

## Outlining the rights of children in hospital

<b>Key Document code:</b>	WAHT-TP- 055	
<b>Key Documents Owner:</b>	Dana Picken	Matron
<b>Approved by:</b>	Paediatric Quality Improvement meeting	
<b>Date of Approval:</b>	9 <sup>th</sup> February 2024	
<b>Date of review:</b> <b>This is the most current version and should be used until a revised document is in place</b>	9 <sup>th</sup> February 2027	

### Key Amendment

Date	Amendment	Approved by
19 <sup>th</sup> Nov 2020	Document extended for 1 year	Dr J West/Paediatric Q
26 <sup>th</sup> March 2021	Approved with no amendments	Paediatric QIM
9 <sup>th</sup> February 2024	EACH Charter Updated to 2022 version with annotations	Paediatric Guideline Re

### Details

The 10 principles of the EACH Charter relate in many respects to the rights of the child in general as stipulated in the UN Convention on the Rights of the Child (CRC), as well as to the recognition of children's different emotional and developmental needs depending on their age. The definition of a child in the UN Convention is up to the age of 18, whilst in hospital many young people move from paediatric to adult services before this. It is important therefore for staff to be familiar with the 10 principles of the charter, as they will apply to a proportion of young patients nursed on adult wards. Equally important is to be aware of the trust safeguarding policy as this too defines children as up to the age of 18. The 10 points of the EACH charter are listed below. Also included are the annotations for standard 8, indicating the professional training required. **Note that “If a child needs to be treated by non-paediatric staff, such treatment may only be carried out in cooperation with staff specially trained and qualified to care for children.” Therefore any child in hospital is effectively under shared care with the paediatric department. It is important for non-paediatric staff to recognise this and utilise the expertise of paediatric staff** whenever necessary, and particularly if there are any concerns about the child's welfare. If there are specific safeguarding concerns these should be discussed with the named doctor for child protection, or the consultant paediatrician on call.

Given the particular challenges of diagnosis and management in pre-school children it is recommended by the paediatric department at Worcestershire Acute Hospitals that **any child under the age of 5 who require acute hospital admission should be referred to the paediatricians in the first instance** unless the diagnosis is definite and the necessary management is clearly surgical, such as a child with a limb fracture which requires manipulation under anaesthetic. If the diagnosis is unclear, but possible surgical causes are considered – for example abdominal pain or joint pain - it is most appropriate for children under 5 to be admitted under the care of the paediatricians who can then decide on onward referral as necessary.

### Article 1

**Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a day basis.**

- Before admitting a sick child to hospital all forms of appropriate care should be considered: at home, in a day clinic or in another healthcare setting.
- When admitting a child to a hospital, it is important that the hospital should be as close to home as possible but also be capable of providing the standard of clinical care required by the child.

The family's particular situation and circumstances should be taken into consideration. Care should be delivered in accordance with the EACH Charter.

- The rights of sick children must be respected regardless of the place of care.
- During admission regular reviews of the child's condition should take place. The family's circumstances and the level of care required should be assessed, so that the child's stay in hospital is not prolonged unnecessarily.
- All necessary information, assistance and support should be given to parents wherever their child is being cared for.

## **Article 2**

**Children in hospital shall have the right to have their parents or parent substitute with them at all times.**

- The right of children not to be separated from their parents, and to have their parents with them, is integral to the care of sick children. The best interests of the child should always be taken into consideration.
- If the parents are unable to stay with their child, the child can be accompanied by a familiar and accepted person who is able to give the child appropriate support.
- Children have the right to have their parents with them regardless of the child's age, 24-hours a day. This applies to all situations where children need, or possibly might need, their parents, e.g.: - whether or not the child is being treated or examined, with or without local anaesthesia or sedation; - during the induction of anaesthesia and during recovery; - during periods of coma or semi-consciousness and during resuscitation (at such times, parents must be offered full support); - after birth, whether the new born child is healthy or needs special care. It also includes: - children in neonatal or paediatric intensive care units, accident & emergency departments, isolation rooms medical imaging rooms, recovery rooms, maternity services, ambulant transport services, or other healthcare settings in or outside of hospitals.

## **Article 3**

**(1) Accommodation should be offered to all parents and they should be helped and encouraged to stay.**

- Staff members responsible for the admission, treatment or care of a child should invite all parents to stay without imposing any particular criteria.
  - Staff members should advise, encourage and support parents in making a decision about staying in hospital with their child and should offer support and services to facilitate their stay.
  - Hospitals should provide sufficient and suitable space to enable parents to stay with their child. This should include a bed next to the child's bed; sitting, eating, bathroom facilities and storage space for personal belongings.
- (2) Parents should not need to incur additional costs or suffer loss of income.
- No additional costs should arise for parents when staying with their child. They should be entitled to free overnight stay and free or subsidised food
    - Parents who are unable to attend work or fulfill duties at home should not incur any loss of income or incur other costs due to: - staying in hospital with their child; - providing full-time care of their child in hospital; - the daily care of healthy siblings at home by other persons.
  - Assistance should be provided where financial circumstances prevent a parent from staying with or visiting a child (e.g. travel costs and other expenses).
  - When caring for their child, either in hospital or at home, parents should be entitled to paid leave for the duration of their child's illness.

- (3) In order to share in the care of their child, parents should be kept informed about ward routine and their active participation encouraged.

#### **Partnership in Care**

- Staff should facilitate the parent's active participation in the day to-day care of their child by:
  - arranging with parents the elements of everyday care they want to take over; - supporting the parents in doing this;
  - respecting their way of taking care of their child and accepting their decisions;
  - advising parents on how to care for their child to help recovery.

#### **Partnership in Nursing**

By sharing in the nursing care of their child while in the hospital, parents may become more competent and confident to care for their child when home again. Developing this competence may influence the duration of the hospital stay.

- Staff should support parents to take an active role in the nursing care of their child by:
  - sharing information and expertise;
  - helping the parents to become competent through teaching and training;
  - supervising the parents until they feel comfortable in performing the required care; - regularly reviewing the elements of nursing care the parents are able or willing to perform; - offering emotional support when necessary.

### **Article 4**

#### **(1) Children and parents shall have the right to be informed in a manner appropriate to age and understanding.**

Children, and their parents, are entitled to know what is going to happen to them before undergoing an examination, treatment or other procedure. Timely and accurate information allows children to retain a sense of control about their healthcare, particularly in hospital.

##### Information for children

- Information given to children should:
  - be based on the child's age and understanding and take into account their level of development;
  - be informed by what the child already knows or imagines;
  - include honest and simple explanations about their condition and treatment outcomes;
  - explain the course of events to come, including what the child may see, smell, hear and feel;
  - include appropriately prepared verbal, audiovisual and written information, supported by illustrative models, play or other media presentations.
- Staff giving information should appreciate the child's capacity to comprehend information and express his or her views. Staff should:
  - encourage and answer questions, offering comfort when concern or fear is expressed;
  - help the child to select and practice strategies for coping;
  - make sure that all explanations given have been properly understood.

Preparation will only have a positive effect if the child feels safe. Therefore, information should be given, whenever practicable, in the presence of the parents. Parents need to know what information the child has, so that they can refer to it and repeat it until the child has understood the information correctly.

##### Information for parents

- Information given to parents should:
  - be clear and comprehensive;
  - consider the parents present situation, especially feelings of fear, sorrow, guilt, anxiety or stress regarding their child's condition.
- Staff giving the information should:

- encourage questions; - introduce parents to a 'named person' whom they can contact whenever they are in need of information;
- satisfy the need for more information by directing parents to additional sources and support groups;
- provide parents with unrestricted access to printed or digital documentation regarding the illness of their child;
- not use the sick child or a sibling as an interpreter for the parents.

### **Information for children and parents**

- Information to meet the needs of both the child and parents should:
  - be provided continuously during the whole period of care;
  - include information regarding care after discharge;
  - be provided in a stress free, secure and private environment without pressure of time;
  - be given by experienced staff trained and competent to communicate with children and parents in a way which can be readily understood;
  - be given, preferably, in the family's language, with the assistance of a translator if required;
  - be repeated as often as necessary to facilitate understanding, checking to ensure that the information has been properly understood by both the child and the parents.

Children have the right to express and have their views taken into consideration. Providing they have sufficient competence to understand the matter, they may veto their parents' access to their health information, depending on the stipulations of national laws. In such cases staff are required to proceed with the utmost care to evaluate the situation properly. Protection, counselling and support should be given to the child. Hospital staff should also ensure that necessary counselling and support are also given to the parents who may be in need of psychological and social help and advice at this time.

### **(2) Steps should be taken to mitigate physical and emotional stress.**

All children, including premature and full-term babies, are entitled to adequate pain relief and should be protected from discomfort. Wellbeing means more than the absence of physical suffering.

- To reduce physical and emotional stress and pain experienced by children, the required preventive measures should:
  - be adapted to the individual needs of the child;
  - help the child to select and practice strategies for coping;
  - offer appropriate distraction techniques;
  - involve the services of trained play specialists;
  - avoid restraint, fixation or any other form of forced immobilisation during medical procedures, unless there is no alternative in a life threatening situation;
  - prevent or reduce pain incurred during examination, medical treatment or during pre- or postoperative interventions;
  - grant sufficient periods of rest between treatments;
  - offer protection from unavoidably upsetting experiences during care;
  - prevent feelings of isolation and helplessness;
  - avoid or reduce situations or actions described by the child as stressful;
  - recognise and act upon the fears or concerns of the child whether or not explicitly expressed.
- Staff should:
  - take appropriate action if a child becomes stressed by being isolated or as a reaction to the condition of other patients;
  - encourage continuous contact with parents, siblings and friends;
  - offer play and recreation activities suitable to the child's age and development;
  - allow children and parents the opportunity to retreat to rooms that are appropriately equipped and offer a stress free environment.
- To mitigate emotional stress parents should be offered:
  - emotional support, especially parents whose children are receiving palliative care;

- measures ensuring their protection from too much strain while caring for their child;
- contact with social services, psychologists and therapeutic health care professionals;
- religious support or counselling when requested, taking into account the family's cultural background;
- contact with self-help groups, relevant support groups and patient or consumer organisations;

If distressing situations or events occur, children and their parents should be given the opportunity to complain and be informed of the process.

## Article 5

### **(1) Children and parents have the right to informed participation in all decisions involving their health care.**

All children, including premature and full-term babies, are entitled to adequate pain relief and should be protected from discomfort. Wellbeing means more than the absence of physical suffering.

- To reduce physical and emotional stress and pain experienced by children, the required preventive measures should:
  - be adapted to the individual needs of the child;
  - help the child to select and practice strategies for coping;
  - offer appropriate distraction techniques;
  - involve the services of trained play specialists;
  - avoid restraint, fixation or any other form of forced immobilisation during medical procedures, unless there is no alternative in a life threatening situation;
  - prevent or reduce pain incurred during examination, medical treatment or during pre- or postoperative interventions;
  - grant sufficient periods of rest between treatments;
  - offer protection from unavoidably upsetting experiences during care;
  - prevent feelings of isolation and helplessness;
  - avoid or reduce situations or actions described by the child as stressful;
  - recognise and act upon the fears or concerns of the child whether or not explicitly expressed.
- Staff should:
  - take appropriate action if a child becomes stressed by being isolated or as a reaction to the condition of other patients;
  - encourage continuous contact with parents, siblings and friends;
  - offer play and recreation activities suitable to the child's age and development;
  - allow children and parents the opportunity to retreat to rooms that are appropriately equipped and offer a stress free environment.
- To mitigate emotional stress **parents** should be offered:
  - emotional support, especially parents whose children are receiving palliative care;
  - measures ensuring their protection from too much strain while caring for their child;
  - contact with social services, psychologists and therapeutic health care professionals;
  - religious support or counselling when requested, taking into account the family's cultural background;
  - contact with self-help groups, relevant support groups and patient or consumer organisations;

If distressing situations or events occur, children and their parents should be given the opportunity to complain and be informed of the process.

## **(2) Every child shall be protected from unnecessary medical treatment and investigation.**

In principle, any form of medical intervention is highly undesirable, if the individual child does not derive any benefit from it.

- In order to carry out research on child specific illnesses and their response to medication and new forms of treatment, children within a particular risk group may be asked to participate in research programmes. Informed consent must be sought from children and their parents before they become involved in teaching or research.
- Research on children should be designed, conducted and evaluated in collaboration with representatives of specific patient support groups. Any potential side effects or harmful results have to be clearly explained to the families who are considering participation.
- All research projects conducted with children must be overseen by a Human Research Ethics Committee, which includes representatives of specific patients/parents support groups.
- Children need to be protected from any potential harm and burden associated with their involvement in research or teaching (including the training of medical staff).
- Those who initially agreed to participate have the right to withdraw their consent at any time without having to give a reason. Such a decision must not alter access to treatment.

## **Article 6**

### **(1) Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards.**

Regardless of the length of their stay in hospital or other healthcare facility all children, regardless of their illness or disability, need an environment and mental, emotional and physical stimulation suited to their age and condition. These measures help to minimise anxiety and normalise what can be an abnormal situation.

- The care of children together with children who have the same developmental needs, includes, but is not limited to:
  - rest;
  - entertainment;
  - joint or similar activities;
  - entertainment and joint activities for children of a mixed age group;
  - separate rooms and activities according to age and gender, if preferred by the child or the parents;
  - protective measures for children with specific illnesses or disabilities.

-Children should be protected from upsetting experiences during their care.

-Any form of discrimination must be avoided.

-The special needs of adolescents should be taken care of by providing appropriate separate accommodation and facilities for recreational opportunities.

-The care of children together with adults in the same room or on the same ward is not acceptable. This means:

-children should not be admitted to or cared for in adult wards;

-adults should not be admitted to or cared for in children's wards. Admitting adult patients with the mental abilities of a child to a children's ward could be upsetting for children and is disrespectful to the adult patient;

-clearly separate facilities should be available for the treatment of children and adults in areas such as emergency rooms, surgery, resuscitation room, outpatient and day care facilities and examination and therapy rooms.

### **(2) There should be no age restrictions for visitors to children in hospital.**

Visiting for siblings and friends should not be restricted based on the age of the visitor, but based on the condition of the child and the health of the visiting children.

## **Article 7**

**Children shall have full opportunity for play, recreation and education suited to their age and condition and shall be in an environment designed, furnished, staffed and equipped to meet their needs.**

Children have the right to an environment, which meets the needs of children of all ages and situations wherever they are being cared for. This applies to hospitals, day care facilities or other healthcare facilities where children are being treated or examined.

- The architecture and interior design of such an environment must incorporate appropriate features for all age groups and types of illnesses treated in the facility. The environment should be adaptable to the needs of different age groups.
- Sufficient suitably qualified staff should be available to meet the needs of children for play, recreation and education, regardless of the state of health and age of the children.
- All staff, both clinical and non-clinical, who come in contact with children should have an understanding of the needs of children for play and recreation.
- Extensive opportunities for play, recreation and education, supported by appropriate play materials, resources and equipment, should be provided for all the age groups that are being cared for in the facility and include:
  - sufficient periods of time for play, seven days a week;
  - creative activities by all children, including those who are in isolation should be encouraged.
- Provision should be made to educate the children to their required level.

## **Article 8**

**Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.**

- Specific professional paediatric training, skills and sensitivity are required for staff caring for children so that they are able to meet the special needs of children and their parents.
- Hospitals and other healthcare providers should ensure that children are examined, treated and cared for by staff with specific paediatric education, qualifications and experience.
- If a child needs to be treated by non-paediatric staff, such treatment should only be carried out in cooperation with, and under the supervision of, staff who are specially trained and qualified to care for children.
- The ability and sensitivity of staff should be maintained at a high level by appropriate training and continuing education.
- All staff caring for children should have child protection training and be competent to recognise the signs of child abuse or neglect and be able to intervene in close cooperation and collaboration with professional experts.
- Children should have access to appropriate and confidential health advice and counselling, irrespective of age, with or without their parents' consent or presence. Such access might be necessary when children or young person's experience abuse at home or need reproductive health education or services. They might also need advice and counseling in case of conflict with their parents over access to healthcare services.

- Staff members should be able to give emotional support to parents to cope with critical situations a child might experience. This applies especially to life-threatening situations.
- Palliative care should begin when a child is diagnosed with a life-limiting illness. Paediatric palliative care:
  - focuses on mitigating physical, psychological and social distress;
  - involves a multidisciplinary approach, including the family and guided by a Palliative Care team;
  - is provided whether or not the disease or condition is being actively treated;
  - can be provided in hospital, community settings and at home.
- When a child is dying or dies, the child and his or her family should be given whatever support, care and assistance they need to help them cope. Staff should undertake appropriate bereavement training. Information concerning the death of the child should be given sympathetically, sensitively, in private and in person.

## **Article 9**

### **Continuity of care should be ensured by the team caring for children.**

- Continuity of care includes continuity in the provision of the child's treatment and continuity among the staff providing the care.
- Continuity of care should apply both in the hospital and following transition to home or day care. This can be achieved by all those involved, including family, working together as a team, and paying attention to timely sharing of information and provision of other necessary equipment and facilities.
- Team work requires a limited and defined number of persons working together as a group whose action is based on complementary levels of knowledge and consistent standards of care, focused on the physical, emotional, social and psychological well-being of the child.
- Children with long-term health issues, a chronic illness or condition should be prepared in a timely fashion for a smooth transition to appropriate adult services. This process of transition should start when the adolescent feels ready for it and will end when the adolescent is confident that the new situation is in their best interests.

## **Article 10**

### **Children shall be treated with tact and understanding and their privacy shall be respected at all times.**

- Caring for children with tact and understanding requires the need to:
  - include the child's right to be a child;
  - consider the child's dignity, views, needs, individuality, sexual orientation and their stage of development;
  - take into account any disability or special need;
  - make it clear that staff are approachable, willing and available to chat;
  - create a friendly and trusting atmosphere;
  - take into consideration the religious belief and cultural background of the child and the family;
  - take into account that children's wishes around bodily privacy may change as their bodies develop.
- Regardless of age or stage of development the protection of the privacy of children should be respected at all times and must include:
  - protection against exposure during physical examinations and personal hygiene activities, e.g. dressing, toileting and bathing;
  - protection against treatment and behaviour which diminishes self-respect or makes the child feel ridiculous or humiliated;
  - the right of personal retreat; to be alone;



- the right of private communication with staff – with or without their parents' consent;
- the right of undisturbed association with close family members and friends.

## REFERENCES

- Department of Health (2003) Every Child Matters. Department of Health. London.
- Department of Health (2004) The National Service Framework for Children and Young People. Department of Health. London.
- Department of Health (2004) Children's Act. HMSO. London.
- Department of Health (1995) Health of the Young Nation. Two Nursing Conferences on the Health of Young People.
- Home Office (2000) Human Rights Act. London
- House of Lords (1985) Fraser Guidelines. Victoria Gillick v West Norfolk and Wisbech Area Health Authority.
- NAWCH (1990) Setting Standards for Adolescents in Hospital. National Association for the Welfare of Children in Hospital. London.
- NMC (2002) Code of Professional Conduct. London.
- The National Assembly for Wales (2002) Carlile Review. The Review of Safeguards for Children and Young People Treated and Cared for by the NHS in Wales. Cardiff.
- EACH European Association for Children in Hospital (updated edition 2022) Promoting Children's Rights and Needs in Healthcare. The EACH Charter