

# THE RIGHTS OF CHILDREN AND YOUNG PEOPLE IN THE HEALTH CARE SETTING

Results of the 2010 self-assessment  
across Australia and New Zealand

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CHILDREN'S  
HOSPITALS  
AUSTRALASIA

# Participating health care facilities

- Six tertiary paediatric facilities
- Four community health facilities
- Five general hospitals with a paediatric wing



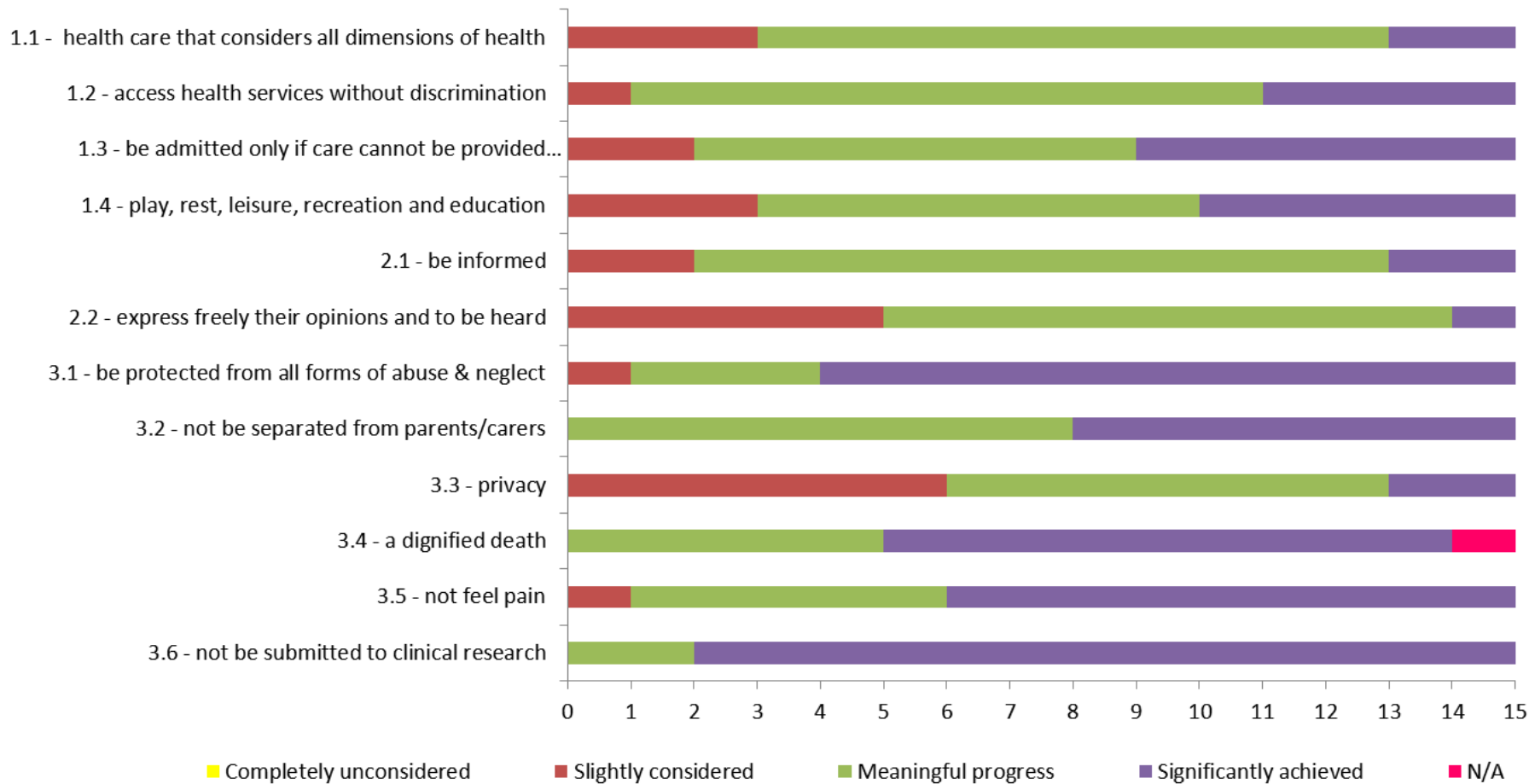
# Process and reporting

- All participating facilities were given a self-assessment tool and report
- Beyond that, no set method
- Evidence descriptive only
- Responses quite varied
- No validation of self-assessments
- Participants committed to notion of rights for children and young people

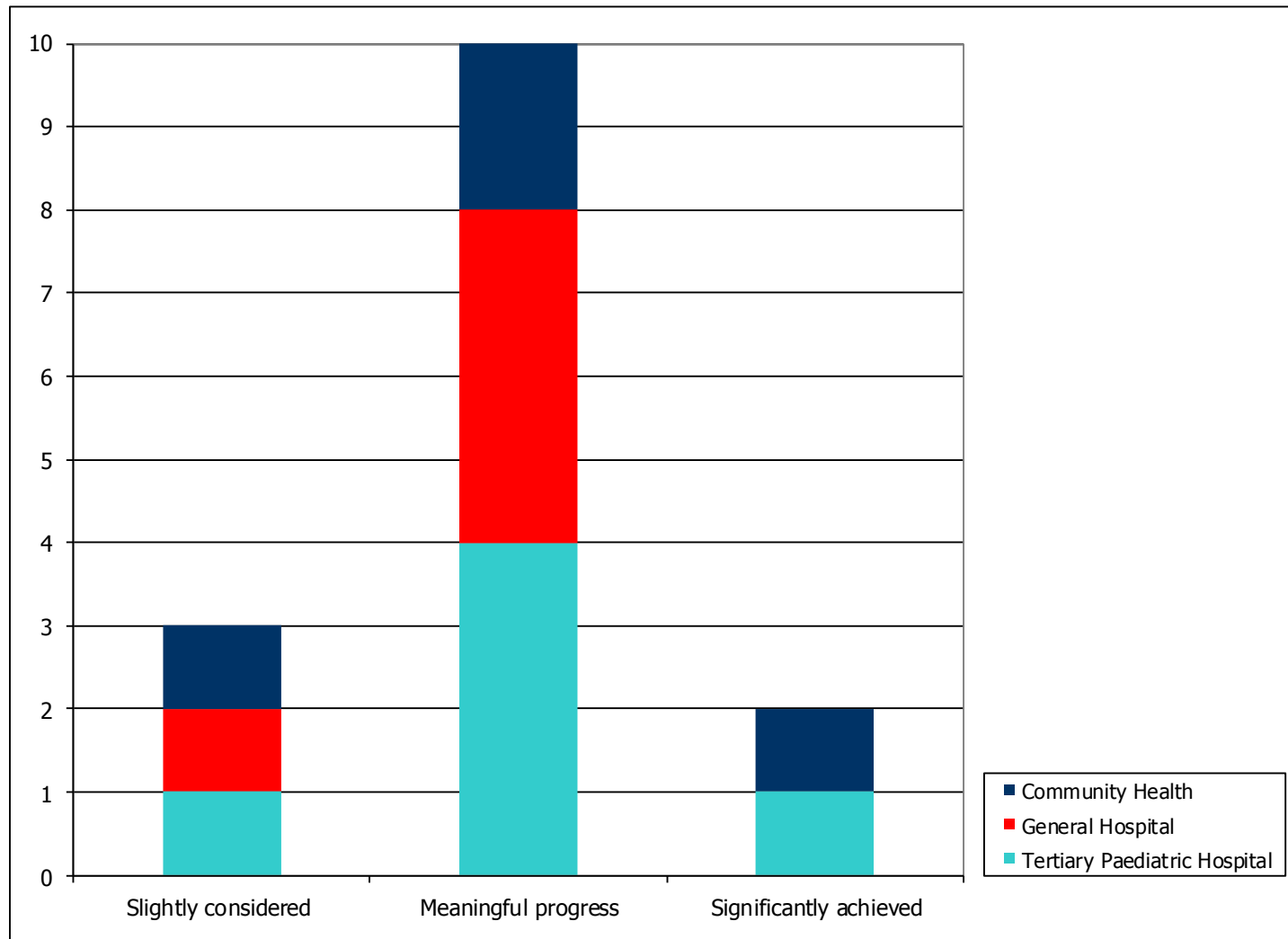


# Overall rating of compliance with each right

## Children & young people have the right to:



# Right 1.1: Children's health care provision should take into consideration all dimensions of health, including physical, mental, social, cultural and spiritual



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## STRONG POINTS

- Availability and use of interpreters
- Cultural awareness training
- Aboriginal, Maori & multicultural health workers
- Social workers and counselling
- Facilities for Aboriginal families
- Holistic approach to health care
- Integrated mental health care
- Allied health care
- Space to record demographic info

## FUTURE ACTION

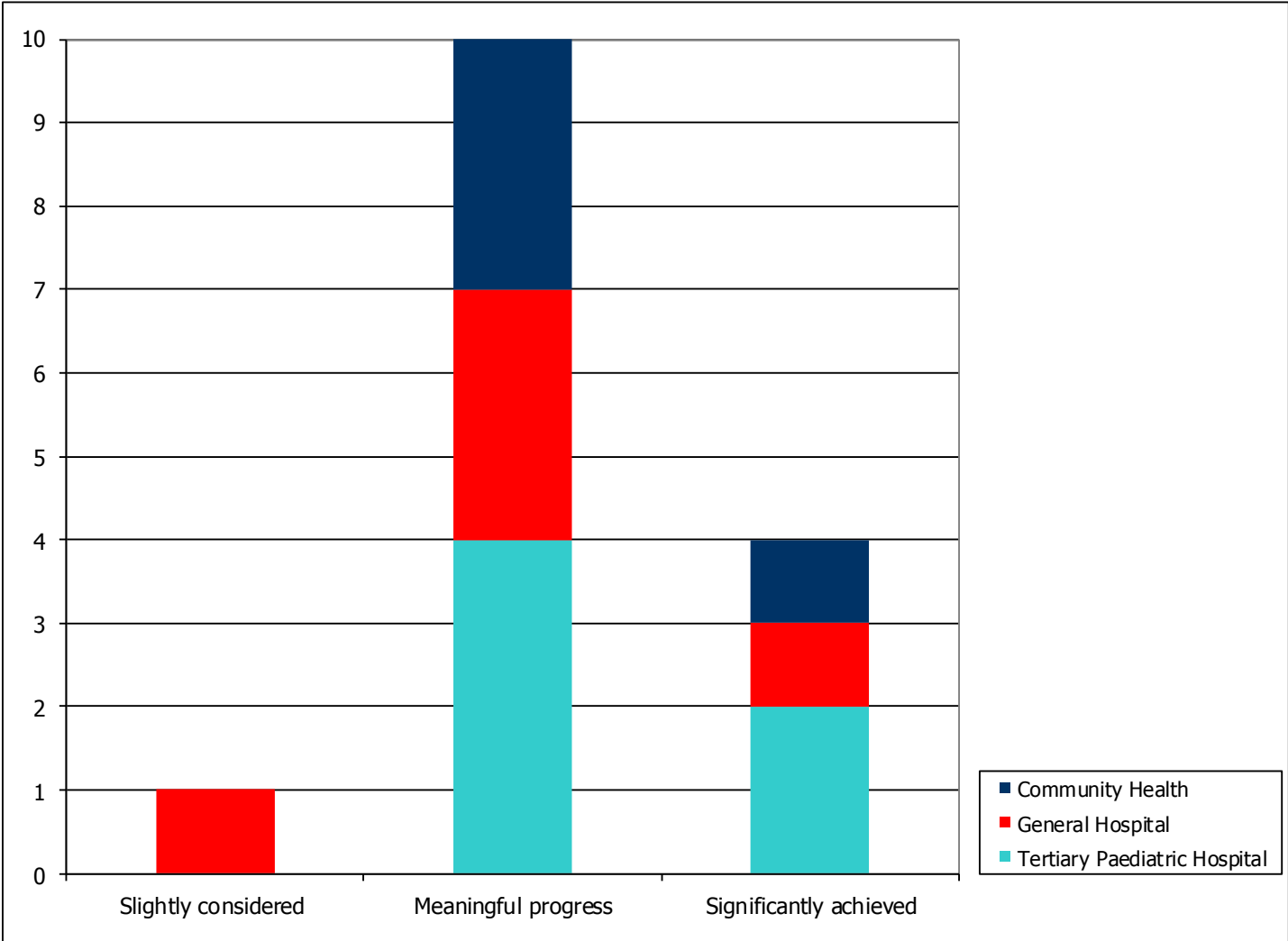
- Improve services for adolescents
- Separating children and adults on wards
- Charter of rights

## AREAS FOR IMPROVEMENT

- Adults occupying beds in children's wards
- Psychosocial needs of young people not being addressed
- No designated adolescent beds



# Right 1.2: Children have the right to access health services without ethnic, racial, class, religious, gender, age, sexual orientation, disability, language, cultural and social discrimination.



## **Right 1.2: Children have the right to access health services without ethnic, racial, class, religious, gender, age, sexual orientation, disability, language, cultural and social discrimination.**

### **STRONG POINTS**

- Cultural competence training
- Aboriginal, Maori and multicultural health workers
- Services for families from particular cultures
- Access to interpreters
- Quiet/prayer rooms
- Multi-denominational chaplaincy service
- Refugee clinic

### **FUTURE ACTION**

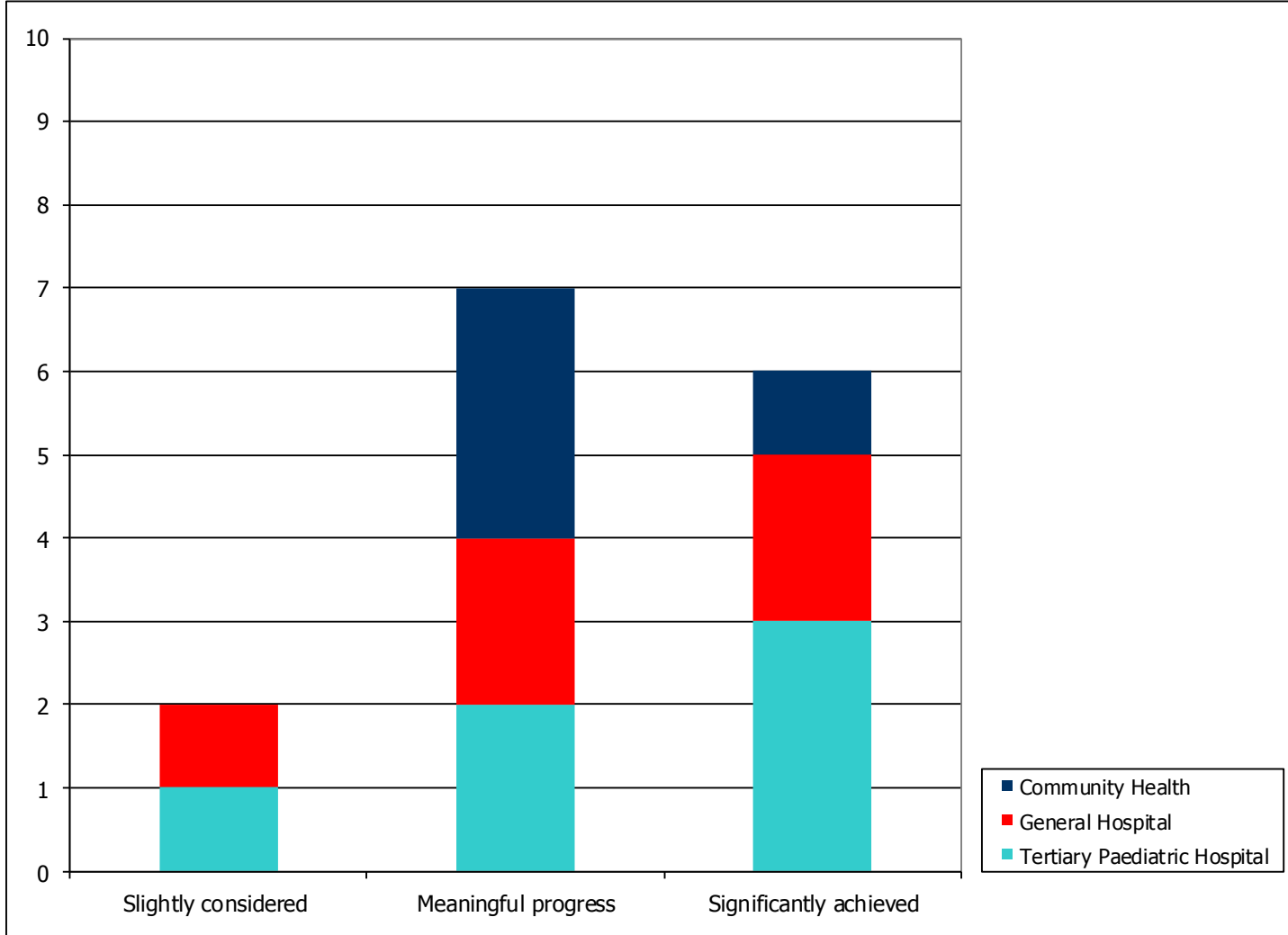
- Mandatory cultural competency training
- Signage and resources in other languages

### **AREAS FOR IMPROVEMENT**

- Mandated cultural competence training
- Improved food options
- Improve facilities for children with disabilities
- Written information available in community languages



# Right 1.3: Children shall be admitted to hospital only if the care they require cannot be equally well provided and effective at home or on a day basis.



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## STRONG POINTS

- Programs/policies to prevent and reduce hospitalisation, including outreach nursing
- Day surgery
- Care at home
- Collaborative work with community health services
- Hospital policy and protocols re admission
- Health promotion

## FUTURE ACTION

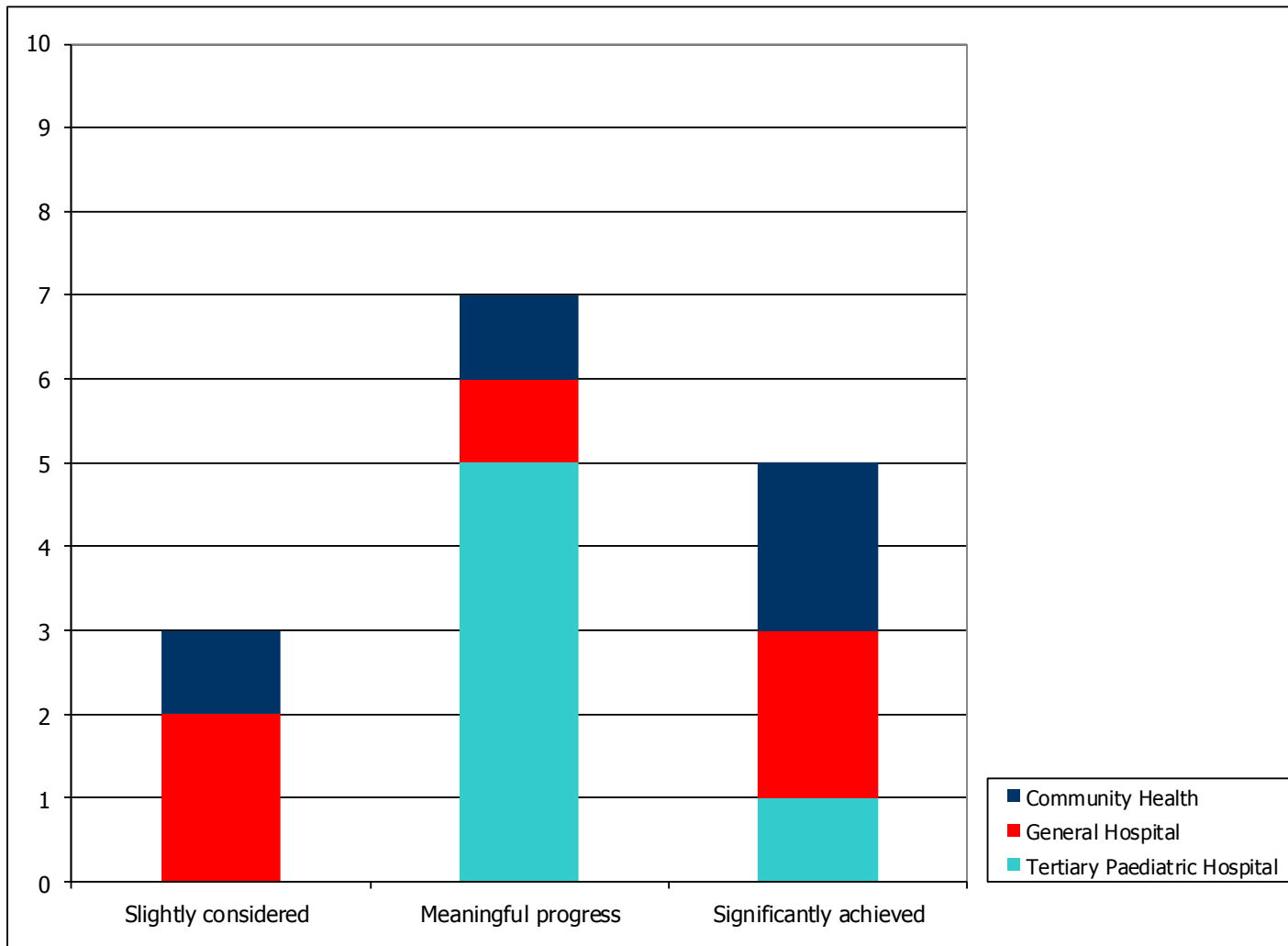
- Improved data collection
- Development/expansion of hospital at home
- Discharge and outreach health services
- Monitoring home care

## AREAS FOR IMPROVEMENT

- Improve capacity of and relationships with primary care providers and regional services
- Better data re avoidable admissions etc



# Right 1.4: Children have the right to have full opportunity for play, rest, leisure, recreation and education suited to their age and condition and to be in an environment designed, furnished, staffed and equipped to meet their needs.



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## STRONG POINTS

- Child friendly areas
- Availability of other children's services eg Starlight Foundation, Clown Doctors
- Availability of hospital school
- Play therapy

## FUTURE ACTIONS

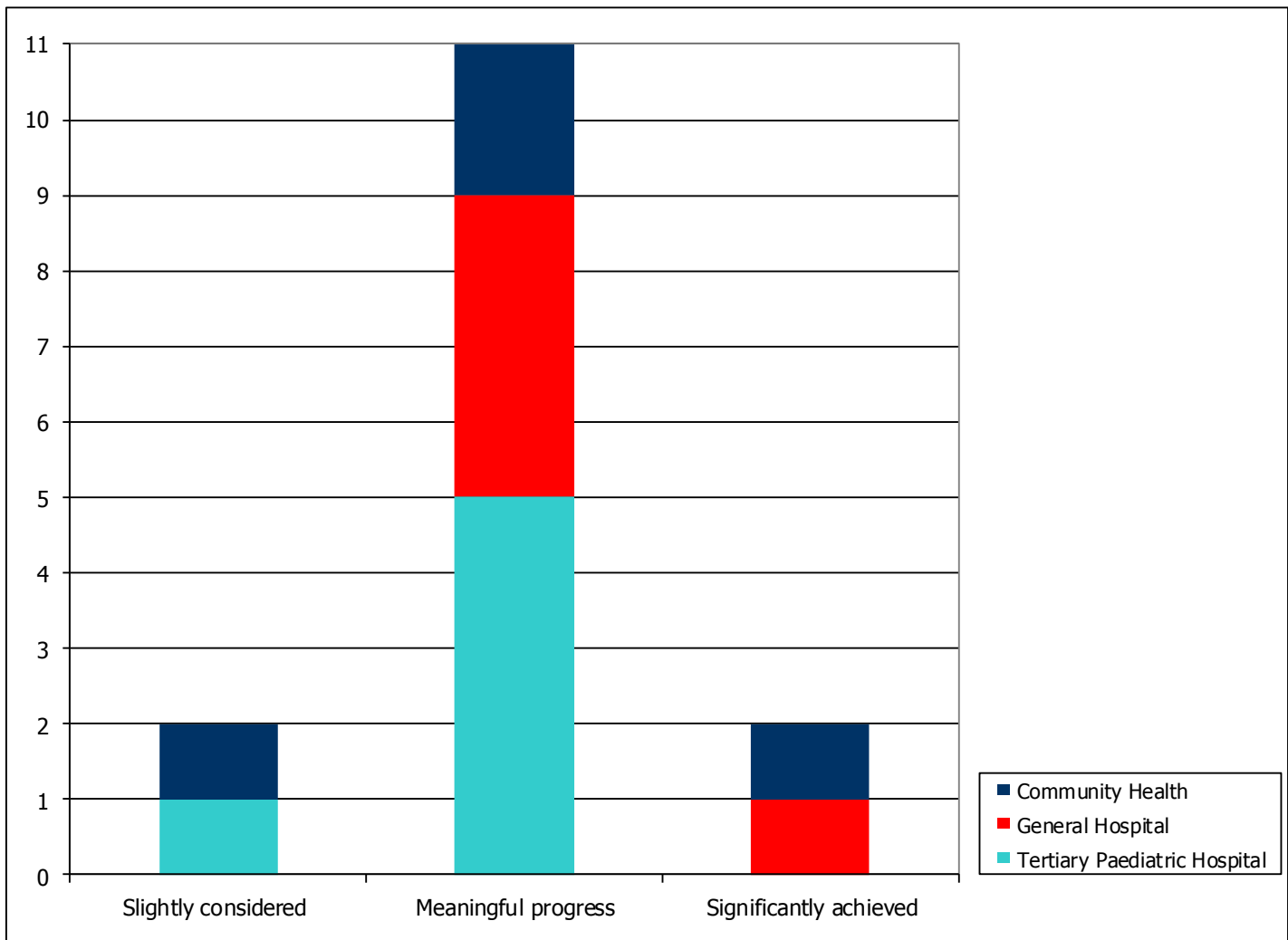
- Better access to hospital play specialist and play equipment
- Increased resources for provision of children's education
- Specific area provision for youth
- Play spaces for children with IV poles and in beds
- Emphasis on adolescents

## AREAS FOR IMPROVEMENT

- Lack of child friendly areas
- Lack of play/music therapy
- Lack of adolescent areas
- Limited or no access to play therapy for outpatients
- Limited options for medically isolated children and young people



# Right 2.1: Children have the right to be informed in a manner appropriate to their age, developmental level and understanding.



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## STRONG POINTS

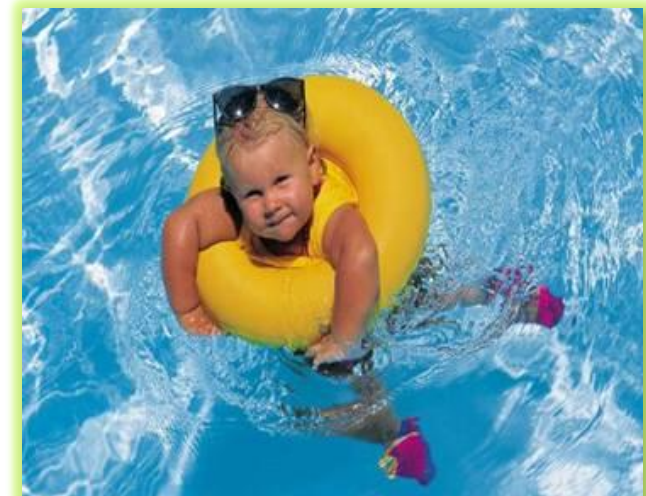
- ❑ Clinicians happy to talk to children about their treatment/condition etc
- ❑ Availability of child appropriate resources
- ❑ Family centred care
- ❑ Involvement of children in consent

## FUTURE ACTIONS

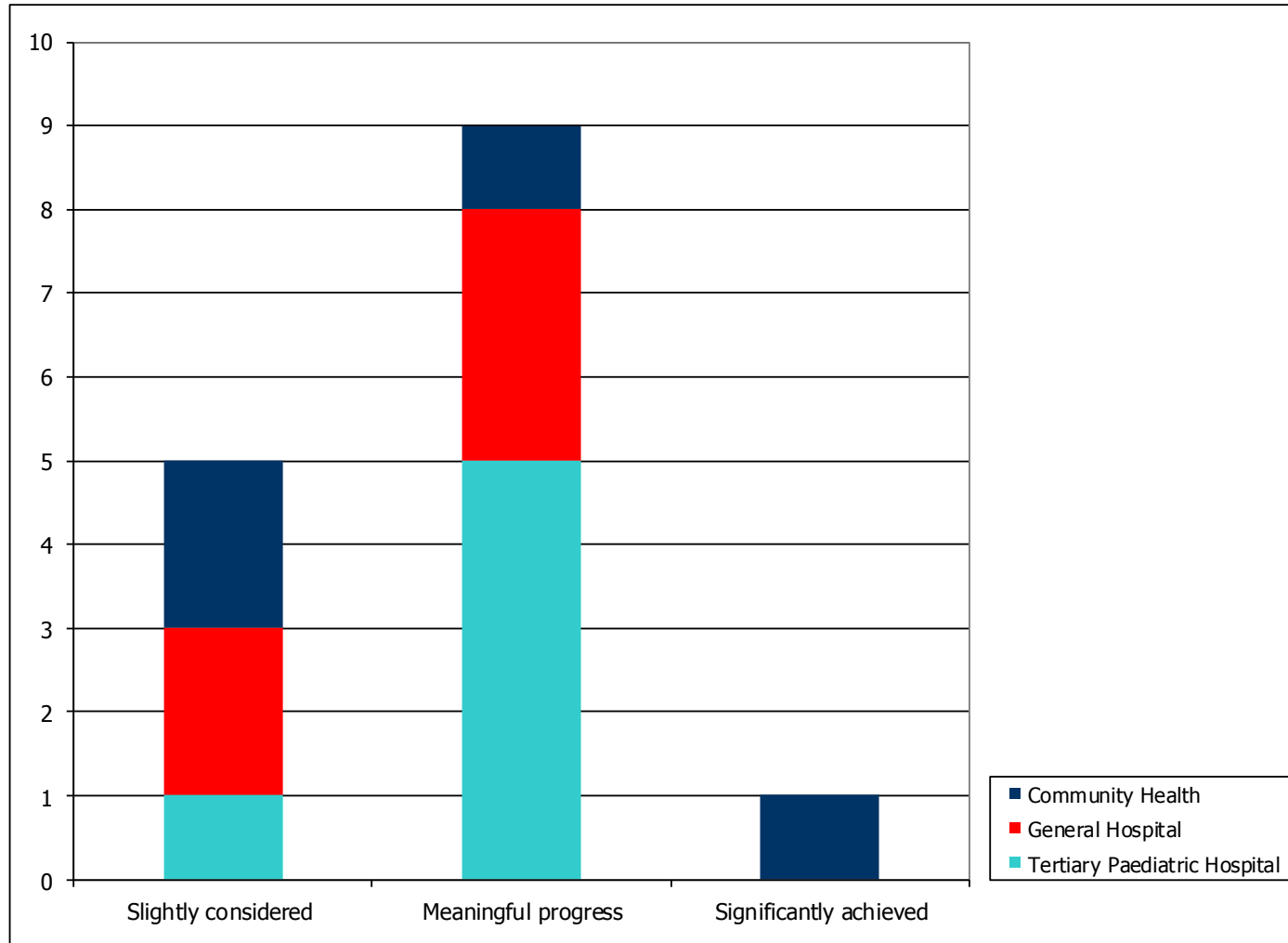
- ❑ Training/education of staff
- ❑ Children's Health Charter/Rights and Responsibilities

## AREAS FOR IMPROVEMENT

- ❑ Establish and display a Charter of Rights
- ❑ Staff training re communicating with children
- ❑ Communication with children who require/use alternate communication systems



## Right 2.2: Children have the right to express freely their opinions on any issue that involves them & the right to be heard and to be taken into consideration in a way consistent with their age and maturity.



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### **STRONG POINTS**

- ❑ Involvement of children and young people in projects and committees
- ❑ Complaints processes
- ❑ Discussions with children regarding their treatment etc

### **FUTURE ACTIONS**

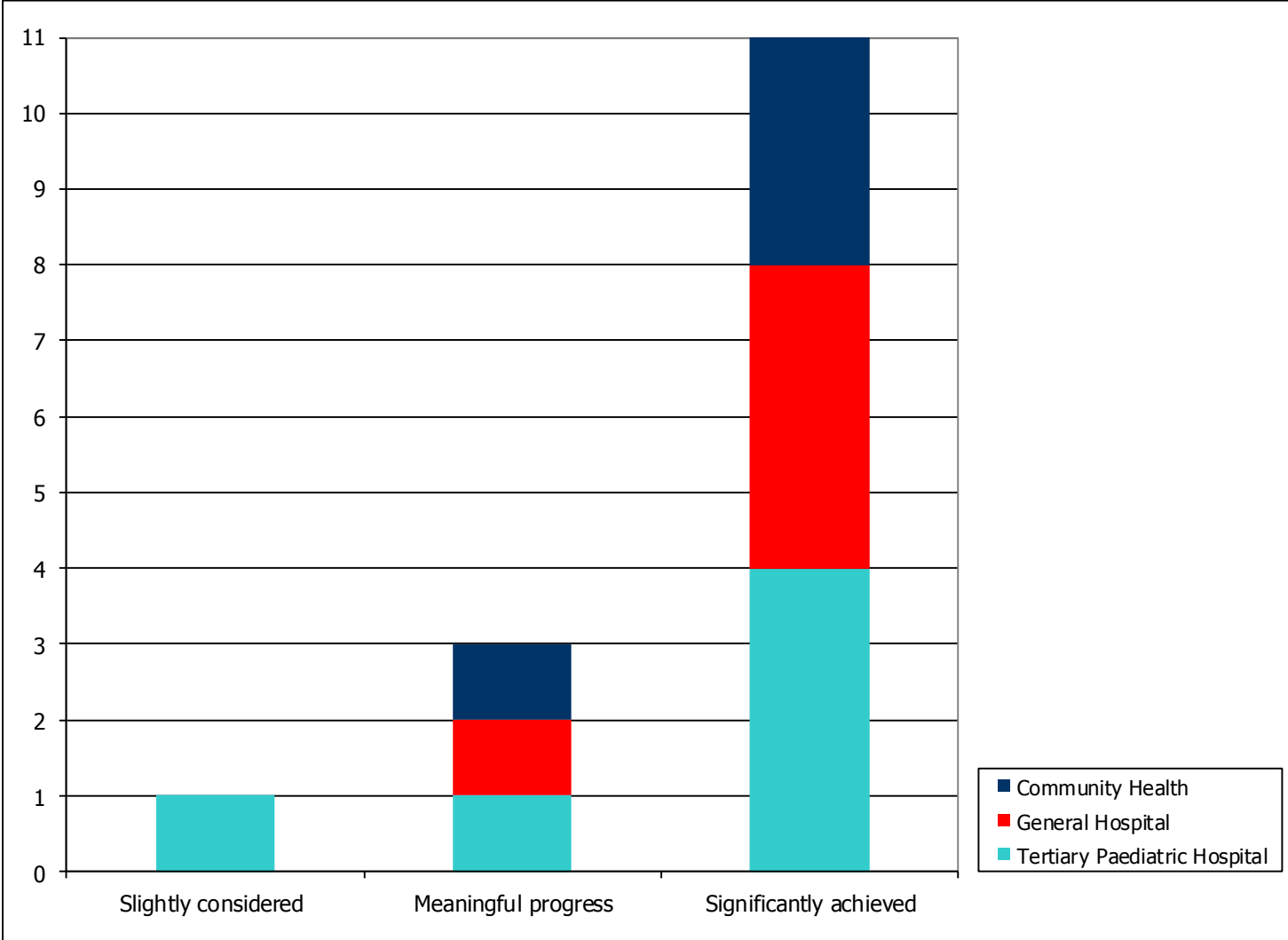
- ❑ Child friendly feedback tool
- ❑ Create space in clinical record to note patient feedback/conversations.
- ❑ Focus groups to give children and young people the opportunity to express their views
- ❑ Raise awareness amongst staff and families

### **AREAS FOR IMPROVEMENT**

- ❑ Nowhere for child's/young person's view to be recorded in clinical record
- ❑ Patients and families not always aware of their rights
- ❑ Better ways to communicate with children who are non-verbal



**Right 3.1: Children have the right to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.**



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## STRONG POINTS

- ❑ Child protection team/unit
- ❑ Child protection training, generally mandatory
- ❑ Child protection policies/guidelines
- ❑ Mandatory reporting
- ❑ Compliance with legislative requirements

## FUTURE ACTIONS

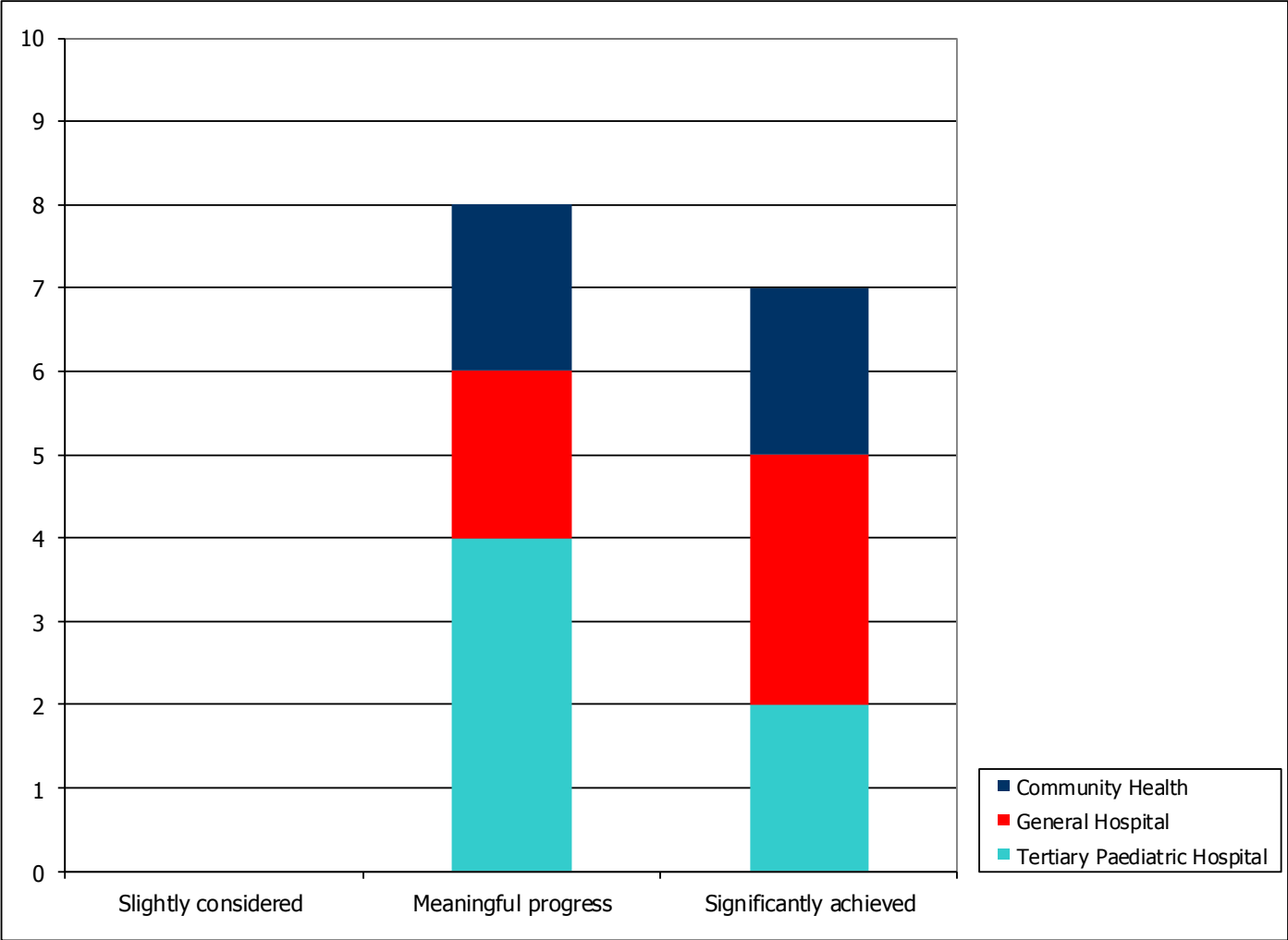
- ❑ New policies
- ❑ Ongoing training and raising awareness
- ❑ Monitoring of mandatory reports

## AREAS FOR IMPROVEMENT

- ❑ Lack of clear guidelines
- ❑ Children in same areas as adults eg emergency, diagnostic rooms
- ❑ Staff training
- ❑ Updating policies
- ❑ Finding a balance between child safety and adults' access to wards



# Right 3.2: Children have the right not to be separated from their parents/guardians/caregivers against their will during their stay in hospital.



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### STRONG POINTS

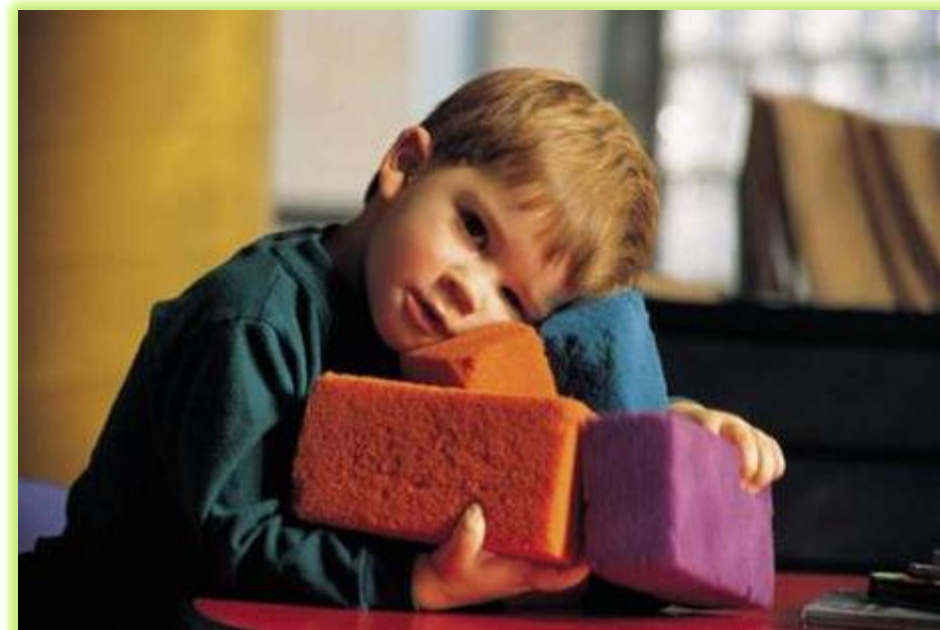
- ❑ Family-centred care philosophy
- ❑ One parent/carer able to stay by the bedside overnight
- ❑ Parents/carers have round the clock access to their child
- ❑ Meals given to breastfeeding mothers
- ❑ Parents/carers able to be with their child in theatre up to anaesthesia

### FUTURE ACTIONS

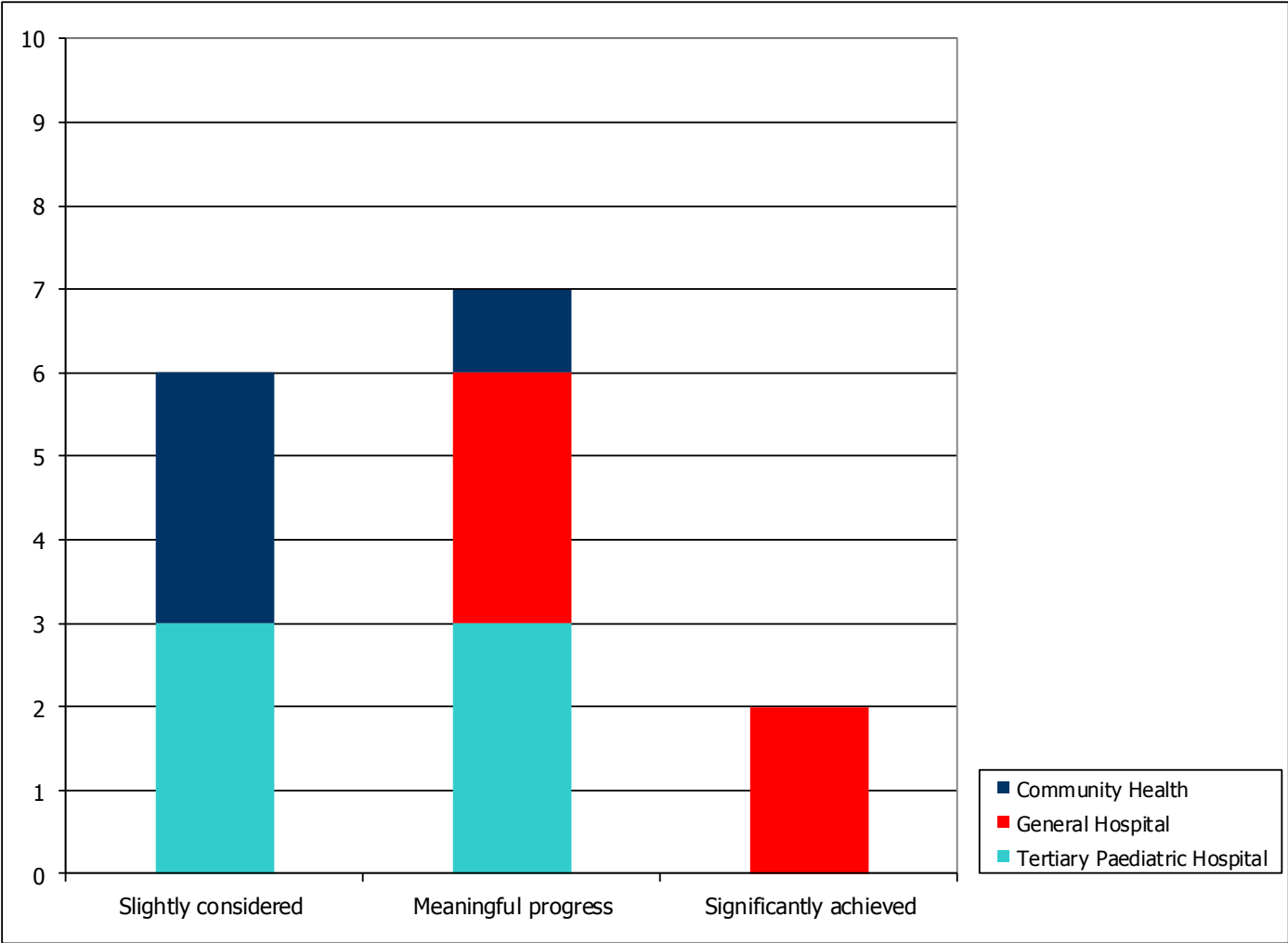
- ❑ Meals for parents
- ❑ Accommodation by the bedside
- ❑ Ward grannies scheme
- ❑ Family rooms

### AREAS FOR IMPROVEMENT

- ❑ No room to sleep by the bedside in ICU
- ❑ Meals for parents
- ❑ More facilities for parents
- ❑ Space for both parents to sleep by the bedside



# Right 3.3: Children have the right to privacy.



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## STRONG POINTS

- ❑ Curtains for privacy during examinations/procedures
- ❑ Adolescents separated by gender
- ❑ Compliant with legislation
- ❑ Patients can ask for doctor of same gender
- ❑ Staff aware of need for privacy
- ❑ Space available for private conversations
- ❑ Privacy of information

## FUTURE ACTIONS

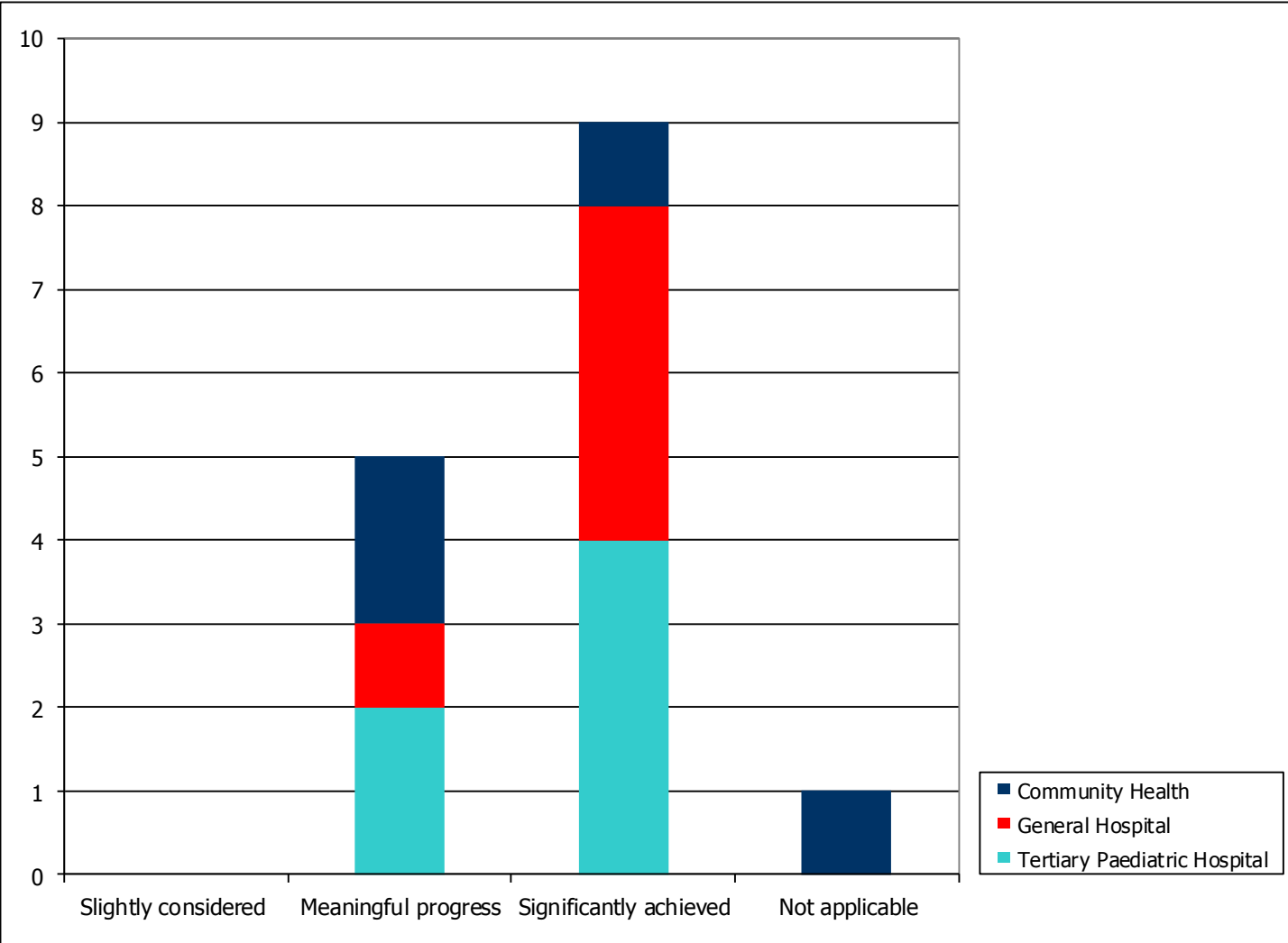
- ❑ Private rooms
- ❑ Space for private discussion

## AREAS FOR IMPROVEMENT

- ❑ Space for private conversations
- ❑ Not always able to provide clinician of same gender
- ❑ Discussions at the bedside can be overheard – curtains are not a sound barrier
- ❑ Too many visitors at the bedside
- ❑ Limited single rooms



# Right 3.4: Children have the right to a dignified death.



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## STRONG POINTS

- ❑ Palliative care team
- ❑ Palliative care training
- ❑ Support for varied spiritual beliefs
- ❑ Space for families to be with children who are dying
- ❑ Policies/procedures
- ❑ Home palliative care available
- ❑ Child death review process

## FUTURE ACTION

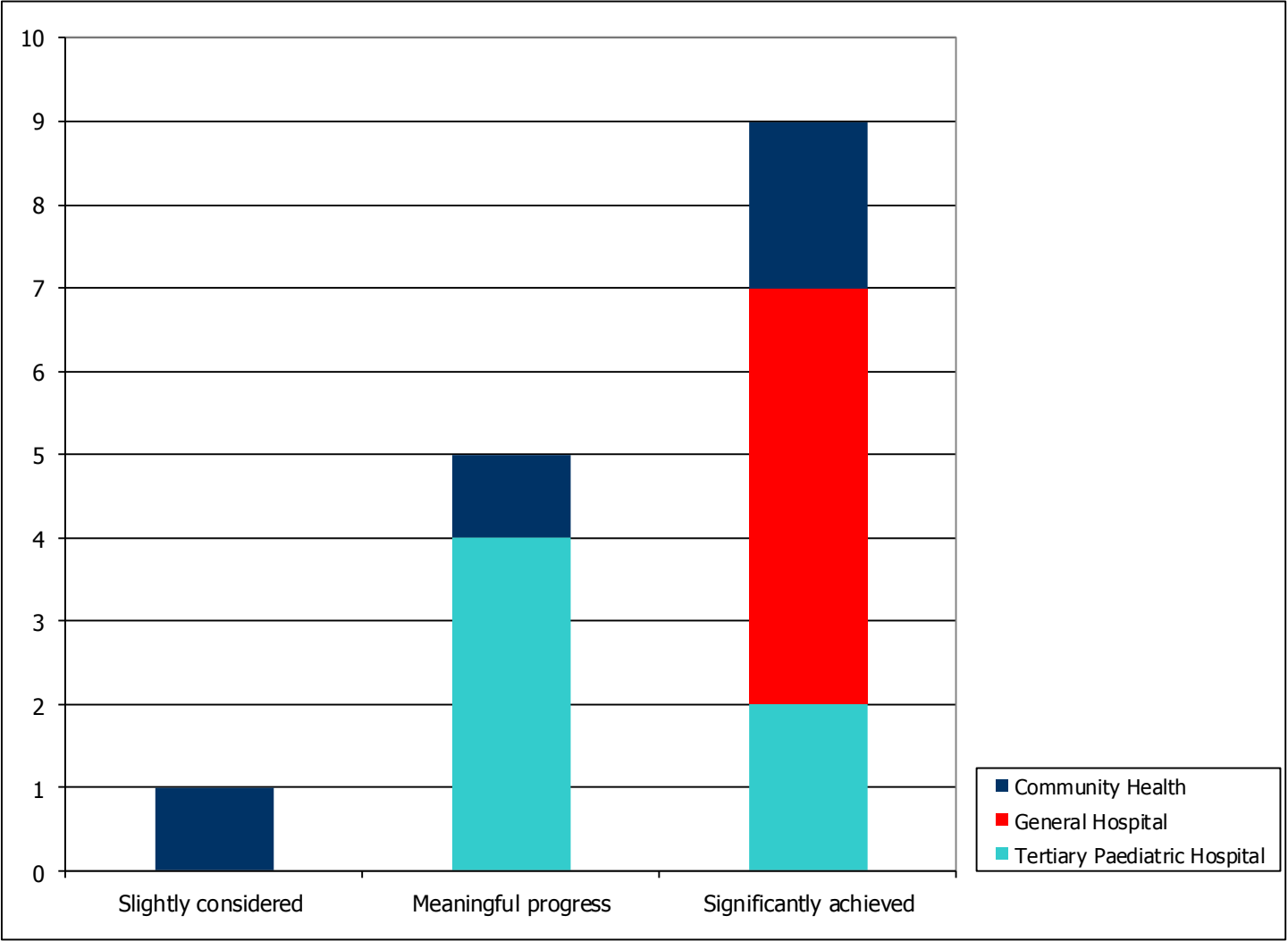
- ❑ Palliative care in nursing curriculum
- ❑ More palliative care training for staff
- ❑ Consumer feedback
- ❑ Review bereavement care

## AREAS FOR IMPROVEMENT

- ❑ Space for large families and siblings
- ❑ Training on how to deal with unexpected death
- ❑ Staff education on end of life support
- ❑ Better training in cultural beliefs around death and dying
- ❑ Children have limited access to play and music therapy



# Right 3.5: Children have the right not to feel pain.



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## STRONG POINTS

- Pain management protocols/policies
- Use of pain scores/scales
- Pain assessment guidelines
- Training for staff
- Better access to pain relief for outpatient procedures
- Children's perceptions of pain recorded
- Use of child life therapy during painful procedures

## FUTURE ACTIONS

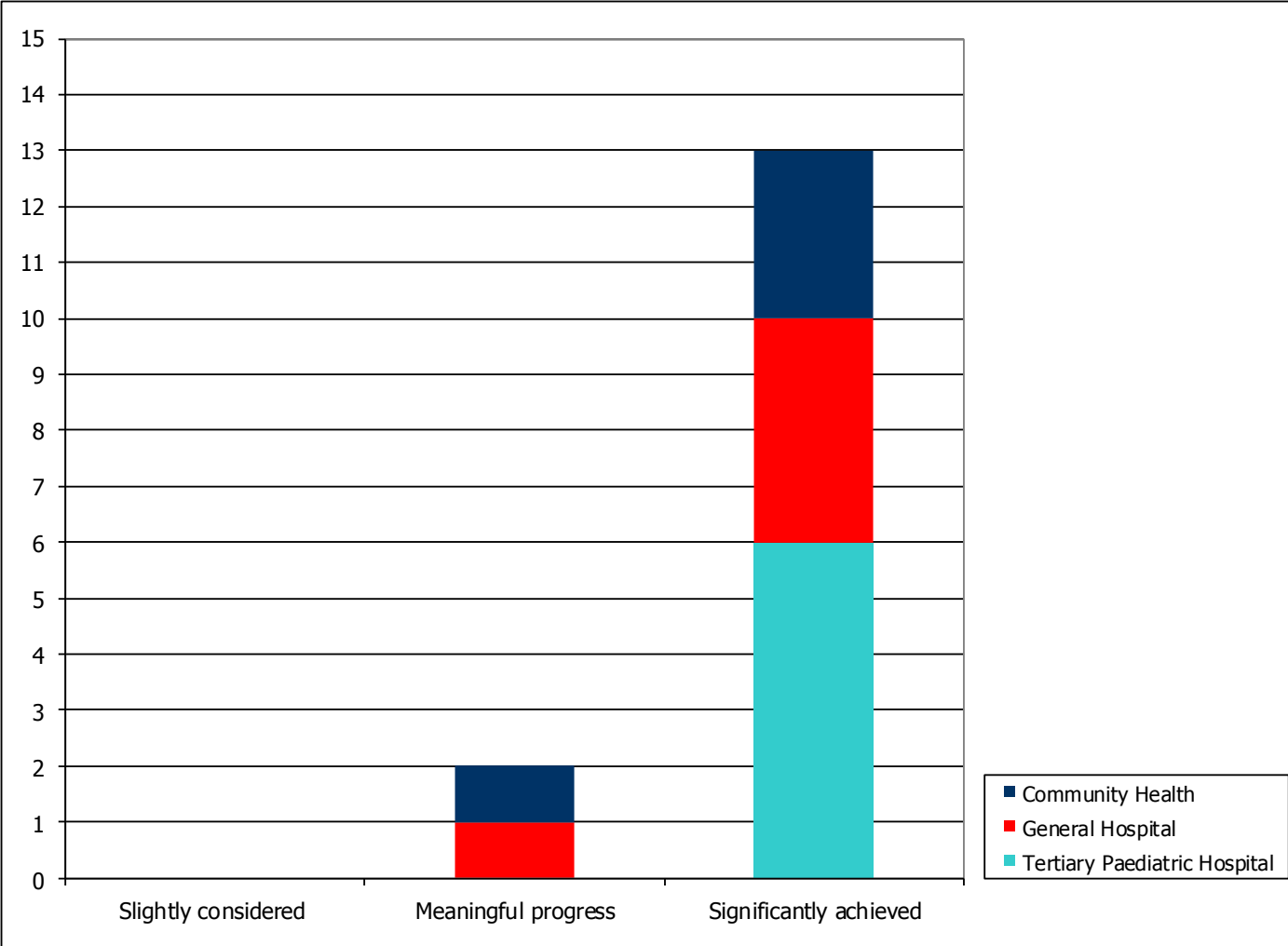
- Dedicated paediatric pain assessment service
- Staff education

## AREAS FOR IMPROVEMENT

- Better documentation, scoring
- Children treated by non-paediatric specialised HCPs
- No chronic pain service, especially for outpatients
- Use of pain assessment tools
- Understanding the perspective of children and young people
- Better education
- After hours access to pain management service



# Right 3.6: Children have the right not to be submitted to clinical research or experimentation projects and to have the possibility to withdraw during the process of research.



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### STRONG POINTS

- ❑ Ethics committee
- ❑ Adherence to National Health and Medical Research guidelines
- ❑ Use of information and consent forms
- ❑ Workshop on ethics and children in research

### FUTURE ACTION

- ❑ Simpler ethics approval process for quality improvement projects

### AREAS FOR IMPROVEMENT

- ❑ Better information for families about their rights
- ❑ Feedback on research outcomes



# Overall, have there been any decisions regarding the next steps (i.e. actions, projects and policies) to take towards the improvement of the respect of children's rights in hospital?

- Charter on children's rights
- Children and adolescent patient satisfaction surveys
- Staff training
- New or updated policies in relevant areas
- Improve children's and young people's participation in decision-making



# General usefulness of the self-assessment

Most thought the tool was useful:

- for assessing the respect of children's rights in hospital.
- to plan improvement of hospital activities towards the respect of children's rights in hospital
- in initiating discussion on children's rights in hospital
- in raising awareness about children's rights amongst the health staff
  - Some comments that staff involved in process were already aware of children's rights

# General usefulness of the self-assessment

Most could not comment on whether the tool was useful in raising awareness about rights amongst children and young people themselves and their parents/caregivers

Almost all thought the tool was NOT useful in increasing the participation of children and caregivers in the processes affecting them

- Some comments that it was too soon to tell or participation is existing tradition

Most thought a child-friendly version would be useful

- Also a parent version

# Considerations for the future (based on this process)

- ❑ Consider an Australasian version of the self-assessment
- ❑ Web-based tool
- ❑ Incorporate rights into existing accreditation systems
- ❑ Regular reporting to CHA
- ❑ Validating self-assessment reports (eg external assessors or peer review)
- ❑ Facilities that had 'significantly achieved' a right could share their processes/strategies with others



THANKS!

