

8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010

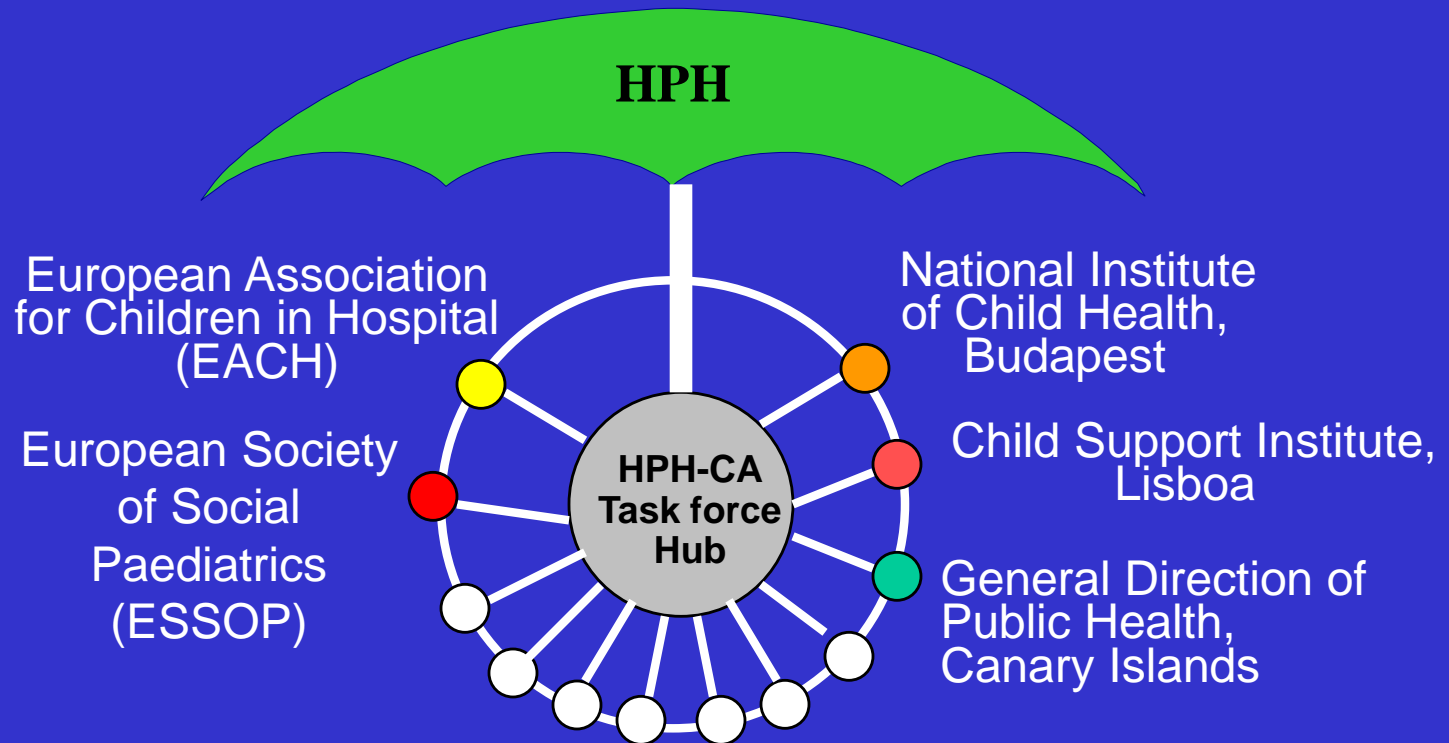
International Network of  
**H**Health  
**P**Promoting  
**H**Hospitals & Health Services



Task force on  
Health  
Promotion for  
Children and  
Adolescents

Fabrizio Simonelli

# Task Force HPH-CA work trajectories



**Hospitals/Departments for Children:**  
Barcelona, Dubrovnik, Edinburgh, Florence,  
Liverpool, Lorenskog, Montreal, Sidney, Tallinn,  
Troy, Vienna

8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010

International Network of  
Health  
Promoting  
Hospitals & Health Services



Task force on  
Health  
Promotion for  
Children and  
Adolescents

Fabrizio Simonelli

# HPH-CA TF Milestones

- 2004/2  
005 BACKGROUND SURVEY on Health Promotion for Children and Adolescents in hospitals (114 European Paediatric hospitals of 22 Countries)
- 2006/2  
007 BACKGROUND DOCUMENT TEMPLATE & OBSERVATORY on Good practices of HP RECOMMENDATIONS on Children's rights in hospital
- 2008/2  
009 SELF EVALUATION MODEL AND TOOL ON THE RESPECT OF CHILDREN'S RIGHTS IN HOSPITAL (SEMT)
- 2009/2  
010 SEMT IMPLEMENTATION PROCESS (16 European Paediatric/Departments + 1 Australian one)
- 2009/2  
010 SURVEY on the perception of children's right in hospital among parents ( 7 European Countries )

8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010

International Network of  
**H**Health  
**P**Promoting  
**H**Hospitals & Health Services



Task force on  
Health  
Promotion for  
Children and  
Adolescents

Fabrizio Simonelli

## Lesson learned (from our experience, in syntheses)

1. About the theoretical framework (Background document, 2007)

Strengthened principles:

- Health promotion for CAs is a key-investment for health

*(“Childhood and Adolescence represent a **sensitive phase of life** to adopt healthy lifestyles and coping mechanisms”)*

- Health promotion for CAs in & by hospitals is a key-value to their health

*(“hospitals have a pivotal role in promoting healthy development in children and adolescents, especially where health promotion activities are integrated in the episode of hospitalisation and with similar actions implemented in the community”)*

- Health promotion for CAs in & by hospitals addresses a wide range of target groups, beyond children and adolescents, and a wide range of health determinants

*(“it’s possible to identify various target groups for the HPH-CA activities: future parents, parents, visitors, staff, community”)*

8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010

International Network of  
**H**Health  
**P**Promoting  
**H**Hospitals & Health Services



Task force on  
Health  
Promotion for  
Children and  
Adolescents

Fabrizio Simonelli

## Lesson learned (from our experience, in syntheses)

2. About Children's rights in hospital (Recommendations,2007 and SEMT Report,2010)

### **The Child rights- based approach :**

- is a key-component for health promotion of children, their families, for staff and community;
- is a powerful equalizer in health, overcoming social, economic, cultural inequities;
- is an additional strategy for improving the quality of healthcare service provision.

**The SEMT process** highlighted that any paediatric hospital/department must pay attention to the Child rights:

- adopting a **Charter** of the Child rights in line with the CRC;
- implementing **tools to evaluate** the respect of the Child rights;
- promoting **education activities** for hospital staff including the issue of the respect of Child rights, as well as Child and developmental psychology and communication techniques;
- **facilitating the participation** of children, parents, associations in the evaluation and improvement process.

**The SEMT process** demonstrated that it is possible to evaluate the respect of children's rights in hospital **without additional financial resources**, but this requires a **strong motivation** of the staff and a **strong support** from the Hospitals management.

8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010

International Network of  
**H**Health  
**P**Promoting  
**H**Hospitals & Health Services



Task force on  
Health  
Promotion for  
Children and  
Adolescents

Fabrizio Simonelli

## Lesson learned (from our experience, in syntheses)

3. About Good practices of health promotion for CA (Template,2007 and Observatory,2008)

**We have the tools but we don't have satisfying results.**

It is difficult to collect good practices and making the most of them.

In conclusion, the TF work is:

- important,
- becoming more and more complex,
- able to accept new challenges.

8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010

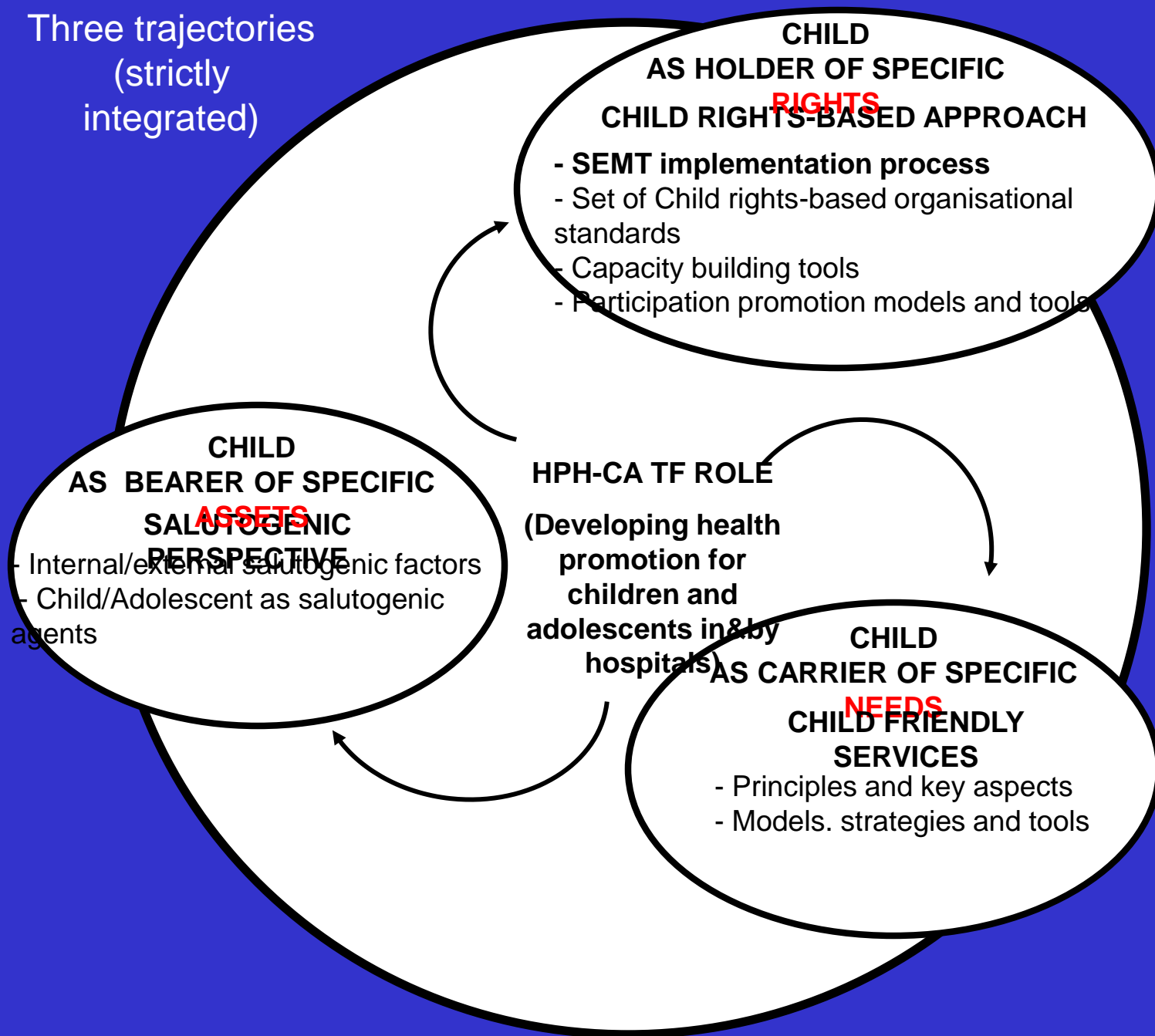
International Network of  
**H**Health  
**P**Promoting  
**H**Hospitals & Health Services



Task force on  
Health  
Promotion for  
Children and  
Adolescents

Fabrizio Simonelli

Three trajectories  
(strictly  
integrated)



8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010

International Network of  
**H**Health  
**P**Promoting  
**H**Hospitals & Health Services

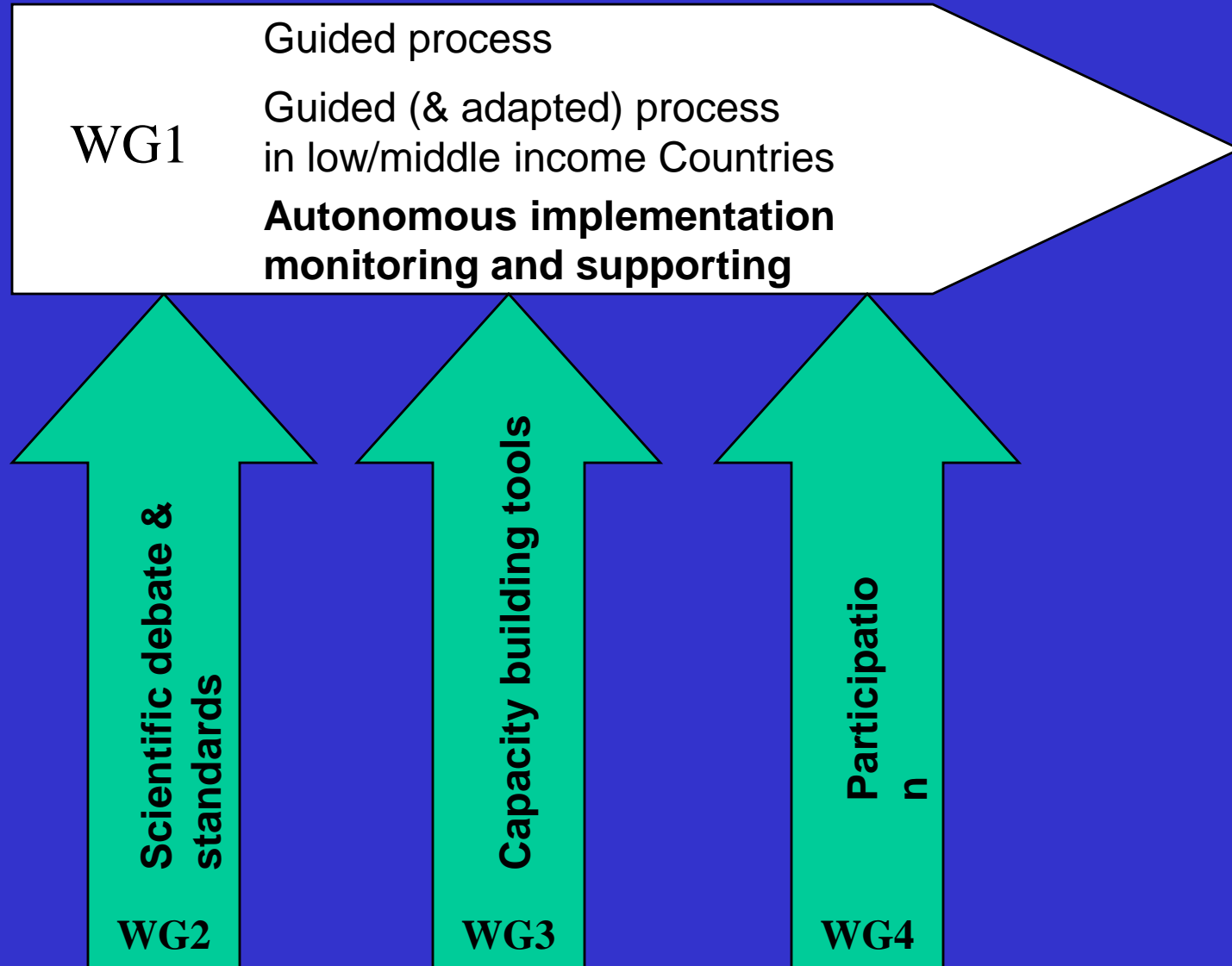


Task force on  
Health  
Promotion for  
Children and  
Adolescents

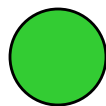
Fabrizio Simonelli

# HPH-CA TF Trajectories

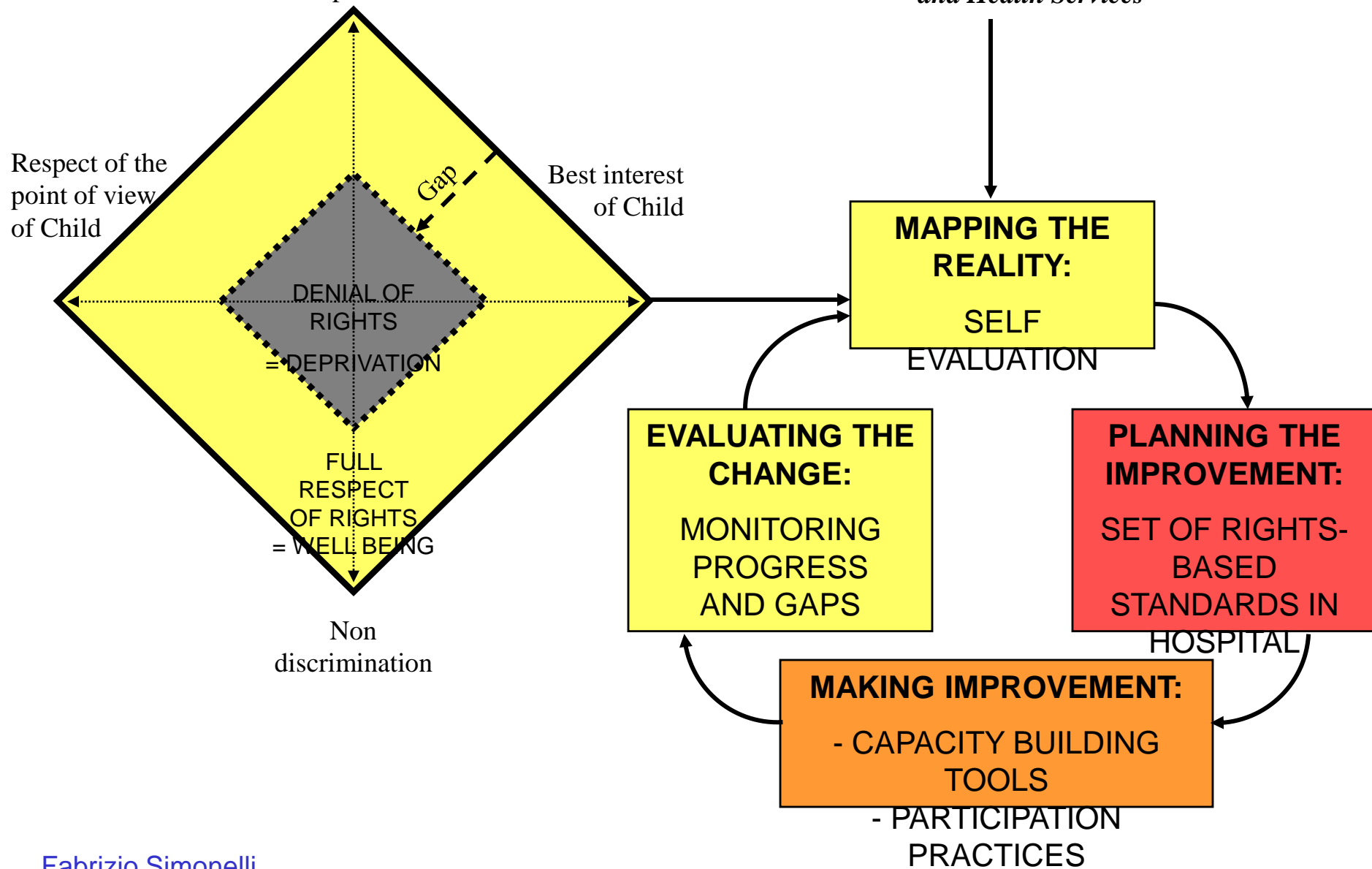
## 1. Child rights-based approach



**GENERAL PRINCIPLES OF U.N. CONVENTION ON THE RIGHTS OF THE CHILD**  
 Life, survival, development and protection



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



8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010

International Network of  
**H**Health  
**P**Promoting  
**H**Hospitals & Health Services



Task force on  
Health  
Promotion for  
Children and  
Adolescents

Fabrizio Simonelli

# HPH-CA TF Trajectories

## 2. Child-friendly services

**Principles** (not discrimination, equality, .....)

**and**

**Key-aspects** (i.e.: availability, accessibility, acceptability, good quality, .....)

### **Models, strategies and tools**

- general and for:
- specific needs focused (pathologies, disabilities)
- specific target groups (vulnerable groups)
- specific settings (hospital, primary care, community services)

### **Observatory on Good practices:**

- of health care child-friendly services
- of health prevention child-friendly activities
- of health promotion (health literacy, empowerment for health, life skills, solidaristic behaviour, ....)

8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010



International Network of  
**H**Health  
**P**Promoting  
**H**Hospitals & Health Services



Task force on  
Health  
Promotion for  
Children and  
Adolescents

Fabrizio Simonelli

# HPH-CA TF Trajectories

## 3. Salutogenic perspective

### Research on:

- Internal/external salutogenic factors for Childhood and Adolescence
- Child/Adolescent as salutogenic agents

8th HPH-CA  
Task force  
Meeting

18th International  
Conference  
on HPH

Manchester,  
15 April 2010

International Network of  
Health  
Promoting  
Hospitals & Health Services



Task force on  
Health  
Promotion for  
Children and  
Adolescents

Fabrizio Simonelli

Three trajectories  
(strictly  
integrated)

