

Charter for Children in Hospital (EACH 2002 / 2nd edition 2006)

Introduction

These annotations to the EACH Charter for Children in Hospital have been devised as a tool to assist in the implementation of the Articles.

It has become clear in the years since the Charter was first published (1988) that there may have been some ambiguity as to the exact meaning of some of the Articles. This is understandable, as it has been translated into several different languages Europe-wide.

These annotations were developed in a joint effort by all of the EACH member organisations throughout Europe. Unlike the actual Articles of the Charter, the wording of which will never change, these annotations may be subject to amendments, depending on future developments in the care of sick children. Any such changes will be decided and carried through by the Committee of EACH and not by the individual member organisations. In this way we will not find ourselves in the situation of having multiple, perhaps contradictory versions of the annotations.

At the end of the main body of the document, you will find a glossary. The definitions in the glossary have been established on the basis of the English and German versions. Not all of the definitions are strictly necessary for the English edition, but, as this is a Europe-wide publication, they have been added to assist translators into other languages to find the proper expression in their own language. (E.g. the word 'care' means all forms of care in English, but in German there are different expressions, depending on which person is giving such care).

We hope that these Annotations will clarify any uncertainties about the meaning of each of the Articles and that this will then be reflected in the daily implementation of the Charter.

Please contact us if you have any queries about either the Charter or the Annotations.

Charter for Children in Hospital

The EACH Charter

The EACH Charter¹⁾ is a list of the rights for all children before, during or after a stay in hospital. The goal of EACH – European Association for Children in Hospital – and its member organisations is to achieve a binding commitment to the implementation of these rights in all European countries.

- **Parents are invited**
to provide or arrange to provide the support and care their children need.
- **Those in public office are invited**
to create the framework within which the parents may become active in the care of their child in hospital.
- **Those involved in the care of sick children are invited**
to get acquainted with the rights of children in hospital and to act in accordance with those rights.

These Annotations to the Charter are intended to provide a better understanding of the ten points of the EACH Charter for the rights of children in hospital.

The Annotations were prepared for the 7th EACH Conference in December 2001 in Brussels by the authors of the EACH-Charter of 1988 and are offered as a useful supplement to the Charter.*

The EACH Charter and the Annotations to the EACH Charter

are to be understood in the following context:

- All rights mentioned in the Charter and all measures taken or derived from the Charter must in the first place be in the best interests of children and enhance their well-being.

¹⁾ Notes:

- The EACH Charter was adopted by the 1st European Conference in Leiden/NL in May 1988.
- The Annotations were adopted by the 7th European Conference in Brussels in December 2001.
- The terms marked with * are explained in more detail in the attached Glossary to avoid misunderstandings and to give a more precise idea of the meaning of the Charter.

- The rights mentioned in the Charter apply to all sick children, regardless of their illness or age or disability, their origin or their social or cultural background, or of any possible reason for treatment or forms or places of treatment, whether as in-patients or out-patients
- The EACH Charter is in line with corresponding and binding rights stipulated in the UN Convention on the Rights of the Child and refers to children as being aged from 0 – 18.

The present document has been prepared to assist in the implementation of the EACH Charter, some of whose goals are still unachieved in Europe, such as:

- The right of children to have their parents with them in hospital is sometimes restricted and made subject to a particular age or illness of the child or to the social standing of the family.
- The special needs of adolescents in hospitals are often not sufficiently addressed.
- In the daily hospital routine little regard still is given to what we know today about the psychological, emotional and social needs of children of different ages and developmental stages, their origin or their social or cultural background.
- Pain control for children is still a neglected area.
- Guidance for staff on established practice for action when a sick child shows signs of abuse or maltreatment is often missing.
- Children are still being admitted to adult wards.

When implementing the Charter in all European countries it furthermore it has to be considered that

- Health care is subject to varying economic conditions and constraints.
- Health services are organised differently from country to country.

The following members of EACH adopted the Annotations:

Austria:	Verein Kinderbegleitung
Belgium:	HU Association pour l'Humanisation de l'Hopital en Pédiatrie
Denmark:	SBB Nobab-Danmark
Finland:	Suomen Nobab Finland
France:	APACHE Association pour l'Amélioration des Conditions d'Hospitalisation des Enfants Animation Loisirs à l'Hopital
Germany:	AKIK Aktionskomitee Kind im Krankenhaus Bundesverband e.V.
Greece:	Association of Social Pediatric Friends
Iceland:	Umhyggja Nobab-Iceland
Ireland:	Children in Hospital Ireland (CHI)
Italy:	A.B.I.O. Associazione per il Bambino in Ospedale
Japan:	NPHC Network for Play Therapy & Hospital Environment for Children
Netherlands:	Kind en Ziekenhuis
Norway:	Nobab Norge
Portugal:	IAC Instituto de Apoio à Criança, Dept. Humanisation of Child Attendance
Sweden:	Nobab Sweden
Switzerland:	Swiss Association for Children in Hospital
United Kingdom	Action for Sick Children(England) Action for Sick Children (Scotland) AWCH Associaton for the Welfare of Children in Hospital (Wales)

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 a hospital* all forms of appropriate care* shall be explored whether at home, in a day clinic or comparable forms of treatment, in order to find the most suitable solution.
- The rights of sick children must be respected whether they are cared for at home or in hospital.
- There should be a regular review of the type of care according to the child's condition so that there is no unnecessary continuation of hospital stay.
- All necessary information, assistance and support shall be given to parents if their children are cared for at home or on a day basis.

Article 2

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

- The right of all children to have their parents with them at all times without restriction is an integral part of the care for children in hospital.
- If parents are unable or unwilling to take an active role in the care of their child, the child is entitled to receive this care from a suitable substitute carer*, who is accepted by the child.
- Children's rights to have their parents with them **at all times**, includes all situations where they need or possibly might need their parents, e.g.
 - during the night, whether or not the child may wake up
 - while having treatments and/or examinations with or without local anaesthesia, with or without sedation
 - during induction of anaesthesia and immediately upon recovery
 - during periods of coma or semi-consciousness
 - during resuscitation, when parents must be offered full support

Article 3

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

- The staff members* responsible for admitting a child shall invite all parents to stay without setting any particular criteria.
- Staff members shall advise, encourage and support parents in making a decision about staying in hospital with their child, based on the parents' appreciation of their home situation.
- Hospitals shall provide sufficient and suitable space and infrastructure to enable parents to be admitted along with their sick children. This should include the bed space together with bathroom, sitting and dining facilities and storage space for personal belongings.

(3.2) Parents should not need to incur additional costs or suffer loss of income.

- No additional costs shall arise for parents when staying with their child. They should be entitled to
 - free overnight stay
 - free or subsidised food.
- Parents who are unable to attend work or fulfil duties at home shall not incur any loss of income or incur other cost due to:
 - staying in hospital with their child
 - the full-time care of their child in hospital or
 - 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. travelling cost and other expenses).
- Parents shall be entitled to leave with pay for the duration of the child's illness to cover the loss of income.

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

- The staff shall facilitate the parents' active participation in caring for their child by
 - giving parents full information regarding their child's care and about ward routine*;
 - arranging with parents the elements of care they want to take over;
 - supporting the parents in doing this;
 - accepting their decisions;
 - discussing with them changes needed if their care is not helpful to the child's recovery.

Article 4

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

- Information for **children** should:
 - be based on age and understanding and take into account the child's level of development;
 - understand the child's immediate situation;
 - appreciate his capacity to comprehend information and express his views;
 - encourage questions, answer the questions raised and comfort children when they express concerns or fears;
 - include appropriately prepared verbal, audio-visual and written information, supported by illustrative models, play or other media presentations;
 - whenever practicable information should be given in the presence of the parents.

- Information for **parents** should:
 - be clear and comprehensive;
 - consider the parents' present situation especially their feelings of fear, sorrow, guilt, anxiety or stress regarding their child's condition;
 - encourage questions;
 - satisfy the need for information by directing parents to extra information sources and support groups;
 - provide parents with unrestricted access to all written or pictorial documentation regarding the illness of their child;

- The child or a sibling should not be used as an interpreter for the parents.

- Information to **meet both the child's and its parent's needs** should
 - be provided continuously from admittance to discharge of the patient;
 - 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 competent to communicate information in a way which can be readily understood:
 - repeated as often as necessary to facilitate understanding;
 - be checked by the staff member to ensure that the information given has been properly understood by both the child and the parents

- Children have the right to express their own views and providing they have sufficient competence to understand the matter, they may veto their parents' access to their health information. In such a case staff are required to proceed with the utmost care to properly evaluate the situation. Protection, counsel and support shall be given to the child. But hospital staff should ensure that the necessary counsel and support are also given to the parents who might be in need of psychological and social help and advice.

(4.2) Steps should be taken to mitigate physical and emotional stress.

- **To reduce** physical and emotional stress and pain experienced by children preventive measures have to be taken, which should:
 - be adapted to the individual needs of the child
 - provide information and programmes to prepare children and parents for a stay in hospital, whether planned or emergency;
 - provide preparation information prior to planned procedures;
 - encourage continuous contact with parents, siblings and friends;
 - offer play and recreation activities suitable to the child's age and development;
 - ensure effective up-to-date pain management to avoid or reduce pain incurred by medical treatment, whether during examination, intervention or pre- or post-operatively;
 - grant sufficient periods of rest between treatments;
 - support parents whose children are receiving palliative care;
 - prevent feelings of isolation and helplessness;
 - try to avoid or reduce situations or actions described by the child as stress inciting;
 - recognise fears or concerns of the child whether or not explicitly expressed and act upon them;
 - be aware that a child may become stressed by being isolated or as a reaction to the condition of other patients and take appropriate action;
 - feature stress free and appropriately equipped rooms allowing children and parents the opportunity to retreat
 - avoid use of restraints

- **To mitigate unavoidable** physical or emotional stress, pain, and suffering children and parents should be offered:
 - ways of dealing with painful situations or actions experienced as negative;
 - support for parents as well as measures ensuring their protection from too much strain while caring for their child;
 - contact with social services, psychologists
 - contact when requested with minister of religion, self-help groups, patient / parent-help groups and cultural groups.

Article 5

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

- The right to **participate** in the health care of the child requires from staff members:
 - adequate information to the child and the parents regarding their child's immediate health condition, the proposed forms, risks, and merits of treatment or therapy and its goals as well as the measures to be taken.
 - adequate information on alternative forms of treatment
 - advice and support to parents enabling them to evaluate the proposed way of proceeding
 - to appreciate and make use of the child's and parent's knowledge, experiences, descriptions and observations on the general health situation or present condition of the child.
- Prior knowledge of all measures that need to be taken is a pre-condition for the active involvement of children and parents in decision making.

(5.2) Every child shall be protected from unnecessary medical treatment and investigation.

- In this context any form of medical treatment or investigation of a child is **unnecessary**, if no benefit for the individual child can be derived.

Article 6

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

- 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;
 - activities for children of a mixed age group;
 - separate rooms and activities according to age and gender,
 - particular efforts being made to provide separate accommodation for adolescents;
 - protective measures for children with specific illnesses.
- The special needs of adolescents should be taken care of by providing appropriate infrastructure as well as recreational opportunities.
- Any form of segregation of children must be avoided, in particular cultural segregation.
- The care of children together with adults on the same ward is not acceptable, and consequently means:
 - children shall not be admitted to or cared for in adult wards;
 - adults shall not be admitted to or cared for in children's wards;
 - separate provision should be available for the treatment of children and adults in areas such as reception, emergency rooms, surgery, outpatient and day care facilities as well as examination and therapy rooms

(6.2) There should be no age restrictions for visitors to children in hospital.

- Visiting hours for siblings and friends shall not be restricted based on the age of the visitor, but based on the condition of the sick 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 in the hospital they are being cared for. This applies also to day facilities or other areas* where children are being treated or examined.
- Extensive possibilities for play, recreation and education should
 - be available in the form of appropriate play materials;
 - ensure adequate periods of time for play seven days a week;
 - provide for the abilities of all age groups cared for in the facility*;
 - inspire creative activities by all children;
 - allow for the continuation of the level of education already reached.
- 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 in contact with children should have an understanding of the needs of children for play and recreation.
- 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 and not be focused on one particular age group.

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 training, skills and sensitivity are required for staff caring for sick children. Only on the basis of these qualifications are they able to meet with the special needs of children and their parents.
- All hospitals or other health care providers admitting children should ensure that children are examined, treated and cared for by staff with specific paediatric education, knowledge and experience.
- If a child needs to be treated by non-paediatric staff, such treatment may only be carried out in co-operation with staff specially trained and qualified to care for children.
- The ability and sensitivity of staff shall be maintained at a high level by appropriate training and continuing education.
- To know and address the needs of families is a pre-condition for being able to support parents in the care of their child and if necessary organise support or alternative care for the child to relieve the strain on the family
- Qualified staff are capable of recognising and reacting in an appropriate way to all forms of child abuse.
- Staff members will support parents in particular to cope with critical situations a child might endure. This applies especially to life-threatening situations.
- When a child is dying or dies, the child and his/her family must be given whatever support, care and assistance they need to help them cope. Staff should undertake appropriate bereavement training. Information regarding 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 their care.
- Continuity of care should apply both in the hospitals and following transition to home or day care. This can be achieved by all those involved communicating and working together as a team.
- 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.

Article 10

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

- Tact and understanding in dealing with children requires the need to:
 - include the right to be a child;
 - consider their dignity, view, needs, individuality and their state of development, taking account of any disability or special need;
 - make the willingness of the staff for dialogue apparent;
 - create a friendly and trusting atmosphere;
 - take into consideration the religious belief and cultural background of the child and the family.

- Regardless of age or state of development the protection of the privacy of children shall be secured at all times and must include:
 - protection against physical exposure;
 - 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;
 - the right of undisturbed association with close family members and friends.

Brussels, December 9, 2001

Glossary

The terms marked with * in the Annotations are used there in the sense and understanding described below (in alphabetical order with reference to the text part where used).

Accommodation (art. 3)

The presence of parents during 24 hours, including accommodation (overnight stay and meals). Normally the parents stay with the child in the same room, sometimes in other rooms within or near the hospital. A practice oriented to the needs of the child means that none of the aforementioned possibilities is excluded.

Admittance together with the child (art. 3)

See accommodation.

Adult ward (art. 6)

This refers to all rooms, units or departments where adults are being cared for.

Appropriate / proper / suitable (Annotations art. 1 et al.)

If there are various possibilities or measures available, the one chosen should be the one which best meets the needs of a specific person or group in the particular circumstances and offers the highest quality of care.

Areas (Annotations art. 7)

See facilities.

Care (art. 1 and annotations to art. 1)

- a) With regard to staff members: this includes the application of all further medical, nursing, therapeutic, psychological, social and educational measures in connection with the medical treatment.
- b) With regard to parents: essentially all care activities that a child experiences in every day life. It also includes care activities for which parents receive specific instructions.
- c) All actions carried through at or with the child.
- d) With regard to other care persons (substitute carers): psychosocial support.
- e) Care, places of = see "Hospital, forms and places"

Care person art. 2)

Here: A suitably qualified person, selected for the care of the child in agreement with the child's will. In accordance with the parents' approval this person shall be responsible for the psychosocial care of the child as long as the parents are unable to participate and as long as the child needs such care.

Children (art. 1)

Childhood runs until the accomplishment of the 18th birthday. "Child/children" therefore always includes all children, from the newly born child to adolescents. (art. 1 UN Convention on the Rights of the Child and WHO definition)

Environment (Annotations art. 7)

All rooms, floors, waiting areas and outdoor facilities used by children during their stay in hospital.

Facility (Annotations art. 7)

All units, rooms or areas specialised and qualified for the treatment or care of children as an inpatient, part inpatient, day or ambulant patient within an institution of public health care.

Health care services (art. 5)

All actions applied in a hospital, and including day care, ambulant or care at home for achieving recovery or relief or all measures of care accompanying a patient until his death (see also facility).

Hospital (art. 1)

Institutions of health care specialised in and qualified for the care of children

Hospital, or all forms and places of appropriate care (art. 1)

Health care institutions which ensure an appropriate care for and treatment of sick children,

- ambulant or day care
- emergency care
- at home (with support from community doctor or nurse)

Needs (art. 6)

All that is necessary for the continuing mental, emotional and physical development and well-being of children.

Parents (art. 2)

This term includes the natural parents, step parents, adoptive and foster parents, as well single parents and appointed guardians.

Parent substitutes (art. 2)

A person, whom the child knows and has a relationship with, and who can take over the tasks of a parent, e.g. elder siblings, grand parents or other relatives, child minder, family friends. The expression does not describe a certain degree of relationship. (For easy reading only the expression "parents" is used throughout the document.)

Staff / Staff members (Annotations art. 3)

All professional groups working in a hospital, specialised in and qualified for the care of children, such as all medical, nursing, therapeutic, psychosocial, pedagogic professions, including all those involved when children are undergoing tests as well as domestic and portering staff.

Substitute carer (Annotations art. 2)

See above definitions of "parents" or "parent substitutes".

Treatment, medical (Annotations art. 1)

All actions applied directly to the child by the professional staff for the purpose of achieving relief for or recovery of the child.

View of the Child (Annotations art. 4)

Refers to the child's right for self-determination, and that the views of the child are given due weight in accordance with the age and maturity of the child not (see also art. 12.1 UN Convention on the Rights of the Child).

Ward Routine (art. 3)

Includes daily schedules on the ward, where a child is admitted, but also the individual care schedules for a child, e.g. diagnostics, therapies and/or surgery, as well as the working processes within a ward. How to get there, how to find?