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Children's Rights in Health Care Practice:
A Guide for Doctors, Nurses and Other Health Care Professionals in the United Arab Emirates

Published by **Sharjah Child Friendly Office - Sharjah Health Authority**

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This book is dedicated to Sharjah emirate, the first Child Friendly City in the Middle East and to H.E. Sheikha Bodour bint Sultan Al Qasimi for inspiring us to lead in child rights promotion and support in the region.

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Foreword

Protecting and enhancing children's rights is the collective responsibility of everyone; every person who deals with children and their families has a role to play. To effectively honour this responsibility, every person dealing with a child must ensure that the rights, well-being and best interests of the child operate as the primary and guiding focus of all dealings with the child. The child rights laws and protection policies whether it is national or international are very important, but still not reaching the roots.

The Sharjah Child Friendly Office, an affiliate of Sharjah Health Authority, collaborates and partners with local and international entities to design and implement targeted strategies aimed at ensuring that the rights of all children are met through the lens of a child rights-based framework to promote children's wellbeing. One of the main missions of SCFO is to disseminate children's rights to all sectors working with children.

Being a practicing doctor for nearly 30 years working with parents and children, I feel a lot of work needs to be done to train and educate health care providers about child rights especially on child protection, child participation and the right to information. My children, Ahmed (aged 18) and Abdullah (aged 16) have truly been gifts and blessings in my life. My deep love and

concerns for them are intimately tied to my appreciation and concerns for other children and to my interest and passion for children's right to health in the beginning of my career and to all child rights later.

Working with Ana Isabel F. Guerreiro, I realised that we share the same passion for the importance of this topic, especially empowering health care providers about children's rights and we agreed to produce this book dedicated to the UAE. This book will include existent procedures, legislations and documents related to health sectors in the UAE.

I sincerely hope that this book can enrich health care professionals' appreciation and understanding of children's rights and help them navigate the medical fields empowered from and committed to children's rights anywhere, anytime.

Dr. Hessa Khalfan Alghazal Alsuwaidi

Executive Director

Sharjah Child Friendly Office - Sharjah Health Authority

Sharjah Child Friendly Office – Sharjah Health Authority

Introduction

The United Nations Convention on the Rights of the Child is one of the most important international legal texts, with world-wide reach. The movement created around its ratification by countries and its implementation has brought dramatic change to national legislation and policy-making and, importantly, to the way children are perceived. The Convention is applicable to all of children's life settings, including health, education, protection, recreation and sports, family and other. In this sense, the Convention's impact is as significant as the legislation and policies that enable it to come to life in the different sectors.

In 2016, the Ministry of Community Development of the United Arab Emirates (UAE) adopted Federal Law No (3) concerning Child Rights Law "Wadeema". The so-called "Wadeema Law" includes general fundamental provisions, in addition to specific provisions concerning family, health, social, cultural and educational rights and the right to protection. Therefore, the "Wadeema Law" provides the legal basis for the work of all professionals working with and for children across the country.

The government of Sharjah has been committed to making its Emirate a child-friendly setting for a number of years. In 2012, the Sharjah Baby-Friendly

Campaign was launched, expanding on the widely-known UNICEF and World Health Organization Baby-Friendly Hospital Initiative and bringing it also to the realm of work-life balance with better legislation and policies for parents, nursery care and public services[1]. Since then, the Office has promoted different initiatives to improve children's lives in various settings and to implement the principles enshrined in the United Nations Convention on the Rights of the Child, showing a true commitment to advance child rights. I have been privileged to support SCFO and other institutions across the United Arab Emirates to assess and improve policies related to children's rights in different sectors. I met Dr. Hessa Khalfan Alghazal Alsuwaidi at the beginning of my work in the UAE and we understood that we shared the passion for the fields of health care and child rights. The opportunity has come to work together and to continue to thrive together for better services for children.

The present book, entitled *Children's Rights in Health Care Practice: A Guide for Doctors, Nurses and Other Health Care Professionals in the United Arab Emirates*, is an adaptation of the first book published in "The Children's Rights in Practice Series". Volume 1 aimed to translate into practice the principles set

1 On 1st March 2012, H.E. Sheikha Bodour bint Sultan Al Qasimi launched the Sharjah Baby-Friendly Campaign (SBFC), under her patronage.

out in the United Nations Convention on the Rights of the Child into health care routine practice. As the title suggests, the present book is an adaptation of Volume 1 to the context of the United Arab Emirates. Specifically, the Guide looks at Federal legislation and other regulations of relevance to child rights and child health care in the country, as well as, other contextual factors. Where there are no relevant regulations, the Guide provides general guidance that may be taken into account by students and professionals.

The aim of the Guide is to provide practical information to students of medicine, nursing and other health sciences and to junior professionals studying or working in the UAE. However, while this Guide is adapted to the context of the UAE, it may serve as an example to other countries, of the importance to adopt legislation, policies and regulations that facilitate the understanding and implementation of the rights of the United Nations Convention on the Rights of the Child at national level. Child rights must not exist in a vacuum. On the contrary, they must be tangible, adapted to the national context, understood by practitioners, regulated and, above all, at the service of children's best interests.

Finally, the aim of preparing this Guide was to provide as practical information as possible and to guide students and professionals as they go through the chapters. At the end of each chapter, you will find succinct key information to take into account. The Guide also includes two questionnaires and a competency exercise. The first questionnaire should be done before reading the Guide to assess your basic knowledge about children's rights. A second questionnaire is available at the end to assess your change in knowledge. There is also a follow-up section explaining the results of the questionnaire, so that you can check your answers. The competency exercise is made-up of four self-reflection questions. Answer the questions before reading the Guide and re-visit them after you have finished and/or started to apply the concepts and knowledge you have learned. See what has changed and remember: every day we can learn and improve our practices, including our skills and attitudes to children and families.

Ana Isabel F. Guerreiro
Child rights expert and writer of the Guide

Questionnaire: before your reading

1. According to national legislation, a child is a person from:
   a. 0 to 10 years of age ☐
   b. 0 to 14 years of age ☐
   c. 0 to 16 years of age ☐
   d. 0 to 18 years of age ☐
2. Are child rights (please select all that apply):
   a. Entitlements that children have ☐
   b. Mandatory principles that professionals must apply in their practice ☐
   c. Optional or complementary actions to take into account in professional practice ☐
3. Can you name any rights that children have?

Please insert at least 3 examples.

4. Is the United Arab Emirates a signatory to the United Nations Convention on the Rights of the Child?

   Yes ☐

   No ☐

5. Can you name any national laws, policies or strategies that contain fundamental child rights and child protection provisions?

Please insert the name of the provisions you know.

6. As a health care professional, are you obliged to implement the provisions contained in those laws, policies or strategies?

   Yes ☐

   No ☐

7. What do you understand by health seeking behaviour?

Please insert the text here.

8. What do you understand by individual confidential counselling?

Please insert the text here.

9. Why is it important to inform children within health care practice?

Please give at least 3 reasons.

10. How can health care professionals protect children from violence (please select all that apply)?
    a. Detecting children at risk ☐
    b. Providing early intervention for children at risk ☐
    c. Identifying children who have been a victim of violence ☐
    d. Referring children to responsible services ☐
    e. Treating children for any bodily harm ☐
    f. Providing long-term psychological care to children ☐

Exercise: professional competencies

1. How does my professional "self" look at children?
2. How do I relate with children? Is there anything I would like to change?
3. As a health professional, what does it mean to respect children's rights in my daily practice?
4. How do I apply children's rights in my daily practice?

Concepts and definitions

Definitions included in the Federal Law No (3) of 2016 Concerning Child Rights Law "Wadeema"

Child: Every human being born alive and who is under eighteen years old.[2]

Custodian of the Child: The person legally liable for the child or entrusted with his care.

Child Protection Specialist: The person licensed and appointed by the competent authority or the concerned entities - as the case may be – to preserve the rights of the child and protect him/her within the limits of his competencies as stated in this Law.

Child Abuse: Every action or omission that would lead to the harm of the child and prevent the latter's upbringing and growth in a sound, safe and healthy manner.

Child Neglect: Failure of the parents or the custodian to take necessary actions to preserve the child's life, as well as his/her physical, mental and moral integrity from risks and to protect his/her various rights.

2 This definition is in line with the definition included in article 1 of the United Nations Convention on the Rights of the Child, which states consider a child to be "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier."

Violence against Children: Deliberate use of force against any child by any individual or group that would lead to actual harm to the health, growth or survival of the child.

Best Interests of the Child: Placing the interests of the child above everything else and having priority and preference in all circumstances, regardless of the interests of other parties.

Definitions included in the National Child Protection Policy in Educational Institutions in United Arab Emirates (MoE/Ed_policy/2021/NP1/V1)

Types of Child Abuse

Physical Abuse: Physical abuse means causing physical harm or injury to the child or failing to or being unwilling to prevent physical harm to the child.

Sexual Abuse: Sexual abuse means forcing, attracting or enticing the child to take part in any sexual behaviour, whether aware or not. It includes the practices that do not involve any physical contact, such as engaging children in watching or producing pornographic material, watching sexual intercourses or encouraging the children to act in a sexually inappropriate way.

Psychological Abuse: Psychological abuse means dealing abusively with the child's psychological state,

causing severe and or permanent harm and thus affecting the child's psychological growth and development.

Neglect: Neglect means the failure of parents or caregivers to take the necessary measures to protect the child's life, and to provide physical, psychological, mental and moral safety against danger, and or to protect the rights of the child.

Other concepts and definitions included in this Guide

Assent: an expression of agreement with a proposed medical decision by a child, when he/she, in accordance with the law, does not have the right to give consent to a treatment or intervention.

Dissent: an expression of disagreement with a proposed medical decision by a child, when the child, in accordance with the law, does not have the right to refuse a treatment.

Health: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". (World Health Organization)

Health seeking behaviour: when a person actively tries to access services to learn about health and/or to change their own personal habits, environment or situation, in order to improve their own health.

Human rights-based approach to health care: According to the World Health Organization (WHO) and the UN Office of the High Commissioner for Human Rights (OHCHR), the human rights-based approach to health care "aims to realise the right to the highest attainable standard of health (or "right to health") and other health-related rights. It underscores that the right to health includes timely and appropriate health care, as well as the underlying determinants of health, such as safe and potable water, health-related information, and gender equality. A human rights-based approach is based on seven key principles: availability, accessibility, acceptability and quality of facilities and services, participation, equality and non-discrimination, and accountability. The approach is not only about achieving certain goals or outcomes; it is about achieving them through a participatory, inclusive, transparent and responsive process." (In F. Bustreo et al, Women's and Children's Health: Evidence of Impact of Human Rights (WHO, 2013))

Individual confidential counselling: a form of health advice and support to children, adapted to their individual circumstances. Usually, counselling refers to information provided about certain issues that may be difficult for children to deal with, including mental health issues, substance abuse or other. Confidential refers to the need to keep the information private between the health practitioner and the patient.

Informed consent: a child's right to give their consent or refusal to a treatment or intervention, in accordance with certain criteria established in the law.

Play therapy: "The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development." (In Child Life Council (2014) Evidence-based practice statement: Therapeutic Play in Paediatric healthcare)

Quality improvement: "a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community (US Center for Disease Control and Prevention)." (In Riley, W. J., Moran, J. W., Corso, L. C., Beitsch, L. M., Bialek, R., & Cofsky, A. (2010). Defining quality improvement in public health. Journal of Public Health Management and Practice, 16(1), 5-7.)

Social determinants of health: according to WHO, "the social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems." (World Health Organization)

Before we start: child health in the wider social context

It is the premise of this book that child health must be understood in the wider social context, for children's overall well-being is dependent on a multitude of factors that interact at different levels and greatly influence children's opportunities to develop. Developmental theories[3] argue that children are born with inherent capabilities or assets[4] that evolve and develop as a result of their interactions with the environment that surrounds them. This environment or contexts include, among other, the child's family, as a more immediate relationship, then the school, day care, health care and their interaction with peers, to the healthcare system, governmental context and the international political context.

Where children are protected and nurtured within the different contexts, children's capabilities should develop accordingly. Where the contexts (or system) fail children, they become *vulnerable* and less able to

3 The ecology of human development was first proposed by Urien Bronfenbrenner in 1979. *Please see* Bronfenbrenner U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge: Harvard University Press. The Social Determinants of Health build on this approach. *Please see the work of the Commission of Social Determinants Health*. CSDH (2008) *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization.

4 Morgan A and Ziglio E (2007) *Revitalising the evidence base for public health: an assets model,* Promotion and Education Supplement 2 pp17-22

fully develop. I have written vulnerable purposely in italics because vulnerability is influenced, enhanced or decreased by the system, it is not a definite characteristic of being a child.

In child rights language, we could say that the social environment or contexts in which children live have a responsibility to respect and protect them and to create opportunities that will enable children to thrive and reach their full potential.

This has concrete implications for your role as a health care professional because children's health outcomes are greatly influenced by their life contexts. For example, a child's response to a given treatment may be dependent on their immediate family (i.e. the parents giving a prescribed medicine correctly) or living conditions (for example, a child with a lung condition living with parents that smoke or in a house with indoor pollution).

If you understand child health and well-being in the wider social context, you may take into account the different elements that come into play and act accordingly. Understanding this approach is crucial to understand the applicability of child rights to routine care.

Chapter 1:
What are child rights?

Child rights can be defined as entitlements that children have and which are aimed at ensuring they enjoy a good life, with equal opportunities to thrive and reach their full potential. The Convention on the Rights of the Child is an international treaty of the United Nations (UN CRC)[5], which has had a major impact in the adoption of child rights and child protection laws all over the world. Significantly, the UN CRC is a visionary document and it was founded to transform the traditional vision of childhood towards one that sees it as a unique stage of life with value of its own; and the vision of children as rights holders and agents of change. The UN CRC is comprehensive and includes rights across the social, cultural, economic and other spheres.

All countries that ratify the Convention are obliged to implement its provisions. This means that there should be amendments to existing legislation or adoption of new laws and regulations, to ensure that domestic legislation is in line with the principles included in the UN CRC. Additionally, the countries have the obligation to report to the United Nations Committee on the Rights of the Child every five years

5 The full text of the Convention is available at: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

(the so-called periodic reporting). The reports submitted by countries are examined by the Committee of experts, which then issue "Concluding Observations". These are recommendations that countries should take into account to improve the situation of children, including child health. The Committee also issues General Comments, which are the Committee's interpretation of specific rights of the UN CRC. These provide valuable guidance to professionals wanting to learn more about individual child rights and how they can be applied in practice.[6]

197 countries[7] (so-called State Parties) worldwide have ratified the UN CRC. The United Arab Emirates (UAE) ratified the UN CRC in 1997.

It is a general child rights principle that all children, no matter where they come from or what is their legal status have the right to enjoy all rights enshrined in the UN CRC. This enjoyment has to be exercised in all of children's life settings (i.e. in their homes, at school, in leisure and sports, hospitals or in community care). Therefore, all sectors are responsible for the implementation of the UN CRC, including health care.

6 For more information, please visit: https://www.ohchr.org/en/treaty-bodies/crc

7 All 193 United Nations member states, with the exception of the United States of America have ratified the Convention, in addition to five other countries.

Definition: child

According to the "Wadeema Law, a child is every human being born alive and who is under eighteen years old.[8]

As said before, child rights are entitlements that serve to improve the lives of children. This means that there must be a quality system in place made up of different stakeholders, evidence-based policies and accountable services.

At the level of the healthcare system and/or national level, the respect, protection and fulfilment of child rights is realised in different ways, namely by adopting:

- National legislation on the protection of children's rights, such as the "Wadeema Law";
- Specific strategies or national action plans, such as the UAE Childhood Strategy 2017-2021 or the UAE Strategic Plan to Support the Rights and Development of Children with Disability;
- Universal coverage of quality primary health services, including prevention, health promotion, care and treatment services, and essential drugs;
- Regulations on children's rights, such as children's right to informed consent to treatment and interventions;

8 This definition is in line with the definition included in article 1 of the United Nations Convention on the Rights of the Child, which states consider a child to be "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier."

- Evidence-based guidelines and protocols on specific diseases;
- Medical curricula;
- Accreditation systems.

What rights do children have?

The UN CRC includes 54 articles. Article 24 is dedicated to the right of the child to the enjoyment of the highest attainable standard of health, the right to facilities for the treatment of illness and rehabilitation of health, measures to diminish infant and child mortality, access to Primary Health Care, pre-natal and post-natal health care for mothers, right to information and the elimination of harmful traditional practices and addressing the social determinants of health (See full text of article 24 in Annex 1). Additionally, there is a general human rights principle that says that all rights are indivisible and interrelated. This means that it is not possible to apply one right of the Convention, without paying attention to other specific articles. Therefore, children's right to health must be understood within the wider framework of child rights, in other words, through the relation and intersection between rights.

The box below includes a list of specific child rights applicable to children's right to health (article 24 of the UN CRC).[9]

9 *In Streuli et al (2011) Children's rights in paediatrics. Eur J Pediatr; 170:9–14.*

Articles applicable to health care

Article 2	Right to protection against discrimination
Article 3	Best interests of the child shall be a primary consideration
Article 5	Respect for parent's rights and duties
Article 6	Right to life, survival and development of the child
Article 9	A child shall not be separated from his or her parents against their will
Article 12	Right to the child who is capable of forming his or her own views 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
Article 16	Right to protection of privacy
Article 19	Right to protection from all physical or mental violence, injury or abuse, neglect or negligent treatment
Article 22	Right to protection if seeking refugee status
Article 24	Right to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health
Article 28	Right to education
Article 30	Right to their own culture, own religion, and own language
Article 31	Right to rest and leisure, to engage in play and recreational activities

Furthermore, the UN Committee on the Rights of the Child has identified four articles as guiding principles. This means that these four articles should

guide any action that respects, protects and fulfils child rights. These are:

Article 2. All the rights in the Convention apply to all children without discrimination on any grounds.

Article 3. In all actions affecting children their best interests must be a primary consideration.

Article 6. All children have the right to life and optimal survival and development.

Article 12. All children capable of expressing a view have the right to express that view freely and to have it taken seriously in accordance with their age and maturity.

Child rights in the UAE

The UAE has been committed to harmonise its laws with the articles and principles of the UN CRC.[10] The UAE Federal government and individual Emirates have adopted different legislation and policies that aim to respect child rights and ensure child protection. One of the most important of which is Federal Law No (3) of 2016 concerning Child Rights Law "Wadeema" (hereafter "Wadeema Law") and Cabinet Regulations No (52) of 2018 On the Executive Regulations, where they add to the "Wadeema Law". The "Wadeema Law"

10 UNICEF, Supreme Council of Motherhood and Childhood and General Women's Union (2010) Situation analysis of children in the United Arab Emirates. Section 1.4.2.

is the key national legal reference for the protection of children and their rights. Chapter 4 is dedicated to health rights (See full text of Chapter 4 of the "Wadeema Law" in Annex 2). After the adoption of relevant legislation, including the "Wadeema Law", the UAE has adopted measures for its implementation in different fields. The Ministry Of Health And Prevention (MOHAP) is developing child protection guidelines, a draft has been developed along with guidelines to be launched soon. The recently adopted National Child Protection Policy in Educational Institutions in United Arab Emirates also includes many principles relevant to the work of health care professionals and will be used in this Guide as general reference.

It is very important for students and professionals to be aware of these legal texts, as they form the basis for any work carried out with children; and professionals should be compliant with existing provisions.

Essential information to remember

- Child rights can be defined as entitlements that children have and which are aimed at ensuring they enjoy a good life;
- The Convention on the Rights of the Child is an international treaty of the United Nations (UN CRC) and has been ratified by the UAE in 1997. This means that the articles of the UN CRC also apply in the UAE;
- Article 24 of the UN CRC is dedicated to the right of the child to the enjoyment of the highest attainable standard of health. Article 24 must be implemented by taking into account the other existing child rights;
- The "Wadeema Law" is the key national legal reference for the protection of children and their rights. Chapter 4 is dedicated exclusively to health rights;
- The provisions of the UN CRC and the "Wadeema Law" must be known and implemented by health care professionals.

Chapter 2:

Child rights and their relevance to routine care

As it was mentioned in Chapter 1, children's rights are applicable to all of children's life settings and sectors. However, the reasons why we should apply children's rights in the health care sector go beyond legal obligations. Children's rights can contribute to improving children's experiences of health care, improving treatment compliance and health outcomes; and can be applied as a framework to assess and improve healthcare service delivery, as will be shown further on.

This approach of implementing children's rights in routine care can be termed as a human or child rights-based approach to health care. According to the World Health Organization (WHO) and the UN Office of the High Commissioner for Human Rights (OHCHR), the human rights-based approach to health care "aims to realise the right to the highest attainable standard of health (or "right to health") and other health-related rights. It underscores that the right to health includes timely and appropriate health care, as well as the underlying determinants of health, such as safe and potable water, health-related information, and gender equality. A human rights-based approach is based on seven key principles: availability,

accessibility, acceptability and quality of facilities and services, participation, equality and non-discrimination, and accountability. The approach is not only about achieving certain goals or outcomes; it is about achieving them through a participatory, inclusive, transparent and responsive process."[11]

In terms of routine care, the respect, protection and fulfillment of child rights is realised at different levels, namely at the level of a) Hospital or Primary Health Care facility regulations; b) Hospital or Primary Health Care facility management and c) Health care professionals working directly with children and families. It is also implemented through different approaches, for example, by adopting Hospital or Primary Health Care facility regulations, based on national legislation and other strategies, such as Patient Charters[12]; by providing continuous and specialised training to health care professionals; and through health care professionals providing quality, friendly and child-rights based care to all children.

11 In F. Bustreo et al, Women's and Children's Health: Evidence of Impact of Human Rights (WHO, 2013)

12 See for example the EACH Charter by the European Association for Children in Hospital at https://each-for-sick-children.org/each-charter/ or the Charter of the International Children's Palliative Care Network at: https://www.icpcn.org/icpcn-charter/

National Healthcare Charter, You and Your Health Service, Ireland Health Service Executive (extract)[13]

What you can expect	What you can do to help
Access Every child can expect that services are organised to ensure equity of access to public health and social care.	Children together with the support of their parents can help us deliver more accessible healthcare by being on time for appointments letting people know in time if they are going to be late or cannot attend.
Dignity and respect All children should be treated with care, sensitivity, fairness and respect throughout any health care intervention, with special attention for their personal situation.	If you feel that they are not treated with dignity and respect, together with the support of your parent you should talk to your healthcare team about your experience and agree a way of working together which meets your needs.
Communication and information Every child has the right to information, in a form that they can understand. Every child can expect open and appropriate communication throughout their care.	If there is something that you do not understand about your condition or treatment, let your healthcare worker know. Ask your healthcare worker to explain it better, to draw a picture, or explain it in a way that you will understand. Never be afraid to ask.
Participation Every child has the right to participate in decision-making about their healthcare in a manner appropriate to their age and understanding.	Together with the support of their parents, children can prepare a list of questions, concerns and symptoms to discuss with the healthcare worker in relation to their care. Parents should encourage children and young people to participate in decision making.

13 Ireland Health Service Executive, National Healthcare Charter, You and Your Health Service, available at: https://www.olchc.ie/about-us/charter-for-children/healthcare-charter-for-children.pdf

A health promotion strategy

Child rights principles are strictly connected to the principles of health promotion. According to WHO:

> *Health promotion is the process of enabling people to increase control over, and to improve, their health. (...) Health is (seen as) a positive concept emphasising social and personal resources, as well as physical capacities. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential (WHO Ottawa Charter for Health Promotion, 1986).*[14]

This is very close to the language and spirit of the UN CRC. For example, article 29.1(a) states that "(...) the education of the child shall be directed to the development of the child's personality, talents and mental and physical abilities to their fullest potential."

Aujoulat, Simonelli and Deccache (2006)[15] argue that health promotion aims to empower and enables the empowerment of children towards dealing autonomously with health-related issues in their everyday life, including management of treatment if they

14 WHO. The Ottawa Charter for Health Promotion (1986) World Health Organization

15 Aujoulat , Simonelli and Deccache (2006) Health promotion needs of children and adolescents in hospitals: A review; *Patient Education and Counseling* 61: 23–32

are chronically ill and adoption of healthy lifestyles and relationships. In turn, respecting children's rights helps to implement health promotion by:

- Enhancing children's resources and assets;
- Enabling children to improve their health;
- Enabling children to reach their fullest potential.

A rights-based approach to health care contributes to enhancing children's resources and assets through appropriate information sharing strategies; and by respecting children's cultural background, individual characteristics and their evolving capacities. This helps children to reach their human potential, the ultimate goal of health promotion and the UN CRC.

Health promotion strategies can be implemented at PHC or community level, including in schools and in hospitals. Health promotion strategies may include health literacy and education (i.e. focusing on healthy lifestyles, prevention of substance use, prevention of injuries or other), helping to manage and adapt to chronic disease in childhood and parenting support, among other. This is very much in line with article 24 of the UN CRC. We may therefore say that health promotion contributes to the realisation of children's right to health and health care and vice versa.[16]

16 UN Committee on the Rights of the Child. General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)

Improving children's experiences of health care

A child's contact with a physician, hospitalisation or another health care experience can be a cause for stress and anxiety. And, often enough, there are small actions that can make tremendous differences in avoiding suffering, preventing violations of child rights when using health services and improving children's overall experiences of health care.

Respecting children's rights in routine care may contribute to improving children's experiences of health care in the following ways:

- Respect for children's right to play can help alleviate anxiety and stress, enable children to cope with pain and help in the management and outcomes of procedures.
- Fulfilling children's right to information/ participation can help them to feel more in control of a situation, which is by nature foreign to children and families.
- Supporting parents and respecting parental rights may give comfort to children and facilitate their stay in hospital or during a medical appointment.

Children's rights as a framework to assess and improve quality of care for children

Each health professional in direct contact with children and families has a very important role in providing care, health education and further support. However, health care goes beyond the routine care delivered by health professionals and is indeed, one piece of a much larger and complex healthcare system. Depending on your position, you may not have a complete picture of all the issues that affect a child's life, health and well-being and your ability to influence or change those issues may also be limited. Quality improvement is a process that may be implemented at health care-facility level, with the involvement of different stakeholders such as health care professionals of different categories, health care management, children and parents.

Quality improvement is a very important tool because it enables professionals and institutions to identify:

- What is working well;
- What are the challenges;
- Actions for further improvement.

The wider the scope of participants, the better the results. For example, the value of children's participation in the development, assessment and improvement of services is increasingly recognised, as they provide a unique perspective of how care is provided and what could be done to improve it (for more information, see Chapter VII on children's right to participation).

The UN CRC can be used as a comprehensive framework to develop, program, deliver and assess all types of care delivered to children. As aforementioned, it has been widely ratified and it is legally binding, which means that it provides common standards (child rights) across countries and puts an obligation upon countries to implement those standards. For this reason, different organisations, including WHO[17,18,] have used child rights and the UN CRC as an entry point to assess and improve health care for all children. This is done through planning and, specifically, quality improvement.[19,20]

17 World Health Organization. Children's Rights in Primary Health Care Volume 1. Manual and Tools for Assessment and Improvement; (Copenhagen: World Health Organization, Regional Office for Europe, 2015)

18 World Health Organization. Children's rights in hospital: Rapid-assessment checklists. (Copenhagen: World Health Organization, Regional Office for Europe, 2017)

19 Guerreiro *et al* (2016) *Assessing and improving children's rights in hospitals: Case-studies from Kyrgyzstan, Tajikistan and Moldova; Harvard Journal of Health and Human Rights:* Volume 18 (1): 235-248

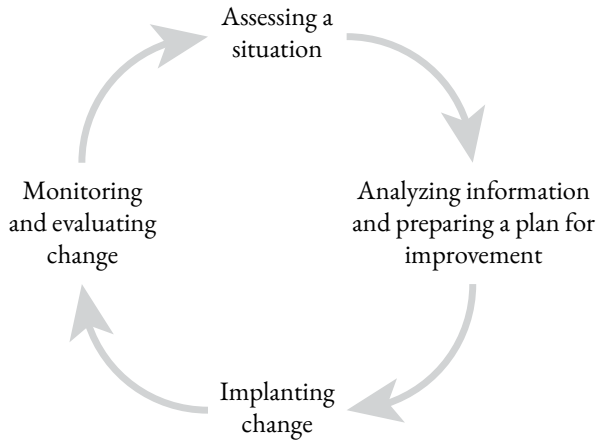
20 Guerreiro *et al* (2015) *Assessment and Improvement of Children's Rights in Health Care: Piloting Training and Tools in Uzbekistan*; Public Health Panorama; Volume 1(3): 205–268

Key concept: quality improvement

Quality improvement can be defined as:

> *"a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community (US Center for Disease Control and Prevention)."*[21]

A quality improvement cycle is continuous, as there are always new factors emerging that can influence the quality of care and that should be addressed,



21 Academy of Medical Royal Colleges (AoMRC). Quality improvement: training for better outcomes. March 2016. Available at: http://www.aomrc.org.uk/reports-guidance/quality-improvement-training-better-outcomes/

accordingly. A child rights-based approach to health care requires systematic attention to human/child standards and principles in all aspects of policies and programmes.[22]

A common cycle of quality improvement includes four phases as illustrated in the next image.

22 WHO. *Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce and eliminate preventable mortality and morbidity of children under 5 years of age* (2014)

Essential information to remember

- The respect of children's rights can contribute directly to:
    - Improving children's experiences of health care,
    - Improving treatment compliance and
    - Improving health outcomes.
- Children's rights can be applied as a framework to assess and improve healthcare service delivery;
- The approach of implementing children's rights in routine care can be termed as a human or child rights-based approach to health care. This approach includes seven key principles: availability, accessibility, acceptability and quality of facilities and services, participation, equality and non-discrimination, and accountability;
- In terms of routine care, children's rights are guaranteed by:
    - Adopting hospital or primary health care regulations and evidence-based protocols;
    - Good quality systems, including management;

- Professionals with the necessary skills that provide good quality and experiences of care to children and parents/custodians.

- Learn to recognise that a child's contact with a physician, hospitalisation or another health care experience can be a cause for stress and anxiety. Simple actions may help to improve children's experience and to provide better quality health care.

Chapter 3:
The rights to health and to life, survival and development

Article 7 of the "Wadeema Law"

1. *The child shall have the right to life and security.*
2. *The State shall guarantee the child's growth, development and care according to the Law.*

Articles 18 and 19 of the "Wadeema Law"

The child shall have the right to receive health services according to the laws and regulations of health care applicable in the State.

The State shall work on developing its capacities in the field of preventive, curative and mental healthcare as well as health guidance related to the health, nutrition and protection of the child.

Article 20 of the "Wadeema Law"

The competent authorities and concerned entities shall provide healthcare to mothers before and after childbirth according to the legislations in force.

The rights to health and to life, survival and development are the ones that health care professionals will feel more at ease with. The implementation of

the right to life, survival and development relates to all measures aimed at protecting children's life from before birth, throughout their development. These measures can range from better preventive health care services, including reproductive health advice or family planning, better maternal care at the time of birth delivery and neonatal care; to early childhood care, such as the early detection of long-term illnesses; adolescent development; and overall quality of health care services.

Most of the actions identified in the paragraphs above are also included in Article 24 of the UN CRC as measures to enable children to enjoy the highest standard of health. These are also relevant to implement Articles 18 and 19 of the "*Wadeema Law*".

Importantly, the so-called social determinants of health are also increasingly taken into account when referring to children's right to life, survival and development, for these may have a great impact on their overall well-being and their quality of life. According to WHO, "the social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.[23]

23 WHO. Social Determinants of Health, available at: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

Definition: health

World Health Organization

To discuss the right to health and health care, it is useful to look at the interpretation by the UN Committee on the Rights of the Child as follows:

> *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". "The Committee interprets children's right to health (...)* ***as an inclusive right****, extending not only to timely and appropriate prevention, health promotion, curative, rehabilitative and palliative services, but also to a* ***right to grow and develop to their full potential*** *and live in conditions that enable them to attain the highest standard of health through the implementation of programmes that address the* ***underlying determinants of health****. A* ***holistic approach*** *to health places the realisation of children's right to health within the* ***broader framework of international human rights obligations.****"*[24]

As it can be seen from the interpretation of the Committee on the Rights of the Child, as well as

24 UN Committee on the Rights of the Child. General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24). Paragraph 2

WHO's definition, health is a comprehensive notion capturing a person's overall health and well-being. At the level of health care services, this means that care should not target merely the fight of a disease, but indeed, also contribute to children's health and well-being. These should be taken into account in the context of all health care services provided, such as prevention and rehabilitative or palliative care. Using a rights-based approach to health care helps to implement a holistic vision of child health care. Let's see some examples below.

Article 19 of the UAE Constitution states that "Medical care and means of prevention and treatment of diseases and epidemics shall be ensured by the community for all citizens." Prevention should be applied through appropriate public health and evidence-based strategies. An example of existing measures in the UAE includes "National Programme to Combat Obesity in Children and Adolescents."

Health promotion is a fundamental strategy to prevent illness (including some chronic illnesses), to prevent substance abuse (such as alcohol and tobacco) and to adopt healthy lifestyles, thereby contributing to better quality of life and well-being. Health promotion is used as a preventive strategy, but it can also be used

within clinical care, to improve patient outcomes.[25] Health promotion strategies thereby contribute to children's health literacy, health seeking behaviour and, ultimately, to better quality of life and well-being. Therefore, it is in line with the notion of health and health care as included in the right to health.

Concept: health seeking behaviour

Health seeking behaviour describes when a person actively tries to access services to learn about health and/or to change their own personal habits, environment or situation, in order to improve their own health.

Note: As children develop, they acquire fundamental skills, knowledge and habits that can have a profound impact on their lifestyle and short- and long-term health. Health care professionals have a very important role to play in influencing children's health seeking behaviour. For example, by creating a comfortable environment during a visit, by actively listening to a child and/or enabling them to make questions, a health professional may contribute to making a specific health consultation a more positive one. In turn, this may mean that in

25 See for example the research work carried out by Dr. Hanne Tønnesen. One suggestion to start is the short paper Clinical Health Promotion – what does it mean? Clinical Health Promotion. Research and Best Practice – Editorial. Volume 1, Issue 2. Dec 2011. Page 39

the future, the child may be more willing to seek for professional help, in case of need.

Quality health care services is about providing necessary care, which is based on evidence, ethical principles and child rights. For this reason, it is very important for the health professionals to receive adequate and specialised training at undergraduate level and throughout their careers, to be aware of medical protocols and guidelines, but also of other child rights-related regulations. WHO also acknowledges that quality of care is about services being effective, safe, people-centred, timely, equitable, integrated and efficient.[26]

The fulfilment of other child rights will undoubtedly contribute to better outcomes for children. The next chapters will explore specifically how individual child rights are applicable to routine health care and how they can be fulfilled in practice.

Periodic health examinations (or well-child visits) and age-appropriate or age-adapted services are important issues and it is useful to bring them to the discussion. Concerning well-child visits, according to WHO:

26 WHO Health Topics, available at: https://www.who.int/health-topics/quality-of-care#tab=tab_1

A distinction can be made between different types of visits, each of which requires its own management approach. The approach may differ depending on whether you know the child or not. Well-child visits are usually appointments that occur on a regular basis to monitor the child's growth and development. Stages of management during a well-child visit include:

- *Taking history;*
- *Examination;*
- *Counselling"* [27]

Well-child visits usually happen at the level of Primary health care services and countries have a calendar organised by children's age, starting from birth. These visits are very important because in addition to enabling the health care professional to monitor a child's growth and development, they present an opportunity to transmit health information to parents and children directly, to identify any risks and to provide counselling. In the older child groups, such as adolescents, it is also an opportunity to build trust and engage in dialogue and information-sharing about reproductive health issues, prevention of substance abuse and other issues.

27 Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NCSA 3.0 IGO.

Concept: individual confidential counselling

Individual confidential counselling is a form of health advice and support to children, adapted to their individual circumstances. Usually, counselling refers to information provided about certain issues that may be difficult for children to deal with, including mental health issues, substance abuse, or other. Confidential refers to the need to keep the information private between the health practitioner and the patient.

Note: Individual confidential counselling is particularly important in the case of adolescents. Due to their age, inexperience or the culture adolescents are exposed to (being that the culture in the country or the parenting culture), it may be difficult for them to reach out to services in case of need. Therefore, it is very important to ensure that the information shared between the health professional and the adolescent is not disclosed to other people, unless it is putting the adolescent in danger.

As it is possible to see from the discussion in this chapter, children's life and development is complex and encompasses not only their physical health, but also their mental health, emotional well-being and lifestyle. Respecting children's right to life, survival and development and the right to health entails that health professionals be aware of what influences a child's holistic health, in order to better respond to their needs.

Essential information to remember

- Children have the right to life, survival and development and the right to health;
- These rights are comprehensive or holistic and include a broad understanding of health, including physical, mental and emotional health, and not simply the absence of disease;
- Measures to promote these rights include preventive health care services, such as reproductive health advice; early childhood care, including early detection of long-term illnesses; and adolescent or youth-friendly health services;
- Health professionals should remember some fundamental strategies to adopt in routine child health care, such as enabling appropriate health-seeking behaviour, informing children or providing individual confidential counselling;
- Well-child visits provide an opportunity to monitor a child's growth and development, as well as, to transmit health information to parents and children directly, to identify any risks and to provide counselling. It also provides an opportunity to build trust and engage in dialogue and information-sharing with adolescents.

Chapter 4:
The right to non-discrimination

Article 3 of the "Wadeema Law"

This Law shall guarantee that the child has all the rights decided thereunder and under the other legislations in force at the State and shall protect the child without discrimination because of origin, sex, home country, religion, social status or disability.

Non-discrimination is one of the four guiding principles of the UN CRC and it applies to all articles therein, including the right to health. This is also one of the general provisions of the "*Wadeema Law*".

WHO and the UN Office of the for Human Rights OHCHR[28] have identified some key elements on how the right to non-discrimination applies in health care. These elements provide a very useful approach to help understand this relation. The elements identified are explained below.

Accessibility is the basic notion of the applicability of the right to non-discrimination in health care. Generally, this means that every single child should have access to health care services. But let's deconstruct

28 UN Committee on Economic, Social and Cultural Rights - General Comment No. 14 (2000): The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights).

this notion further. In order for health care services to be accessible they first and foremost must exist or, in other words, they must be **available** both in quantity and in quality. Secondly, they must be within physical reach of the populations **(physical accessibility)**. This means that the government or the healthcare system should be organised in a manner as to enable all children to have ***equal*** access to health care, no matter where they live, whether in a city, village or remote area. For example, in the UAE, children living in some of the more remote desert areas, have the right to be able to receive the same type or quality of care as children living in the larger cities.

But just because a service exists, it does not mean that all children or their parents will know about it. Accessibility therefore also entails the right to seek, receive and impart information on health-related issues **(information accessibility)**. This may mean information about existing services (i.e. where they are located, what is their timetable, what specific services are provided, etc) or about health literacy (i.e. how to adopt healthy lifestyles, how to take care of a newborn child, how to prevent child injuries, etc). Another element of accessibility is **affordability**, which means to ensure that no child is deprived of necessary care due to economic reasons or because they cannot afford it. For

example, if a medical fee is too high or, if on top of the regular medical fee, families are asked for out-of-pocket payments, this may lead to a significant section of the child population being left without the necessary health care. The principle of free health services for women, infants and children is prescribed by Article 13 of Federal Law 7/1984 dealing with free services in the area of maternal, child and school health.

The last two elements are acceptability and quality.

Acceptability generally means that all health care services available must be acceptable to all groups of the population, to ensure that all children who are in need of care, will access services. Let's see an example: a local PHC facility promotes regular courses for pregnant women on the preparation for birth or newborn care. If there is a group of illiterate women or couples in the room and the facilitator is only using written or digital supports, those future mothers or fathers may not feel comfortable or, worse, may not comprehend what is being taught. In this case, the way the information is delivered should ensure that the target group is able to learn effectively what is being taught, in other words, in a manner that is acceptable and comprehensible to them.

Quality generally refers to health care that is appropriate, necessary, effective and in line with evidence-based guidelines.

A word on vulnerability

Children are usually recognised as a vulnerable group of society. And while this is true for particularly young children as they are dependent upon adult care, there are many other and diverse factors that may cause vulnerability in children and hinder their health and well-being. These factors vary from setting to setting and may include children's age, disability status, gender, social-economic background, consequences of unwanted pregnancy, conflict, whether they live in an urban or rural setting and others. The healthcare system should identify and address these factors, as necessary and applicable in their context.

As a health care professional, it is important for you to be aware of these factors, as they may influence parents' knowledge and health-seeking behaviour, treatment compliance, access to basic health care and other services. Social paediatrics is a specific approach to child health that takes into account these factors and the wider social determinants of health. It "focuses on the child, in illness and in health, within the context of their society, environment, school, and family."[29]

29 Spencer, Nick. *Social Paediatrics*. J Epidemiol Community Health.2005 Feb; 59(2):106-8. doi: 10.1136/jech.2003.017681.

Respect

An important self-development aspect for professionals to take into account in routine care is the respect for all patients in an equal manner. It is inherent to human nature to feel more at ease with what we know, to develop likes and dislikes for different people, and to have prejudices or beliefs about certain groups of children or where they come from. However, in practice, you should be able to deliver a patient-centred care, which recognises not only the child's individuality, characteristics and the child's personal needs, but also the consequences of treatment for each particular child's life; and other circumstances.

Children themselves must also be respected, as an individual, independently of their age. In the UAE, the family unit has a fundamental role in the upbringing of **children and in society values.** While relations between children and parents are among the key factors contributing to children's development, as children grow, they must also learn, be respected and be able to make decisions more independently from their parents. This is an essential aspect in health care and one that can help children to improve their lives, make better lifestyle-related decisions and to seek help in case of need. It is important to remember that listening to a child and giving them an opportunity to speak up does not go against parents. Indeed, routine health care

should be seen as a partnership between the health care professional, parents and, importantly, children.

Finally, as for all other rights of the Convention, the realisation of children's right to non-discrimination and to health care may need some more positive action. For example, if there is an adolescent or youth-friendly health care service in your catchment area this should be tailored as much as possible to the specific needs of adolescent patients. This may mean that they are able to reach health care services by foot or public transport, or that the services are opened at "special hours", for example, just before or after school hours, especially where they want to access services by themselves (without their parents or another adult). It may also mean informing adolescents that all services are private and confidential; or to take other measures to ensure that services are acceptable to them, so that they use necessary and fundamental services for their health, well-being and development.

For further information: WHO has developed very comprehensive tools for adolescent-friendly health care services. These tools are aimed at assessing services, but are also a good way to plan or simply to learn about what is meant by adolescent-friendly health care services and how to implement them in practice.[30]

Many of the elements described above are of the responsibility of the healthcare system, but as argued, there are many ways through which health professionals can respect, protect and fulfil children's right to non-discrimination in daily practice, namely by:

- Understanding the comprehensive needs of the child and not just the specific illness;
- Identifying factors (i.e. social determinants of health) that may be hindering the development of a given child;
- Treating all children and parents with respect, no matter their background or other characteristics;

30 *See the package of "Global standards for quality health-care services for adolescents: Standards and criteria" at: https://archive.ph/1xXoY.*

- Informing all children and parents effectively, making sure they understand the information that you are giving them and by enabling them to make questions;
- Ensuring the confidentiality of adolescent patients;
- Being aware of factors in your wider context that may hinder children's access to health care;
- Be proactive.

Essential information to remember

- Non-discrimination is one of the four guiding principles of the UN CRC and one of the general provisions of the "*Wadeema Law*". Therefore, it must also be applied in the context of routine health care provision;
- Non-discrimination can be applied in practice by ensuring that services are accessible, available, equal, affordable, of good quality, acceptable and that parents and children know about them;
- There are many factors that influence a child's health and well-being. Some of these may cause

them to become vulnerable, including children's age, disability status, gender, social-economic background, consequences of unwanted pregnancy, conflict, whether they live in an urban or rural setting and others. Be aware of these factors and address them withing routine practice;

- Children must be respected, as an individual, independently of their age and of their parents. Routine health care should be seen as a partnership between the health care professional, parents and, importantly, children;
- As for all other rights of the Convention, the realisation of children's right to non-discrimination and to health care may need some more positive action. Remember to be pro-active.

Chapter 5:
The principle of the best interests of the child

Article 2 of the "Wadeema Law"

The competent authorities and the concerned entities shall:

4. Protect the best interests of the child.

The principle of the best interests of the child is another of the four guiding principles of the UN CRC and one of the general provisions of the "*Wadeema Law*". It is possibly one of the most fundamental concepts there enshrined and yet, it is also a target of great discussion, due to its complexity. While the "*Wadeema Law*" and the National Child Protection Policy in Educational Institutions in United Arab Emirates request that the authorities concerned respect the best interest of the child, they do not provide concrete guidance as to how institutions and professionals should assess and determine this principle. At the same time, as we will see in this chapter, if professionals take into account the full body of rights enshrined in the two documents mentioned, they will be in the right direction towards respecting the best interests of the child. Let's analyse this in more detail.

What do we know about this principle?

The "*Wadeema Law*" defines the best interests of the child as "placing the interests of the child above everything else and having priority and preference in all circumstances, regardless of the interests of other parties (Article 1)." The UN Committee on the Rights of the Child also explains that the concept of the best interests of the child is aimed at ensuring both the full and effective enjoyment of all the rights recognised in the Convention and the holistic development of the child.[31] If we take this into account, it is clear that it is not possible to determine what a child's best interests are from a single point of view. In fact, the best interests of the child must be a balance of various other child rights and what is genuinely the best for the health, well-being and development of each child.

The Committee has already pointed out that "an adult's judgement of a child's best interests cannot override the obligation to respect all the child's rights under the Convention (and recalled) that there is no hierarchy of rights in the Convention; all the rights provided for therein are in the "child's best interests" and no right could be compromised by a negative interpretation of the child's best interests."[32]

31 UN Committee on the Rights of the Child. General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1)

32 *Ibid.*

The concept of the best interests of the child is complex and yet, flexible. The aim is to call upon those responsible for engaging with children and making decisions with or for them, to assess the situation individually and on a case-by-case basis. This means that, while some general guidance can be given, situations will differ.

How can we determine a child's best interests?

The Committee further explains that "individual children's best interests **should be based on** their physical, emotional, social and educational **needs, age, sex, relationship with parents and caregivers**, and their **family and social background**, and **after having heard their views** according to article 12 of the Convention (the right to participation)."[33]

To determine the best interests, it is important to consider a range of child rights, but also children's comprehensive needs, their background and context, their parents' or family's views and, perhaps most importantly, that of the child her/himself.

To apply the principle of the best interests of the child, it is important to recognise children's evolving capacities, which is another principle of child rights. Children are rights-holders, but also human beings in their own right with a range of individual and group competencies, needs and characteristics, which are distinct from adults. These

33 *Ibid.*

competencies, needs and characteristics evolve over time, as children develop and mature.

The concept of children's evolving capacities recognises children's developmental stages in childhood and adolescence, their progressive autonomy and their right to protection and guidance.[34] This means that, at an early stage, children will need more care, protection and nurturance to ensure that they are able to develop in a way that is conducive to their optimal growth and well-being. However, progressively, children's capacities and their autonomy should be recognised and promoted. Therefore, children should be guided and allowed to participate in the processes that affect their lives, including their health care.

So, in practice, the following considerations and actions may be taken into account when assessing and determining the best interests of the child:[35]

- As much as possible, **take time to get to know the child and understand his or her individual circumstances and needs**. For example, if the child has had a previous hospitalisation experience or long-term illness s/he will be more aware of what it means to be ill and what to expect. If the child is facing illness for the first time, you may need to provide more comprehensive information. It will also be important for you to **understand the quality of the relationship between the child and his or her parents or custodians;**
- **Evaluate the possible impact (positive or negative)** of the decision on the child or children concerned. Specifically, assess the different options for treatment and consider what are the risks (if any) and what are the likely short- and long-term effects on the life of the child, including at school or in their relation with peers;
- **Inform children and their parents or custodians** about the child's situation and the possible treatments. If necessary, inform the child separately from their parents. Make sure that the child understands their situation and enable them to ask questions;
- **Ask for the child's view about the situation**, in addition to the parents or custodians;
- **Take into account the child's view when making a decision;**
- Take into account if the **decision reflects the child's holistic physical, psychological, moral and spiritual integrity and promotes his or her human dignity.**[36]

34 Lansdown, Gerison; *The evolving capacities of the child*. UNICEF Innocenti Research Centre. 2005

35 Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NCSA 3.0 IGO.

36 "UN Committee on the Rights of the Child. General comment No. 14 (2013). on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 5)"

When will you need to apply this principle?

There are many situations in routine care when you will need to apply this principle, from more straightforward situations to more complex ones. For example, you may apply the principle of the best interests of the child when you are preparing a treatment plan for a child with a chronic illness. In such a case, before you determine the best treatment plan for the individual child, and after you have duly informed the child and the parents about the illness, you should:

- Discuss with both the child and the parents about what are the preferred options of treatment;
- Consider the consequences for the child's daily life in the short- and long-term;
- Assess what other circumstances of the child's life may influence compliance with treatment (i.e. can the child manage the treatment autonomously, who will manage it when they are at school or sports, or other important issues);
- Prepare a treatment plan that reflects all of the above.

The factors above are just an example. Please take into account that they may change according to the child's age, maturity, family life, autonomy or other circumstances, therefore you should assess these on a case-by-case basis.

Understanding how to assess and determine a child's best interest will be valuable to your professional practice and it will help you to help children and families make better decisions. It will also be an important strategy for when you try to overcome situations of conflict, for example, where parents disagree about a decision or where the child disagrees with the parents.

There are complex situations where assessing a child's best interests becomes crucial, for example, where a child or parent may refuse a life-saving treatment. In such difficult circumstances (and other), doctors may turn to Ethical Committees and Courts for guidance and support.

Existing criteria to assess and determine a child's best interests in health care

Despite the fact that the best interests of the child is one of the fundamental principles of child rights, it has been mainly used in juridical processes or other legal interpretations. There are very few examples of countries that have adopted specific criteria to assess and determine a child's best interests, for example, in health care practice.

The UK General Medical Council suggests to include what is clinically indicated in a particular case, as well as:

a. *The views of the child or young person, so far as they can express them, including any previously expressed preferences;*

b. *The views of parents;*

c. *The views of others close to the child or young person;*

d. *The cultural, religious or other beliefs and values of the child or parents;*

e. *The views of other healthcare professionals involved in providing care to the child or young person, and of any other professionals who have an interest in their welfare;*

f. *Which choice, if there is more than one, will least restrict the child or young person's future options.*[5]

As you can see from the example above, a child's best interests should be assessed and determined by looking at a variety of factors, including the views of the child. As said before, these will also depend on the circumstances of the specific case. This means that what is best for one child, may not be the same for another experiencing the same illness, for example.

All of the considerations above are examples of considerations, measures and actions that may be taken into account when assessing and determining the best interest of the child. Remember that child development is ever evolving, that circumstances and outcomes will vary from child to child and situation to situation and, above all, remember to put the child's interests at the centre of any decision.

Essential information to remember

- Article 1 of the "*Wadeema Law*" defines the best interests of the child as "placing the interests of the child above everything else and having priority and preference in all circumstances, regardless of the interests of other parties";
- The situation of each child should be assessed individually and, on a case-by-case basis;
- To apply the principle of the best interests of the child, it is important to recognise children's evolving capacities and take into account children's competencies, needs and characteristics, as they grow and develop;
- There are different considerations and actions that may be taken into account to assess and determine the best interests of the child, including understanding the specific needs and characteristics of the child; evaluating positive and negative effects of different treatment options; listening to parents, custodians and children; and taking children's views into account when making the final decision;
- There are many situations in routine care when you will need to apply this principle. Understanding how to assess and determine a child's best interest will help you to improve the care provided to children, in respect for their rights and, in some cases, to overcome possible conflicts.

Chapter 6:
The right to information

Article 2 of the "Wadeema Law"

The competent authorities and the concerned entities shall:

5. Raise awareness among children on their rights, obligations and duties in a society in which justice, equality, tolerance and moderation prevail.

Being informed and aware is essential to make informed and good decisions. This is true for both adults and children. And, in some respects, it is even more relevant for children because they are at a crucial developmental stage and will make decisions throughout their development, many of which may have a negative impact on their health and well-being. For example, adopting healthy or unhealthy eating habits, lifestyle choices (i.e. a sedentary versus an active lifestyle) and risk-taking, including substance abuse. Being adequately informed may also protect children from harm. For example, it is important for children to be aware that they have the right to safety and protection, including from all forms of violence, as well as, to know about how to report any harm committed against them and to access relevant rehabilitative care.

Please note that the right to information is a prerequisite to the realisation of children's right to

participation, so while these will be dealt with in separate chapters, they go hand in hand. However, the right to information is also important for the realisation of other rights, as discussed in the previous chapter on the best interests of the child.

Why should children be informed in the health setting?

Children should be informed because they have the right to but, as discussed above, because it can have concrete benefits for their health and well-being. UNICEF and partners in the UAE have highlighted that "(children's) inadequate access to health information and education leads to unhealthy lifestyles, such as inappropriate diet, limited physical exercise, and some drug and alcohol use as well as smoking."[37]

In routine child health care, respect for children's right to information is essential in improving communication between health professionals and children and health outcomes. Evidence shows that "health literacy, patient belief systems and patient education are among the factors influencing treatment compliance (and) improved communication skills have been shown to shorten visit duration, improve patient response, and decrease needed follow-up care."[38]

37 UNICEF, Supreme Council of Motherhood and Childhood and General Women's Union (2010) Situation analysis of children in the United Arab Emirates. Section 2.15.

38 Winnick et al (2005) How Do You Improve Compliance? *Pediatrics*: 115;e718

Concept: health literacy

> *Health literacy is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.*[39]

Despite existing challenges and barriers, children have a right to be informed about what is happening in their life, including what concerns their own health. So, it is not a choice to inform children, it is all professionals' duty. In addition to it being a right, informing children also has benefits to their health and well-being, as said before. Informing children in routine care contributes to:

- Promote healthy lifestyles;
- Explain a disease and treatment course or procedure to children;
- Improve treatment compliance;
- Help children and families to cope with chronic disease, including disease management in the long-term;
- Encourage appropriate health-seeking behaviour by parents and children;
- Help children to manage anxiety during treatment and interventions.

39 US Centres for Disease Control and Prevention; available at: https://www.cdc.gov/healthliteracy/learn/index.html

Information is a fundamental tool to educate children, involve them in their own care and enable them to take control over their own health, including complying with treatments and adopting healthy behaviours. This is of particular importance in the case of adolescents where the health care professional should inform them about prevention actions, such as reproductive health and consequences of abuse of alcohol, tobacco or other harmful substances, but also throughout children's developmental stages.

It is also a first and crucial step to enable children to **express their views** in all matters affecting their health. If a child is not informed properly, they will not be able to express an informed view and it is more difficult for health professionals to take those views into account. Finally, informing children adequately is a prerequisite to their right to participation, including the exercise of **their right to informed consent to treatment** (see the next chapter on the right to participation). Coyne and Harder argue that "competence is developed over time and should be guided, we cannot expect our patients to wake up the day they turn 18 and be fully aware of how to participate if they have no prior experience as to how."[40] What is happening in practice is that, from a given moment, a patient, even

40 Coyne I & Harder M 'Children's participation in decision-making: balancing protection with shared decision-making using a situational perspective' (2011) 15(4) *Journal of Child Health Care* 312-19

an adolescent patient, may be expected to take part and be actively involved in his or her own health care, while there has been no prior education or experience of participation. Therefore, the right to information is essential to develop children's understanding, but also their competencies.

The Committee on the Rights of the Child General Comment No. 1 on the aims of education explains that the goal is to "empower the child by developing his or her skills, learning and other capacities, human dignity, self-esteem and self-confidence" and that this must be achieved in ways that are child-centred, child-friendly and reflect the rights and inherent dignity of the child.[41]

What should children receive information about?

Children should receive **general information or education about issues that concern their health** at different developmental stages. For example, for children up to 10 years of age, this may include information on nutrition, oral hygiene and caries prevention or sun protection. From 10 years of age, children should also be informed about what to expect in terms of their physical and sexual maturation, including how their bodies will develop and, for girls, about their menstruation cycle. Later in adolescence, and depending on their maturity, children should also be informed about reproductive

41 UN Committee on the Rights of the Child General Comment No. 1 (2001) Article 29 (1): The aims of education

health and substance use (tobacco, alcohol, other substances).[42] General health information may be provided at school or other places where children usually spend time, during consultations or well-child visits or through helplines. Nowadays, health information is also provided through digital means, including mobile apps.

Secondly, children should receive **information about services available**, including School Health Services, child protection, Adolescent or Youth-Friendly Services and other, as applicable. Children should receive information about the types of services available, how to access them, time of consultations and other important information.

Finally, **during consultations**, especially in case of a disease, treatment or intervention, children should receive information about what is happening to them, what are the possible effects of the disease or treatment and what are the options in terms of treatment.

How should children be informed?

There are certain issues to take into account when informing children. Firstly, to the extent possible, it is important to **understand the needs of children**, on a case-by-case basis. Specifically in cases where children

42 Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence. Copenhagen: WHO Regional Office for Europe; 2022. License: CC BY-NCSA 3.0 IGO.

are experiencing a disease, not all children want to know everything, and some feel that they get too much information.[43] Other children will want to be informed and involved as much as possible. Some authors argue for the need for communication assessment strategies to enable health professionals to find the ideal position with every child. It may differ from situation to situation, even for the same child. Sometimes children prefer to be a 'passive bystander' and at other times they want to be an 'active participant'. Health professionals need to be aware of this and act accordingly.[44] You may also need to manage parents' expectations concerning their child's right to be informed. If needed, explain and reassure parents or custodians that informing a child is important for their well-being and that it is at the heart of their interests.

Secondly, it is important to undertake some actions to ensure an environment conducive to effective information-sharing, namely by:

- Ensuring that you inform children in an **adequate space**, for example, somewhere where their

43 Lambert V, Glacken M & McCarron M ''Visible-ness': the nature of communication for children admitted to a specialist children's hospital in the Republic of Ireland' (2008) 17 *Journal of Clinical Nursing* 3092-102

44 Guerreiro AIF and Fløtten K (2016) *Article 12: The Translation into Practice of Children's Right to Participation in Health Care:* in Liefaard T and Sloth-Nielsen J (eds) Conference Book, The United Nations Convention on the Rights of the Child: Taking Stock after 25 Years and Looking Ahead, Leiden University

privacy and confidentiality can be ensured. You should also allocate **sufficient time** allowing for explanations from your side, questions from the child and/or parents or custodians and discussion;

- Ensuring that you communicate in a **language children can understand**, for example, do not use Latin words or medical terms that children are likely not to understand;
- Using aids or **different formats** to ensure children understand what is being said, for example, use an "official" interpreter if you do not speak the same language of the child, demonstrate with toys or use images or other strategies, as necessary;
- **Getting to know the individual child** and respecting them individually and their background.

During the physical examination, WHO recommends for professionals to:

- *Keep a comfortable distance, make eye contact, stay at the child's level as much as possible. Avoid towering over them;*
- *Engage as much as possible with the child and establish rapport;*
- *Inform the child what is being examined and how. Let the child know you will not be doing anything without explaining it first;*

- *Ask the child for consent to be touched (depending on the age) and never touch the child without warning;*
- *Be honest if something is going to hurt.*[45]

Remember that children are also persons, that they have rights and that they deserve to be treated with respect. Engaging with them and informing them about what is happening is part of respecting a child's dignity and worth.

For further information: For additional guidance on how to communicate effectively with children, see guidance from the UK General Medical Council at: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years/communication

Adapting health information for children

A common good practice in child rights is to adapt information to children's needs. This is particularly relevant to health care. Here are some examples of actions that can be taken into account to ensure that information is accessible to all children:

Formats: Ensure that the information is given in different formats, for example, verbally during a consultation, through posters and leaflets, or in written or pictorial forms;

45 Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NCSA 3.0 IGO.

Languages: Is there a particularly large cultural or ethnic group in your catchment area? Are they an established group or a newly settled group? If it is likely that they do not speak the local language, they should have access to health-related information in their own language. Language considerations may also include the type of language used in health information. For example, when communicating with children, a good practice is to avoid medical jargon or Latin words and use simple language;

Dissemination: It is no use preparing health information if children do not receive it. There are many ways in which information can be transmitted or disseminated, including during consultations, in their homes, in the waiting areas of health care facilities, in community centres, at the school or other areas that are commonly used by children and/or families;

Relevance: Health information must be relevant to children's needs. One way to ensure this is done is to consult with different groups of children when preparing health-related materials. When you start consulting and speaking to children about their needs, you may realise that even different groups of children have common needs. But you are also likely to discover that even within the same group of children there may be distinct information needs. Also, often children identify needs that adult workers have not thought about and they usually have good suggestions on how to prepare health information in formats that children will relate to or in ways they better understand.

Essential information to remember

- Informing children is an essential strategy in health care practice, as it can help them to adopt healthy lifestyles, health-seeking behaviour and other protective actions;
- Children may be informed about general issues that concern their health, about services available and about what is happening to them when they experience a disease;
- There are different actions that can be carried out to ensure an appropriate environment to inform and communicate with children, including a private space, sufficient time, communicating in a language children can understand, using aids or different formats and getting to know the individual child;
- Health information can be adapted to better respond to children's need and characteristics and ensure they understand;
- Information should be relevant to what children need and disseminated in ways and places that will be accessible to all children:

Chapter 7:
The right to participation

Article 2 of the "Wadeema Law"

8. The competent authorities and the concerned entities shall involve the child in the aspects of community life according to his/her age, maturity and developed abilities in order to be raised on the love of work, initiatives, legitimate earning and self-reliance.

What is child participation?

Article 12 of the UN CRC put forward what is today considered as a fundamental child right: participation. In its text, the article refers to the consideration for the child's views and one of the aims of the drafters of the Convention was to call attention to the importance of children's opinion. Indeed, the article calls to listen to children and to take into account their views. The article also provides that consideration for the child's views shall be done in accordance with the age and maturity of the child. This means that as children develop, their autonomy should be recognised and that they should progressively be more and more involved in decisions that affect them.

There is often a misunderstanding about what child participation is so, it is useful to start by clarifying what participation is not and to address some common beliefs.

When a doctor informs a child, asks him or her questions about their own health or their opinion about a treatment, **it is not removing any rights or duties by parents**. On the contrary, informing children and involving them in decisions should be seen as a partnership between the child, the parents or custodians and the health care professionals. And, at the centre of this partnership, should always be the best interest of the child.

Participation **is not about asking a child for the full responsibility of a decision**. Even when children have the right to give their informed consent to a treatment or intervention independently of their parents, in most situations they will still want their parents' support and advice. Just as adults often consult with their spouses, extended family members or friends before making important decisions in their lives.

Participation is not compulsory. While all children have the right to participate in accordance to their age and maturity, they may not want to participate. So, while children should be informed and involved to the extent possible, their participation should be voluntary and not forced.

Finally, participation **is not a simple action to "tick off a list**." Any information exchange or decision-making process that involves children must be genuine

and contribute to help and empower them. For this to happen, the adults involved, including parents, custodians and health care professionals, should listen actively to the child, be interested and respect the views that children express.

Can children be involved in health care?

Children can and should be involved in decision-making processes concerning their own health. They can because they have experience and knowledge of their own and, in case of disease, because they are the ones experiencing or living with a certain disease. Secondly, children should be involved in decisions because it is their right and it can help them to better understand and deal with the inherent challenges that they will face in their lives.

Health has been, and to a large extent still is, seen as a too-complicated matter for children to deal with.[46] "When a child is ill, he or she is very often seen as vulnerable and the view is that it is the responsibility of the adult to protect the child. Coyne and Harder observe that children in health care environments are seen as in need of protection as they are unwell, in an unfamiliar environment and have a lack of knowledge

46 Guerreiro AIF and Fløtten K (2016) *Article 12: The Translation into Practice of Children's Right to Participation in Health Care:* in Liefaard T and Sloth-Nielsen J (eds) Conference Book, The United Nations Convention on the Rights of the Child: Taking Stock after 25 Years and Looking Ahead, Leiden University

of medical matters."[47] In many cases, it is also argued that a child, due to his or her age, would not have the capacity to understand the information given or would be scared by it.

The arguments above are a reality in many settings and represent some of reasons why so often children are not informed nor involved in any other way about matters that affect their health and well-being directly. However, practice and research show that informing children and involving them in processes is beneficial to all parties. In health care, involving children in their own care can also have concrete positive outcomes for their health.

How can children participate in health care?

Children can participate in health care by:

- Expressing their views on matters affecting their own health;
- Give their informed consent to treatment and interventions, where this is foreseen by legislation (right to informed consent);
- Participate in the development, assessment and improvement of health care services.[48]

47 Coyne I & Harder M 'Children's participation in decision-making: balancing protection with shared decision-making using a situational perspective' (2011) 15(4) *Journal of Child Health Care* 312-19

48 UN Committee on the Rights of the Child. General comment No. 12 (2009) on the right of the child to be heard. Paragraphs 98 - 104

The first two aspects (expressing a view and giving consent to treatment) refer to children's right to participation as an individual. This means that children of all ages, and in accordance with their evolving capacities, should be able to express their views whenever a medical decision is being taken and, when foreseen by legislation, to give their consent to a treatment or intervention.

Children's participation in the development, assessment and improvement of healthcare services refers to their participation as a group. This means that children of all ages and backgrounds have the right to express their opinions concerning the quality of health care that they receive and other features of the services (i.e. what the services should look like, where they should be located or how to improve them). Their opinions can then be used to improve existing services or better adapt new ones.

Any participation exercise involving children must be seen as a process, whereby children are informed, they have time to understand the issue at stake, give their views and take part in the final decisions, where possible. This is true for both individual and collective decision-making processes. For more information on how to ensure "good quality" participation, please see further below the reference to the Laura Lundy model.

Participating in decision-making processes concerning their own care

Usually, it is the general doctor, paediatrician or other physician who has the task of involving children in discussions and decisions about treatments or interventions.

It is crucial to remember that all children have the right to express their views. It is also a good practice to take children's views into account and give them more weight in accordance with their ***evolving capacities***. Please note the use of evolving capacities and not age. This is very important because all children are different – and capacities, maturity and autonomy are gained not just because of their age, but also because of children's experiences. For example, an eight-year-old child who has had a chronic disease and has been in and out of hospitals for a good part of his/her life is much more likely to understand disease and its consequences and to give a more informed opinion than an older child who has never experienced a disease before.

It is also important for health care professionals to be familiar with different terminology used.

Assent

Assent is generally understood as an expression of agreement with a proposed medical decision by a child,

when he/she, in accordance with the law, does not have the right to give consent to a treatment or intervention.

The American Academy of Paediatrics' Committee of Bioethics suggests that assent should include at least the following elements:

- "Helping the patient achieve a developmentally appropriate awareness of the nature of his or her condition.
- Telling the patient what he or she can expect with tests and treatment(s).
- Making a clinical assessment of the patient's understanding of the situation and the factors influencing how he or she is responding.
- Soliciting an expression of the patient's willingness to accept the proposed care. (...) no one should solicit a patient's views without intending to weigh them seriously. In situations in which the patient will have to receive medical care despite his or her objection, the patient should be told that fact and should not be deceived."[49]

49 American Academy of Paediatrics. Committee of Bioethics (1995) *Informed consent, parental permission and assent in pediatric practice*. Pediatrics:95;314

Dissent

Dissent is generally understood as an expression of disagreement with a proposed medical decision by a child, when the child, in accordance with the law, does not have the right to refuse a treatment.

Informed consent

Informed consent refers to "the formally expressed (usually written) agreement or permission for any health intervention, such as vaccination, elective surgery, choosing or terminating a treatment."[50] It is understood that a child should be adequately informed ahead of making a decision, hence the term informed consent.

Informed consent is a very good example of why it is important for the health care worker to be aware of national legislation. Individual countries establish different criteria on when or how children may give informed consent. In some countries, legislation is also accompanied by specific guidance to doctors on how to assess capacities, competencies, maturity or other relevant criteria used in legislation, other than that of age.

Currently, there is no legislation in the UAE

50 Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NCSA 3.0 IGO.

concerning children's right to informed consent. In other countries around the world, there are three main situations, namely:[51]

- Countries that have not yet adopted specific legislation on informed consent;
- Countries that have adopted specific legislation on informed consent and which define a certain age from which children can legally and independently decide about a procedure or treatment course; and
- Countries that have adopted specific legislation on informed consent to procedures and treatment, on the basis of children's capacity and maturity, independently of their age.

The table below presents legislation in a number of countries in different regions of the world, by criteria. The list is non-exhaustive and aims to demonstrate the variety of existing legislation.

51 Guerreiro AIF and Fløtten K (2016) *Article 12: The Translation into Practice of Children's Right to Participation in Health Care:* in Liefaard T and Sloth-Nielsen J (eds) Conference Book, The United Nations Convention on the Rights of the Child: Taking Stock after 25 Years and Looking Ahead, Leiden University

Legislation included in the review, by criteria on informed consent and country (2016)[52]

Criteria on informed consent	Country(ies) where it is in force
From 12 years of age	South Africa
From 14 years of age	New South Wales (Australia), Province of Quebec (Canada), Uzbekistan
From 15 years of age	Denmark, Serbia
From 16 years of age	South Australia (Australia), Georgia, Netherlands, Norway, Poland, Portugal, Spain
From 16 years of age or below if the child is competent	England, Republic of Ireland, Scotland and Wales
Based on competency or capacity	New Zealand, Nigeria
Legislation on informed consent does not mention children specifically/ no national legislation on informed consent	Chile, Cuba, Mexico and Myanmar
Other	In Argentina, legislation states that 'boys, girls and adolescents have the right to participate in decisions related to therapies or medical procedures related to their health'.

52 *Ibid.*

The most common fixed age from when a child is able to consent is 16, particularly in European countries. The second most-used criteria are that based on children's competency. The so-called Gillick competency derives from the UK case Gillick v West Norfolk and Wisbech AHA (1986), where the court's ruling stated that:

> *"whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."*[53]

Examples of legislation based on the Gillick competency

The Scottish Age of Legal Capacity Act (1991) states that:

"a person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment."

In New South Wales (Australia), legislation states that:

"a child aged 14 and above may consent to their own treatment provided they adequately understand

53 Hastings AM & Redsell S (2010) *Listening to Children and Young People in Healthcare Consultations*

and appreciate the nature and consequences of the operation, procedure or treatment. However, if the child is 14 or 15 years of age, it is prudent for practitioners or hospitals to also obtain the consent of the parent or guardian, unless the patient objects."[54]

Children's participation in the development, assessment and improvement of health care services

Children can participate in the development, assessment and improvement of health care services for different purposes and in many ways or by using different methodologies or approaches.

Children of different ages may be invited to share their views and participate in:

- The design of a new children's hospital;
- The design of a playroom in a hospital;
- The decoration of waiting rooms in health care facilities;
- The evaluation of routine health care consultations;
- The evaluation of a specific hospitalisation experience;
- The assessment of PHC or hospital services;

54 Guerreiro AIF and Fløtten K (2016) *Article 12: The Translation into Practice of Children's Right to Participation in Health Care:* in Liefaard T and Sloth-Nielsen J (eds) Conference Book, The United Nations Convention on the Rights of the Child: Taking Stock after 25 Years and Looking Ahead, Leiden University

- A national survey on child health and well-being;
- A study on specific health behaviours in children;
- The preparation of health promotion materials targeting children;
- Other, as applicable.

The opinions expressed through the above may be used to inform policy-making, to study trends and issues concerning child health and well-being or as part of quality improvement processes in PHC and hospitals. Children may also participate in a more regular manner through Children and Youth Councils that may be established in hospitals or at the community level.

Example: Youth council in hospital, Norway

In Norway, Akershus University Hospital established a youth council in 2012. The council acts as an advisory and consultative body to the hospital in its work towards developing good services for adolescents. Among the council's cases have been youth-friendly spaces and transition pathways. They also have a goal to share their experiences with other youth. The members of the council are between the ages of 12 and 25. The council has attracted a lot of national attention and shared its experiences with different actors, such as the Ombudsman for children and other hospitals that aim to establish councils of their own.[55]

55 *Ibid.*

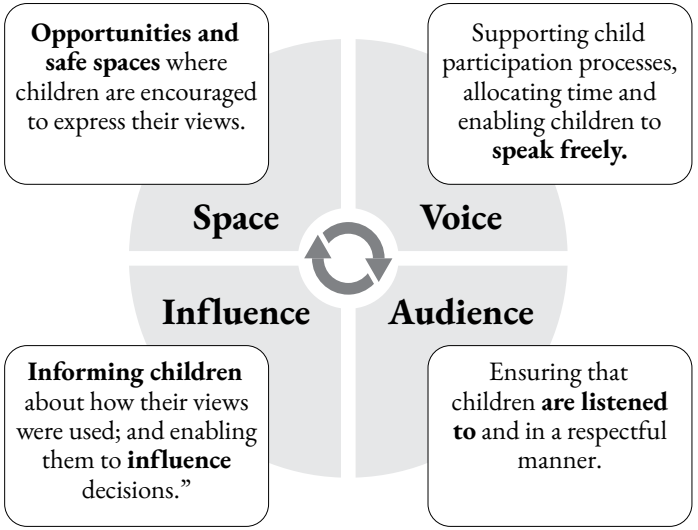
For further information: See the suggested publications included in Annex 3 for other examples of child participation.

How can "good" child participation be implemented?

Child participation is recognised as an essential child right and it can produce very important results. However, it must be carried out in an appropriate manner. Quality child participation can be achieved if professionals are trained, children and their opinions are genuinely respected and taken into account and if their participation yields results. Prof. Laura Lundy developed a model for child participation, which integrates the different factors that should be taken into account to ensure appropriate child participation practices. Her model builds on years of experience in consulting with children, listening to them and identifying and addressing barriers and challenges.[56] The model, illustrated below, can be taken into account in any setting, including health care.

Let's look at a practical example: the paediatric ward in hospital X has been receiving an increasing amount of complaints lately and it has been decided to carry out an assessment of the services provided. It was

56 Lundy, L. (2007) Voice is not enough: Conceptualising *Article 12 of the United Nations Convention on the Rights of the Child*, British Educational Research Journal, December, 33(6)(6):927-942



also decided to involve children of different experiences and characteristics in the process. The four dimensions of Lundy's model could be applied as follows:

1. **Space:** The methodology of focus group discussion has been identified. Different children who were hospitalised recently were invited to participate and informed that they could choose to participate. A number of children volunteered. In the first session, the trained facilitator explained to the children how the assessment would be carried out. The session was carried out in a room where children felt comfortable to express their views.

2. **Voice:** Some of the children had never participated in a similar process. The facilitator

allowed sufficient time in each session to enable all children to participate. He/she also used supporting materials (i.e. visual aids and leaflets with key information), so that children could understand the subject. It was possible for children to speak freely. The children were ensured that their opinions were anonymous and/or that nothing that was said in the group would be used against them.

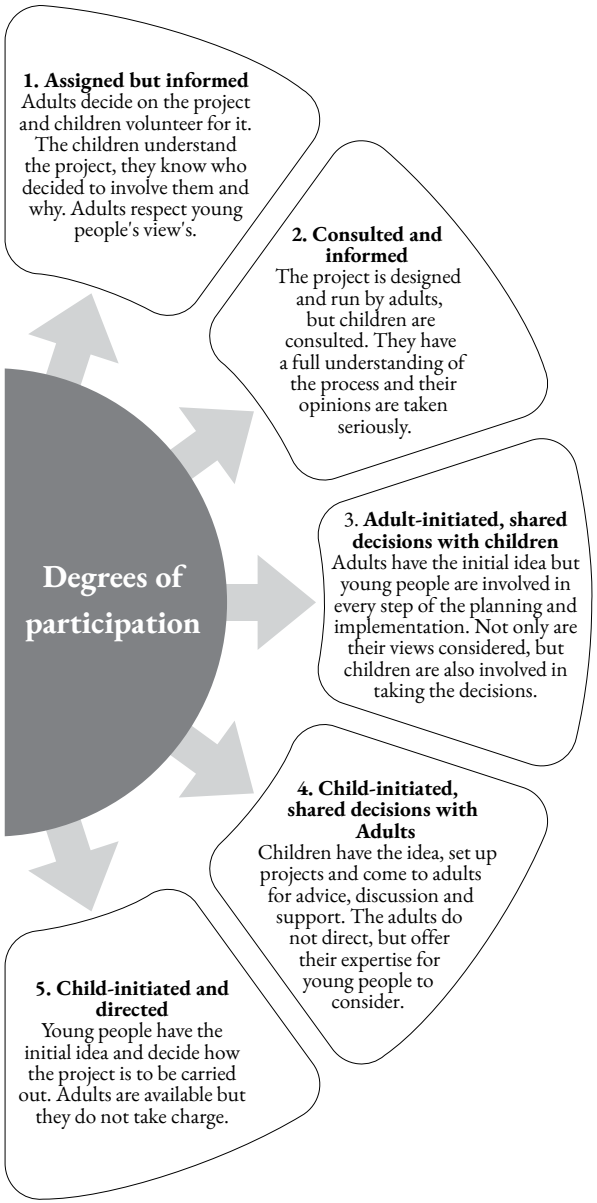
3. **Audience:** The facilitator was genuinely listening to what the children were saying, taking notes of their worries, suggestions and of things they thought were already working well in the hospital. He/she was respectful and attentive and asked further questions to ensure he/she understood what the children were trying to say.

4. **Influence:** An action plan for improvement was prepared by the assessment team. The action plan included some of the recommendations made by children. Children were able to comment on a draft action plan in a version they understood (child-friendly format). In the end, they received information about the adoption of the action plan and what would be improved in the hospital.

As can be seen from the example above, effective child participation practices are ensured by taking into

account a variety of complementary actions. While in the beginning, it may be easy to overlook some of these, information and practice help professionals to carry out better and more effective child participation. It is important to take steps in order to guarantee the participation of children in issues that affect them and are relevant to their lives. Children may participate in different degrees, meaning that they can start by being involved in replying to a survey and participate in a focus group discussion or, once they have more experience, they can also be the leaders in promoting projects to improve their own lives. See below an illustration of Phil Treseder's proposal for the different ***degrees of participation.*** [57]

57 Phil Treseder (1997): *Empowering children and young people: promoting involvement in decision-making (in Creative Commons, 2011)*



Essential information to remember

- Children have the right to give their views on matters that affect them and to have those views taken into account when decisions are being made;
- There are some misconceptions about what participation is. Child participation does not remove any rights or duties by parents, it is not about asking a child for the full responsibility of a decision, participation is not compulsory; and participation is not a simple action to "tick off a list";
- Child participation must be a genuine process that involves children respectfully, where they are actively listened to and taken seriously in decisions that are being made;
- Children can participate in matters that concern their individual health and well-being, but also collectively in issues that are relevant to them as a population group;
- There are specific strategies that can help professionals to ensure good quality participation, including creating opportunities and safe spaces for children to participate, seeking their views, listening actively to children and enabling children's views to influence decisions.

Chapter 8:
The right to protection from all forms of violence

Article 2 of the "Wadeema Law"

2. The competent authorities and the concerned entities shall: Protect the child from all forms of neglect, exploitation and abuse and from any physical and psychological violence that exceeds the limits of the Sharia and the Law, such as the rights of the parents and their equivalents to discipline their children.

Children suffer multiple forms of violence worldwide. All forms of violence against children, including corporal punishment, bullying, sexual violence or other forms of physical and psychological violence have short and long-term effects on a child's life, often lasting throughout adulthood. In 1996, the World Health Assembly declared violence in the family and community to be a growing health problem and has identified child maltreatment as a major public health issue.[58] Accurate and meaningful data on child abuse are not always easy to obtain. What is clear is that the consequences of child abuse and neglect can be physical, psychological and behavioural, and can be irreversible. Child maltreatment can lead to long-

58 Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and Health. Geneva, WHO 2002

term mental health problems, such as depression and low self-esteem. The complexity of this problem also requires complex solutions that cannot be tackled from only one field of action.

Both the last Concluding Observations of the Committee of the Child and the 2022 Situation Analysis of Children in the United Arab Emirates call for the need to pay more attention to violence committed against children in the country. Specifically, as in other countries, there is a need to gather more comprehensive data and research to understand the extent of the phenomenon to address social norms and behavioural change and to improve policies and services.[59] The Committee also called to "Repeal without delay all laws that allow, condone or excuse gender-based violence and violence against children, especially articles 53 and 56 of the Penal Code, and ensure accountability for all forms of violence against children", which includes violence committed in the family.[60]

The "*Wadeema Law*" and the National Child Protection Policy in Educational Institutions in United Arab Emirates have contributed to improve legislation and the protection of children in the country.

59 UNICEF and Supreme Council of Motherhood and Childhood (2022) Situation analysis of children in the United Arab Emirates.

60 Committee on the Rights of the Child (2015) Concluding observations on the second periodic report of the United Arab Emirates. Paragraph 38 (a)

The social problems that affect children cannot be separated or removed from their environment. The coordination of all the institutions involved is essential in order to tackle the situations from a global standpoint and also through integrated programmes that involve institutions and professionals that work with children and families.

Every health care professional providing routine care to children should be aware of the different forms of abuse against children, how they manifest and how to identify them. Secondly, they must be informed about national legislation and other rules on the protection of children from all forms of violence in their own country, including any obligations as a professional, deriving from such legislation.

This chapter explores specifically the role of the health care professionals in the prevention and protection of children from violence, highlighting the necessary actions and duties by professionals. As mentioned before, the MOHAP is developing child protection guidelines, a draft has been developed along with guidelines to be launched soon. Relevant updates will be integrated in this Guide in due time.

Key concepts: child abuse, child neglect, violence against children and child protection specialist

Child Abuse: Every action or omission that would lead to the harm of the child and prevent the latter's upbringing and growth in a sound, safe and healthy manner.

Child Neglect: Failure of the parents or the custodian to take necessary actions to preserve the child's life, as well as his/her physical, mental and moral integrity from risks and to protect his/her various rights.

Violence against Children: Deliberate use of force against any child by any individual or group that would lead to actual harm to the health, growth or survival of the child.

Child Protection Specialist: The person licensed and appointed by the competent authority or the concerned entities - as the case may be – to preserve the rights of the child and protect him/her within the limits of his competencies as stated in this Law (Article 1 of the "*Wadeema Law*").

How you may be involved in the protection of children from all forms of violence

Early intervention with children and families at risk – Early intervention with children and families at risk is a preventive measure and involves addressing risk factors that may be related to the social determinants

of health (i.e. parental substance abuse, mental health issues in the family, domestic violence or other) and aim at preventing short- and long-term consequences for children's health and well-being. These programmes are usually based at PHC or community level and are ideally delivered by social paediatricians or multidisciplinary teams (i.e. made up of doctors, nurses, child psychologists, educators, social workers, or other).

During consultations, as described in Chapter VI on the Right to Information, health care professionals can also contribute to raise awareness of children about child rights and the need to report any type of abuse that they may suffer. Professionals can also raise parents' and custodians' awareness about child protection and the importance of their role in protecting children.

Detecting children at risk and child victims – Every health care professional working directly with children should learn how to identify common signs of different forms of violence against children. Guidelines and protocols are adopted at the national level or at the level of a health facility. Be aware of current guidelines and protocols in place in the UAE workplace. These will help you to carry out your work and better protect children. WHO explains that alerting signs for **child neglect** can include:

- *Caregivers who repeatedly miss the child's medical appointments or fail to provide prescribed treatments;*
- *Faltering growth or malnutrition due to inappropriate diet;*
- *Persistently poor hygiene;*
- *Lack of supervision (in young children), abandonment;*
- *Poor school attendance;*
- *Failure to provide a safe living environment;*
- *Emotional unavailability and unresponsiveness from the caregiver.*[61]

WHO explains that alerting signs for **child physical abuse** can include:

- *Any injury to a child especially if they are young, not walking or crawling;*
- *Injury in the anogenital region;*
- *Multiple injuries in different stages of healing, patterned injuries, injuries in unusual locations, unexplained bruises, fractures, burns, abdominal trauma;*

61 Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence. Copenhagen: WHO Regional Office for Europe; 2022. Licence: CC BY-NCSA 3.0 IGO.

- *Physical punishment reported or used during the visit.*[62]

WHO explains that "sexual abuse happens if the child or adolescent is involved in sexual activities under the age of sexual consent, which he or she may not fully comprehend or not be developmentally prepared. Sexual abuse may occur without physical force, but through psychological, emotional or material manipulation – often by a family member or friend."[63] Alert signs include:

- Itching, bruises, lacerations, redness, swelling or bleeding in the anogenital area;
- Urinary tract infection, blood in urine or faeces, painful urination;
- Pregnancy or sexually-transmitted illness (especially if < 16 years);
- Fear of a certain person or place;
- Prepubertal child displays sexualized behaviour, e.g. sexual talk, requests to be touched in the genital area.[64]

62 *Ibid.*
63 *Ibid.*
64 *Ibid.*

WHO recommended assessment of child maltreatment

If findings suggest maltreatment or if the child confides in you:

- Ensure that a specialist performs the forensic investigation for legal purposes: ask the specialist to visit you or accompany the child to the specialist. DO NO T simply refer the child, as you are the child's person of trust especially following a disclosure.
- Avoid additional trauma and distress: the child should not repeatedly have to tell the story or undergo a second examination.
- Involve the child in decision-making and seek informed consent according to age and developing capacities. Explain the consent process, including confidentiality and when you need to share specific information.

In the event of disclosure:

- Commend the child or adolescent for making the disclosure.
- Make it clear that they are believed and not at fault.
- Reassure them that you will take appropriate action and explain the steps you will take.

In Pocket book of primary health care for children and adolescents: guidelines for health promotion, disease prevention and management from the newborn period to adolescence. Copenhagen: *WHO Regional Office for Europe; 2022. Licence: CC BY-NCSA 3.0 IGO.*

Reporting child victims and suspected cases - Professionals have an obligation to report suspected or confirmed cases of violence against children. Usually, there are guidelines and protocols in place, including the points of referral and actions for reporting and/or referring children. Referral pathways in Sharjah have been designed, but are yet to be officially published. It is important to highlight that failure to report such cases may put the child at further risk and exposure to violence. It is also important to emphasise that often children experiencing abuse are in very vulnerable situations and may not report the violence themselves, due to shame, fear of retaliation, to protect a family member or other complex reasons. Therefore, your role in identifying and helping child victims or children at risk of becoming victims is even more important.

The UAE has specific **hotlines and helplines** to help report suspicions or cases of abuse against children, which include the Ministry of Interior hotline number 116111 and the Child protection Centre in Sharjah on toll-free helpline number 800 700, among other. This helpline provides counselling both to children and adults wanting to help children.

Management, referral and follow-up care – the experience and trauma of any type of violence should entail treatment, referral and/or follow-up care for children, including, long-term psychological support, addressing physical injuries and other consequences of child maltreatment.

Forensic interview and medical examination – in many countries, violence against children is criminalised. For this reason, when a child presents signs of maltreatment, a forensic investigation should be performed by specialised professionals. This will include taking the history of the child, a physical examination and documentation. The results of the interviews and medical examinations should be used by criminal or judicial authorities as evidence to prosecute the perpetrators of abuse. A number of protocols are now available, based on good practices in interviewing and examining children. Once again, check what are the procedures in your country and what support is available. Child victims are in a very vulnerable position and they need appropriate and specialised care and attention.

In a growing number of countries, children are now receiving support and comprehensive care, including judicial support in the so-called Children's Houses, which are specialised and child-friendly care services that include forensic interviewing, medical examination, court interviews, treatment and follow-care under one roof.[65] In the UAE, a similar approach has been adopted, the Kanaf. It is an interdisciplinary, multi-agency child protection centre in Sharjah. It is established to provide prompt legal, psychological, medical services to child victims of physical and sexual abuse and witnesses thereof. The centre helps standardise child protection measures and enable relevant entities to provide integrated referral and treatment services in a state-of-the-art facility, and in a safe, supportive environment. Services are provided free of charge to both children and adults.

65 For more information on the Children's Houses see the PROMISE Project on the European Barnahus Network at: https://www.barnahus.eu/en/

Essential information to remember

- Children have to be protected from all forms of neglect, exploitation and abuse and from any physical and psychological violence (Article 2 of the "*Wadeema Law*");
- Violence against children is common and can have long-term effects on children's health and well-being;
- There are many forms of abuse and neglect. Violence against Children is defined in the law as the deliberate use of force against any child by any individual or group that would lead to actual harm to the health, growth or survival of the child (Article 1 of the "*Wadeema Law*");
- Health care professionals have a very important role to play in protecting children from all forms of violence, including through early intervention with children and families at risk, by detecting children at risk and child victims, reporting child victims and suspected cases and providing follow-up care;
- The UAE has developed actions to enhance the protection of children, such as helplines, and other measures are being developed. It is important for health care professionals to be aware of these developments and act in accordance to their duties and responsibilities.

Chapter 9:
The right to play

Article 25 of the "Wadeema Law"

The child shall have the right to have knowledge, innovation and creativity means.

For that purpose, s(he) may participate in the recreational, cultural, artistic and scientific programs that are adequate to Ms/her age, the public order and morals. The competent authorities and concerned entities shall set the programs necessary for the same.

Play and leisure are something that is inherent to human nature and which contribute greatly to children's growth, development and well-being. Through play, children are able to learn, be creative, build relationships and experience different emotions. The way children play is usually used as a developmental milestone to assess child development in well-child visits, which shows the importance of play.

Within routine health care, play can also have many benefits, including:

- Helping children regain their confidence and self-esteem;
- Providing a space for letting go of their troubles;
- Helping children understand disease and treatment;

- Serving as a distraction technique during treatments;
- Helping rehabilitation;
- Providing a familiar environment.

Play is addressed in different forms. If you have entered a paediatric care facility, particularly in richer countries, you will have noticed the adaptation of rooms or waiting areas, for example in terms of decoration and availability of play spaces, but also professionals' clothing and even child-friendly or playful equipment. Play-related therapies in health care have evolved greatly and are now commonly used in hospitals. These may include clowns, music, art or even pet therapy. A number of related professions have also emerged, such as play specialists and Child Life specialists.

In hospitals, play and leisure can be fulfilled in many ways, including by:

- Setting up playrooms or having play specialists available to work with children;
- Consulting with children in the preparation of the playroom or other means to access play and leisure during their stay in hospital;

- Enabling children who cannot leave their bed/ bedroom to have access to different forms of play;
- Making available other therapies, as mentioned above.

Some definitions of play-related therapies

Therapeutic play: "A set of activities designed according to psychosocial and cognitive development of children to facilitate the emotional and physical well-being of hospitalised children.

Play therapy: "The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development."

Art therapy: "A mental health profession in which patients, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behaviour and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem."[66]

When we think of play, we usually think of younger children, but it is also important to pay attention to the

66 Child Life Council (2014) Evidence-based practice statement: Therapeutic Play in Paediatric healthcare

special rights and needs of adolescents to play, rest and leisure. This may include enabling adolescents to receive visits from their friends to have access to their mobiles or to an internet connection or other strategies adapted to their needs and characteristics.

In Sharjah, the Standards for Schools and Nurseries include the right to play. Standard 3 aims for "all the school to promote children's right to play, enable appropriate fun and accessible to structured and unstructured play." The expected outcomes are that:

- All staff, are knowledgeable and able to use structured and unstructured child led and child-initiated activity and play in and out of the school.
- All children have access to play and feel satisfied about their leisure and rest time at the school.
- The physical environment (both indoor and outdoor) promotes and gives opportunities for using play as an approach.

Essential information to remember

- The UN CRC recognises all children's right to play, rest and leisure;
- Play is fundamental for children's development and it can be integrated within health care practice;
- Using play during health care can have positive effects for children, including helping them understand disease and treatment, serving as a distraction technique during treatments and helping rehabilitation;
- In hospitals, specific measures can be guaranteed to enable play, including setting up playrooms, have play therapists or specialists among staff or different play therapies;
- Play-related therapies in health care may include clown, music, art and pet therapy.

Chapter 10:
The right to respect for parent's rights and duties

Article 15 of the "Wadeema Law"

1. The child parents or their equivalents and the custodian of the child shall provide the requirements of family safety to the child within a coherent and cohesive family.

2. The child custodian shall assume the responsibilities and obligations entrusted to him/her in raising, caring, guiding and developing the child in the best way.

Parents have a fundamental role to play in children's lives, from birth and throughout their development, not only in raising the child but also in promoting the overall healthy development of the child. In health care, parents may contribute to: early diagnosis of diseases, education against risky behaviour, teaching healthy eating habits, stimulating learning and enhancing children's capabilities. Parents' care of children in early childhood, including bonding and other nurturing care, is also known to have long-term benefits.

Health care professionals have a very important role in supporting families, as they are one of the specialised professionals that will be most in contact with children

and parents. Professionals may support parents in many ways in routine care, including by:

- Promoting parenting skills;
- Giving advice on healthy lifestyles for children;
- Providing information about childhood diseases;
- Providing information about children's developmental stages;
- Enhancing health-seeking behaviour;
- Empowering parents to solve problems and use their own or their children's internal resources;
- Involving parents in the management of a child's illness;
- Referring parents to available support in the community, as needed (i.e. parenting programmes, psychological care, social support or other).

Chapter VI on the right to information has elaborated on the importance of effective communication with children. To some extent, many of the same principles will apply to how you should communicate with parents.

You should pay special attention to:

- Providing comprehensive information to parents during well-child visits, during other primary health care visits and during emergency or hospitalisation situations;
- Allowing sufficient time for parents to understand the information given and to express their opinion;
- Enabling parents to ask questions without judgement;
- Ensuring that the environment you create is conducive to effective communication.

Finally, make no assumptions about a parent's knowledge or capacity to understand or deal with a given situation. Even a very well-educated person may not be familiar with certain conditions and need to receive as comprehensive and practical information as possible.

Supporting parents during a child's stay in hospital

Whether children go through planned or planned hospitalisation, the better they understand what will happen during their stay in hospital, the better. It is common for hospitals to provide so-called "Welcome Guides", which may include information for parents on:

1. Visiting hours and who is allowed to visit the hospitalised child;
2. Special measures to be carried out (i.e. hand washing);

3. When is medical staff available;
4. Entitlements to food or other services;
5. Location of the department, playroom, canteen or cafeteria, etc.

Supporting parents with children staying in hospital

Ensuring parents' rights to information and participation is very important when a child stays in hospital. Parents should receive adequate information about what is happening to their child or what is the child's condition, possible treatment options and different outcomes, how will the treatment be applied, and what will be the long-term impact on the life of the child. They must be supported when they must give their informed consent to treatment or other interventions.

In many countries, it is now a common practice for parents to be able to stay with their child at all times, including an overnight stay. Hospitals have found different strategies for this, from providing a chair or bed for parents in the child's room to accommodation for parents on the grounds of hospitals.

Some countries also enable parents to accompany their child up to the moment of anaesthesia induction and the recovery period.

Not all parents are the same, but with the support of

health care professionals, many will be able to help their child whilst in hospital, including by:

1. Supporting medical staff in preparing children or helping in procedures;
2. Helping children to understand what is happening to them;
3. Reducing children's anxiety, by providing comfort to them.

Involving parents during their child's care while in the hospital may also help them to better understand their child's condition and how to treat them at home afterwards, where applicable.

In many cases, parents will need to continue the treatment of the child at home or help them in other ways. Support parents by adequately explaining to them about:

1. Next steps (including future appointments);
2. How the treatment will carry out at home;
3. Possible side effects to expect;
4. Possible reactions from the child;
5. How to help children cope with their illness.

Essential information to remember

- Parents have a fundamental role to play in children's lives, from birth and throughout their development, not only in raising the child but also in promoting the overall healthy development of the child;
- Professionals may support parents in many ways in routine care, including by promoting parenting skills, giving advice on healthy lifestyles for children, providing information about childhood diseases and children's developmental stages; enhancing health-seeking behaviour; and referring parents to available support in the community, as needed (i.e. parenting programmes, psychological care, social support or other);
- Parents and families should also be supported during children's hospitalisation;
- Some approaches to support parents during hospitalisation may include making available necessary information and helping parents to support their children;
- Parents should also receive appropriate guidance on how to help their child after they return home.

A final word on the respect of children's rights in routine care

During your professional career and through your contact with parents and children, you will become acquainted and gain experience on many aspects that were discussed in this Guide, for example, how to inform parents, how to help a child become less anxious during an intervention or how to identify signs of abuse or neglect. However, it is very important for you to understand that each individual issue that has been addressed here, including, health, participation, non-discrimination or protection from violence, is every child's right, in accordance to national and international legislation. This means that every professional has a duty to comply with those provisions and ensure that children's rights are always respected. Moreover, child or human rights can be used as a specific approach to improve the quality of care provided to children.

The UAE has invested significantly in the last years to improve the situation of children, specifically through the adoption of further legislation, by providing for new categories of professionals, such as Child Protection Specialists and by setting up specialised services. To be aware of regulations and existing services will improve your direct work with children.

Questionnaire: after your reading

1. According to national legislation, a child is a person from:
   a. 0 to 10 years of age ☐
   b. 0 to 14 years of age ☐
   c. 0 to 16 years of age ☐
   d. 0 to 18 years of age ☐
2. Are child rights (please select all that apply):
   a. Entitlements that children have ☐
   b. Mandatory principles that professionals must apply in their practice ☐
   c. Optional or complementary actions to take into account in professional practice ☐
3. Can you name any rights that children have?

   Please insert at least 3 examples.
4. Is the United Arab Emirates a signatory to the United Nations Convention on the Rights of the Child?

   Yes ☐

   No ☐

5. Can you name any national laws, policies or strategies that contain fundamental child rights and child protection provisions?

   Please insert the name of the provisions you know.
6. As a health care professional, are you obliged to implement the provisions contained in those laws, policies or strategies?

   Yes ☐

   No ☐
7. What do you understand by health seeking behaviour?

   Please insert the text here.
8. What do you understand by individual confidential counselling?

   Please insert the text here.
9. Why is it important to inform children within health care practice?

   Please give at least 3 reasons.

10. How can health care professionals protect children from violence (please select all that apply)?

    a. Detecting children at risk ☐
    b. Providing early intervention for children at risk ☐
    c. indentifying children who have been a victim of violence ☐
    d. Referring children to responsible services ☐
    e. Treating children for any bodily harm ☐
    f. Providing long-term psychological care to children ☐

Results of the questionnaire

Definition of child: according to Article 1 of the "*Wadeema Law*", a child is every human being born alive and who is under eighteen years old. This means that all legislation that concerns children's health or well-being should be applied to this age group. This does not exclude the possibility to adapt services to the needs of different age-group of children, taking into account the development stages, such as the specific needs of adolescents.

Child rights are entitlements that all children have, no matter their age, nationality or other characteristic. All professionals working with and for children, must comply with them and apply them in their practice.

Children have comprehensive rights that apply to the social, cultural and other spheres of their lives and that aim to contribute to their holistic development. These include the right to health, non-discrimination, information, participation, consideration for the best interests of the child, protection from all forms of violence, education, play, rest and leisure, among other.

The United Arab Emirates ratified the United Nations Convention on the Rights of the Child in 1997. Since then, the country has invested significantly to put in place legislation, policies and services to promote children's rights. One of the central child rights legislation is the **Federal Law No (3) of 2016 Concerning Child Rights Law ("Wadeema")**. Other important policy documents include the **UAE Childhood Strategy 2017-2021 and the National Child Protection Policy in Educational Institutions in United Arab Emirates**

Health-seeking behaviour describes when a person actively tries to access services to learn about health and/or to change their own personal habits, environment or situation, in order to improve their own health.

Individual confidential counselling is a form of health advice and support to children, adapted to their individual circumstances. Usually, counselling refers to information provided about certain issues that may be difficult for children to deal with, including mental health issues, substance abuse, contraception or other. Confidential refers to the need to keep the information private between the health practitioner and the patient.

It is important to **inform children within health care practice** because it can contribute to promote healthy lifestyles, explain a disease and treatment course or procedure to children, improve treatment compliance, help children and families to cope with chronic disease, including disease management in the long-term, encourage appropriate health seeking behaviour by parents and children; and help children to manage anxiety during treatment and interventions.

Health care professionals can play a very important role in protecting children from violence, including in detecting children at risk, providing early intervention for children at risk, identifying children who have been a victim of violence, referring children to responsible services, treating children for any bodily harm; and providing long-term psychological care to children.

Exercise: professional competencies

1. How does my professional "self" look at children?
2. How do I relate with children? Is here anything I would like to change?
3. As a health professional, what does it mean to respect children's rights in my daily practice?
4. How do I apply children's rights in my daily practice?

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Annex 1 - Text of Article 24, UN CRC

Article 24

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.
2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:
    a. To diminish infant and child mortality;
    b. To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
    c. To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
    d. To ensure appropriate pre-natal and post-natal health care for mothers;
    e. To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
    f. To develop preventive health care, guidance for parents and family planning education and services.
    g. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

3. States Parties undertake to promote and encourage international co-operation with a view to achieving progressively the full realisation of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

Annex 2 - Chapter 4, "*Wadeema Law*"

Article 18

The child shall have the right to receive health services according to the laws and regulations of health care applicable in the State.

Article 19

The State shall work on developing its capacities in the field of preventive, curative and mental healthcare as well as health guidance related to the health, nutrition and protection of the child.

Article 20

The competent authorities and concerned entities shall provide healthcare to mothers before and after childbirth according to the legislations in force.

They shall also take the possible measures for the following:

1. Protect the child from environmental pollution hazards and damages and work on combating them.
2. Play a constructive and active role in raising awareness in the field of prevention and health guidance, particularly with respect to the areas of child health and nutrition, the benefits of breastfeeding, prevention of diseases and accidents and the harms caused by smoking, and set the policies and programs necessary for the advancement of the health media in this regard.
3. The competent authorities and concerned entities shall take necessary actions to prevent and protect the child from the use of drugs, intoxicants and stimulants, as well as all

types of psychotropic substances or contribution in the production, trading or promotion thereof.

4. Support the school health system in order to play its role in the field of prevention, treatment and health guidance.
5. Prevent infectious, dangerous and chronic diseases and provide necessary vaccinations and immunizations.
6. Develop programs related to the training of the workers in the maternal and child health care and prepare them to achieve the objectives of this Law.
7. Handle psychological care including the mental, emotional, social and language development of the child.
8. Take the necessary measures for the early screening of children diagnosed with disabilities and chronic diseases.

Article 21

It shall be prohibited to:

1. Sell or attempt to sell tobacco or tobacco products to child. The seller shall have the right to ask the purchaser to provide evidence of reaching the age of eighteen.
2. Smoke in public and private transportation means and indoor places in the presence of a child.
3. Sell or attempt to sell alcoholic beverages to child and any other materials posing risk to the health of the child, determined by a decision issued by the UAE Cabinet.
4. Import or trade in materials that are contrary to the specifications approved in the State for the nutrition, food supplies or health or hormonal supplements or children's toys.

Annex 3 - Suggested further reading on children's participation in health care

Blades R et al We would like to make a change. Children and young people's participation in strategic health decision-making (2013) Office of the Children's Commissioner

Department of Children and Young People. Life as a Child and Young Person in Ireland: Report of a National Consultation (2012) Dublin: Stationery Office

Hanaffin S and Brooks AM Report on the Development of a National Set of Child Well-Being Indicators in Ireland (2005) The National Children's Office

Health Behaviour in School-Aged Children (HBSC) Network 'Terms of Reference' (2014)

Moses S & Urgoiti G (2008) Child Rights Education for Professionals (CRED-PRO). Pilot of the Children's Participatory Workshops. Workshop Report

Kilkelly U 'Child-friendly health care: the views and experiences of children and young people in Council of Europe member states' MSN (2011) 1 E. Council of Europe

Blades R et al We would like to make a change. Children and young people's participation in strategic health decision-making (2013) Office of the Children's Commissioner.

About the Author

Ana Isabel F. Guerreiro is an international child rights expert whose work focuses on how to improve children's lives through better legislation, policies and services in different contexts. She has collaborated with the World Health Organization Regional Office for Europe for a number of years for whom she has developed tools, strategies and processes to use the United Nations Convention on the Rights of the Child as a framework for improving quality of health care for children and adolescents. She has also worked for UNICEF in advancing and implementing the Child-Friendly Cities and Communities Initiative in various countries and for other organisations. She has published a number of peer-reviewed articles of interest to child rights.