

## Section 2

### The ‘Standards’ and their supporting criteria

**‘Child Friendly Healthcare’ is the best possible integrated healthcare provided by health workers who minimise the fear, anxiety and suffering of children and their families by supporting and practicing the following 12 standards:**

1. Keeping children out of hospital (and other health facilities or institutions) unless this is best for the child: *Relates to CRC Articles 9, 24, 25, 3*
2. Supporting and giving the ‘best possible’ healthcare: *Relates to CRC Articles 2, 6, 23, 24, 37*
3. Giving healthcare safely in a secure, clean ‘child friendly’ environment: *Relates to CRC Article 3*
4. Giving ‘child centred’ healthcare: *Relates to CRC Articles 5, 9, 14, 37*
5. Sharing information and keeping parents and children consistently and fully informed and involved in all decisions: *Relates to CRC Articles 9, 12, 13, 17*
6. Providing equity of care and treating the child as an individual with rights: *Relates to CRC Articles 2, 7, 8, 9, 16, 23, 27, 29, 37*
7. Recognising and relieving pain and discomfort: *Relates to CRC Article 19*
8. Giving appropriate resuscitation, emergency and continuing care for very ill children: *Relates to CRC Articles 6, 24*
9. Enabling play and learning: *Relates to CRC Articles 6, 28, 29, 31*
10. Recognising, protecting and supporting vulnerable or abused children: *Relates to CRC Articles 3, 11, 19, 21, 20, 25, 32, 33, 34, 35, 36, 37, 39*
11. Monitoring and promoting health: *Relates to CRC Articles 6, 17, 23, 24, 33*
12. Supporting ‘best possible’ nutrition: *Relates to CRC Articles 3, 24, 26, 27*

There are four ‘supporting criteria’ common to all the CFH Standards, and although omitted from the beginning of each of the descriptions of the 12 standards below, in the interests of space, their importance cannot be overemphasised.

Each of these 4 topics are covered in detail in [Section 5](#)

- **Mission statements.**
- **Education and training.** Healthcare standards will not be met unless all healthcare workers have the motivation and the facilities to keep up to date with current practices. They must also receive training to allow them to work in line with improved standards.
- **Data collection and management.** This a key component of an effective, functioning health care system.

- **Audit** Participation in audit is an essential process for all those involved in provision of healthcare. It ensures that necessary changes are made to meet with accepted standards, and that all aspects of healthcare are kept continually under review

**STANDARD 1: 'Keeping children out of hospital (and other health facilities or institutions) unless this is best for the child**

**'Health care providers, organizations and individual health care workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that they keep a child in a hospital, or other health facility, only when this is in the child's 'best interests'.**



*A day care unit in Pakistan for children with respiratory illness  
Children are observed through the day and sent home at night if well enough*

**Supporting criteria**

1. Primary (community) and secondary (specialist) health workers for children and pregnant women work together to provide services that:
  - Are accessible
  - Are free or easily affordable
  - Share policies (such as Integrated Management of Childhood Illness)
  - Use jointly agreed referral pathways
  - Include the views of children and families and consult health workers in primary or secondary facilities when they plan these services
  - Are 'needs' based
2. Health services for pregnant women and children (including the newborn) with any type of health problem that includes:
  - Primary (community) health services
  - Secondary (referral level/specialist) 'out-patient' services with policies for admission, review (to see if it is in the child's best interests to remain under the care of the secondary service), and discharge (referral back to back to the community services):
  - Secondary in-patient services with admission, daily review (to see if it is in the child's best interests to remain in the health facility) and discharge policies, day care, and outreach services that support care in the child's home:

3. Programs to prevent illness and injury (preventive services) that include:

- Systems/policies to identify and support vulnerable children and their families:
- Health monitoring, screening and promotion programs
- Strategies to protect unborn children such as a ‘safe motherhood’ program

### Discussion

Best practice is to recognise and treat children with illnesses, disabilities and other physical or mental health problems in the community as soon as possible as this can prevent children needing a hospital visit or admission. Also to admit children, or place children in institutions, only if appropriate health care cannot be given at home. Care at home is always preferable. When care at home is not appropriate, fear anxiety and suffering can be minimised by making the hospital experience as ‘child friendly’ as possible.

*A child friendly ward entrance (looking from the ward to the hall and lifts)*



Good community preventive health programs that include health education, to help parents recognise when their child is ill, health screening, the monitoring of children’s growth and development and the close monitoring of pregnant women (safe motherhood programs) can limit the number of children needing hospital care. Ideally this type of high quality health care is provided by comprehensive primary health care services that are appropriate, effective, affordable and easily accessible to all families, regardless of their financial status.

Doctors and nurses are expensive to train and employ. Overseas training programs in rich countries are not always appropriate for disadvantaged countries. Doctors and nurses receiving training in rich countries may want to use the skills they have acquired in the well resourced health services they have become accustomed to and be inclined not to return to their own poorly resourced country. The International Community has a responsibility to discourage, not encourage, this migration, and to advocate for better working conditions for health workers in their own countries rather than poach workers to support their own health services.

A team comprised of different types of health worker with appropriate delegation of tasks can make health care more accessible to more people. In countries where doctors and nurses are scarce, or not affordable, effective early healthcare can be given to children by generic health workers (ideally from the local community) trained to provide a lower level of basic care using guidelines for managing the

common conditions (for example WHO's Integrated Management of Childhood Illness (IMCI) Program with its clear referral guidelines and early management/treatment strategies). The few trained doctors and nurses can then be deployed to support them and provide a higher level of care in the centres. This system is cost-effective and works well in Nepal with its sparse population and remote villages.

Such innovative systems to use skills effectively can also improve the delivery of healthcare in communities in advantaged countries. For example, a peripheral hospital under threat of closure in Northern Ireland, UK is now staffed solely by nurses who use guidelines to assess and treat minor accidents and emergencies, and have tele-communication support from doctors in the nearest large centre.

***Tele-medicine technology that enables doctors working many miles away to see x-rays and give advice to the nurses providing the service locally***



In advantaged countries, even when accessible, affordable integrated health services do exist, children are still admitted to and remain in hospital unnecessarily. Some of these admissions can be prevented by:

- Effective triage when first seen
- Rapid same day access to a referral level (specialist) opinion if needed
- Appropriate emergency management and treatment
- Good communication between all health workers to limit unnecessary delays in treatment and discharge
- Specialist care supervised by referral level/specialist health workers given at home when possible
- 'Referral/specialist level' day care facilities whenever possible for assessment, investigation and treatment so that children can sleep at home if they live nearby

***A 'Child Friendly' day surgical unit***



Many children with complex or chronic illnesses (for example mental health problems, asthma, diabetes, disability and others) can be successfully managed at home if there are specialised referral services with attached out-reach services that can provide the necessary support for parents. Care in the home is of course only feasible when these resources are available, the children live within easy reach of these services and home conditions are satisfactory.

Standardised admission, daily review and discharge policies, and verbal and written discharge plans can reduce the length of time a child remains an in-patient. Best practice is to develop these in collaboration with parents and primary care and/or other relevant community professionals. To be effective they need to include a diagnosis or reason for the child's admission, a prognosis and clear instructions concerning any actions, treatment or follow-up necessary that will have implications for carers and health care staff in the community. There are clear advantages to writing this information into parent-held child health records

Arrangements for follow-up by the hospital, if this is necessary, and/or prescribing and dispensing drugs for taking home need to be made well before the child is due to leave so that unnecessary delays for a family are minimised. Delay in dispensing drugs or a long wait to be discharged for any reason is unacceptable practice.

Best practice is for the length of stay in an in-patient health facility to depend on research evidence integrated with local knowledge, and evidence based treatment regimes which should be adopted for the common childhood conditions. Children should not be kept in hospital for unethical treatments such as painful intra-muscular injections (when oral drugs would work equally well), for treatments that can be given at home, or for the convenience of health workers.

In all countries, but particularly in many poorly resourced countries, children are sometimes abandoned in health facilities. These children often receive inadequate nutrition with minimal stimulation (developmental and play opportunities) and no normal one-to-one care. An attachment to a single carer is essential for a child's long-term mental health and development so discharge rapidly to caring foster families rather than institutions is best practice.

Advocacy by health workers for early fostering and/or adoption for abandoned children and/or those in need of protection and care is important.

Finally good data management, regular audit leading to evaluated change, and joint education/training opportunities for all health workers (community health services and the referral level services) will all contribute to meeting this Standard thereby keeping children with their families at home as much as possible.

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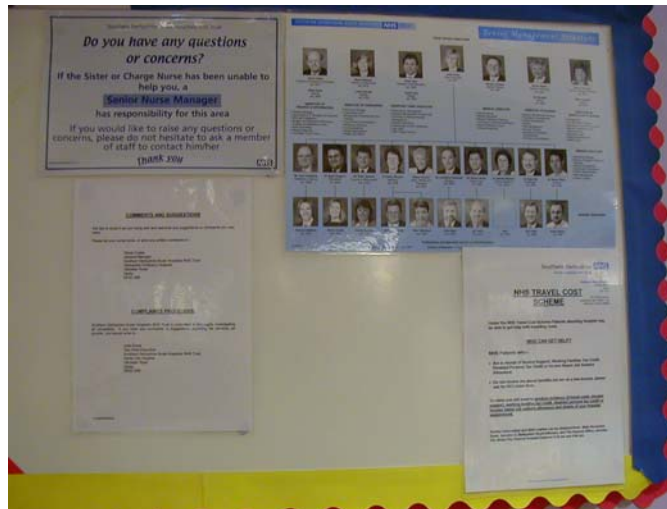
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## STANDARD 2: Supporting and giving the 'best possible' healthcare

'Health care providers, organisations and individual health workers, share a responsibility to advocate for children and to reduce the fear, anxiety and suffering of children and their families by ensuring that they support the 'best possible' healthcare'.



*A board with information for parents/carers about how they can ask questions or share a concern. It gives information about who to contact and how, showing photographs of those responsible for the different aspects of management and healthcare.*

### Supporting criteria

#### 1. A transparent (open) management team for a health facility who delegate:

- The management of all the important support services to lead health workers who are accountable and responsible for the organisation, quality, budget and training for their service
- Important healthcare tasks (such as immunisation, infection control, breast feeding, resuscitation child protection, audit, lifelong learning and others) to lead health workers who have responsibility for the policies, job aides, quality of practice and training

#### 2. Open management of health workers that:

- Appoints and dismisses health workers, validates qualifications, assesses suitability for employment, has a health worker identification system, enables safe staffing levels, identifies and addresses intimidation (bullying) and has system for disciplining health workers
- Screens health workers for health problems, provides advice about the prevention of work related medical, psychological and emotional problems and supports those in individual health workers when these occur

3. Provision of **effective investigative and therapeutic health support services** relevant for the level of care given.

4. Provision of **effective general support services** (such as security, food preparation, laundry, cleaning and other services) relevant for the level of care given and the type of health care environment.

5. **Essential material resources** relevant for the level of care given and the type of health care environment, including:
- Health facilities that are suitable for the level of care given and needed
  - Appropriate, effective, safe and sustainable clinical and non-clinical equipment (essential list of equipment compatible with WHO recommendations)
  - A free or affordable, safe, secure supply of essential drugs and disposables with standardised policies for their use (essential lists compatible with WHO recommendations)
6. Appropriate **evidence-based systems of care, policies, clinical guidelines and other job aides** that are known about and used by all the health workers working in the same healthcare environment.
7. Lifelong (during and after training) **learning** (education/training) opportunities (self, internal and external) about the UNCRC and Child Friendly Healthcare and access to published research and other healthcare literature.
9. Effective management of written information (**data**) that includes the use and organisation of health records, coding systems for health problems and the collection and examination of reliable data for important key indicators about children's health.
10. Multidisciplinary clinical **audit** linked to evaluated change/s for all health workers (*See Section 5*).
11. Access to **ethical advice** on clinical and research issues for all health workers
12. **Risk management procedures** owned and run by local health workers linked to wider risk analysis at hospital and national level. *Covered in Standard 3*

## Discussion

'In order to give the best possible care to children and families, health workers need to integrate the highest quality scientific evidence with clinical expertise and the opinions of the family' (Moyer VA, Elliot EJ. Preface in 'Evidence Based Paediatrics and Child Health').

Health care of any type that is in a child and family's 'best interests' has to be balanced with what is possible, and with the needs of other children sharing the same health worker, health facility or health service.

It is the responsibility of health workers at an organisational level to ensure these services, structures, resources and activities are in place. It is the responsibility of the health workers who give the care in partnership with the child and family to access, use and participate in these. If this is not possible because they either do not exist, or are of low quality, health workers have a responsibility to advocate for these and to continually try to 'make it better'. Advocacy is an individual and collective responsibility inspired by strong, but open and accountable leadership that delegates.

There is evidence to show that support services and generic clinical tasks (such as immunisation, breastfeeding advice, infection control, child protection and others) are usually of higher quality when delegated, providing the nominated health workers are also given the authority to effectively coordinate the task and to develop, monitor and maintain the quality of its practice. When developing their services best practice for these coordinators is to:

- Follow any existing evidence-based recommendations made by WHO and other International and National Organisations
- Acquire and regularly update their skills and knowledge
- Consider the evidence-base for their actions and policies

Lifelong learning opportunities and access to the evidence that supports ‘best possible’ healthcare are essential requirements for health workers if they are to increase their skills. Best practice is therefore for all professional health workers to have access during working hours to a library that has up to date medical and nursing books and journals, to the Internet, and to general and specialist professional continuing life-long education/training. However it is important to remember that access to evidence and other learning opportunities does not necessarily lead to a change from poor practice to good practice.

Policies, standardised systems of care, clinical guidelines and other job aides all contribute to supporting the best possible healthcare. However to be used successfully they need to be ‘owned’ and their value recognised.



***Job aides in Pakistan showing pathways of care to be followed in emergencies***



**Danger signs in pregnancy from Bangladesh**

Health workers, both professional and non-professional, are valuable. Striving to provide the ‘best possible’ healthcare is challenging and stressful, physically, intellectually and emotionally. It is therefore not surprising that health workers are more likely, than the general population, to develop work-related physical and mental health problems. Open terms of employment and being mentored and nurtured by employers helps prevent their loss to the country, health service and health facility. Systems for the support and care of the ‘care givers’ are essential if they are to provide the best possible service.

Good data management is also important as reliable and appropriate data are needed to support all aspects of health care planning and provision, audit and advocacy. This starts with the clinical record, includes the recording of high quality information, the effective organisation and management of records, the reliable coding of disease and the collection and examination of this information to produce reliable statistics for the key childhood indicators of health. All health workers have a vital part to play in this chain.

*Effective manual data management in Moldova reflected by this well organised low-cost storage system*



The final criterion for providing the ‘best possible’ health care is to have access to reliable independent advice on the many ethical issues associated with clinical practice and research.

However difficult, best practice is to allow and make time (without compromising patient care) for these important support activities during normal working hours. All these support activities are described in more detail in later sections of this book, especially in Section five which explains the best way to do these.

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