

# Adapting to child-centred health



IN THE LOOP: Involving children and families helps to significantly improve their health care.

**I**N HOSPITAL I wake up at night and hide in the blanket because of bad dreams. I am sad and I cry in the dark when nobody can see, because of so many injections and pills all the time.

“The showers are too hot. The taps are too high. Other children push my wheelchair to places I don’t want to go. They leave me there.

“I have been in hospital very long. Maybe my family will forget me. I cry because they only come sometimes. I ask them and I ask at the hospital: ‘When can I go home?’ Everybody says: ‘When you are better’. I wish I could know what is wrong with me.”

The Children’s Act is set to have a powerful and positive effect on children’s hospital experiences.

## Participation

The act requires children to be directly included in discussions and decisions about their diagnoses, treatment and care through tried-and-tested children’s participation methods.

Hospital personnel may feel that this is the proverbial straw that breaks the camel’s back. Hospitals are widely under-resourced and short-staffed.

It is hard for outsiders to grasp the unremitting stress of caring for young patients, so many of whom are chronically or critically ill, or who are dying.

Is consulting with children just one more challenging burden to bear? Surprisingly, this is not the case.

Children’s participation in health services here and abroad shows clear benefits for

The Children’s Act will have a positive effect in hospitals, write **Jill Kruger** and **Minette Coetzee**

children, parents and health personnel. Children cope better with pain and illness, the prognosis for successful treatment improves, staff workloads are eased and hospital-caused errors decrease.

Patient and family satisfaction with healthcare increases accordingly.

Consulting with children challenges our deeply ingrained beliefs about their place in society. Children are expected to remain silent in the face of authority since “adults know best”, and “the doctor knows best”.

Norms hold that they should be protected – even from information.

Young patients may consequently feel isolated in a health care system they find frightening, while family members fail to support them.

Consulting with children is essential for successful diagnosis and treatment.

In research, young patients have urged adults to respect and celebrate children’s capacity to be partners in the healing process.

Even babies and very young

children can convey health needs and preferences in various ways.

Children are keen to share information, but they also want and need to know the what, where, how and why of proposed treatment.

This can be shared through child-friendly language and tools, such as pictures and dolls.

## Consent

Working with children as individuals with varied experiences, home backgrounds and personal development levels is rewarding. Understanding that illness and pain affect them emotionally, too, is important.

Batho Pele (people first) principles are relevant for children too – just like adults, children want to be treated with dignity and respect, not as bodies to be fixed. It is important to get their consent to treatment, once they are properly informed.

Getting consent for medical treatment from a 12-year-old, as required by the Children’s Act, may seem daunting.

Yet it starts with a shift in

awareness and the courage to try. A critical first step is for each health team to commit explicitly to the practice of participatory consultation with children, to devise a strategy for action, processes for implementation, and a management plan.

Child-friendly practice includes a family-friendly approach at reception, medical, therapy and nursing levels.

As children’s participation is not yet widely practised in South Africa, it requires a radical shift in health practice.

This requires integrating the principles and practice of children’s participation into academic and in-service training for all health personnel who work with children.

The time has come for South Africa’s health-care institutions to adopt and proclaim “child-friendly” status, and to explain to caregivers what this means when children are brought for treatment.

Child-friendly practice in hospitals is likely to have a strong ripple effect in the South African population – health professionals are powerful public role models and in this way they can become inspiring advocates for children’s right to be consulted in decisions that affect them.

● *Kruger (University of Johannesburg) and Coetzee (University of Cape Town) are contributing authors to the South African Child Gauge 2010/11, which focuses on children’s rights to participation. The publication was released this week by the Children’s Institute, University of Cape Town, and can be downloaded at [www.ci.org.za](http://www.ci.org.za)*