

The Rights of Children and Young People in Healthcare Services in Australia

Introduction

The Royal College of Nursing, *Australia* (RCNA) and the Australian College of Children and Young People's Nurses (ACCYPN) welcome the opportunity to provide comments on the Charter on The Rights of Children and Young People in Healthcare Services in Australia.

In 2010, Children's Hospitals Australasia (CHA) and the Association for the Wellbeing of Children in Healthcare (AWCH) jointly developed the Charter on the Rights of Children and Young People in Healthcare Services in Australia (the Charter) in recognition of the 21st birthday of the United Nations Convention on the Rights of the Child.

The Charter aims to ensure that children and young people receive health care that is both appropriate and acceptable to them and their families.

The Charter is aligned with the Australian Charter of Healthcare Rights; the New Zealand Code of Health and Disability Services Consumer's Rights; The United Nations Convention on the Rights of the Child and the Charter of the European Association for Children in Hospital.

RCNA provides a joint response with the Australian College of Children and Young People's Nurses on the Charter.

General comments

The document is considered to be an excellent charter on children and young people's rights. It is unique, easy to read, comprehensive and explained in appropriate language to children and young people. It identifies principles that are well captured and they express the unique experiences of children in health care services. The Charter also covers types of care that are required in different health care settings. It identifies the need for adequate and appropriate staffing to best achieve effective care for children and young people.

It is suggested that the Charter be more explicit in the unique communication needs of children with disabilities as well as the need to include a statement about 'not placing children in situations that are likely to be harmful or to reduce their access to high quality health care, such as detention centres'.

These suggestions have been incorporated in the specific comments below.

Potential distribution strategies

RCNA and ACCYPN suggest the following strategies for the continuing communication and distribution of the Charter.

1. Health services that are member organisations of CHA undertake to:
 - a. Inform parents in preadmission packages of the existence of the Charter
 - b. Have a link to the Charter on their website
 - c. Ensure staff receive information regarding the Charter during orientation
 - d. Promote the Charter through posters to be displayed in staff and parent rooms.

2. CHA seeks to gain endorsement from professional organisations and non-government organisations for support of the Charter - for example the inner front page of the charter could detail those organisations that have undertaken to promote and implement the Charter.

Specific comments

Together with the ACCYPN, RCNA makes the following specific comments:

- Page 3; last paragraph - change words 'other languages' to 'languages other than English'
- Page 4; third paragraph - decision making definition is limited. It should not only refer to receiving, refusing or withdrawing consent to treatment, but also include 'timing of, when, how and by whom'.
- Page 6; first line - the definition of healthcare services should be expanded to include a broader holistic approach to health which includes prevention and primary health care services. It should be amended to 'hospitals, community child health services, primary health care services, community health centres, general practices and specialists rooms'.
- Page 7; Principle 11 - the charter should be more explicit about continuity between services, as this is a major issue for children and young people even if their issues are not of a chronic nature. Continuity of care should be reworded to 'continuity of healthcare, including well-planned care between services and beyond the paediatric context'.
- Page 7; an additional principle should be included - Provision of health care that will provide the best outcome for their individual needs.
- Page 8; first paragraph - the word 'cognitive' is suggested as a better word than 'mental' in this statement.
- Page 9; Principle 1 - should include a paragraph on 'provide educational opportunities to assist Aboriginal and Torres Strait Islanders in the provision of health care to their communities'.
- Page 10; should reflect the unique communication needs of children with disabilities - following the second line it should include - 'Health care providers should allow children with disabilities the time to express their views and ensure that they have their appropriate communication aids when necessary'.

This should also be made more explicit in Principles 6 and 7.

- Page 10; Principle 3 - after the last paragraph should include - 'Care needs to be evidence based to ensure that it is the highest attainable standard'.
- Page 11; 4th paragraph - 'reference to employment of Aboriginal and Torres Strait Islander health care workers should be encouraged' is not specific enough. For the cultural safety of these families under the QH Cultural Capability Framework it should read 'Reference to employment of Aboriginal and Torres Strait Islander health care workers should be available across acute and community/rural and remote settings'.
- Page 11; should be more specific about the provision of allocated feeding rooms and nutritional support of breastfeeding mothers, as long as they are breastfeeding any child in the family, regardless if that child is the child admitted to hospital.
- Page 12; Principle 5 - end of 1st paragraph - add 'Parents should be encouraged to stay with their children, and offered support and services to facilitate this, even to the extent that if the situation arises, allowing sibling/s to board in hospital with the mother/father and patient'.

- Page 13; after 1st paragraph - add 'Other than in exceptional circumstances, it is the family, not any health care professional or organisation that takes responsibility for the health and well-being of the family member'.
- Page 13; after the last paragraph - add 'Health care providers should allow children with disabilities the time to express their views and ensure that they have their appropriate communication aids when necessary'.
- Pages 13 and 14 - Principles 6 and 7 - these principles could be more explicit in the unique communication needs of children with disabilities by using other forms of augmented communication.
- Page 14; last paragraph - the sentence 'informed consent should be sought from children' should be 'informed consent must be sought from children.'
- Page 15; after second last paragraph - add 'Adequate and appropriate staffing must be provided to best achieve effective care for children and young people'.
- Page 15; after the last paragraph- add 'Children must not be placed in, or transferred to situations that are likely to expose them to harm or reduce their access to high quality healthcare, such as detention centres'.

This applies generally to all children, but specifically relates to children arriving in Australia as asylum seekers who are placed in detention centres, particularly off shore.

- Page 17; Principle 11 - change to 'Every child and young person has a right to continuity of healthcare, including well-planned care between services and beyond the paediatric context ' to be consistent with page 7.

Conclusion

RCNA and ACCYPN endorse the Charter and recognise that health care services for children should be more equitably distributed in Australia providing the comparable health and developmental outcomes to all children including those from socio-economically disadvantaged families, children from Indigenous background and refugee groups.

RCNA and ACCYPN also supports suggestions for the Charter to be more explicit in the unique communication needs of children with disabilities as well as not placing children in situations that are likely to be harmful or to reduce their access to high quality healthcare such as detention centres.

The feedback received emphasises the need to have the Charter adopted across health agencies in Australia that care for children and young people.

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