quality and standards

The Child Friendly Healthcare Initiative – an update

Andrew Clarke and Sue Nicholson report on the continued need for universal standards for child health care and announce the launch of online resources to support implementation of child friendly standards

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- Children: services
- Standards and guidelines
- Children: rights

In 2001, *Paediatric Nursing* published an article about a developing programme called the Child Friendly Healthcare Initiative (CFHI) (Clarke and Nicholson 2001). The programme aimed to explore whether the fear, anxiety and suffering often experienced by children and families accessing health care could be reduced by methods that promote, assess and drive sustainable improvements using an approach based on rights and derived from the United Nations Convention on the Rights of the Child 1989 (UNCRC) (United Nations General Assembly 1989).

A team representing the UK Committee for UNICEF, the Royal College of Nursing, the Royal College of Paediatrics and Child Health, the UNICEF/WHO Baby Friendly Initiative UK and Childhealth Advocacy International (CAI), a non-governmental aid organisation, developed the concept for the initiative. A small team from CAI implemented the project, with technical support provided by UNICEF and the Child and Adolescent Health and Development Department of the World Health Organization, and funded by the National Lotteries Community Fund.

At the end of the pilot in 2002, a manual and draft toolkit for child-friendly health care were produced but a number of factors delayed publishing these until recently. The materials remain valuable and needed and are now available online (Nicholson and Clarke 2007).

Progress in child health care?

Since 2002, there have been numerous initiatives to improve the health care that children and families receive. Despite these advances, development aid and the efforts of health workers, children are needlessly dying, becoming disabled and experiencing unnecessary fear, anxiety, discomfort and pain.

Health workers are often so overworked and under-resourced that although they know things could be better, they cannot see a way forward. Even in countries with expensive technology and relatively plentiful resources, the 'best possible' care is not always provided. Children often have unnecessary investigations and invasive treatments or their emotional and mental health needs are overlooked.

Poorly integrated systems of care, unequal access to health care, inequality of health care, unfriendly attitudes and poor communication can all lead to unnecessary fear, anxiety and suffering for children and families. Some children are left permanently emotionally and developmentally damaged by their experiences, and many more suffer abuses of their rights to survival, protection, participation and development. All these issues need addressing urgently and repeatedly.

Pilot project findings

The pilot project for the CFHI set out to develop and promote simple, globally applicable standards based on articles of the UNCRC. Many standards for health care already exist but they frequently lack a meaningful and realistic guiding structure to enable health workers to improve care. The CFHI promotes tools for assessment against standards and suggests feasible ways of making improvements.

Resources in many countries are very limited so the focus for improvements is:
- effectively managing resources and care systems;
- health workers optimising their skills, knowledge, behaviour and attitudes; and
- advocacy for more resources when needed.

Initial assessments at the pilot sites resulted in developments by health workers in several areas of care – most requiring little or no additional resources. These included: development and integration of therapeutic play in the malnutrition unit – later spreading successfully to other units (Mulago Hospital, Uganda); parental participation in clinical care and ward rounds (Gjilan Hospital, Kosovo); and multidisciplinary working committees, including parental representation for the first time (PIMS Children's Hospital, Pakistan).

The project revealed similar causes of frustration, anxiety and distress in parents, children and health workers at all sites. Two of the many factors that hindered appropriate care were poor systems for disseminating and implementing new knowledge and defensive hierarchical management structures that prevented change or progress. This has implications for commonly perceived solutions to poor practice. While training can sometimes be a necessary part of developing practice, we found that training alone is often not the most appropriate answer; when it is inappropriate for the environment or resources, it can encourage practice that can lead to further suffering. Also, improved resources do not automatically lead to good practice.

Picture signage to pharmacy and child friendly health promotion messages in Nepal

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Outcomes and evaluation

By the end of the pilot, standards of practice felt to be universally applicable had been agreed. A structured process had also been developed (the CFH Toolkit) that enabled health workers to identify, prioritise, and make realistic improvements to care or the systems that contribute to care. The same process also enabled change to be measured.

We believe there are strong indications that the approaches developed are beneficial to the ability of health workers to effect positive change in the care received by children and families. As one nurse reported: 'Before this programme, children used to view the hospital as a place for suffering and death, and looked forward to the day of discharge, but now this has become history.'

Determining the true cause of improvements in care is almost always complex and multi-factorial. However, the experience and evidence from several sites suggested that this initiative was a strong catalyst and support for the changes that occurred. Many health workers and providers have contacted the project for information, or to request their hospitals be included in a future wave of programming – suggesting that the project had a direct significance and relevance for the needs of health workers and those they provide care for.

Conclusion

The CFH standards and their supporting criteria translate the UNCRC into everyday practice for all types of health worker. They are applicable for any type of health care given in any healthcare environment in any country and are also a vehicle for country and global programmes such as Integrated Management of Childhood Illness, Baby Friendly Initiative, Safe Motherhood, and the National Service Frameworks in the UK.

The manual describes the rationale, concept and details of child-friendly health care. It discusses reasons for sub-optimal care and suggests simple and practical ways in which health providers and individual health workers can assess their care and make improvements. We hope it will also be of interest to other disciplines and to all who plan and deliver care, and most importantly that children and families will benefit ■

Child Friendly Healthcare – A manual for health workers **is now available from www.paediatricnursing.co.uk**

Box 1 **Pilot sites**

- Gjilan Hospital, Kosovo
- PIMS Children's Hospital, Islamabad, Pakistan
- Mulago Hospital, Kampala, Uganda
- Republican Children's Hospital No 1, Chisinau, Moldova
- Barnsley District General Hospital NHS Trust
- Derbyshire Children's Hospital, Southern Derbyshire Acute Hospitals NHS Trust
- The Royal Hospital for Sick Children, Yorkhill NHS Trust, Glasgow
- Bro Morgannwg NHS Trust, Bridgend
- Ulster Community & Hospitals Trust, Ulster

References

Clarke A, Nicholson S (2001) How 'Child Friendly' are you? *Paediatric Nursing*. 13, 5, 12-15.

Nicholson S, Clarke A (2007) *Child Friendly Healthcare – A manual for health workers*. Available from: www.cfhiuk.org/publications/cfhi_manual.htm, www.paediatricnursing.co.uk and www.caiuk.org [Accessed 13 September 2007].

Southall DP *et al* (2000) The Child-Friendly Healthcare Initiative: Healthcare Provision in Accordance with the UN Convention on the Rights of the Child. *Pediatrics*. 106, 5, 1054-1064.

United Nations General Assembly (1989) *Convention on the Rights of the Child*. New York, United Nations.