

STANDARDS ON HEALTH PROMOTION FOR CHILDREN AND ADOLESCENTS

A Task Force HPH-CA Tool

Since 2004, the Task Force aims “to apply HPH principles and criteria to the specific issues of health promotion for children and adolescents in & by hospitals, providing an organic conceptual and operational framework for institutions, decision-makers, healthcare organizations and their professionals, social workers”.

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Background

We feel that a more peaceful, free, equal, supportive global society can be built by the next generations. We can only prepare and educate children and adolescents in this direction. Healthcare settings can be a good training ground for putting the health promotion value into practice and for inspiring other child life settings such as schools, sport and recreational associations, cultural circles and so on. This is the main reason for this standardisation effort. The Standards and indicators on health promotion for children and adolescents in Hospitals and Health care services are a tool for professionals to assess children and adolescents' specific health promotion needs in hospital and healthcare services. This tool addresses to Healthcare professionals, Policymakers, Children's Associations working in Hospitals with a double possible use:

1. Become a tool to **measure the level of Children's Health promotion in Hospitals and Healthcare services;**
2. Become a support tool for professionals for a peer to peer evaluation on the level of realization of health promotion in hospitals and healthcare services.

The standards and indicators took inspiration from the concepts, guidelines and outcomes of the WHO Standards for Health Promotion in Hospital (2004) and from the Child Rights-based Approach developed by the UN Agencies (WHO, Unicef, Unesco). In particular, the document main references are:

- ⇒ **Reference 1. The Ottawa Charter for Health Promotion** - First International Conference on Health Promotion, Ottawa, 21 November 1986. The Ottawa Charter for Health Promotion proposed 5 core strategies, which have been taken into account also for the TF work on standards: Build healthy public policy; Create supportive environments; Strengthen community action; Develop personal skills; Reorient health services.
The TF Standards aim at re-orient all hospitals and healthcare services to children's and adolescent's health promotion needs and to create a supportive healthcare setting,
- ⇒ **Reference 2. The European Association for Children in Hospital (EACH) Charter (1988)**. The EACH Charter recognizes and endorses the rights of the child as stipulated in the UN Convention on the Rights of the Child (UNCRC), and in particular the key principle that, in all situations, the best interests of the child should prevail (art.3).
The TF Standards aim at becoming a tool to assure that children's and adolescents' voice and opinions are listened to and taken into account.
- ⇒ **Reference 3. Convention on the Rights of the Child (1989)**. Article 24 on Health and health services establishes that the child has the right to the enjoyment of the highest possible standard of health and to have access to healthcare and medical services. In its provision of health services, the State shall place special emphasis on primary and preventative health care and public health education.
The TF Standards aims at implementing, improving and disseminating the Child rights culture among professional staff and management.
- ⇒ **Reference 4. The Baby-friendly hospitals initiative (1991)**. The Baby-Friendly Hospital Initiative (BFHI), launched in 1991, is an effort by UNICEF and the World Health

- Organization to ensure that all maternities, whether free standing or in a hospital, become centers of breastfeeding support. Since the BFHI began, more than 15,000 facilities in 134 countries have been awarded Baby-Friendly status. In many areas where hospitals have been designated Baby-Friendly, more mothers are breastfeeding their infants, and child health has improved.
- The TF standards take inspiration from the effort of making healthcare services more family friendly in order to pay attention to the relationship between children and their parents.*
- ⇒ **Reference 5. World Health Organization Standards for Health Promotion in Hospitals (2004).** The WHO Standards for health promotion in hospitals, adopted by the HPH Network, drafted 5 areas for acting on and with healthcare services to promote health: Management Policy; Patient Assessment; Patient Information and Intervention; Promoting a Healthy Workplace; Continuity and Cooperation.
- The TF Standards follow the '5 areas' model proposed by WHO, orienting it to children and adolescents peculiarities.*
- ⇒ **Reference 6. Child Friendly Healthcare Initiative (CFHI), Manual for Health workers (2007).** CFHI aims at translating the UNCRC into standards of care that are measurable in health care settings. In particular, the Standard 11 focuses on Monitoring and promoting health: "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 monitor and promote health". ¶
- The TF Standards aim at fulfilling the CFHI objectives paying attention to develop a good and measurable climate in the relationship between professionals and children.*
- ⇒ **Reference 7. The Task Force HPH-CA Self Evaluation model and Tool on the respect of Children's rights in Hospital (SEMT, 2009).** The SEMT collected evidence on the respect of children's rights in 114 hospitals all over Europe, with particular attention to three areas: Right to the Highest attainable standards of health care; Right to information and participation in all decisions involving their health care; Right to protection from all forms of violence.
- The TF Standards aim at strengthening the evaluation process put in place by the SEMT experience as children's right respect is a key element of health promotion and as the evaluation process itself proved to be useful for children and for healthcare professionals.*
- ⇒ **Reference 8. Council of Europe guidelines on child-friendly health care (2011).** The CoE guidelines focus specifically on children and adolescents and propose three strategies for healthcare pathways: designing services around children and their families; creating alignment and synergy between: family lifestyles, services and public health interventions, between primary, secondary and tertiary care, health, education and social care services, public, private and voluntary sectors; introducing a culture of continuous learning to drive quality improvement which includes a system for the measurement and comparative performance.
- The TF standards aim at supporting these strategies with particular attention to translate the 'Child friendly' concept in operational interventions and to the need to measure their implementation at International level.*
- ⇒ **Reference 9. Task Force HPH-CA Children's rights in Hospital and Health Services: Manual and Tools for assessment and improvement (2012).** The TF HPH-CA drafted a manual and tools on children's rights in hospitals and healthcare service proposing six new standards to monitor and evaluate their respect: Quality services for children; Equality and non-discrimination; Play and Learning; Information and Participation; Safety and environment; Protection.
- The TF Standards aims at broadening and strengthening this perspective as ulterior effort to assure the Child rights respect in healthcare settings.*
- ⇒ **Reference 10. The New Haven Recommendations on partnering with patients, families and citizens to enhance performance and quality in health promoting hospitals and health services (Health Promoting Hospitals Network, 2016).** The New Haven recommendations focused also on patients' participation to their care through three strategies: enable patient and family involvement within direct service provision (micro-level); enable patient, family, and citizen involvement on the organizational / hospital (meso-level); enable patient, family, and citizen involvement in planning health care delivery systems and policy (macro-level).
- The TF Standards share the same philosophy for children and adolescents as well.*

Methodology

The Standards and Indicators have been drafted by the Task Force (TF) members and they have been tested two times. The first test was practical as it asked healthcare operators to implement the tool (in terms of standards achievement and using the Evaluation sheet contained in the Standards first version) and to give a feedback on its use. The test used a questionnaire drafted by the TF Coordinator in order to register observations and suggestions. A second and improved version of the standards has been tested with an online survey in order to have a final feedback on Comprehensibility, Acceptability and Importance levels according to Health care professionals. A final version of the standards and indicators has been drafted and it is presented in this document.

Results

The first test results on the Standards first version and implementation was conducted in USA, Estonia, Spain, Hungary and Italy thanks to the support of the TF members and thanks to motivated healthcare professionals participating to this phase. The results of the first test showed how the presence of information materials and of official health promotion documents addressed to children were the only two standards with high levels of achievement. It also highlighted the possible use of the Standards and Indicators to support professionals' meetings for checking the level of respect of health promotion in healthcare services. Another proposal from the professionals was the possibility to create check-lists and quick scan cards as well as pads for patient input, based on the Standards structure. Another useful suggestion was also to try and simplify the tool in order to use it throughout daily activities. A second version was drafted on the basis of these critiques. The second test (conducted in Norway and Hungary) - aimed at verifying the comprehensibility, acceptability and importance levels of the simplified version of the standards - revealed critical results on the comprehensibility and importance levels, especially related to participation and rights aspects (e.g. best interest of the child, assessment of health promotion needs, adoption of health promotion policies). Useful comments have been made concerning the importance of spreading the tool, make it even simpler, accompany it with concrete actions. The standards have been modified into a more updated version in order to clarify the reasons why standards are needed specifically for children and adolescents.

Lessons learned

It seems clear that standards and indicators could become useful tools for professionals, in terms of measurement and also in terms of peer to peer activities. There is also a strong need to make standards more and more known, together with the necessity to provide specific health promotion services for children and adolescents. Therefore, the TF next steps will have to take into account **three** key strategies:

1. Disseminate the standards at International level;
2. Support the implementation whenever needed;
3. Accompany tools with training modules and materials in order to clarify the role and importance of health promotion for children in healthcare services and to improve the behavioural attitude of professionals towards health promotion for and with children.

The Task Force Standards and Indicators

⇒ **Standard 1. *Management Policy***

The organization has a written policy for health promotion. The policy is implemented as a part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff.

Goal: To include health promotion activities for children and adolescents in the organization's quality system

⇒ **Standard 2. *Patient Assessment***

The organization ensures that health professionals, in partnership with children and adolescents, systematically assesses needs for health promotion activities.

Goal: To assess systematically the health promotion needs of children

⇒ **Standard 3. *Patient information and Intervention***

The organization provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.

Goal: To empower children and adolescents in an active partnership with Health professionals and to facilitate the integration of health promotion activities in all patient pathways, taking into account the patients' levels of maturity

⇒ **Standard 4. *Promoting a healthy Workplace***

The management establishes conditions for the development of the hospital as a healthy and child-friendly workplace

Goal: To promote a healthy, safe and child friendly workplace, and to support health promotion activities for staff.

⇒ **Standard 5. *Continuity and Co-operation***

The organisation has a planned approach to collaboration with other health services sectors and other institutions on an ongoing basis

Goal: To ensure the collaboration with relevant health and social services and to start partnerships to integrate health promotion activities in patient care pathways

Sub Standards

The proposed sub-standards refer to the 5 Standards presented above.

- ⇒ The organization adopts and publishes **a written policy for health promotion**, drafted in collaboration with representatives of children, parents, caregivers' associations, as health promotion **improves the perceived quality** of services.
- ⇒ The written policy acknowledges that Children are active members of society entitled to be **informed** and consulted, **heard and given the opportunity to express opinions** both in collaboration with their parents and independently, as they can provide **key information for improving care efficacy**.
- ⇒ The written policy acknowledges that Children are **bearers of human rights** and invites the staff to adopt a **Child-rights-based and a Child friendly approach**, as they are people entitled to make **informed decisions** over their own health.
- ⇒ Health professionals include health promotion activities in **medical records** (e.g. physical activity, playing and leisure, educational activities in hospital, pet therapy, ...), as they have an **impact** on children's health and well-being.
- ⇒ Health professionals ensure that **children can express their views freely**, as children are **experts** in their own health status.
- ⇒ **Health professionals assess the Child's needs for health promotion** with the active contribution of children, parents, relatives and caregivers, peers, associations, as they have a **broader point of view** on children's well-being and on the **factors impacting their health**.
- ⇒ Patients and their parents are **systematically informed** on the child's clinical condition and treatment in an appropriate language, as they are not physicians but they still are the **owners of their own care decisions**.
- ⇒ The organization recognizes that the **best interests of the child** are of primary consideration in all health promotion activities, as they **cannot speak for themselves** and they count on **professionals and parents** to promote their interests.
- ⇒ The organization ensures the registration and assessment of all adverse events in order to avoid children exposure to any **hazard**, as safety is a **core value** of healthcare services, especially if related to children.
- ⇒ The organization provides **recreational spaces** and initiatives for children to play, write, read, socialize and relax with peers and to be engaged in activities with clowns, pets, art, music involved, as this is **health building and care** as well.
- ⇒ The organization provides spaces and initiatives for staff to relax, to exercise, to socialize with colleagues, as they are the **centre of care** as well and they need **to recharge** from time to time.
- ⇒ The organization provides spaces for **hosting parents and peers in** order to keep the continuity of family and friendly relationships, as **loneliness** can be detrimental for health.
- ⇒ The organization ensures that the health care environment is smoke and alcohol free and is able to minimize unnecessary noise, as all these aspects **support** children's health.
- ⇒ The organization ensures that its health promotion activity is **coherent with national and/or regional health plans**, as all stakeholders have to **help each other** in promoting children's health.
- ⇒ The organization cooperates in planning and developing health promotion activities with existing health and social care providers, voluntary associations, solidarity networks, general practitioners and other relevant **community stakeholders** working for and with children, as **health is a continuum**, it's built in communities and restored in hospitals.
- ⇒ The organization ensures that all the standards are **assessed, monitored and published**, as it is the only way **to improve**.

Indicators

- ⇒ Presence of a written policy on Health promotion published in documents, newsletters, booklets, websites
- ⇒ Mention of Children's rights in the written policy
- ⇒ Yearly consultations with children and adolescents
- ⇒ Provision of child friendly tools to express children's views (cards, pads, children's associations involvement, children's boards,...)
- ⇒ Presence of information materials
- ⇒ Health promotion activities registered in medical records
- ⇒ Specific Departments meetings on communication with patients
- ⇒ Meetings with children, families and associations
- ⇒ Adoption of official documents on children's safety
- ⇒ Presence of spaces for health promotion purposes (hosting parents and peers, hosting associations, hosting schools, playground, ...)
- ⇒ Decrease of registered complaints of patients or parents
- ⇒ Agreements with community stakeholders

COMPLETE EVALUATION SHEET

A: achievement B: moderate achievement C: partial achievement D: minimal or no achievement¹ □

How do you use this Evaluation Sheet?

...as self-assessment tool

...as peer review tool

... as accreditation tool

...as tool for children and their representatives

Why should you use this evaluation sheet?

...to monitor the respect of children's rights in Hospitals and Healthcare setting

...to improve health promotion for children

...to contribute to the continuous quality improvement of Healthcare services

SUB-STANDARDS	INDICATORS	ASSESSMENT
The organization adopts and publishes a written policy for health promotion, drafted in collaboration with representatives of children, parents, caregivers' associations	Presence of a written policy on Health promotion published in documents, newsletters, booklets, websites	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A
The written policy acknowledges that Children are active members of society entitled to be informed and consulted, heard and given the opportunity to express opinions both in collaboration with their parents and independently	Yearly consultations with children and adolescents	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A
The written policy acknowledges that Children are bearers of human rights and invites the staff to adopt a Child-rights-based and a Child friendly approach.	Mention of Children's rights in the written policy	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A
Health professionals include health promotion activities in medical records (e.g. physical activity, playing and leisure, educational activities in hospital, pet therapy, ...)	Health promotion activities registered in medical records	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A
Health professionals ensure that children can express their views freely	1. Provision of child friendly tools to express children's views (cards, pads, children's associations involvement, children's boards,...) 2. Specific Departments meetings on communication with patients	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A
Patients and their parents are systematically informed on the	Presence of information materials	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A

¹ Rating scale: Agence nationale d'accréditation et d'évaluation en santé (ANAES)

child's clinical condition and treatment in an appropriate language		
<p>1. The organization recognizes that the best interests of the child are of primary consideration in all health promotion activities.</p> <p>2. Health professionals assess the Child's needs for health promotion with the active contribution of children, parents, relatives and caregivers, peers, associations</p>	<p>Meetings with children, families and associations</p>	<p><input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A</p>
<p>1. The organization provides recreational spaces and initiatives for children to play, write, read, socialize and relax with peers and to be engaged in activities with clowns, pets, art, music involved.</p> <p>2. The organization provides spaces and initiatives for staff to relax, to exercise, to socialize with colleagues.</p> <p>3. The organization provides spaces for hosting parents and peers in order to keep the continuity of family and friendly relationships</p>	<p>Presence of spaces for health promotion purposes (hosting parents and peers, hosting associations, hosting schools, playground, ...)</p>	<p><input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A</p>
<p>1. The organization ensures that the health care environment is smoke and alcohol free and is able to minimize unnecessary noise</p> <p>2. The organization ensures the registration and assessment of all adverse events in order to avoid children exposure to any hazard</p>	<p>Adoption of official documents on on children's safety</p>	<p><input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A</p>
<p>1. The organization ensures that its health promotion activity is coherent with national and/or regional health plans</p> <p>2. The organization cooperates in planning and developing health promotion activities with existing health and social care providers, voluntary associations, solidarity networks, general practitioners and other relevant community stakeholders working for and with children</p>	<p>Agreements with community stakeholders (e.g. GPs, ICTs companies, Children's Associations, Territorial Healthcare services,...)</p>	<p><input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A</p>
<p>The organization ensures that all the standards are assessed,</p>	<p>Check lists for health promotion activities evaluation</p>	<p><input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> N/A</p>

monitored and published		
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QUICK EVALUATION SHEET

A: achievement B: moderate achievement C: partial achievement D: minimal or no achievement²

INDICATORS	ASSESSMENT				
Presence of a written policy on Health promotion published in documents, newsletters, booklets, website	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Yearly consultations with children and adolescents	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Mention of Children's rights in the written policy	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Health promotion activities registered in medical records	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Provision of child friendly tools to express children's views (cards, pads, children's associations involvement, children's boards,...)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Specific Departments meetings on communication with patients	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Presence of information materials	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Meetings with children, families and associations	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Presence of spaces for health promotion purposes (hosting parents and peers, hosting associations, hosting schools, playground, ...)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Adoption of official documents on children's safety	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Agreements with community stakeholders (e.g. GPs, ICTs companies, Children's Associations, Territorial Healthcare services, ...)	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A
Check lists for health promotion activities evaluation	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> N/A

Conclusions

The Task Force Standards and Indicators presented in this short document are a tool for supporting professionals and managers in implementing health promotion for children in hospitals and healthcare services. Health promotion is not just a philosophical idea or approach. It consists of activities, attitudes, priorities having a profound impact on children's health. Health literacy, empowerment for health, participation, giving voice and hearing opinions, respect of rights, child friendly relationship, healthy setting, quality of staying, proximity to friends and family, support of community services: they all concur to make the care of children easier to be delivered, monitored, measured and supported. Health promotion is not a waste of time: it is an investment on future generations' well-being and on the improvement of services quality.

We would like to thank all the professionals and managers for participating to the tool tests as their contribution has been fundamental to the TF. We hope to continue this journey together and for children.

² Rating scale: Agence nationale d'accréditation et d'évaluation en santé (ANAES)