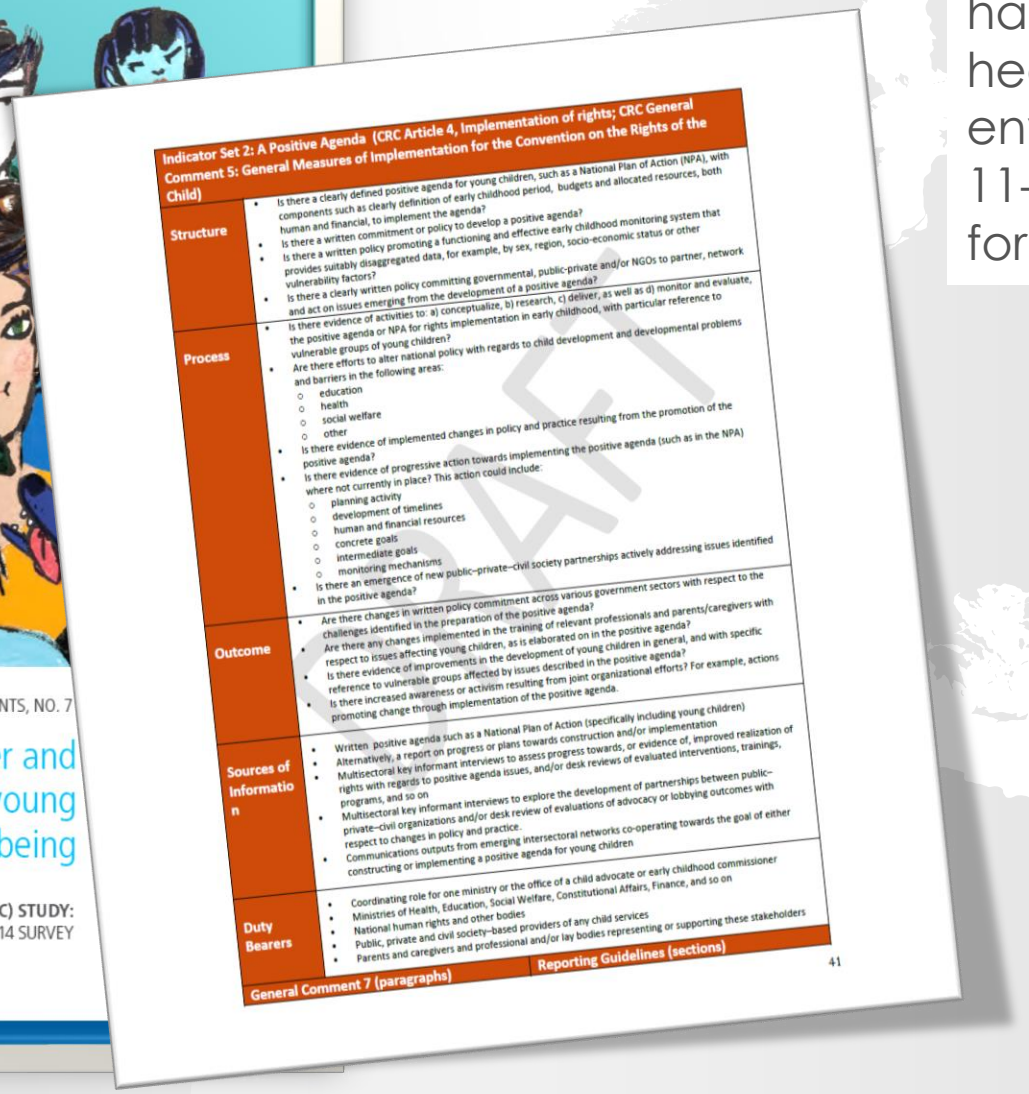
Stanc


FRA
Conference Edition
Developing indicators for the protection, respect and promotion of the rights of the child in the European Union
November 2010


CHILD PARTICIPATION ASSESSMENT TOOL
Indicators for measuring progress in promoting the right of children and young people under the age of 18 to participate in matters of concern to them



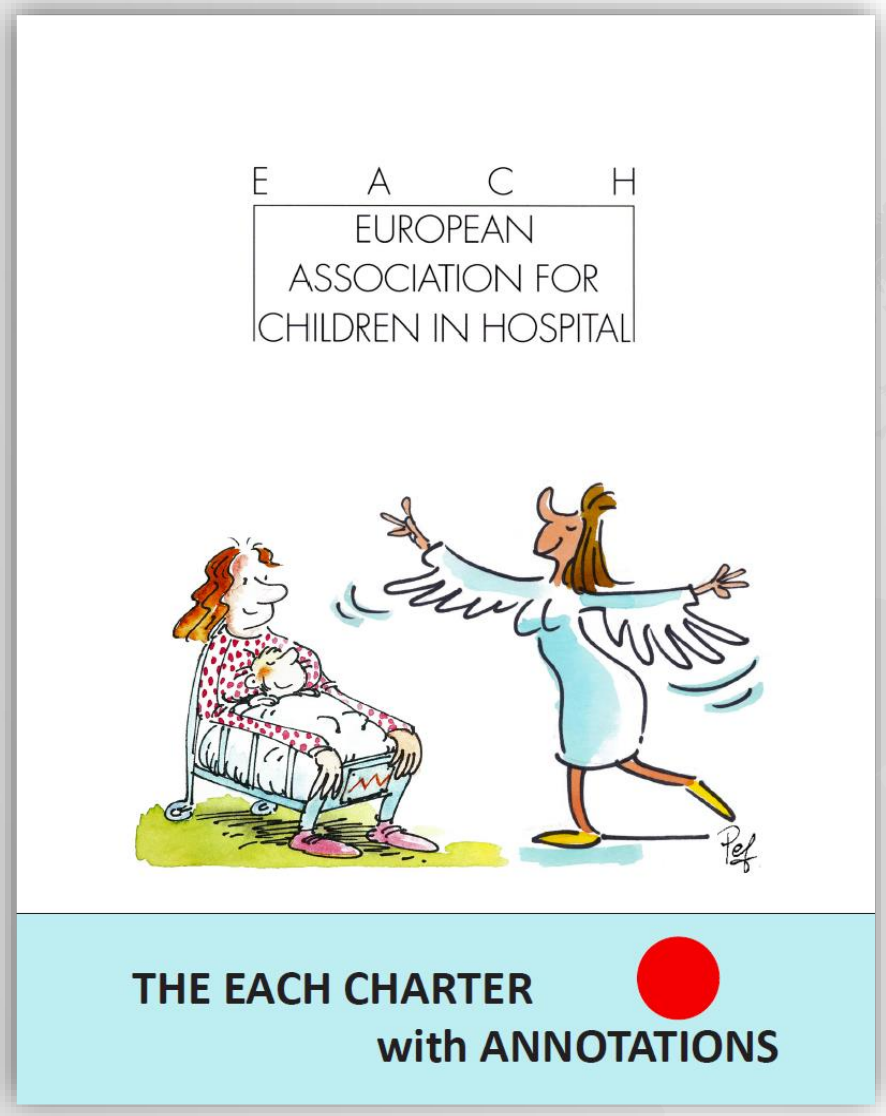


Indicator Set 2: A Positive Agenda (CRC Article 4, Implementation of rights; CRC General Comment 5: General Measures of Implementation for the Convention on the Rights of the Child)		
Structure	• Is there a clearly defined positive agenda for young children, such as a National Plan of Action (NPA), with components such as clearly definition of early childhood period, budgets and allocated resources, both human and financial, to implement the agenda? • Is there a written commitment or policy to develop a positive agenda? • Is there a written policy promoting a functioning and effective early childhood monitoring system that provides suitably disaggregated data, for example, by sex, region, socio-economic status or other vulnerability factors? • Is there a clearly written policy committing governmental, public-private and/or NGOs to partner, network and act on issues emerging from the development of a positive agenda?	
Process	• Is there evidence of activities to: a) conceptualize, b) research, c) deliver, as well as d) monitor and evaluate, the positive agenda or NPA for rights implementation in early childhood, with particular reference to vulnerable groups of young children? • Are there efforts to alter national policy with regards to child development and developmental problems and barriers in the following areas: ○ education ○ health ○ social welfare ○ other • Is there evidence of implemented changes in policy and practice resulting from the promotion of the positive agenda? • Is there evidence of progressive action towards implementing the positive agenda (such as in the NPA) where not currently in place? This action could include: ○ planning activity ○ development of timelines ○ human and financial resources ○ concrete goals ○ intermediate goals ○ monitoring mechanisms • Is there an emergence of new public–private–civil society partnerships actively addressing issues identified in the positive agenda?	
Outcome	• Are there changes in written policy commitment across various government sectors with respect to the challenges identified in the preparation of the positive agenda? • Are there any changes implemented in the training of relevant professionals and parents/caregivers with respect to issues affecting young children, as is elaborated on in the positive agenda? • Is there evidence of improvements in the development of young children in general, and with specific reference to vulnerable groups affected by issues described in the positive agenda? • Is there increased awareness or activism resulting from joint organizational efforts? For example, actions promoting change through implementation of the positive agenda.	
Sources of Information	• Written positive agenda such as a National Plan of Action (specifically including young children) • Alternatively, a report on progress or plans towards construction and/or implementation • Multisectoral key informant interviews to assess progress towards, or evidence of, improved realization of rights with regards to positive agenda issues, and/or desk reviews of evaluated interventions, trainings, programs, and so on • Multisectoral key informant interviews to explore the development of partnerships between public–private–civil organizations and/or desk review of evaluations of advocacy or lobbying outcomes with respect to changes in policy and practice. • Communications outputs from emerging intersectoral networks co-operating towards the goal of either constructing or implementing a positive agenda for young children	
Duty Bearers	• Coordinating role for one ministry or the office of a child advocate or early childhood commissioner • Ministries of Health, Education, Social Welfare, Constitutional Affairs, Finance, and so on • National human rights and other bodies • Public, private and civil society–based providers of any child services • Parents and caregivers and professional and/or lay bodies representing or supporting these stakeholders	
General Comment 7 (paragraphs)		Reporting Guidelines (sections)

Health Behaviour in School-aged Children (HBSC) is a WHO collaborative cross-national study, that has provided information about the health, well-being, social environment and health behavior of 11-, 13- and 15-year-old boys and girls for over 30 years

Country reports on the respect of the Convention on the Rights of the Child

PARTICIPATION



EACH Charter
(European Association for Children in Hospitals)

The EACH Charter recognizes and endorses the **rights of the child** as stipulated in the UN Convention on the Rights of the Child (UNCRC), and in particular the key principle that, in all situations, **the best interests of the child should prevail** (art.3).

In addition, the EACH Charter relates to the UNCRC General Comment No 15 (2013) on the child's right to the enjoyment of the **highest attainable standard of health (art. 24),** and to the UNCRC General Comment No. 4 (2003) on **adolescent health and development.**

Contents lists available at ScienceDirect

Journal of Biomedical Informatics

journal homepage: www.elsevier.com/locate/yjbin

The child's perspective as a guiding principle: Young children as co-designers in the design of an interactive application meant to facilitate participation in healthcare situations

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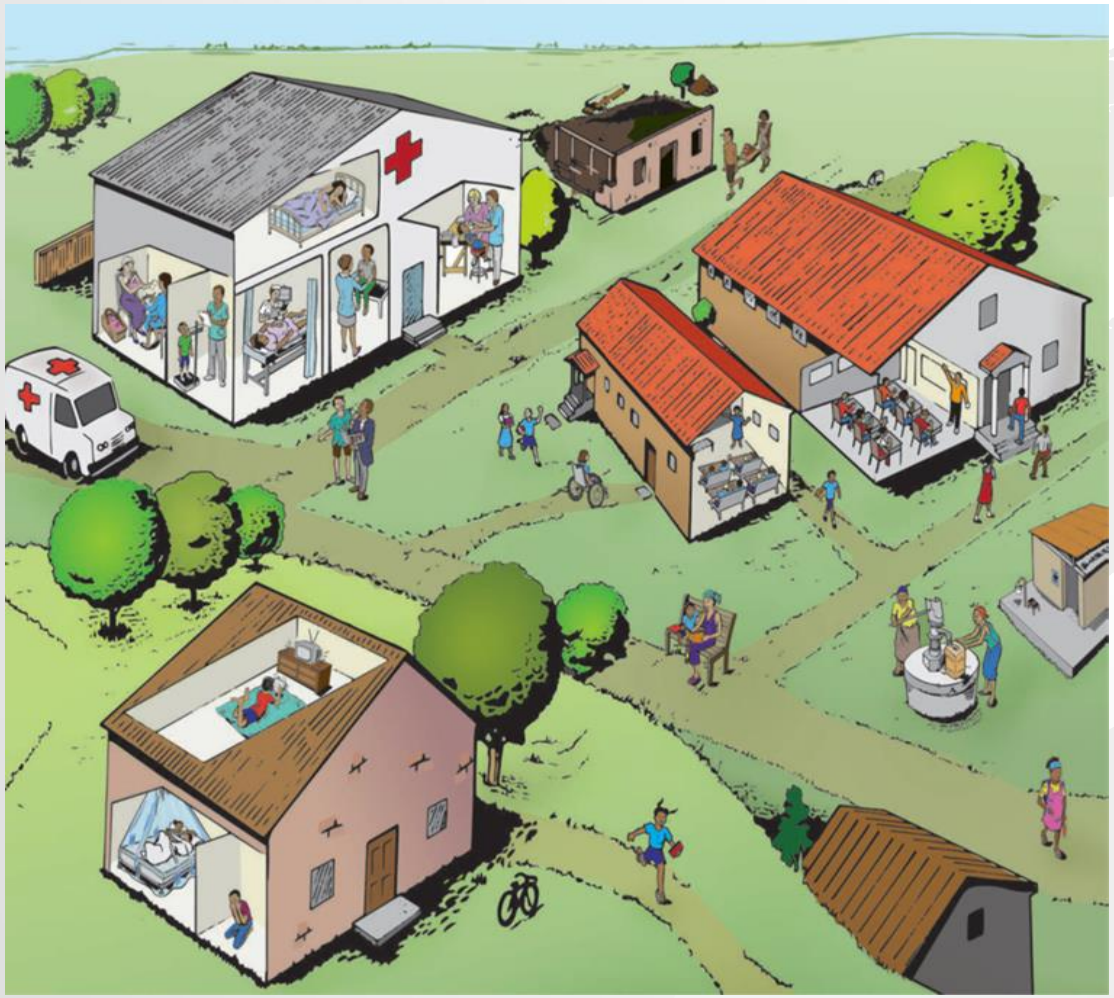
Child's perspective
Application
Participation
Healthcare situation

ABSTRACT

During the last decade, interactive technology has entered mainstream society. Its many users also include children, even the youngest ones, who use the technology in different situations for both fun and learning. When designing technology for children, it is crucial to involve children in the process in order to arrive at an age-appropriate end product. In this study we describe the specific iterative process by which an interactive application was developed. This application is intended to facilitate young children's, three-to five years old, participation in healthcare situations. We also describe the specific contributions of the children, who tested the prototypes in a preschool, a primary health care clinic and an outpatient unit at a hospital, during the development process. The iterative phases enabled the children to be involved at different stages of the process and to evaluate modifications and improvements made after each prior iteration. The children contributed their own perspectives (the child's perspective) on the usability, content and graphic design of the application, substantially improving the software and resulting in an age-appropriate product.

The application, "Inter-Active Communication Tool for Activities" [IACTA], is intended to facilitate young children's, three to five years, participation in healthcare situations. The application will be run on a touchscreen tablet. When entering the examination or treatment room, the application is used jointly by the child and the professional.

ACTION



'The goal of being an HPH member, of working with health promotion, and of collaborating internationally is **to achieve a better health gain by improving the quality of health care, the relationship between hospitals/health services, the community and the environment, as well as the satisfaction of patients, relatives, and staff.** The members are working on **incorporating the concepts, values, strategies, and standards/indicators of health promotion** into the organizational structure and culture of the hospitals and health services'

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What can we do to position ourselves towards supporting the health of children and adolescents in hospitals and other health care settings?