

E A C H
EUROPEAN
ASSOCIATION FOR
CHILDREN IN HOSPITAL



THE EACH CHARTER



with ANNOTATIONS

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INTRODUCTION

EACH – European Association for Children in Hospital – is an international umbrella organisation open to European non-governmental, non-profit associations involved in the welfare of children in hospital and other healthcare services. In 1988 EACH members created a Charter stipulating in 10 points the rights of sick children and their families before, during and after a stay in hospital and in other healthcare services. Since its adoption in 1988 the EACH Charter has been used by EACH members as guidance for protecting the rights and well-being of sick children and eventually has served as a basis for healthcare legislation and professional guidelines in many European countries.

In view of the different stages of development of national healthcare systems in Europe, the EACH Committee decided in 2001 to explain the meaning and implications of the Charter in more detail in the form of Annotations. Since 2001 many national healthcare systems have been repeatedly reworked; more sick children are being cared for at home instead of in hospital. In addition, the living conditions of many families have changed, economic pressures and uncertainties have increased, and some progress that had already been achieved with the implementation of the Charter has been reversed. The basic needs of sick children are, however, still the same.

In light of the present social situation and recent developments in healthcare, the EACH Committee decided to update the Annotations to the Charter to indicate the changes that are still required to be made in order to realize family oriented healthcare for children and young people in all healthcare settings. EACH members expect that the Charter and its revised Annotations will contribute to the well-being of children in healthcare systems across Europe.

Mieke Schuurman
Coordinator EACH, 2016

BACKGROUND OF EACH

EACH – European Association for Children in Hospital – is an international umbrella organisation open to European non-governmental, non-profit associations involved in the welfare of children in hospital and other healthcare services. Associations or individual persons from other countries of the world are, however, also welcome to join EACH.

Publications by psychologists and paediatricians in the 1950s showed that the care children received in hospital was detrimental to their emotional and psychological wellbeing. Parents were alarmed by the emotional reactions of their hospitalized children due to the almost complete separation from their families. In particular the Platt Report “The welfare of children in hospital”, published in 1959 by the UK Ministry of Health, came to the conclusion that the conditions for children in hospital needed to be changed. James Robertson’s landmark films, “A Two Year Old Goes to Hospital” and “Going to Hospital with Mother” also had an impact. Beginning in the UK in 1961 with the founding of Mother Care for Children in Hospital, parents in various European countries started to set up voluntary associations for the welfare of children in hospital to advise and support parents and inform and co-operate with doctors, nurses and other healthcare professionals.

An exchange of knowledge and experience between the various national associations started from a very early stage. In 1988 twelve of the then existing associations met for their first international conference in the Netherlands (city of Leiden). While recognizing that the healthcare systems varied considerably in the different countries, it was the aim of this conference to establish standards applicable in all of Europe. For this purpose the participants of the Leiden Conference created a Charter stipulating in 10 points the rights of sick children and their families before, during and after a stay in hospital and in other healthcare services.

A further incitement for the constitution of a common European charter was due to the 1986 Resolution by the European Parliament “On a

European Charter for Children in Hospital”, which unfortunately never came into effect.

The Charter constituted at the same time a working programme for the national associations, because many of the requirements of the Charter were still far from implementation. The “spirit of Leiden” led to a continuing and powerful cooperation between the various national associations and finally in 1993 to the foundation of EACH. The original “Leiden Charter” thus became the “EACH Charter”. Since 1993 European conferences have taken place at regular intervals where the progress and difficulties experienced in implementing the Charter have been presented and discussed.

It was of great support that the UN Convention on the Rights of the Child (CRC) was adopted in New York in 1989 and ratified in the following years, step by step, by all European countries. Many of the requirements of the EACH Charter are also mentioned in the CRC, and it was clearly defined that childhood lasts from 0 – 18 years (see also annex to the Annotations). As a follow-up a comprehensive General Comment on the right of each child to the enjoyment of the highest attainable standard of health was published by the UN In 2013.

It is hoped that the recognition of the rights of sick children with all its implications will eventually become a uniform European standard. As of today this is still a far away goal. Over the years the EACH Charter has become widely accepted. In several European countries the Charter has served as a basis for healthcare legislation and professional guidelines and has been used as a reference in many scientific studies and publications. Furthermore, the protection of the rights of the child has been included in the objectives of the EU Lisbon Treaty of 2007 and the EU’s Charter of Fundamental Rights. Last but not least the Council of Europe in Strasbourg adopted in 2011 Guidelines on Child Friendly Healthcare, where the EACH Charter was listed as one of the documents of reference. The Guidelines on Child Friendly Healthcare were endorsed by the ministers of 47 European nations attending the 9th Council of Europe Conference of Health Ministers in September 2011 in Lisbon.

The EACH Charter with Annotations

The EACH Charter recognises and endorses the rights of the child as stipulated in the UN Convention on the Rights of the Child (UNCRC), and in particular the key principle that, in all situations, the best interests of the child should prevail (art.3).

In addition, the EACH Charter relates to the UNCRC General Comment No 15 (2013) on the child's right to the enjoyment of the highest attainable standard of health (art. 24), and to the UNCRC General Comment No. 4 (2003) on adolescent health and development.

Child

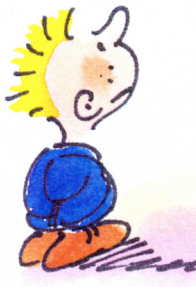
The UNCRC defines the age of a child to be from 0–18 years. In accordance with the UNCRC, the term “child” in this document includes all children, from newborn to adolescent.

Parent

The term “parent” in this document refers to an adult providing a primary caring role to a child. The relationship of the person who provides this caring role can extend beyond family members but the carer is familiar, trustworthy and acceptable to the child and parent.

Hospital, Care

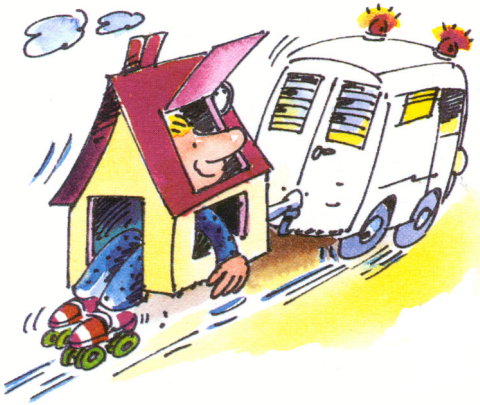
The terms “hospital” or “care” apply to all forms of healthcare services where treatment is provided for children. This includes home care, ambulant or day care, emergency care or residential care outside of hospital.



See also **Glossary** (pp 26-29) defining certain expressions used in the Annotations.

Article 1

Children shall be admitted to hospital only if the care they require cannot be equally well provided at home or on a day basis.



- Before admitting a sick child to hospital all forms of appropriate care should be considered: at home, in a day clinic or in another healthcare setting.

- When admitting a child to a hospital, it is important that the hospital should be as close to home as possible but also be capable of providing the standard of clinical care required by the child.

The family's particular situation and circumstances should be taken into consideration. Care should be delivered in accordance with the EACH Charter.

- The rights of sick children must be respected regardless of the place of care.

- During admission regular reviews of the child's condition should take place. The family's circumstances and the level of care required should be assessed, so that the child's stay in hospital is not prolonged unnecessarily.

- All necessary information, assistance and support should be given to parents wherever their child is being cared for.

Article 2

Children in hospital shall have the right to have their parents or parent substitute with them at all times.

- The right of children not to be separated from their parents, and to have their parents with them, is integral to the care of sick children. The best interests of the child should always be taken into consideration.
- If the parents are unable to stay with their child, the child can be accompanied by a familiar and accepted person who is able to give the child appropriate support.
- Children have the right to have their parents with them regardless of the child's age, 24-hours a day. This applies to all situations where children need, or possibly might need, their parents, e.g.:
 - whether or not the child is being treated or examined, with or without local anesthesia or sedation;
 - during the induction of anesthesia and during recovery;
 - during periods of coma or semi-consciousness and during resuscitation (at such times, parents must be offered full support);



- after birth, whether the new born child is healthy or needs special care.

It also includes:

- children in neonatal or paediatric intensive care units, accident & emergency departments, isolation rooms, medical imaging rooms, recovery rooms, maternity services, ambulant transport services, or other healthcare settings in or outside of hospitals.

Article 3

(1) Accommodation should be offered to all parents and they should be helped and encouraged to stay.

- Staff members responsible for the admission, treatment or care of a child should invite all parents to stay without imposing any particular criteria.
- Staff members should advise, encourage and support parents in making a decision about staying in hospital with their child and should offer support and services to facilitate their stay.



- Hospitals should provide sufficient and suitable space to enable parents to stay with their child. This should include a bed next to the child's bed; sitting, eating, bathroom facilities and storage space for personal belongings.

(2) Parents should not need to incur additional costs or suffer loss of income.

- No additional costs should arise for parents when staying with their child. They should be entitled to free overnight stay and free or subsidised food.
- Parents who are unable to attend work or fulfill duties at home should not incur any loss of income or incur other costs due to:
 - staying in hospital with their child;
 - providing full-time care of their child in hospital;
 - the daily care of healthy siblings at home by other persons.

- Assistance should be provided where financial circumstances prevent a parent from staying with or visiting a child (e.g. travel costs and other expenses).
- When caring for their child, either in hospital or at home, parents should be entitled to paid leave for the duration of their child's illness.

(3) In order to share in the care of their child, parents should be kept informed about ward routine and their active participation encouraged.

Partnership in Care

- Staff should facilitate the parent's active participation in the day-to-day care of their child by:
 - arranging with parents the elements of everyday care they want to take over;
 - supporting the parents in doing this;
 - respecting their way of taking care of their child and accepting their decisions;
 - advising parents on how to care for their child to help recovery.

Partnership in Nursing

By sharing in the nursing care of their child while in the hospital, parents may become more competent and confident to care for their child when home again. Developing this competence may influence the duration of the hospital stay.

- Staff should support parents to take an active role in the nursing care of their child by:
 - sharing information and expertise;
 - helping the parents to become competent through teaching and training;

- supervising the parents until they feel comfortable in performing the required care;
- regularly reviewing the elements of nursing care the parents are able or willing to perform;
- offering emotional support when necessary.

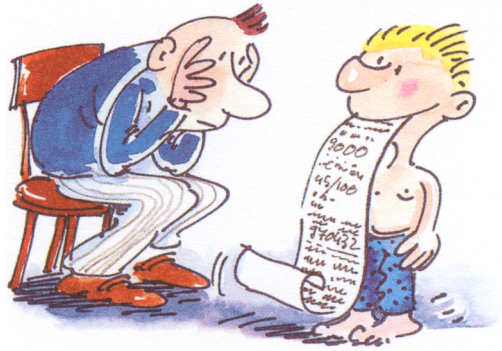
Article 4

(1) Children and parents shall have the right to be informed in a manner appropriate to age and understanding.

Children, and their parents, are entitled to know what is going to happen to them before undergoing an examination, treatment or other procedure. Timely and accurate information allows children to retain a sense of control about their healthcare, particularly in hospital.

Information for children

- Information given to children should:
 - be based on the child's age and understanding and take into account their level of development;
 - be informed by what the child already knows or imagines;
 - include honest and simple explanations about their condition and treatment outcomes;
 - explain the course of events to come, including what the child may see, smell, hear and feel;



- include appropriately prepared verbal, audiovisual and written information, supported by illustrative models, play or other media presentations.
- Staff giving information should appreciate the child's capacity to comprehend information and express his or her views. Staff should:
 - encourage and answer questions, offering comfort when concern or fear is expressed;
 - help the child to select and practice strategies for coping;
 - make sure that all explanations given have been properly understood.

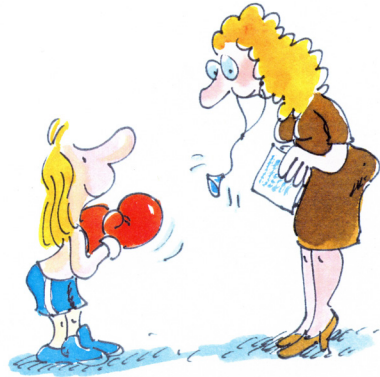
Preparation will only have a positive effect if the child feels safe. Therefore, information should be given, whenever practicable, in the presence of the parents. Parents need to know what information the child has, so that they can refer to it and repeat it until the child has understood the information correctly.

Information for parents

- Information given to parents should:
 - be clear and comprehensive;
 - consider the parents present situation, especially feelings of fear, sorrow, guilt, anxiety or stress regarding their child's condition.
- Staff giving the information should:
 - encourage questions;
 - introduce parents to a 'named person' whom they can contact whenever they are in need of information;
 - satisfy the need for more information by directing parents to additional sources and support groups;
 - provide parents with unrestricted access to printed or digital documentation regarding the illness of their child;
 - not use the sick child or a sibling as an interpreter for the parents.

Information for children and parents

- Information to meet the needs of both the child and parents should:
 - be provided continuously during the whole period of care;
 - include information regarding care after discharge;
 - be provided in a stress free, secure and private environment without pressure of time;
 - be given by experienced staff trained and competent to communicate with children and parents in a way which can be readily understood;
 - be given, preferably, in the family's language, with the assistance of a translator if required;
 - be repeated as often as necessary to facilitate understanding, checking to ensure that the information has been properly understood by both the child and the parents.



Children have the right to express and have their views taken into consideration. Providing they have sufficient competence to understand the matter, they may veto their parents' access to their health information, depending on the stipulations of national laws. In such cases staff are required to proceed with the utmost care to evaluate the situation properly. Protection, counselling and support should be given to the child. Hospital staff should also ensure that necessary counselling and support are also given to the parents who may be in need of psychological and social help and advice at this time.

(2) Steps should be taken to mitigate physical and emotional stress.

All children, including premature and full-term babies, are entitled to adequate pain relief and should be protected from discomfort. Wellbeing means more than the absence of physical suffering.

- To reduce physical and emotional stress and pain experienced by children, the required preventive measures should:
 - be adapted to the individual needs of the child;
 - help the child to select and practice strategies for coping;
 - offer appropriate distraction techniques;
 - involve the services of trained play specialists;
 - avoid restraint, fixation or any other form of forced immobilisation during medical procedures, unless there is no alternative in a life threatening situation;
 - prevent or reduce pain incurred during examination, medical treatment or during pre- or postoperative interventions;
 - grant sufficient periods of rest between treatments;
 - offer protection from unavoidably upsetting experiences during care;
 - prevent feelings of isolation and helplessness;
 - avoid or reduce situations or actions described by the child as stressful;
 - recognise and act upon the fears or concerns of the child whether or not explicitly expressed.
- Staff should:
 - take appropriate action if a child becomes stressed by being isolated or as a reaction to the condition of other patients;
 - encourage continuous contact with parents, siblings and friends;
 - offer play and recreation activities suitable to the child's age and development;

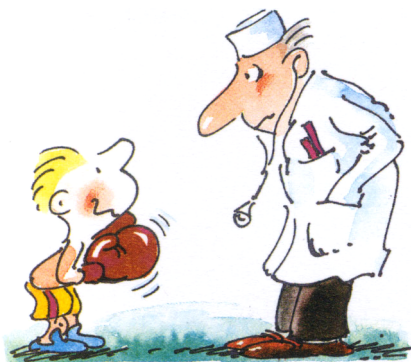
- allow children and parents the opportunity to retreat to rooms that are appropriately equipped and offer a stress free environment.
- To mitigate emotional stress parents should be offered:
 - emotional support, especially parents whose children are receiving palliative care;
 - measures ensuring their protection from too much strain while caring for their child;
 - contact with social services, psychologists and therapeutic health care professionals;
 - religious support or counselling when requested, taking into account the family's cultural background;
 - contact with self-help groups, relevant support groups and patient or consumer organizations.

If distressing situations or events occur, children and their parents should be given the opportunity to complain and be informed of the process.

Article 5

(1) Children and parents have the right to informed participation in all decisions involving their health care.

- Participation in decision making requires advance information about all measures that need to be taken.
- The right of **children** to participate in their healthcare requires that staff members:
 - create an environment based on trust;
 - have the capacity to listen;



- share information and give sound guidance;
- respect the right of children to express their view in all matters affecting them;
- give due weight to their opinion in accordance with their competence;
- render a culturally appropriate interpretation of the child's view;
- accept that children have the right to not express an opinion or

to express their views through their parents.

- Communication and interaction with others, in particular with parents, starts at birth. As parents know their children best, their observations relating to their child's expression of stress, discomfort or pain have to be taken seriously. Additionally:

- children may express their views through play, art and other activities;
- staff members must be attentive to the body language used by children when expressing their views;
- excluding children from information may increase their fear;
- staff should respect and take into account signals or nonverbal responses from children who are too young or otherwise not able to express themselves verbally.

- The rights of children and parents to informed consent requires that staff members:

- respect the child's and the parents' ability and competence;
- provide adequate and timely information to the child and the parents regarding their child's health condition, the purpose and value of treatment, the process and the risks;
- offer adequate, reliable information on alternative forms of treatment;

- advise and support the child and the parents to evaluate the proposed course of action;
- acknowledge and take seriously the child's and parents' knowledge and experience relating to their child's general health condition or present condition.

Children have the right to express their views and may disagree with their parents. Providing they are mature enough to make decisions in their own best interest, staff should respect the child's opinion, depending on the stipulations of national laws. Staff are required to proceed with the utmost care to properly evaluate the situation. Hospital staff should also ensure that the necessary counselling and support is given to the parents.

(2) Every child shall be protected from unnecessary medical treatment and investigation.

In principle, any form of medical intervention is highly undesirable, if the individual child does not derive any benefit from it.

- In order to carry out research on child specific illnesses and their response to medication and new forms of treatment, children within a particular risk group may be asked to participate in research programmes. Informed consent must be sought from children and their parents before they become involved in teaching or research.



- Research on children should be designed, conducted and evaluated in collaboration with representatives of specific patient support

groups. Any potential side effects or harmful results have to be clearly explained to the families who are considering participation.

- All research projects conducted with children must be overseen by a Human Research Ethics Committee, which includes representatives of specific patients/parents support groups.
- Children need to be protected from any potential harm and burden associated with their involvement in research or teaching (including the training of medical staff).
- Those who initially agreed to participate have the right to withdraw their consent at any time without having to give a reason. Such a decision must not alter access to treatment.

Article 6

(1) Children shall be cared for together with children who have the same developmental needs and shall not be admitted to adult wards.

Regardless of the length of their stay in hospital or other healthcare facility all children, regardless of their illness or disability, need an environment and mental, emotional and physical stimulation suited to their age and condition. These measures help to minimise anxiety and normalise what can be an abnormal situation.

- The care of children together with children who have the same developmental needs, includes, but is not limited to:
 - rest;
 - entertainment;
 - joint or similar activities;
 - entertainment and joint activities for children of a mixed age group;

- separate rooms and activities according to age and gender, if preferred by the child or the parents;
 - protective measures for children with specific illnesses or disabilities.
- Children should be protected from upsetting experiences during their care.

- Any form of discrimination must be avoided.

- The special needs of adolescents should be taken care of by providing appropriate separate accommodation and facilities for recreational opportunities.



- The care of children together with adults in the same room or on the same ward is not acceptable. This means:

- children should not be admitted to or cared for in adult wards;
 - adults should not be admitted to or cared for in children's wards.
- Admitting adult patients with the mental abilities of a child to a children's ward could be upsetting for children and is disrespectful to the adult patient;
- clearly separate facilities should be available for the treatment of children and adults in areas such as emergency rooms, surgery, resuscitation room, outpatient and day care facilities and examination and therapy rooms.

(2) There should be no age restrictions for visitors to children in hospital.

- Visiting for siblings and friends should not be restricted based on the age of the visitor, but based on the condition of the child and the health of the visiting children.

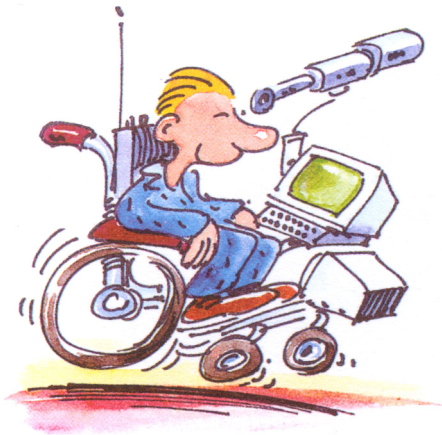
Article 7

Children shall have full opportunity for play, recreation and education suited to their age and condition and shall be in an environment designed, furnished, staffed and equipped to meet their needs.

Children have the right to an environment, which meets the needs of children of all ages and situations wherever they are being cared for. This applies to hospitals, day care facilities or other healthcare facilities where children are being treated or examined.

- The architecture and interior design of such an environment must incorporate appropriate features for all age groups and types of illnesses treated in the facility. The environment should be adaptable to the needs of different age groups.
- Sufficient suitably qualified staff should be available to meet the needs of children for play, recreation and education, regardless of the state of health and age of the children.
- All staff, both clinical and non-clinical, who come in contact with children should have an understanding of the needs of children for play and recreation.

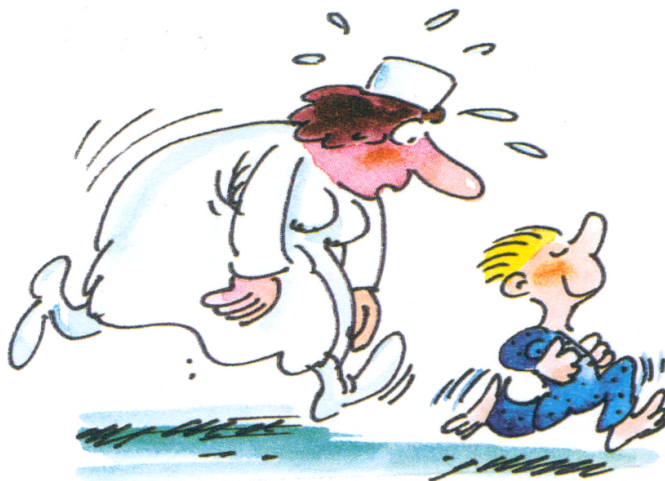
- Extensive opportunities for play, recreation and education, supported by appropriate play materials, resources and equipment, should be provided for all the age groups that are being cared for in the facility and include:
 - sufficient periods of time for play, seven days a week;
 - creative activities by all children, including those who are in isolation should be encouraged.
- Provision should be made to educate the children to their required level.



Article 8

Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.

- Specific professional paediatric training, skills and sensitivity are required for staff caring for children so that they are able to meet the special needs of children and their parents.
- Hospitals and other healthcare providers should ensure that children are examined, treated and cared for by staff with specific paediatric education, qualifications and experience.
- If a child needs to be treated by non-paediatric staff, such treatment should only be carried out in cooperation with, and under the supervision of, staff who are specially trained and qualified to care for children.
- The ability and sensitivity of staff should be maintained at a high level by appropriate training and continuing education.
- All staff caring for children should have child protection training and be competent to recognise the signs of child abuse or neglect, and be able to intervene in close cooperation and collaboration with professional experts.
- Children should have access to appropriate and confidential health advice and counselling, irrespective of age, with or without their parents' consent or presence. Such access might be necessary when children or young person's experience abuse at home or need reproductive health education or services. They might also need advice and counselling in case of conflict with their parents over access to healthcare services.
- Staff members should be able to give emotional support to parents to cope with critical situations a child might experience. This applies especially to life-threatening situations.



- Palliative care should begin when a child is diagnosed with a life-limiting illness.

Paediatric palliative care:

- focuses on mitigating physical, psychological and social distress;
- involves a multidisciplinary approach, including the family and guided by a Palliative Care team;
- is provided whether or not the disease or condition is being actively treated;
- can be provided in hospital, community settings and at home.

- When a child is dying or dies, the child and his or her family should be given whatever support, care and assistance they need to help them cope. Staff should undertake appropriate bereavement training. Information concerning the death of the child should be given sympathetically, sensitively, in private and in person.

Article 9

Continuity of care should be ensured by the team caring for children.

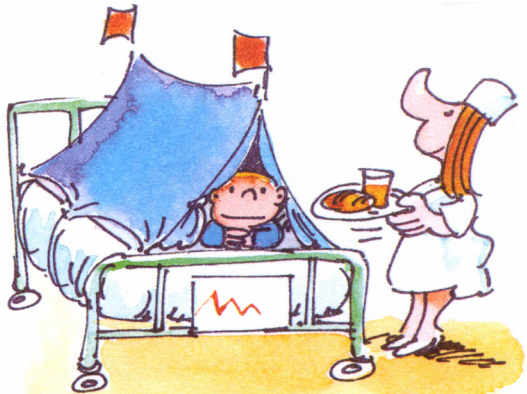
- Continuity of care includes continuity in the provision of the child's treatment and continuity among the staff providing the care.
- Continuity of care should apply both in the hospital and following transition to home or day care. This can be achieved by all those involved, including family, working together as a team, and paying attention to timely sharing of information and provision of other necessary equipment and facilities.
- Team work requires a limited and defined number of persons working together as a group whose action is based on complementary levels of knowledge and consistent standards of care, focused on the physical, emotional, social and psychological well-being of the child.
- Children with long-term health issues, a chronic illness or condition should be prepared in a timely fashion for a smooth transition to appropriate adult services. This process of transition should start when the adolescent feels ready for it and will end when the adolescent is confident that the new situation is in their best interest.



Article 10

Children shall be treated with tact and understanding and their privacy shall be respected at all times.

- Caring for children with tact and understanding requires the need to:
 - include the child's right to be a child;
 - consider the child's dignity, views, needs, individuality, sexual orientation and their stage of development;
 - take into account any disability or special need;
 - take into consideration the religious belief and cultural background of the child and the family;
 - take into account that children's wishes around bodily privacy may change as their bodies develop.
- Regardless of age or stage of development the protection of the privacy of children should be respected at all times and must include:
 - protection against exposure during physical examinations and personal hygiene activities, e.g. dressing, toileting and bathing;
 - protection against treatment and behaviour which diminishes self-respect or makes the child feel ridiculous or humiliated;
 - the right of personal retreat; to be alone;
 - the right of private communication with staff – with or without their parents' consent;
 - the right of undisturbed association with close family members and friends.



Glossary

The following terms in the Charter or the Annotations are used there in the sense and understanding described below (in alphabetical order with reference to the text part where used first).

Accommodation (art. 3)

The presence of parents during 24 hours, including accommodation (overnight stay and meals). Normally the parents stay with the child in the same room, sometimes in other rooms within or near the hospital. A practice oriented to the needs of the child means that none of the aforementioned possibilities is excluded.

Admittance together with the child (art. 3)

See: Accommodation.

Adult ward (art. 6)

This refers to all rooms, units or departments where adults are being cared for.

Appropriate / proper / suitable (Annotations art. 1 et al.)

If there are various possibilities or measures available, the one chosen should be the one which best meets the needs of a specific person or group in the particular circumstances and offers the highest quality of care.

Care (art. 1 and Annotations to art. 1)

- a) With regard to staff members: this includes the application of all further medical, nursing, therapeutic, psychological, social and educational measures in connection with the medical treatment.
- b) With regard to parents: essentially all care activities that a child experiences in every day life. It also includes care

Glossary

- activities for which parents receive specific instructions.
- c) All actions carried through at or with the child.
- d) With regard to other care persons (substitute carers): psychosocial support.
- e) Care, places of - see: Hospital, forms and places

Care person (art. 2)

Here: A suitably qualified person, selected for the care of the child in agreement with the child's will. In accordance with the parents' approval this person shall be responsible for the psychosocial care of the child as long as the parents are unable to participate and as long as the child needs such care.

Children (art. 1)

Childhood runs until the accomplishment of the 18th birthday. "Child/children" therefore always includes all children, from the newly born child to adolescents (art. 1 UN Convention on the Rights of the Child and WHO definition).

Environment (Annotations art. 7)

All rooms, floors, waiting areas and outdoor facilities used by children during their stay in hospital.

Facility (Annotations art. 7)

All units, rooms or areas specialised and qualified for the treatment or care of children as an inpatient, part inpatient, day or ambulant patient within an institution of health care.

Family

see Parents / Parents substitutes

Glossary

Family-centered care / Family-oriented care

Family-centred care or family-oriented care assures the health and well-being of children and their families through a respectful family-professional partnership. It honours the strengths, cultures, traditions and expertise that everyone brings to this relationship.

Health care (art. 5)

All actions applied in a hospital, and including day care, ambulant or care at home for achieving recovery or relief or all measures of care accompanying a patient until his death (see also facility).

Hospital (art. 1)

Institutions of health care specialised in and qualified for the care of children

Hospital, or all forms and places of appropriate care (art. 1)

Health care institutions which ensure an appropriate care for and treatment of sick children,

- ambulant or day care
- emergency care
- at home (with support from community doctor or nurse)
- residential care outside of hospital

Needs (art. 6)

All that is necessary for the continuing mental, emotional and physical development and well-being of children.

Parents (art. 2)

This term includes the natural parents, step parents, adoptive and foster parents, as well single parents and appointed guardians.

Glossary

Parent substitutes (art. 2)

A person, whom the child knows and has a relationship with, and who can take over the tasks of a parent, e.g. elder siblings, grandparents or other relatives, child minders, care workers, family friends. The expression does not describe a certain degree of relationship. (For easy reading only the expression “parents” is used throughout the text.)

Staff / Staff members (Annotations art. 3)

All professional groups working in a hospital, such as all medical, nursing, therapeutic, psychosocial, pedagogic professions, including all those involved when children are undergoing tests as well as domestic and portering staff.

Treatment, medical (Annotations art. 1)

All actions applied directly to the child by the professional staff for the purpose of achieving relief for or recovery of the child.

View of the Child (Annotations art. 4)

Refers to the child’s right for self-determination, and that the views of the child are given due weight in accordance with the age and maturity of the child (see also art. 12.1 UN Convention on the Rights of the Child).

Ward Routine (art. 3)

Includes daily schedules on the ward, where a child is admitted, but also the individual care schedules for a child, e.g. diagnostics, therapies and/or surgery, as well as the working patterns within a ward.

The EACH Charter and the UN Convention on the Rights of the Child

The 10 principles of the EACH Charter relate in many respects to the rights of the child in general as stipulated in the UN Convention on the Rights of the Child (CRC), as well as to the recognition of children's different emotional and developmental needs depending on their age.

In particular art. 3 CRC emphasises the primacy of the child's welfare and to implement this welfare principle requires an effective, child-centred service.

Implementing the EACH Charter means at the same time implementing in particular the following articles of the CRC:

CRC definition of age

The CRC defines the age of a child to be from 0 - 18 years (with certain exceptions). In many European countries children are only accepted into children's hospitals or wards up to 16 years or even less in some places.

Art. 24

Child's right to health and health services (EACH Charter 1, ff.)

(1) *"States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health"...*

In 2013 the Committee on the Rights of the Child published its General Comment no. 15, stating in Sector D. Investing in children's health, art. 104: *"In their decisions about budget allocation and spending, States should strive to ensure availability, accessibility and affordability, acceptability and quality of essential children's health services for all, without discrimination."*

Art. 3

Best interests of the child (EACH Charter 1 - 3, 6 - 8)

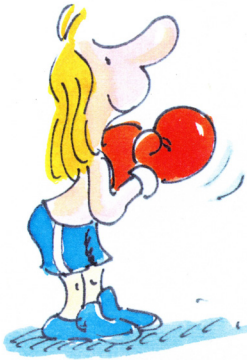
(1) *"In all actions concerning children ... the best interests of the child shall be a primary consideration."*



The EACH Charter and the UN Convention on the Rights of the Child

Art. 3 cont'd

(3) *"States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision."*



Art. 5

Parental guidance and the child's evolving capacities (EACH Charter 4 - 5)

"States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family ... in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the present Convention."

Art. 9

Separation from parents (EACH Charter 2 - 3)

(1) *"States Parties shall ensure that a child shall not be separated from his or her parents against their will."*

Art. 12

Respect for the views of the child (EACH Charter 4 - 5)

(1) *"States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child."*

Staff caring for children in hospital should be able and willing to

The EACH Charter and the UN Convention on the Rights of the Child

listen to them, to treat them with respect, to successfully communicate with them and in matters of dissent be able and willing to reach an amicable agreement.

Art. 16

Child's right to privacy (EACH Charter 10)

Applies to all children and in all situations, including within the family, alternative care, and all institutions, facilities and services.

Art. 17

Child's access to appropriate information (EACH Charter 5)

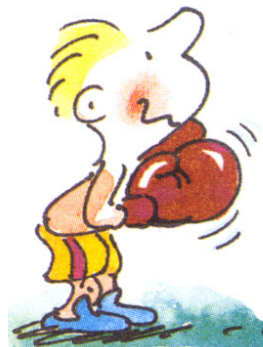
State Parties have to ensure that the child has access to information and material from diverse sources - especially those aimed at promoting well-being and physical and mental health.

Art. 18

Parents' joint responsibilities (EACH Charter 2 - 4)

(1) *"States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents have the primary responsibility for the upbringing and development of the child. ..."*

(2) *"For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians and shall ensure the development of institutions, facilities and services for the care of children."*



The EACH Charter and the UN Convention on the Rights of the Child

Art. 19

Child's right to protection from all forms of violence

(EACH Charter 8 - 10)

Requires protection of the child from all *"forms of physical or mental violence"* while in the care of parents or others.

Art. 23.3. and 23.4.

Rights of disabled children

(3) *"Recognising the special needs of a disabled child ... to ensure that the disabled child has effective access to and receives education, training, health care services"*

(4) *"States Parties shall promote ... the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children"*

The principles of the EACH Charter apply to children with all kinds of illnesses or disabilities.

Art. 25

Child's right to periodic review of treatment (EACH Charter 8)

Requires periodic review of the treatment and circumstances of children who have been placed by the authorities for the purposes of care, protection or treatment of their health.

Art. 28

Child's right to education (EACH Charter 7)

The right to education is not limited to instructions delivered within schools. Possibilities to continue education during a hospital stay must, therefore, be provided.

The EACH Charter and the UN Convention on the Rights of the Child

Art. 29.1(a) and (c)

The aims of education (EACH Charter 7, 10)

(1) *"States Parties agree that the education of the child shall be directed to:*

(a) "The development of the child's personality, talents and mental and physical abilities to their fullest potential; ..."

(c) "The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;"

Art. 30

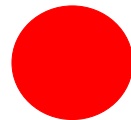
Children of minorities or of indigenous people (EACH Charter 10)

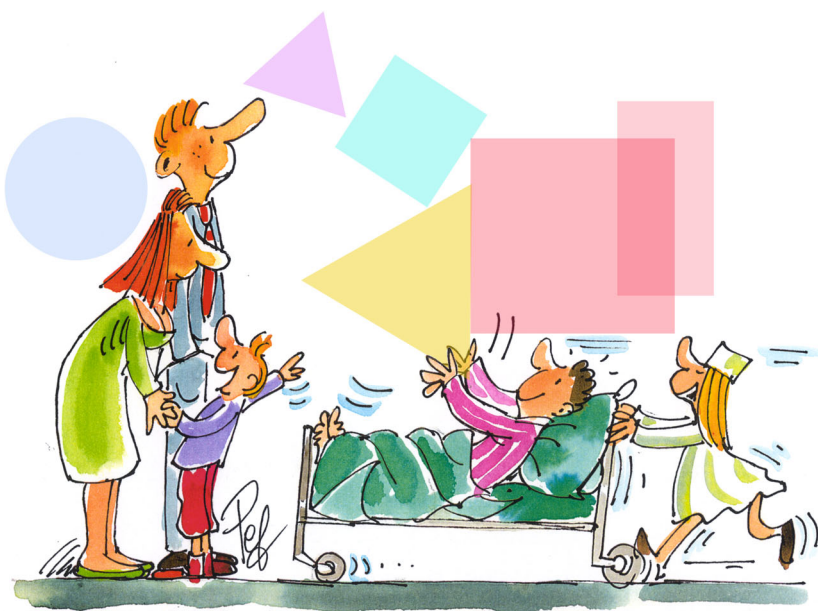
Protects the rights of children to enjoy their own culture, practise their religion and use their language.

Art. 31

Child's right to leisure, recreation and culture (EACH Charter 7)

Especially during a stay in hospital, play and creative activities are an important factor in helping the child to cope with its illness.





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