World Health Organization
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Children's rights in hospital

Rapid-assessment checklists

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Abstract

This publication presents 7 rapid assessment checklists to help hospitals assess 7 child rights standards in hospital, in line with the Convention on the Rights of the Child. Each checklist should enable the hospital to see the progress in relation to the standard and to identify actions for improvement.

Acknowledgments

The checklists have been prepared by Ana Isabel F. Guerreiro in consultation with Aigul Kuttumuratova (Child and Adolescent Health, Division of Non-communicable Diseases and Promoting Health through the Life-Course, WHO Regional Office for Europe).

Keywords

CHILD HEALTH SERVICES
CHILD ADVOCACY
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HUMAN RIGHTS
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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 Regional Office for Europe 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)."

The development of the present checklists 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. Specifically, in 2012-2013, WHO Europe implemented the *Children's Rights in Hospital: Manual and Tools for assessment and improvement*, published in 2012 (3), in hospitals in Kyrgyzstan, Tajikistan and Moldova, in the framework of its work on improvement of hospital care for children (4, 5). 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 and pilot a similar set of tools on assessing and improving the respect of children's rights in primary healthcare (6, 7). These tools and processes are an integral part of the WHO Regional Office for Europe Framework Improving the Quality of Care for Reproductive, Maternal, Neonatal, Child and Adolescent Health in the European Region' (forthcoming).

The aim of this set of checklists is to provide a rapid assessment tool for hospitals, wishing to assess and improve the fulfilment of children's rights in the design, planning and delivery of care for children aged 0-18.

Methodology

Internal quality assessment

Internal and external quality assessment in hospitals and health services are the most common methods of assessment, accreditation and quality improvement. Self-assessment is understood as:

"A process used by healthcare organisations to accurately assess their level of performance in relation to established standards and to implement actions for continuous improvement. Self-assessment may cover all the hospital's activities or it may focus on specific issues, such as health promotion. It enables staff to identify areas of good practices and areas where there is a need for improvement. Hospital staff can then prioritize and plan the actions needed or replicate good practices in other departments of the hospital (8)."

There are benefits and constraints of using a self-assessment approach. Benefits can be a low cost opportunity to embed such methods within the quality assurance systems of a health facility or health service. This can result in a sustainable approach to addressing children's rights and improving the experience of care within health systems. It can also increase a feeling of ownership and empowerment in health workers involved in the process of making improvements in care. Constraints include challenges of gathering views and opinions from stakeholders (particularly children, families and junior health professionals) in a way that is freely given and independent.

The present checklists have been designed for a rapid self-assessment to be performed by hospitals as a whole or in single wards. The person in charge of filling in the checklists should be in a position to gather all needed information accurately.

The standards

The standards presented in this Manual are those included in the *Children's Rights in Hospital: Manual and Tools for assessment and improvement* (3), as follows:

Standard 1 evaluates the 'best quality possible care' delivered to all children, understood as a care that takes into account the clinical evidence available, the respect of children's rights and patient and family's views and wishes.

Standard 2 evaluates to what extent the healthcare services respect the principles of equality and non-discrimination of all children.

Standard 3 evaluates how play and learning are planned and delivered to all children.

Standard 4 evaluates the rights of all children to information and participation in healthcare decisions affecting them and the delivery of services.

Standard 5 evaluates to what extent healthcare services are delivered in a safe, clean and appropriate environment for all children.

Standard 6 evaluates the right of all children to protection from all forms of physical or mental violence, unintentional injury, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

Standard 7 evaluates the provision of pain management and palliative care to children.

The checklists

There are 7 checklists related to the 7 child rights standards listed above. Each checklist is done in a way as to allow hospitals to see where they are in terms of progress in the fulfilment of children's rights in hospital, but also to what they should aspire. The elements identified in the checklist are a non-exhaustive list and they should not replace a full assessment with a consultation of a variety of stakeholders, namely hospital managers, health professionals, children of different age groups and parents or carers.

The elements of each checklist have been graded in a four-item scale, as follows:

Significant progress

Recognition of the standard is integral to hospital/ward activities. Staff receive training, which addresses the standards, they recognize the importance of implementing children's rights, they are knowledgeable and are committed to its promotion and implementation. There is an effort for continuous improvement, which may involve monitoring and evaluation, as well as, research. All children and parents experience the good standard of care achieved, with rare exceptions.

Meaningful Progress

Meaningful progress towards addressing this standard has been made. The methods are now evaluated and mature and staff and managers increasingly look for further development and adaptation. Staff increasingly see this standard as 'part of the job'. Most children and parents experience the good standard achieved, although there may still be some inequalities in the care provided.

Some action

The need is recognised, for example through the development of hospital policies or protocols, but there has been little or no action yet. An approach is possibly under development or there are isolated examples of this right being addressed. Some children may have good experiences in relation to all standards, but the majority do not.

No action

There are rare, if any, examples that show that this right is being considered and that work is being done in order to implement it. Most of the staff are unaware about this standard and there are few or no systems, policies and protocols in place. There is a great probability that a majority of children experience poor care in different areas.

When the person in charge completes the different checklists, the majority of elements to which the person replied 'true' should indicate the level of progress achieved in that specific hospital or ward, according to the grades presented above. Depending on where the hospital or ward is in terms of progress, the action required will be different. Here are some suggestions about what can be done to improve the fulfilment of children's rights in the design, planning and delivery of care.

Where there is significant progress:

If the hospital or ward has achieved significant progress, it means that the standard has received high attention, there are policies in place, that are part of a quality of care system and possibly an accreditation process. All health professionals have received undergraduate, post-graduate or continuous or in-house training that tackles the different subjects; they understand the concepts and actions needed and act accordingly. Children of all ages and their families may

also be more aware of their rights and they participate in satisfaction surveys or other means of sharing their experience. At this stage, in order to maintain the high standards, in addition to sustaining a quality assessment and improvement system; other ways of enhancing the good quality achieved should be explored. For example, one possibility is to carry out qualitative research about children's experiences, expectations and the quality of care provided. Hospitals at this stage are particularly encouraged to publish and report their good practices and achievements in order to disseminate knowledge, to support others and advocate for change nationally.

Where there is meaningful progress:

If the hospital or ward has achieved meaningful progress, it means that the standard is receiving attention, that there are policies in place and that these are applied, however they may not be implemented by every professional or there may be aspects that still need improvement. The majority of children possibly receive good quality care, but there are specific areas that may still need attention. The enabling system probably needs to be improved, including a better monitoring and evaluation system or more conditions for staff to perform even better. A comprehensive assessment of the standards with the participation of hospital managers, health professionals, children and parents can enable the hospital or ward to identify what is still missing, what are the gaps and how these can be improved. Hospitals at this stage are encouraged to partner up with local and regional hospitals in the country that have achieved significant progress to exchange knowledge and practices.

Where there is some action:

If there has been some action in terms of the progressive implementation of this standard, it means that some activities have taken place, but there are little conditions for implementing it and that there is little awareness among staff. For example, maybe there are protocols in place or national or hospital policies, but staff have not been made aware of them or have not been provided training or job aides, which enable them to act accordingly. Most likely, there may also be some need to improve physical or infrastructure-related conditions, for example, to set up a playroom, to improve toilets or wards or other. If the hospital or ward is at this level of progress, it will be crucial to carry out a thorough assessment, as much as possible, with the participation of hospital managers, health professionals, children and parents, to provide for a

baseline for improvement. Hospitals at this stage are encouraged to set up collaborative partnerships with other hospitals in the country at similar or different stages of progress to work jointly on assessing and improving the respect of children's rights in hospital.

Where there is no action:

If there has been no action in terms of the progressive implementation of this standard, it means that the hospital is at the stage of needing to raise awareness in terms of child rights and that most likely there are many gaps in terms of the quality of the care provided to children, from a clinical point of view. Where possible, it would be extremely valuable to have external support for the assessment of both the respect of the child rights standards, as well as, the clinical care provided. Following this, the hospital should implement the recommended actions and train health professionals. After 6-10 months, the hospital should be re-assessed to understand what has worked and what is still missing and continue to work towards the progressive implementation of the standards. At this stage of progress, most likely there are significant gaps in other hospitals in the country and possibly in the national regulatory framework. The assessment and improvement work undertaken by the individual hospitals or as a group could be used to inform policy-making and promote change in the country.

Standard 1: Quality services for children

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

	Elements to assess	True	False
Significant progress	1. Evidence shows that there are high standards of care provided to all or most children who come to the hospital.		
	2. The hospital is part of a national or international accreditation process.		
	3. All doctors and nurses undergo continuous training on a regular basis.		
	4. The Charter on children's rights is displayed in all wards and children and parents receive information about their rights.		
	5. Children and parents participate in patient satisfaction surveys regularly and are consulted through interviews or other qualitative means for gathering their opinions.		
	6. The hospital promotes clinical and other research, whose results are published and shared to wider audiences.		
Meaningful progress	7. There are evidenced-based clinical guidelines and protocols for all common childhood conditions.		
	8. There is a well-functioning monitoring and evaluation system.		
	9. Most doctors and nurses have a specialisation in paediatrics.		
	10. The hospital has adopted a Charter on children's rights in hospital and all professionals know about it.		
	11. Most parents are allowed and encouraged to stay with their children and have other rights in hospital, such as free meals.		
	12. The adolescent-friendly health service functions well and is meeting adolescents' needs and expectations.		
Some action	13. There are evidenced-based clinical guidelines and protocols for several childhood conditions.		
	14. There is a monitoring and evaluation system, but with many faults (i.e. collection and analysis of data is not systematic, no patient satisfaction surveys or few improvement mechanisms).		
	15. Some doctors and nurses have a specialisation in paediatrics.		
	16. The hospital has adopted a Charter on children's rights in hospital, in line with the Convention on the Rights of the Child.		
	17. Some parents are allowed to stay with their children.		
	18. An adolescent-friendly health service has been put in place.		
No action	19. There are few evidenced-based clinical guidelines and protocols for different childhood conditions.		
	20. There is no monitoring and evaluation system for quality of care.		
	21. Most doctors and nurses do not have a specialisation in paediatrics.		
	22. The hospital has not adopted a Charter on children's rights in hospital, in line with the Convention on the Rights of the Child.		
	23. Parents are not allowed to stay with their child during hospitalisation.		
	24. There is no specialised adolescent-friendly health service.		

Standard 1: Quality Services for Children – Summary Table

Summarise here the elements you identified as already in place in relation to the fulfilment of Standard 1: Quality Services for Children (copy all those you replied as 'true').

Progress achieved

In terms of the progress achieved in relation to this standard, most elements show that there has been (tick one accordingly):

- Significant progress ☐
- Meaningful progress ☐
- Some action ☐
- No action ☐

Actions for improvement

Write here the key actions for improvement that were identified:

Standard 2: Equality and non-discrimination

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

Progressive implementation of children's right to access healthcare without discrimination

	Elements to assess	True	False
Significant progress	1. Evidence shows that there are few barriers related to children's access to healthcare without discrimination and these are continuously assessed and addressed.		
	2. All doctors and nurses have received training in cultural competency and how to respect children's diverse circumstances and needs.		
	3. Evidence gathered from children and parents show that they feel treated with respect and are satisfied about the services provided.		
	4. All children are informed in private areas.		
	5. All children are examined in private areas.		
Meaningful progress	6. Children have the right to be examined by a health professional of the same sex, upon request, when possible.		
	7. There has been action to address the barriers related to children's access to healthcare without discrimination.		
	8. Most doctors and nurses have received training in cultural competency and how to respect children's diverse circumstances and needs.		
	9. There are specific services dealing with cultural competency, which are used by professionals when necessary.		
	10. Most children are informed in private areas.		
	11. Most children are examined in private areas.		
Some action	12. There are internal policies addressing the dimensions of children's right to access healthcare without discrimination.		
	13. The hospital has identified some of the barriers related to children's access to healthcare without discrimination.		
	14. There are some services dealing with cultural competency and patient-centred care.		
	15. Some children are informed in private areas.		
	16. Some children are examined in private areas.		
No action	17. There are no internal policies addressing the dimensions of children's right to access healthcare without discrimination (i.e. equity, cultural diversity, availability and accessibility of services or other related policies).		
	18. There are significant barriers in children's access to hospital care (i.e. out-of-pocket payments, lack of transport for children living in isolated areas, lack of referral systems or other barriers).		
	19. There are no specific services in the hospital dealing with cultural competency (i.e. translation, cultural competency staff or information for patients available in different languages).		
	20. Children are not informed or examined in private areas.		

Standard 2: Equality and non-discrimination – Summary Table

Summarise here the elements you identified as already in place in relation to the fulfilment of Standard 2: Equality and non-discrimination (copy all those you replied as 'true').

Progress achieved

In terms of the progress achieved in relation to this standard, most elements show that there has been (tick one accordingly):

- Significant progress ☐
- Meaningful progress ☐
- Some action ☐
- No action ☐

Actions for improvement

Write here the key actions for improvement that were identified:

Standard 3: Play and Learning

(Convention on the Rights of the Child, Articles 23, 28, 29 and 31)

Progressive implementation of children's right to play and learning

	Elements to assess	True	False
Significant progress	1. Evidence shows that children of all ages have opportunities to play and leisure in accordance to their age and preferences (i.e. both younger children and adolescents).		
	2. The hospital provides other supportive activities such as clown, music, art and/or pet-therapy or similar.		
	3. All doctors and nurses utilise play within therapeutic care.		
	4. Children's views were collected during the planning of the playroom or they have been consulted at a later stage about the appropriateness of the space and how to improve it.		
	5. Evidence gathered from children and parents show that they are satisfied with the available play services.		
	6. The hospital promotes research about the benefits of using play during therapeutic care or other supportive activities promoted, which are published and shared with wider audiences.		
Meaningful progress	7. There is a hospital policy guaranteeing children's right to play.		
	8. There is a properly equipped playroom.		
	9. There are play specialists to support children during play.		
	10. Every child is encouraged and helped to play, even if they cannot leave their bed.		
	11. Most doctors and nurses have received training on how to utilise play within therapeutic care and they apply it.		
	12. There is a hospital school, trained teacher or another system enabling children to continue their education whilst in hospital.		
Some action	13. A play policy is under development.		
	14. There is no playroom for children, but there is a space where children can go and play with other children.		
	15. Play is utilised within therapeutic care by some professionals that have undertaken related training.		
	16. There are some possibilities for children to continue their education whilst in hospital.		
No action	17. There are no internal policies guaranteeing children's right to play.		
	18. There is no playroom for children.		
	19. There are no specialised play staff in the hospital (i.e. play specialists).		
	20. Play is not utilised within therapeutic care (i.e. to stimulate development, in preparation for procedures, distraction or helping a child to express their feelings).		
	21. There is no possibility for children to continue their education whilst in hospital (i.e. through a hospital school, a trained teacher or another enabling system).		

Standard 3: Standard 3: Play and Learning – Summary Table

Summarise here the elements you identified as already in place in relation to the fulfilment of Standard 3: Play and Learning (copy all those you replied as 'true').

Progress achieved

In terms of the progress achieved in relation to this standard, most elements show that there has been (tick one accordingly):

- Significant progress ☐
- Meaningful progress ☐
- Some action ☐
- No action ☐

Actions for improvement

Write here the key actions for improvement that were identified:

Standard 4: Information and participation

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

Progressive implementation of children's right to information and participation

	Elements to assess	True	False
Significant progress	1. Qualitative research is or has been promoted in the hospital, aiming at learning about children's experiences of communicating with health professionals and other aspects of their right to information and participation.		
	2. Children's right to participation is assessed and monitored.		
	3. Every hospitalised child is fully informed in a manner appropriate to his or her age, maturity and evolving capacities.		
	4. All health professionals demonstrate capacity to communicate with children of different ages, maturity and capacities.		
	5. Where there is a right, all children give their informed consent to treatment, where there is a requirement for a specific treatment or intervention.		
	6. Before giving their consent to a treatment or intervention, all children are fully explained about different treatments options, likely consequences of the treatment or intervention and available alternatives. Children are given the opportunity to ask questions and to take time to reflect about their decision, where it is possible.		
Meaningful progress	7. Some children are given the opportunity to give their consent to treatment or interventions.		
	8. Most health professionals know about and apply the hospital's policy on informed consent.		
	9. Most health professionals have received training on how to communicate with children.		
	10. Most health professionals try to talk to both parents and children.		
	11. There is an effort to inform both younger and older children about their condition and what is happening to them.		
Some action	12. There is a hospital policy on informed consent.		
	13. There is a national policy on informed consent.		
	14. Some health professionals have received training on how to communicate with children.		
	15. Some health professionals talk to both parents and children.		
	16. Some children may receive information about their condition and what is happening to them (possibly older children).		
No action	17. Health professionals do not receive training on how to communicate with children.		
	18. There is no hospital policy on informed consent.		
	19. There is no national policy on informed consent.		
	20. Health professionals only inform and talk to parents or carers about children's conditions.		
	21. Children never or very seldom receive information about their condition and what is happening to them.		

Standard 4: Information and participation – Summary Table

Summarise here the elements you identified as already in place in relation to the fulfilment of Standard 4: Information and participation (copy all those you replied as 'true').

Progress achieved

In terms of the progress achieved in relation to this standard, most elements show that there has been (tick one accordingly):

- Significant progress ☐
- Meaningful progress ☐
- Some action ☐
- No action ☐

Actions for improvement

Write here the key actions for improvement that were identified:

Standard 5: Safety and environment

(Convention on the Rights of the Child, Articles 3 and 24)

Progressive implementation of children's right to safety and a friendly environment

	Elements to assess	True	False
Significant progress	1. The infrastructure of the hospital ensures that children with mobility restrictions are able to access all areas of the building.		
	2. All equipment and materials are constantly reviewed to ensure they are appropriate and following safety norms.		
	3. Evidence gathered from children and parents show that they are satisfied with the cleanliness of the facilities and other hygiene standards.		
	4. Children have had the opportunity to give their opinion about the food and improvements have been made after that.		
	5. Evidence gathered from children and parents show that they feel welcomed and comfortable in waiting areas and appointment rooms.		
	6. Children with different needs, including mobility restrictions were consulted in the planning, development or improvement of the hospital.		
Meaningful progress	7. There is a system for the safe disposal of all clinical and non-clinical waste, which is regularly monitored.		
	8. Both the infrastructure and equipment of the hospital respond to most internal needs.		
	9. Free food is provided to all children at appropriate times and the menu is prepared by a specialist.		
	10. There is a functioning heating system, working in all areas of the hospital, which is always used when needed.		
	11. The waiting areas are child-friendly, comfortable and welcoming (i.e. there are suitable chairs for children and spaces are decorated in a friendly way).		
	12. There are play areas for younger children in waiting areas.		
Some action	13. There is a system for the safe disposal of all clinical and non-clinical waste, but with some faults.		
	14. There are sources of drinking water.		
	15. In terms of equipment and materials, the hospital uses products that follow safety norms.		
	16. Food is available for children with some restraints (i.e. only younger children or available upon payment).		
	17. The infrastructure is improved, but better and more differentiated equipment is needed (i.e. x-ray or magnetic resonance image machines, among other).		
No action	18. There is no system for the safe disposal of all clinical and non-clinical waste.		
	19. Electricity only functions at certain times of the day.		
	20. There are no sources of drinking water.		
	21. The heating system has problems or only functions at certain times.		
	22. There are serious problems with the infrastructure (i.e. old building without maintenance, lack of cleanliness, toilets for hospitalised children located outside, among other).		

Standard 5: Safety and environment – Summary Table

Summarise here the elements you identified as already in place in relation to the fulfilment of Standard 5: Safety and environment (copy all those you replied as 'true').

Progress achieved

In terms of the progress achieved in relation to this standard, most elements show that there has been (tick one accordingly):

- Significant progress ☐
- Meaningful progress ☐
- Some action ☐
- No action ☐

Actions for improvement

Write here the key actions for improvement that were identified:

Standard 6: Protection

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

Progressive implementation of children's right to protection against all forms of violence

	Elements to assess	True	False
Significant progress	1. The hospital monitors clinical research and trials regularly.		
	2. Informed consent is obtained from every child participating in clinical research, according to their evolving capacities and/or parents.		
	3. There are regular audits to the child protection system.		
	4. Evidence shows that the child protection system is effective.		
	5. The hospital carries out qualitative research on child protection related issues (i.e. to understand professionals' awareness and responsiveness to child abuse and treatment, to assess the main types of abuse against children, etc).		
	6. All doctors and nurses receive up-to-date information and/or training on existing child protection protocols and referral systems.		
Meaningful progress	7. There is an Ethics Committee and protocols regulating clinical research and trials.		
	8. There is a system to register and monitor cases of children who have suffered any kind of abuse.		
	9. There is regular assessment of the child protection system to ensure its effectiveness.		
	10. Most doctors and nurses have received training on how to identify, treat and refer a child who has been a victim of any kind of abuse.		
	11. There are functioning protocols and referral systems with all key authorities, which all professionals are familiar with.		
	12. There is a clear system for child protection in the hospital.		
	13. All professionals working in the hospital undergo regular vetting.		
Some action	14. There are internal policies and protocols dealing with child protection.		
	15. There is no special unit or team dealing with child protection.		
	16. Some doctors and nurses have received training on how to identify, treat and refer a child who has been a victim of any kind of abuse.		
	17. A child protection system is in place, but it needs significant improvement (i.e. no referral system with social services, the policies, courts and other authorities).		
	18. Vetting of professionals occurs only upon recruitment.		
No action	19. There is no system for vetting professionals or volunteers who are recruited and working in the hospital.		
	20. There are no protocols regulating clinical research and trials.		
	21. Most doctors and nurses have not received training on how to identify, treat and refer a child who has been a victim of any kind of abuse.		
	22. There is no system for the protection, treatment and referral of children who have been a victim of any kind of abuse.		

Standard 6: Protection – Summary Table

Summarise here the elements you identified as already in place in relation to the fulfilment of Standard 6: Protection (copy all those you replied as 'true').

Progress achieved

In terms of the progress achieved in relation to this standard, most elements show that there has been (tick one accordingly):

- Significant progress ☐
- Meaningful progress ☐
- Some action ☐
- No action ☐

Actions for improvement

Write here the key actions for improvement that were identified:

Standard 7: Pain management and palliative care

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

Progressive implementation of children's right to pain management and palliative care

	Elements to assess	True	False
Significant progress	1. The hospital belongs to international networks on palliative care and engages in specific trainings and projects.		
	2. There are hospital psychosocial services, as well as, other means of helping families in distress (i.e. through family support groups, non-governmental organisations or other).		
	3. Palliative care begins when the illness is diagnosed and continues regardless of whether or not a child receives treatment directed at the illness.		
	4. There are regular audits to the pain management system (i.e. whether the pain score has been registered and the treatment provided accordingly).		
	5. Evidence shows that the pain management system is effective.		
	6. Children have been consulted about their experience of the pain management system.		
	7. Evidence gathered from children and parents shows their satisfaction with pain management and/or palliative care.		
	8. All doctors and nurses receive training on additional methods for pain relief (i.e. in alternative to pharmaceuticals).		
Meaningful progress	9. Religious support is provided or facilitated by the hospital to families of all faiths.		
	10. The hospital has partnerships in place to provide for palliative care in the community services or in the child's home.		
	11. There is regular assessment of the pain management system to ensure its effectiveness.		
	12. Most doctors and nurses have received training on how to prevent and manage pain in children.		
	13. Most doctors and nurses have received training on the care of the dying child and how to communicate the death of a child.		
	14. All doctors and nurses are familiar with the protocols and procedures available for the prevention and management of pain.		
Some action	15. There are psychosocial services in the hospital, but many children and families do not receive information about it.		
	16. Palliative care is provided by the hospital, but not to all children that need it.		
	17. Some doctors and nurses have received training on how to prevent and manage pain in children.		
	18. There are protocols and procedures for the prevention and management of pain.		
No action	19. There are no psychosocial services in the hospital.		
	20. Palliative care is not provided by the hospital.		
	21. Most doctors and nurses have not received training on how to prevent and manage pain in children.		
	22. There are no protocols and procedures for the prevention and management of pain.		

Standard 7: Pain management and palliative care – Summary Table

Summarise here the elements you identified as already in place in relation to the fulfilment of Standard 7: Pain management and palliative care (copy all those you replied as 'true').

Progress achieved

In terms of the progress achieved in relation to this standard, most elements show that there has been (tick one accordingly):

- Significant progress ☐
- Meaningful progress ☐
- Some action ☐
- No action ☐

Actions for improvement

Write here the key actions for improvement that were identified:

Annex 1
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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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