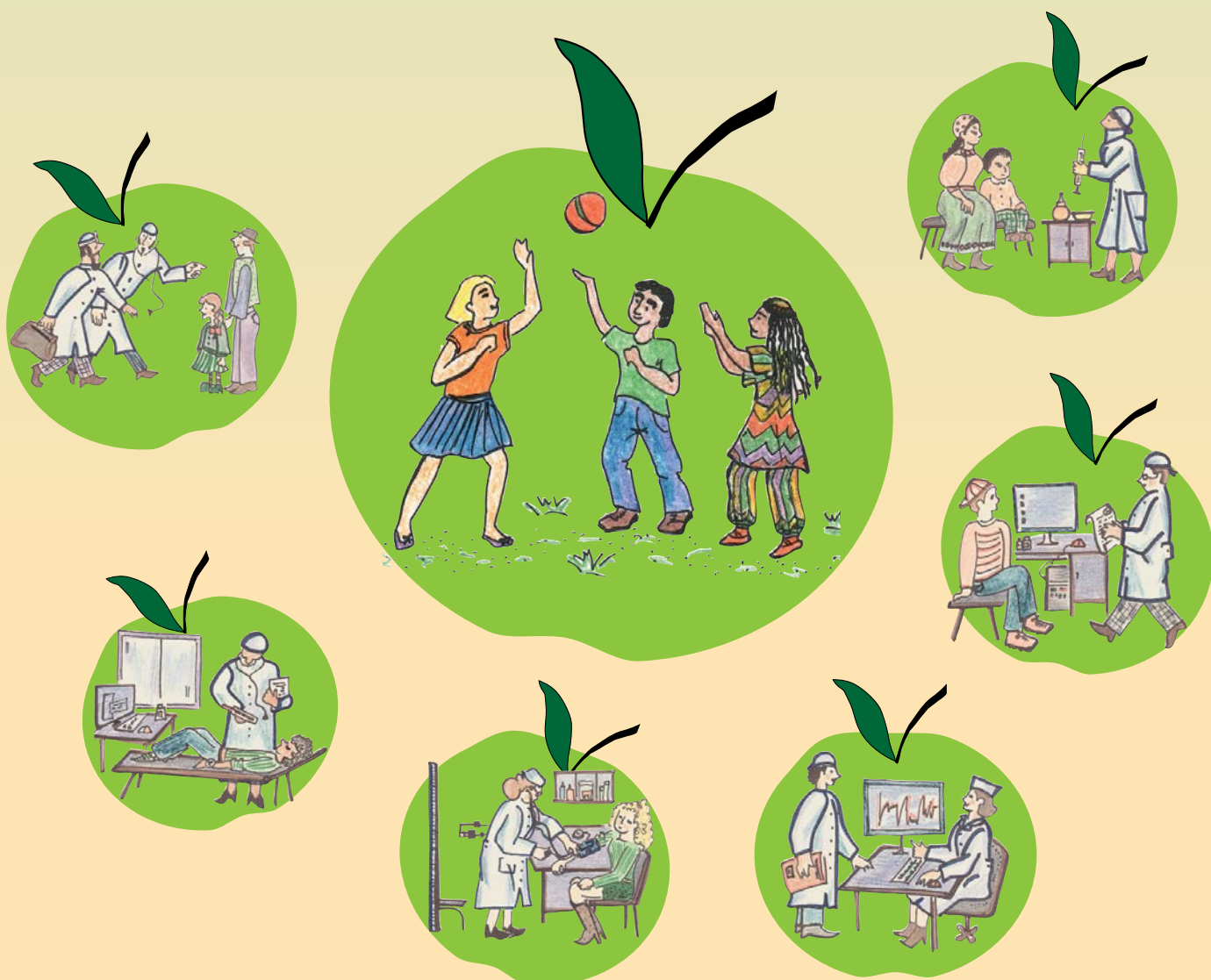


Children's rights in primary health care

Volume 4. Assessment and improvement Tool for Health Professionals



World Health
Organization

REGIONAL OFFICE FOR Europe

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ABSTRACT

This publication presents a Manual and Tools for the assessment and improvement of children's rights in primary health care (PHC) for five groups of stakeholders, namely PHC services' management, health professionals, parents and carers, children aged 6-11 and children and adolescents aged 12-18. The Manual contains a short methodological guide and the five tools, which may be used through focus group discussions or as a survey.

The series Children's rights in Primary Health care consists of 6 volumes:

- Volume 1. Manual and Tools for assessment and improvement
- Volume 2. Assessment and improvement Tool for Children aged 6-11
- Volume 3. Assessment and improvement Tool for Children and Adolescents aged 12-18
- Volume 4. Assessment and improvement Tool for Health Professionals
- Volume 5. Assessment and improvement Tool for Management
- Volume 6. Assessment and improvement Tool for Parents and Carers

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INTRODUCTION

In the 25 years since the adoption of the Convention on the Rights of the Child (CRC) (1), significant experience and knowledge has been generated in relation to the interpretation of article 24 on children's right to health and its respect, protection and fulfilment in children's various life settings. The importance of adopting a human-rights based approach to health is reinforced in the recently adopted WHO Strategy 'Investing in children: child and adolescent health strategy for Europe 2015 –2020', which states that "as human rights become better respected, they become more effective in helping governments to strengthen their health systems, deliver health care for all and improve health (2)." Within children's right to health, the CRC places a great emphasis on primary health care (PHC), which is to be the gateway to pregnant women, mothers, newborns and children throughout their life stages. This is reinforced by General Comment Nº15 on article 24, which declares that "States should prioritize universal access for children to primary health care services provided as close as possible to where children and their families live, particularly in community settings" (3).

Furthermore, the centrality of the role of PHC within health systems is recognised by WHO in a number of strategies and legal instruments, including the Declaration of Alma-Ata¹ (4) and the European policy for health and well-being - Health 2020 (5). PHC is the closest care to the population and most children will have contact with its services and professionals throughout their development, which makes it a privileged setting to invest in. At the same time, PHC services have a great responsibility to provide quality services to children, to give them a voice and to enable them to reach their full potential.

The development of the Manual and Tools for the assessment and improvement of children's rights in PHC is part of an ongoing process at international level that aims to translate children's rights as enshrined in the CRC into practical principles and actions that health care services can apply in daily practice. The Manual and Tools should serve as a means of assessment, identification of areas for improvement and of raising awareness on children's rights of health professionals and other stakeholders working for and with children in the health sector.

The Manual and Tools for PHC have been adapted from the *Children's Rights in Hospital: Manual and Tools for assessment and improvement*, published in 2012 (6). The aforementioned tools addressed five groups of stakeholders namely, hospital management, health professionals, children aged 6- 11, children and adolescents aged 12-18 and parents and carers.

In 2012-2013, WHO Europe implemented successfully the tools in hospitals in Kyrgyzstan, Tajikistan and Moldova, in the framework of its work on improvement of hospital care for children (7, 8). This experience demonstrated both the importance and the need to address and assess the respect of children's rights in healthcare settings. Taking into account the growing recognition of the importance of children's rights in healthcare and the good acceptance of the Manual and Tools in the aforementioned countries, WHO Europe initiated a process to prepare a similar set of tools on assessing and improving the respect of children's rights in PHC.

For the preparation of the present Manual and Tools for the assessment and improvement of children's rights in PHC, working groups were established in Armenia, Norway, Portugal and the UK. Health

¹ The Declaration of Alma-Ata defines Primary Health Care as essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country's health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

professionals working at different levels of health care service provision gave their inputs regarding the development and applicability of the standards and sub-standards, as well as, the suitability of the questions in their contexts. The development of the Manual and Tools was prepared in consultation with a team at the WHO European Office and Headquarters.

The contents of the Manual and Tools include:

- **Methodology section**, which provides general information about assessment processes and a proposed work methodology for the implementation of the tools in PHC settings;
- **Assessment and improvement tool for management**. Depending on the health system, this group of stakeholders may include managers of a health facility and senior health staff. If the PHC facility is organized under a regional structure, it may also include regional managers or equivalent.
- **Assessment and improvement tool for health professionals**. This group of stakeholders may include any professional working at a PHC facility, from medical to administrative and cleaning staff.
- **Assessment and improvement tool for children aged 6-11**. This tool does not follow the same structure of the remaining tools. It is adapted to young children and aims to assess their overall experience in PHC services. It is made-up of open-ended questions, which enable children to expand on their views and provide suggestions for improvements.
- **Assessment and improvement tool for children and adolescents aged 12-18**. This tool follows the same structure of the tools for management, health professionals and parents and carers. The tool includes a simple template for focus group discussions that can be adapted to groups made up of children or parents and carers;
- **Assessment and improvement tool for parents and carers**. This tool aims to gather the views of parents and other carers. As mentioned above, it also includes a template that can be used for a focus group discussion.

STANDARD 1: QUALITY SERVICES FOR CHILDREN

(Convention on the Rights of the Child, Articles 9, 24 and 31)

All services provided to children aim at delivering the best quality possible health care.

Sub-Standards

1.1. All PHC services are based on the best evidence available and staff are adequately trained.

1.1.1. Are standardised guidelines and protocols easily accessible in the place where you work?

Yes

No

Not applicable/ don't know

Comments

1.1.2. Do you have a medical specialisation in child and adolescent health care?

Yes

No

Not applicable/ don't know

Comments

1.1.3. Do you participate in a programme of Continuing Professional Development and clinical updates?

Yes

No

Not applicable/ don't know

Comments

1.1.4. Can you have access to advice on ethical issues, if needed?

Yes

No

Not applicable/ don't know

Comments

1.1.5. At the place where you work, is care provided to children delivered by multidisciplinary teams?

Yes

No

Not applicable/ don't know

Comments

1.2. All PHC services delivered are regularly monitored and evaluated.

1.2.1. Have you ever participated in monitoring, evaluation and planning activities carried out by the PHC service where you work?

Yes

No

Not applicable/ don't know

Comments

1.2.2. Do you register disaggregated data related to child and adolescent patients (i.e. age, sex, disability, illness or other)?

Yes

No

Not applicable/ don't know

Comments

1.2.3. Do you receive information about national child health targets and/or ongoing national child and adolescent health strategies?

Yes No Not applicable/ don't know

Comments

1.2.4. Are you aware whether the PHC service where you work has an easily accessible child-friendly satisfaction and/or complaints' mechanism whereby children's and parents' or carers' inputs contribute to assessment, improvement and decision-making processes?

Yes No Not applicable/ don't know

Comments

1.3. PHC services have adopted a Charter on Children's Rights in PHC, in line with the United Nations Convention on the Rights of the Child.

1.3.1. Has the PHC service where you work adopted a Charter on Children's Rights in PHC?

Yes No Not applicable/ don't know

Comments

1.3.2. Is there a Charter displayed in the service where you work?

Yes No Not applicable/ don't know

Comments

1.3.3. Have you received any training about the Charter and children's rights in PHC?

Yes

No

Not applicable/ don't know

Comments

1.3.4. Have you participated in any awareness raising activities to disseminate children's rights?

Yes

No

Not applicable/ don't know

Comments

1.4. PHC services ensure continuity of care and articulation with key services and institutions working for and with children.

1.4.1. Do you know how to activate referral mechanisms with hospitals on key areas (i.e. risk pregnancies, children at risk, mental health, early intervention in childhood, etc)?

Yes

No

Not applicable/ don't know

Comments

1.4.2. Do you work in close connection with community-based services and institutions (i.e. kindergartens, schools, social services, etc)?

Yes

No

Not applicable/ don't know

Comments

1.5. Services for children are designed and delivered taking into account children's needs and characteristics.

1.5.1. Do you provide family planning and sexual and reproductive services to adolescents?

Yes No Not applicable/ don't know

Comments

1.5.2. Do you provide the contraceptive pill and/or condoms to adolescent boys and girls?

Yes No Not applicable/ don't know

Comments

1.5.3. Does the PHC service where you work provide specific services to address ongoing and emerging child and adolescent health problems (i.e. obesity and malnutrition, mental health, substance abuse, etc)?

Yes No Not applicable/ don't know

Comments

1.5.4. Do you follow a national immunisation programme and calendar when delivering child health care?

Yes No Not applicable/ don't know

Comments

1.5.5. Do you allow children to have a parent or carer accompany them at all times, including whilst undergoing any procedures?

Yes

No

Not applicable/ don't know

Comments

Please use this space to record any ideas or evidence

Standard 1: Quality Services for Children

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 2: EQUALITY AND NON-DISCRIMINATION

(Convention on the Rights of the Child, Articles 2 and 16)

All children should be able to access health care and undergo any type of care and treatment without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.

Sub Standards

2.1. PHC services fulfil the rights of access of all children without discrimination of any kind.

2.1.1. Are you aware whether PHC facilities are available in sufficient quantity and quality for the children resident in the catchment area?

Yes No Not applicable/ don't know

Comments

2.1.2. Are you aware whether PHC facilities are within reach of all children, including children living in isolated areas?

Yes No Not applicable/ don't know

Comments

2.1.3. Do children or their caregivers pay for the health care they receive in the PHC service where you work?

Yes No Not applicable/ don't know

Comments

2.1.4. Are you aware of existing barriers to children's access to PHC, including financial, institutional, knowledge, gender-based¹ and cultural barriers?

Yes No Not applicable/ don't know

Comments

2.1.5. Are you aware of any discriminatory practices or attitudes taking place in the facility where you work?

Yes No Not applicable/ don't know

Comments

2.2. PHC services deliver a patient-centred care, which recognises not only the child's individuality and diverse circumstances and needs, but also those of his or her parents or carers.

2.2.1. Have you received guidance for assessing the principle of the best interest of the child in health?

Yes No Not applicable/ don't know

Comments

¹ «Gender» is used to describe those characteristics of women and men which are socially constructed, while sex refers to those which are biologically determined (WHO). Gender-specific strategies acknowledge the differences in norms and roles for women and men (boys and girls) and any associated control over resources. These strategies accommodate women's and men's (boys and girls) different roles, norms and responsibilities and their specific needs within a programme or policy. Such interventions make it easier for women and men to fulfill duties ascribed to them based on their gender roles (Level 4 on WHO Gender Responsive Assessment Scale).

2.2.2. Have you been trained to try to understand and respect culture-specific parenting beliefs and expectations?

Yes

No

Not applicable/ don't know

Comments

2.2.3. Do you have access to competent interpreters/translators staff and/or volunteers when needed?

Yes

No

Not applicable/ don't know

Comments

2.3. PHC services ensure the respect of children's privacy at all times.

2.3.1. Can children be examined by a health professional of the same sex, upon request, where possible?

Yes

No

Not applicable/ don't know

Comments

2.3.2. Do you always inform children in private areas?

Yes

No

Not applicable/ don't know

Comments

2.3.3. Upon diagnosis of a child's condition, do you discuss with them difficulties they may find in his/her daily life, including in school; and how to deal with them?

Yes

No

Not applicable/ don't know

Comments

2.3.4. Do you always examine children in private areas?

Yes

No

Not applicable/ don't know

Comments

Please use this space to record any ideas or evidence

Standard 2: Equality and non-discrimination

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 3: PARENTING

(Convention on the Rights of the Child, Articles 5, 18 and 24)

PHC services support the realization of the mother's right to health and healthy pregnancy and the role of parents, as a key determinant of children's health, nutrition and development.

Sub Standards

3.1. PHC services facilitate birth registration and provide ante-natal and post-natal care for mothers and newborn babies and child care, which complies with a concept of continuity of care for children, starting with pregnancy, through a life course approach.

3.1.1. Is there family planning, ante-natal and post-natal care for mothers available at the PHC service where you work?

Yes

No

Not applicable/ don't know

Comments

3.1.2. Do you provide home visits to newborns and mothers?

Yes

No

Not applicable/ don't know

Comments

3.1.3. Do you routinely assess and support mothers experiencing ante-natal and post-natal mental health problems?

Yes

No

Not applicable/ don't know

Comments

3.1.4. Do you participate in programmes supporting exclusive breastfeeding for infants up to 6 months, including awareness raising, counselling and support services, home visits or other programmes?

Yes

No

Not applicable/ don't know

Comments

3.1.5. Are you aware of any marketing of promotion of breast-milk substitutes or other related products in the facility?

Yes

No

Not applicable/ don't know

Comments

3.1.6. Do you provide care towards supporting and promoting adequate nutrition, growth and development monitoring in early childhood?

Yes

No

Not applicable/ don't know

Comments

3.1.7. Are there regular check-ups for older children at the PHC service where you work?

Yes

No

Not applicable/ don't know

Comments

3.2. PHC services support the role of parents and promote health literacy.

3.2.1. Have you ever provided any type of training for parents and carers during pregnancy, early childhood and other stages of childhood, including adolescence?

Yes No Not applicable/ don't know

Comments

3.2.2. In your opinion, are activities for parents culturally relevant and inclusive and programme contents adequate to the needs of families from different socio-economic backgrounds and/or target parents with children with special needs?

Yes No Not applicable/ don't know

Comments

3.2.3. Do activities for parents offer a balance of information, skills, support and resources and facilitate health-seeking behaviour by parents and children?

Yes No Not applicable/ don't know

Comments

Please use this space to record any ideas or evidence

Standard 3: Parenting

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 4: INFORMATION AND PARTICIPATION

(Convention on the Rights of the Child, Article 12)

All children receive health-related information and information about their health problem, in ways that are understandable to them, can express their views and participate in decision-making about their care and treatment, in a manner consistent with their evolving capacities.

Sub Standards

4.1. PHC services fulfil children's right to information and participation.

4.1.1. At the PHC service where you work, is there information available and accessible to children in different formats and appropriate languages about what PHC-related services are available to them and how to access them?

Yes

No

Not applicable/ don't know

Comments

4.1.2. Are you aware whether children in the catchment area of the PHC service where you work receive information in their various life settings and in different formats about what PHC-related services are available to them and how to access them?

Yes

No

Not applicable/ don't know

Comments

4.1.3. Are health information materials designed in collaboration with children and parents or carers?

Yes

No

Not applicable/ don't know

Comments

4.1.4. Do you provide confidential counselling and advice to children of different age groups?

Yes

No

Not applicable/ don't know

Comments

4.1.5. Do you deliver care in a way that enables children to make informed choices in relation to their lifestyle?

Yes

No

Not applicable/ don't know

Comments

4.1.6. Are you aware whether the PHC facility has a policy on children's right to informed consent to treatment and procedures?

Yes

No

Not applicable/ don't know

Comments

4.2. Staff in PHC services have the skills to engage in dialogue and information-sharing with children of all ages and maturity.

4.2.1. Have you received guidance on legislation and PHC internal policies on consent, assent² and confidentiality?

Yes

No

Not applicable/ don't know

Comments

² Assent is the agreement expressed by a child who does not yet have the right to consent.

4.2.2. Have you ever received training about how to effectively communicate with children, in accordance to their evolving capacities³?

Yes

No

Not applicable/ don't know

Comments

4.2.3. In addition to speaking to the parent/carer, do you speak directly to children and adolescents and explain to them their health condition, possible consequences and treatment?

Yes

No

Not applicable/ don't know

Comments

4.2.4. Do you enable children and adolescents of all ages to ask questions and answer them in ways they understand?

Yes

No

Not applicable/ don't know

Comments

³ "The concept of evolving capacities is central to the balance embodied in the Convention between recognising children as active agents in their own lives, entitled to be listened to, respected and granted increasing autonomy in the exercise of rights, while also being entitled to protection in accordance with their relative immaturity and youth. (...) It establishes that as children acquire enhanced competencies, there is a reduced need for direction and a greater capacity to take responsibility for decisions affecting their lives." (Lansdown G (2005) *The evolving capacities of the child*. UNICEF Innocenti Research Centre)

4.2.5. If you do not endorse the child's or adolescent's preferred treatment option, do you explain why a different option has been chosen?

Yes No Not applicable/ don't know

Comments

4.3. PHC services engage with children and parents or carers for the development and improvement of health care services.

4.3.1. Have you ever been involved in a consultation with children and parents or carers on what services are needed, how and where they are best provided, quality and attitudes of health professionals, and other issues related to the improvement of health care services?

Yes No Not applicable/ don't know

Comments

4.3.2. If you have been involved in a consultation, did children and parents or carers receive clear feedback on how their participation was used and/or influenced any outcomes?

Yes No Not applicable/ don't know

Comments

4.3.3. If you have been involved in a consultation with children and parents or carers for the development and improvement of health care services, do you think their opinion influenced decision-making?

Yes

No

Not applicable/ don't know

Comments

Please use this space to record any ideas or evidence

Standard 4: Information and Participation

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 5: SAFETY AND ENVIRONMENT

(Convention on the Rights of the Child, Article 3)

All services for children are provided in a safe environment designed, furnished and equipped to meet their needs.

Sub Standards

5.1. The infrastructure of the PHC facility is designed, furnished and equipped to meet children's health, safety and mobility needs.

5.1.1. Are there infrastructure-related impediments affecting children with mobility restrictions in the areas where you work?

Yes

No

Not applicable/ don't know

Comments

5.1.2. In terms of equipment and materials, does the PHC service where you work use products that follow safety norms?

Yes

No

Not applicable/ don't know

Comments

5.1.3. Does the PHC facility have functioning and clean rest rooms?

Yes

No

Not applicable/ don't know

Comments

5.1.4. Does the PHC facility have uninterrupted electricity?

Yes

No

Not applicable/ don't know

Comments

5.1.5. Does the PHC facility have a functioning heating system?

Yes

No

Not applicable/ don't know

Comments

5.1.6. Does the PHC facility have sources of drinking water?

Yes

No

Not applicable/ don't know

Comments

5.1.7. Do you follow safety norms in the disposal of clinical and non-clinical waste?

Yes

No

Not applicable/ don't know

Comments

5.2. Spaces for children are designed and delivered taking into account children's needs and characteristics.

5.2.1. In your opinion, are the waiting areas child-friendly, comfortable and welcoming?

Yes No Not applicable/ don't know

Comments

5.2.2. Are there play areas for younger children in waiting areas where you work?

Yes No Not applicable/ don't know

Comments

5.2.3. In your opinion, are spaces where children's appointments take place child-friendly and adequate to meet children's needs and characteristics?

Yes No Not applicable/ don't know

Comments

Please use this space to record any ideas or evidence

Standard 5: Safety and Environment

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 6: PROTECTION

(Convention on the Rights of the Child, Articles 6, 19 and 39)

Children are protected from all forms of physical or mental violence, unintentional injury, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

Sub Standards

6.1. The PHC service has in place a system that ensures the protection of children against all forms of violence.

6.1.1. Do you know the PHC service policy on the protection of children who have been a victim of any kind of abuse?

Yes

No

Not applicable/ don't know

Comments

6.1.2. Do you know how to activate the referral mechanisms with hospitals, social services, the police, child courts and other authorities?

Yes

No

Not applicable/ don't know

Comments

6.1.3. Is there a unit or team within the PHC service dealing with child protection-related issues?

Yes

No

Not applicable/ don't know

Comments

6.1.4. Do you record and report cases of suspected child abuse to child protection authorities, according to national legislation?

Yes

No

Not applicable/ don't know

Comments

6.1.5. Have you ever participated in awareness raising or other programmes to prevent child maltreatment and abuse?

Yes

No

Not applicable/ don't know

Comments

6.1.6. Has the service where you work been assessed in the last 12 months to ensure its effectiveness in protecting children?

Yes

No

Not applicable/ don't know

Comments

6.2. PHC services ensure that all appropriate staff have the adequate skills to identify, protect, treat and refer children who have been a victim of any kind of abuse or unintentional injury.

6.2.1. Have you received induction and regular update training on how to identify and examine children who may have been abused?

Yes

No

Not applicable/ don't know

Comments

6.2.2. Do you receive regular information and/or training on the existing protocols and referral mechanisms available?

Yes No Not applicable/ don't know

Comments

6.3. PHC services provide prevention against and treatment for mental ill-health.

6.3.1. Are you familiar with national and international standards for the prevention against and treatment for mental ill-health?

Yes No Not applicable/ don't know

Comments

6.3.2. Do you provide early detection and treatment of children's psychosocial, emotional and mental health problems?

Yes No Not applicable/ don't know

Comments

6.3.3. Do you work in collaboration with secondary care in the prevention of relapse and community care of long-term mental health problems?

Yes No Not applicable/ don't know

Comments

Please use this space to record any ideas or evidence

Standard 6: Protection

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 7: CHRONIC ILLNESS AND OTHER LONG-TERM HEALTH CARE NEEDS

(Convention on the Rights of the Child, Article 23)

All children have the right to individualized, gender-specific, culturally and age appropriate management of chronic illness and other long-term health care needs.

Sub Standards

7.1. PHC services ensure the management of child chronic illness and other long-term health care needs.

7.1.1. Do you provide care for children with chronic illness or other long-term health care needs?

Yes

No

Not applicable/ don't know

Comments

7.1.2. Do you work in collaboration with speciality care, kindergartens, schools and/or home care programmes in the care for children with chronic illness or other long-term health care needs?

Yes

No

Not applicable/ don't know

Comments

7.1.3. Do you support children with chronic illness or other long-term health care needs in the management of their own illness?

Yes

No

Not applicable/ don't know

Comments

7.1.4. Do you write care plans for children in which they can participate when they have a long-term condition, whether it is physical or mental health? Do you revise them appropriately?

Yes No Not applicable/ don't know

Comments

7.1.5. Do you assess children's readiness for transition and provide personalised transition care plans?

Yes No Not applicable/ don't know

Comments

7.1.6. Are children's transition care plans done in liaison with hospitals?

Yes No Not applicable/ don't know

Comments

7.1.7. Do you support parents and carers with children with chronic illnesses or other long-term health care needs?

Yes No Not applicable/ don't know

Comments

Please use this space to record any ideas or evidence

Standard 7: Chronic illness and other long-term health care needs

Complementary indicators or information

(Add any complementary indicators or other information, which may be relevant to the PHC facility and was not covered by the questions above)

Additional indicators

(Add existing local PHC facility indicators you may want to consider for the Action Plan)

STANDARD 8: PAIN MANAGEMENT AND PALLIATIVE CARE

(Convention on the Rights of the Child, Article 24)

All children have the right to individualized, gender-specific, culturally and age appropriate prevention and management of pain and palliative care.

Sub Standards

8.1. PHC services' policy and practice ensure the prevention and management of pain.

8.1.1. Are you aware of the PHC service protocols and procedures in place for the prevention and management of pain?

Yes

No

Not applicable/ don't know

Comments

8.1.2. Is there a special Pain Research Unit or team or equivalent in the PHC service, who can advise you about pain management?

Yes

No

Not applicable/ don't know

Comments

8.1.3. Have you received continuous training in pain management?

Yes

No

Not applicable/ don't know

Comments

8.1.4. Has the PHC service where you work been assessed regarding the effectiveness of pain management services?

Yes No Not applicable/ don't know

Comments

8.2. PHC services' policy and practice ensure that palliative care is provided to all children who face life-threatening illness.

8.2.1. Do you provide palliative care for children in the PHC service where you work or in the child's home?

Yes No Not applicable/ don't know

Comments

8.2.2. Do you begin palliative care when the illness is diagnosed, and continue it regardless of whether or not a child receives treatment directed at the illness?

Yes No Not applicable/ don't know

Comments

8.2.3. Do you refer the child's family, namely parents or carers and siblings to psychological support?

Yes No Not applicable/ don't know

Comments

8.2.4. Are there partnerships in place at the PHC service where you work with hospital and home care services to ensure an adequate management of palliative care for children in need?

Yes

No

Not applicable/ don't know

Comments

Please use this space to record any ideas or evidence

Template for Focus Group discussion with Health Professionals

This template for Focus Group discussions with health professionals consists of numbered opening questions and examples of follow-up questions, which the moderator may use to get more information from the participants. Even if it is not always explicitly written below, the moderator should try to gather information about what is working and what could be improved in relation to the different topics at hand.

Date _____

Country _____

Health facility _____

Clinical area _____

Number of category
of health professionals _____

Gender: *Number of* Male *Number of* Female

Rules and boundaries
of the group discussed
and agreed: Yes No

Discussion questions

1. Do you often have doubts about how to manage a common child illness? Do you think you have received sufficient training to undertake your tasks? Do you have access to any aides at your workplace?
2. Do you receive adolescents if they come to the health facility without a parent? Does it happen often? Do you give the contraceptive pill or condoms to adolescents? Have you ever refused giving contraception to an adolescent?
3. What are the major barriers in terms of children's access to health services in your area (i.e. physical distance to the health facility, cost of services or treatment or other barriers)?
4. Do you think children receive enough privacy when they are being informed and examined? Can you give examples of how children's privacy is ensured?
5. Do you provide ante-natal and post-natal care for mothers? What does it include? What are the positive aspects about the system in place? What aspects could be improved?

6. Is there a schedule/programme for regular health check-ups for children? Does it include children and adolescents up to 18? How frequent are the check-ups?
7. Have you ever received guidance on children's participation, consent, assent and confidentiality?
8. Have you ever treated a child that has suffered any kind of maltreatment? Did you have enough resources to help the child (i.e. access to a psychologist, social services or the police, knowledge about how to treat the child, etc)? What are the positive aspects about the system in place? What aspects could be improved?
9. Have you ever treated a child with a mental illness? Did you have enough resources to help the child (i.e. access to a psychologist, hospital or community services, knowledge about how to treat the child, etc)? What are the positive aspects about the system in place? What aspects could be improved?
10. Have you ever treated a child with a chronic illness or another long-term health care need? What is your experience of involving children and parents in the management of the condition? What strategies have worked for you? What can you do to improve your work?
11. Do you follow any protocol for the management of pain? Do you register the children's perceived pain in a chart or score card? What are the positive aspects about the system in place? What aspects could be improved?
12. Do you provide palliative care for children? What are the positive aspects about the system in place? What aspects could be improved?
13. Would you like to add any good practices about the care provided to children in your facility?
14. Would you like to add any recommendations for improvement of the care provided to children in your facility?

Please record the findings below:

Record of Focus Group discussion and summary of key points raised

Standard 1: Quality Services for Children: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
1.1.				
1.2.				
1.3.				
1.4.				
1.5.				

Standard 2: Equality and non-discrimination: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
2.1.				
2.2.				
2.3.				

Standard 3: Parenting: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
3.1.				

3.2.				
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Standard 4: Information and Participation: *Action Plan*

	Action	Responsible	Timeframe	Expected result
General remarks				
4.1.				
4.2.				
4.3.				

Standard 5: Safety and environment: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
5.1.				
5.2.				

Standard 6: Protection: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
6.1.				

6.2.				
6.3.				

Standard 7: Chronic illness and other long-term health care needs:
Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
7.1.				

Standard 8: Pain management and palliative care: Action Plan

	Action	Responsible	Timeframe	Expected result
General remarks				
8.1.				
8.2.				

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World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01 Email: contact@euro.who.int
Website: www.euro.who.int