Towards child- and family-friendly health services

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Child-friendly health care is about ensuring best care of children at every level of health care provision. It means quality care of children with no needless deaths, no needless injury, no needless waste, no needless waiting, no needless helplessness, and no-one left out[1] – not children, nor their families, nor health care providers.

This essay focuses on child- and family-friendly care. It proposes shifts towards more child- and family-friendly practice and provides some examples of health care services where these shifts have been made successfully.

The essay examines the following questions:

- Why are child- and family-friendly services important?
- What are the criteria for child- and family-friendly services?
- What are the challenges in implementing child- and family-friendly care?
- What are local examples of best practice?
- What are the recommendations?

Why are child- and family-friendly services important?

Child- and family-friendly services aim to provide the best possible health care by health workers who work together to respect children's rights, not only to survival and avoidance of morbidity, but also to their protection from unnecessary suffering and their informed participation in treatment.[2] Although progress has been made in the surgical, medical and nursing management of many childhood conditions, the emotional and psychological well-being of the child and family is not always considered. Neglect of needs as basic as pain management and the reassuring presence of the mother results in unnecessary suffering, pain and anxiety.[3]

The United Nations Convention on the Rights of the Child (CRC) places the responsibility of a child's well-being on signatories and confirms the family as "the natural environment for the growth and well-being of all its members and particularly children".[4] Yet prevailing socio-economic conditions such as poverty, violence, HIV/AIDS and changes in family structures impede the well-being of children and present major barriers to the protection of children's rights across most of Africa.

In South Africa, the Children's Act – which came into full force in April 2010 – contains several new provisions on child health supportive of the CRC. The most significant pertain to the child's right to participate in health decision-making (in line with their evolving capacities), and the inclusion of children's *de facto* caregivers in providing consent to medical treatment in addition to the biological parents (see *Part one: Children and law reform*, pp. 12 – 17).

The legal imperative to child participation poses a significant challenge in health care settings, where children are rarely asked their opinion and are still admitted to hospitals that make little provision for mothers and families outside of visiting hours.

The African ethic of *ubuntu* recognises that a person is a person through their relatedness to others and stresses the value of human dignity, compassion, respect and group solidarity. Children are very aware of this sense of belonging – to a family, school class, community or clan. Separation causes deep distress and affects children's ability to heal.

Table 13: Child- and family-friendly services

Age range	Initiatives	Characteristics
Newborn	Baby-Friendly Hospitals Initiative and kangaroo mother care	Baby-friendly hospitals are internationally accredited and all staff are trained to support breastfeeding and care.
Under fives	Integrated Management of Childhood Illnesses (IMCI)	IMCI aims to reduce childhood mortality and morbidity by improving family and community practices for the home management of illness.
Adolescents and youth	Youth-friendly services	Youth-friendly services are a joint initiative between LoveLife and the Department of Health to improve the quality of services for young people.
Newborn to 18 years	Child-Friendly Healthcare Initiative	This international programme was piloted in nine countries and established standards of care to improve the quality of child health services in various settings.

Sources: Bergman NJ, Linley LL & Fawcus SR (2004) Randomised controlled trial of skin-to-skin contact from birth versus conventional incubator for physiological stabilization in 1200- to 2199-gram newborns. *Acta Paediatrics*, 93: 779-783; Kirby S (2007) *Youth-friendly services toolkit.* Johannesburg: LoveLife; Naylor AJ (2001) Baby-Friendly Hospital Initiative: Protecting, promoting, and supporting breastfeeding in the twenty-first century. *Pediatric Clinics of North America*, 48(2):475-483; Southall DP, Burr S, Smith RD, Bull DN, Radford A, Williams A & Nicholson S (2000) The Child-Friendly Healthcare Initiative (CFHI): Healthcare provision in accordance with the UN Convention on the Rights of the Child. *Pediatrics*, 106(5): 1054-1064; World Health Organisation (2010) *Integrated Management of Childhood Illnesses.* Accessed on 25 May 2010: www.who.int/child_adolescent_health/topics/prevention_care/child/imci/en/index.html.

Recent research suggests that it is the presence of the mother, and what an infant or small child reads on her face, that allows the child to feel safe.[5]

What are the criteria for child- and family-friendly services?

Children, from newborns to adolescents, have different developmental needs that require health professionals to create a variety of environments of care. A child- and family-friendly ethic should therefore apply to health care contact with every pregnant woman, infant, child and adolescent, whether it is applied in the home, community, out-patient facility or hospital.

There are numerous initiatives that welcome children and support and involve families in hospital care settings.Table 13 summarises child- and family-friendly initiatives that allow for age-appropriate care at different developmental stages from birth to adolescence, including the increasing participation of the pre- and school-going child.

The Child-Friendly Healthcare Initiative (CFHI)[i] drew on the CRC to develop a system of care that focuses on the physical, psychological, and emotional well-being of children attending health care facilities. It aims to improve the quality of child health services with measurable criteria linked to the articles in the Convention. This set of 12 standards for child-friendly care is outlined in table 14.

What are the challenges to implementing child- and family-friendly care?

Health care professionals who work with children in poorly resourced settings face two key challenges.

Firstly, they often work with children and families whose resources are severely stretched. Despite wanting to provide quality care, the recovery of children with acute conditions is compromised by inadequate nutrition and insufficient material and emotional support. Facing waiting-rooms and wards full of children and families in this situation day after day is very taxing. These stresses are exacerbated by the shortage of nurses and doctors. In South Africa, 35.7% of health professional posts in the public sector were vacant in 2008; in some provinces, 50% of posts were vacant.[6] This effectively doubles the workload, resulting in fatigued and demoralised health professionals who are unable or unwilling to make more effort.

Secondly, health professionals often don't know how to support child-friendly care. While brightly painted walls or toys and play opportunities may help with recovery, many think that they are too busy looking after very sick children to make these changes. The education of health professionals rarely includes learning to communicate with children and distraught families; so adding the imperative to involve children in decision-making is a daunting task. Other barriers to child- and family-friendly care are professionals' values and beliefs about

i Developed by Child Health Advocacy International in collaboration with the United Nations Children's Fund, the Child and Adolescent Health and Development department (World Health Organisation), the Royal College of Paediatrics and Child Health (UK) and the Royal College of Nursing (UK).

Table 14: Child-Friendly Healthcare Initiative – Standards for child-friendly care

Main focus areas	Standards for child-friendly care	Articles in the CRC
Care in the community, collaborative child health care	1. Keep children out of hospital unless admission is absolutely necessary.	Articles 3, 9, 24 & 25
Management and treatment	2. Support and give best possible care.	Articles 2, 6, 23, 24 & 37
Safety	3. Provide care safely in a secure and clean child-friendly environment.	Article 3
Care delivery	4. Child- and family-centred care in partnership with parents, in areas dedicated to children and young people, by trained and experienced paediatric staff who can enable parents/carers to stay for support during painful procedures.	Articles 5, 9, 14 & 37
Communication: Children are entitled to information, to be involved, to have opinions and be taken seriously	5. Keep parents and children fully informed and involved in all decisions affecting their care.	Articles 9, 12, 13 & 17
Rights, equity and respect for the evolving capacities of the child	6. Approach children without discrimination as individuals. Each child has his/her own age-appropriate and developmental needs and can be involved at his/her level of competence. Each has a right to privacy and dignity.	Articles 2, 5, 7, 16, 23, 27, 29 & 37
Pain management	7. Recognise and relieve pain and discomfort.	Article 19
Resuscitation	8. Give appropriate resuscitation, emergency and continuing care for very ill children.	Articles 6 & 24
Play and learning	9. Enable play and learning.	Articles 6, 28, 29 & 31
Child protection	10. Recognise, protect and support vulnerable and abused children.	Articles 3, 11,19, 21, 20, 25, 32, 33, 34, 35, 36, 37 & 39
Health promotion	11. Monitor and promote health whenever a pregnant woman or child attends a health care facility.	Articles 6, 17, 23, 24 & 33
Breastfeeding and nutrition	12. Support best possible nutrition, including breast-feeding.	Articles 3, 24, 26 & 27

Source: Nicholson S & Clarke A (2007) *Child Friendly Healthcare: A manual for health workers*. Nottingham: Childhealth Advocacy International.

children, what they understand and can communicate, and how much children and families should be allowed to participate.[7]

What are local examples of best practice?

The following examples show that problems such as staff shortages and limited time and money do not have to hamper the introduction of child- and family-centred health care in resource limited settings such as those experienced in southern Africa.

Communication

- The *Phila Impilo* project, run in various settings in KwaZulu-Natal, provides children with the opportunity to participate in decisions about their own health care. The project has run workshops at a number of hospitals and uses art, drama and other creative forms of communication to provide a safe space for children's opinions to be heard.[8]
- The Child Nurse Practice Development Initiative is a participatory action-research project at the Red Cross War Memorial Children's Hospital in Cape Town, where nurse teams have

developed materials to improve communication with children and their families. These include multilingual family- and child-friendly signage, ward welcome and information brochures and sets of picture-based materials to communicate information about conditions. Families and children were intentionally involved in this process.
- Nurses participating in recent training initiatives, including values clarification exercises, at the same hospital have learnt to recognise stress in children, families and themselves, and to identify appropriate responses. A strengths-based approach to working with people, staff, children and families is also helping to shift the focus from what is wrong with the child and family to strengthening what works best for sick children.
- At Gertrude's Garden Children's Hospital in Nairobi, Kenya, a desk marked "Communication Nurse" welcomes questions from children and parents.

Organisation of care

- At a community clinic in Harare, Zimbabwe, a staff team has restructured adult and child HIV services as a family clinic. This enables parents and children to attend the clinic in one visit. The nurse-run structure ensures that each child has a specific nurse who is always responsible for his/her care – from greeting and weighing the child to assessing, prescribing and explaining medication. Families have fixed appointments and the waiting area is rarely over-crowded.
- At Parirenyatwa Hospital, also in Harare, each children's ward has a dedicated 'home room' where an auxiliary nurse (or 'aunty') trained in childhood development and needs offers comfort and support and welcomes children for meals, play and homework.
- At the Red Cross War Memorial Children's Hospital, parents can now accompany children into the operating theatre until they fall asleep. Parents also hold and reassure children during painful procedures.

Environment

- Some features of a child-friendly environment are fairly obvious, like being bright and colourful, but others are less so, such as the accessibility and cleanliness of toilets and wash basins. When asked what would help them feel more at home, child participants in the *Philo Impilo* project asked for access to mirrors, their own blankets and photos of their families.
- Children's participation in making a facility more welcoming is also important. Children do not always want walls covered in Disney characters. When asked, children choose murals of green fields, forests and local animals. The *Philo Impilo* children liked "big windows to open for fresh air and to look out if we are too sick to get up".[9]
- Developmental needs also determine the type of accommodation and different adaptations required to ensure privacy for a breastfeeding mother, a toddler or adolescent.
- The waiting area at Gertrude's Garden is filled with clusters of chairs and low tables to encourage conversations and support amongst families, and offers a place to prepare a quick snack or place a bag. Wards are square rather than rectangular, and beds are arranged around a small carpeted play area so that children too sick to be out of bed can feel part of the conversation.
- The atmosphere created by staff is essential and goes beyond communication to appearance, friendliness and competence. A recent study in Iran found that colourful nursing clothing in paediatric wards reduced anxiety, hastened healing and helped promote quality nursing care.[10]

Creative use of support staff

- In the Parirenyatwa Hospital, Harare, a retired paediatric nurse is paid a stipend as a family counsellor who routinely sees all children and families. She also supports and oversees the 'home room aunties'. Two volunteers from the local church have been trained as child life specialists to assist children with their practical and psychosocial needs. They hold children during procedures and play lengthy games of pretend to help children through trauma associated with illness, treatment and separation from families. Recent studies acknowledge the significant role of faith communities in care and treatment and reconfirm the urgent need for partnerships with the public health sector to achieve better health outcomes.[11]
- At the Red Cross War Memorial Children's Hospital, a non-governmental organisation recruits and trains volunteers and provides material support. Friends of the Children have worked with staff, children and families to develop a family resource centre that offers information, refreshments and space for facilitated parent and sibling support groups. The NGO also sources donations of toys. Mothers receive 'comfort packs' of toiletries, snacks and other practical support.
- Community initiatives like 'adopt a clinic' are increasing practical support for staff, children and families in other settings. Clinics are often offered a new coat of paint and children's play boxes in waiting areas are much appreciated.

What are the recommendations?

Achieving child- and family-friendly care is no longer an optional extra but an imperative. The Children's Act is a real step forward in providing legislation supporting the CRC in South Africa. The shift in health care will, however, not happen without passionate leadership at every level including policy, health care provision and education. A practice shift in all child health care facilities will require intentional capacity-building, with innovative training to challenge attitudes and provide professionals with skills in advocacy and sensitive communication.

The shift must be sustained by a culture of accountability:

- Policy-makers need to establish national guidelines that will require health facilities to provide child- and family-friendly services.
- Facilities need to identify champions to lead a shift in care and commit to a culture of inclusion.
- Health professionals should be assisted to evaluate their own practice in an inclusive and participatory process, including managers, doctors, nurses, cleaners and security staff working together. The CFHI offers practical tools that can assist health professionals to identify particular areas of change, guide implementation and measure progress.
- Training institutions need to ensure that health professionals are familiar with the CRC and current legislation and are taught how to recognise and minimise distress in children and families. Learning should also include how to engage and work *with* rather than just *for* children and parents and how to take account of their concerns and assist them in being heard among fellow professionals and in health care facilities.
- Facilities should actively seek and welcome community support in the form of parents' forums, volunteers and local business support.
- Health professionals and facilities need to engage children intentionally in planning and implementation, and facilitate the move towards child participation required by the Children's Act.

Conclusion

Children's opinions, once recognised and heard, can make a significant difference to practitioners who work with them. A staff recommendation from the *Philo Impilo* project best sums up who should work with children:

> *Staff should only be allocated to the paediatric ward if they are interested in nursing children. Staff rotation should be limited to ensure continuity of care.*[12]

The challenge is to ensure quality health care and treatment within a spirit of increasing respect for the equality, dignity, protection and participation of children and their families.

References

1 Institute for Healthcare Improvement (2010) *About us*. Accessed on 25 May 2010: www.ihi.org/ihi/about.

2 Southall DP, Burr S, Smith RD, Bull DN, Radford A, Williams A & Nicholson S (2000) The Child-Friendly Healthcare Initiative (CFHI): Healthcare provision in accordance with the UN Convention on the Rights of the Child. *Pediatrics*, 106(5): 1054-1064.

3 Mulinge MM (2002) Implementing the 1989 United Nations' Convention on the Rights of the Child in sub-Saharan Africa: The overlooked socioeconomic and political dilemmas. *Child Abuse and Neglect*, 26(11): 1117-1130.

4 Office of the High Commissioner of Human Rights (1989) *Convention on the Rights of the Child. UN General Assembly resolution 44/25*. Geneva: United Nations.

5 Porges S (2007) The polyvagal perspective. *Biological Psychology*, 74: 116-143;
Schore AN (2001) Effects of a secure attachment relationship on right brain development, affect regulation, and infant mental health. *Infant Mental Health*, 22: 7-66;
Schore AN (2001) The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health*, 22: 201-269.

6 Health Systems Trust (2008) *Health statistics. Percentage of health professional posts vacant*. Accessed on 23 April 2010: www.hst.org.za/healthstats/134/data.

7 Coetzee M, Verster A & Bramwell E (2007) *What challenges the shift to family-centered practice?* Proceedings of the School of Child and Adolescent Health annual research day, University of Cape Town.

8 De Wet T, Kruger J & Black V (2009) *Phila Impilo! Live life! Ways to healing, children as partners in health.* Overpoort: Young Insights for Planning;
Kruger J (2008) *Phila Impilo! Live Life! Izingane ziveza ezingakuthanda ngokulashwa kwazo. Children advocate best practices for healing*. Overpoort: Young Insights for Planning.

9 See no. 8 above (Kruger J).

10 Roohafza H, Pirnia A, Sadeghi M, Toghianifar N, Talaei M & Ashrafi M (2009) Impact of nurses' clothing on anxiety of hospitalised children. *Journal of Clinical Nursing*, 18(13): 1953-1959.

11 Karpf T (2007) Community realities in Africa show FBO partnership key to global scale-up. *AIDSLink*, 103, 1 July 2007. Accessed on 13 May 2010: www.globalhealth.org/publications/article.php3?id=1667.

12 See no. 8 above (Kruger J).