



International Network of  
**H**Health  
**P**Promoting  
**H**Hospitals & Health Services



*Task Force on Health Promotion for Children and Adolescents in & by Hospitals (HPH-CA)*

**Self-evaluation model and tool  
on the respect of Children's Rights in Hospital**

**1<sup>st</sup> Edition  
January 2009**

## **Foreword**

The recognition and the respect of children's rights in hospital may seem specific and limited, if compared to the wider human rights themes, but in reality it touches upon some core elements also in terms of the broader rights context.

The situation of paediatric hospitals and departments committed to the rights cause at global level is still a work in progress: among these, many have not adopted a Children's Charter of rights in hospital and many do not have at their disposal evaluation systems measuring to what extent are rights respected in hospital.

As witnessed by the International Network of Health Promoting Hospitals and Health Services (HPH), hospitals are requested to provide empowerment for health, by involving patients, staff, and communities. This process starts with the recognition of the patient's and the citizen's rights and it continues with the evaluation of the respect of those rights.

This is particularly important for children and for all vulnerable people.

For this reason the Task Force on Health Promotion for Children and Adolescents in and by Hospitals (HPH-CA) has found it appropriate to propose an operative model of self-evaluation and to make it available for paediatric hospitals and departments inside and outside the Task Force membership. We hope that this system could also contribute to the efforts of other institutions operating in the field of child rights and well-being.

Fabrizio Simonelli  
HPH-CA Task force leader

## **Acknowledgments**

The self-evaluation tool on the respect of children's rights in hospital was developed with the participation and collaboration of all the Task Force Members, through preparatory meetings, discussions and the implementation of a pilot test in order to further improve the tool before the dissemination.

The Task Force would like to acknowledge the national and international partners that contributed to the revision of the tool. We would like to thank in particular David Parker at UNICEF's Innocenti Research Centre (Florence, Italy); Marcus Stahlhofer at WHO (Geneva, Switzerland); Sandra Eismann, David Bawden and Emilie Roberts at the Healthcare Commission for England (London, UK); Georgos Moschos, Greek Ombudsman (Athens, Greece), the HPH Task Force on Migrant Friendly and Culturally-Competent Hospitals for their generous contributions.

## Background information

- The Task Force on Health Promotion for Children and Adolescents in and by Hospitals

The Task Force on Health Promotion for Children and Adolescents in and by Hospitals was set up in April 2004 within the International Network on Health Promoting Hospitals and Health Services. The Task Force is made up of representatives of several Paediatric Hospitals, European Research Institutes and European Associations. It is coordinated by the Health Promotion Team of the Meyer University Children's Hospital of Florence, Italy. The Task Force has four main working areas: defining a specific conceptual background; promoting and safeguarding children's rights in hospitals; mapping and evaluating current practices of health promotion aimed at children and adolescents in hospitals; and promoting HPH-CA Communities of practice.

- Task force Members

**Giuliana Filippazzi** (Italy)  
European Association for Children in Hospital (EACH)  
[ffilippazzi@alice.it](mailto:ffilippazzi@alice.it)

**James E. Robinson** (Scotland, UK)  
Royal Hospital for Sick Children  
NHS Lothian University Hospitals  
[James.Robinson@luht.scot.nhs.uk](mailto:James.Robinson@luht.scot.nhs.uk)

**J. Raquel Mullen** (USA)  
Stanly Pediatrics at Troy  
[docroxm@hotmail.com](mailto:docroxm@hotmail.com), [drraquel@netzero.net](mailto:drraquel@netzero.net)

**Klaus Arbeiter** (Austria)  
Department of Paediatric and Adolescent Medicine  
Medical University of Vienna  
[klaus.arbeiter@meduniwien.ac.at](mailto:klaus.arbeiter@meduniwien.ac.at)

**Lagle Suurorg** (Estonia)  
Tallinn Children's Hospital  
[Lagle.Suurorg@lastehaigla.ee](mailto:Lagle.Suurorg@lastehaigla.ee)

**Les White** (Australia)  
University of New South Wales and  
Sydney Children's Hospital  
[L.White@unsw.edu.au](mailto:L.White@unsw.edu.au)

**Marie-France Noël** (Canada)  
Centre universitaire de santé Mc Gill and  
Hôpital Royal Victoria  
[marie-france.noel@muhc.mcgill.ca](mailto:marie-france.noel@muhc.mcgill.ca)

**Marija Radonić** (Croatia)  
Pediatric Department in, County Hospital Dubrovnik  
[marijarado@bolnica-du.hr](mailto:marijarado@bolnica-du.hr)

**Núria Serrallonga Tintore** (Spain)  
Hospital Sant Joan de Déu Barcelona  
[nserrallonga@hsjdbcn.org](mailto:nserrallonga@hsjdbcn.org)

**Rosa Gloria Suárez** (Spain)  
Dirección General de Salud Pública del Servicio  
Canario de la Salud, Gobierno de Canarias  
[rsualop@gobiernodecanarias.org](mailto:rsualop@gobiernodecanarias.org)

**Stella Tsitoura** (Greece)  
European Society for Social Pediatrics  
and Child Health (ESSOP) and 2nd  
Paediatric University Clinic, "P & A  
Kyriakou" Children's Hospital  
[stella.tsitoura@gmail.com](mailto:stella.tsitoura@gmail.com)

**Zsuzsanna Kovács** (Hungary)  
National Institute of Child Health  
Child Health Main Department  
Methodology Department  
[kovacszs@ogyei.hu](mailto:kovacszs@ogyei.hu)

**Task Force Hub** (Italy)

**Fabrizio Simonelli**  
[f.simonelli@meyer.it](mailto:f.simonelli@meyer.it)  
**Ana Isabel Fernandes Guerreiro**  
[a.guerreiro@meyer.it](mailto:a.guerreiro@meyer.it)  
**Nicola Sereni**  
[n.sereni@meyer.it](mailto:n.sereni@meyer.it)

Health Promotion Programme  
Meyer University Children's Hospital

## Introduction to the model of children's rights

The Committee on the Rights of the Child has highlighted that the articles related to **non-discrimination** (art. 2), **the best interests of the child** (art. 3 (1)), **life, survival and development** (art. 6) and **the respect for the views of the child** (art. 12) constitute general principles upon which the whole Convention on the Rights of the Child (CRC) must be implemented.

These four principles served as a theoretical model on which to base the self-evaluation tool. The aim was to identify a number of articles, in light of the four general principles of the CRC and to evaluate to what extent these rights are respected in the hospital setting. The specific objective of the model is to assess the gap between the full respect of children's rights in hospital and the actual practice, as a basis to promote improvement and change in that setting through the development of standards, taking of actions and further assessment and feedback, monitoring gaps and produce change.

The phases of this process of assessment, improvement and change is as follows:

- 1) mapping the reality through the implementation of the proposed self-evaluation tool;
- 2) planning the improvement, through the identification of a set of standards for the respect of children's rights in hospital;
- 3) making improvement, through the implementation of specific actions;
- 4) evaluating the change, by monitoring progress and gaps.

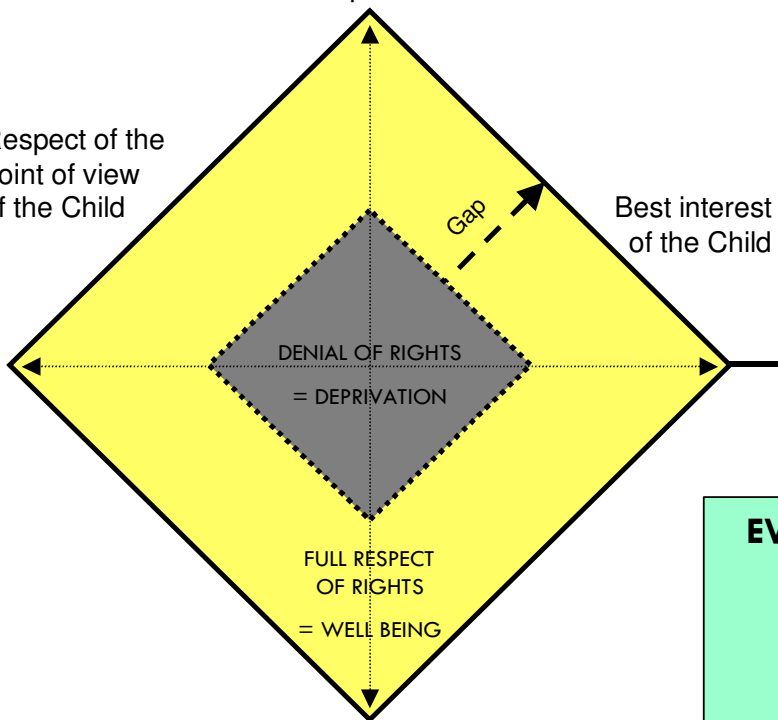
*The figure on the following page provides a representation of this process.*

GENERAL PRINCIPLES OF THE U.N. CONVENTION  
ON THE RIGHTS OF THE CHILD

Life, survival, development  
and protection

Respect of the  
point of view  
of the Child

Best interest  
of the Child



Non-discrimination



*HPH Task force on Health Promotion for  
Children and Adolescents in & by Hospitals  
and Health Services*

**MAPPING THE  
REALITY:**  
SELF EVALUATION

**EVALUATING THE  
CHANGE:**  
MONITORING  
PROGRESS  
AND GAPS

**PLANNING THE  
IMPROVEMENT:**  
SET OF STANDARDS  
OF CHILDREN'S  
RIGHTS IN HOSPITAL

**MAKING  
IMPROVEMENT:**  
IMPLEMENTATION  
OF ACTIONS

- The self-evaluation tool

Within the working area of 'promoting and safeguarding children's rights in hospitals' and based on the results of a background survey that was carried out in 114 European hospitals regarding in hospital health promotion for children and adolescents, the Task Force has developed a tool of self-evaluation to be applied in hospital, in relation to the respect of children's rights in that setting.

The aim of the self-evaluation tool is to analyse and reflect on the respect for children's and adolescents' rights in hospital, to understand good practices and as a basis and guide for further improvement. The self evaluation, assessment and reflection on each of the rights will enable the Hospital Direction and Paediatric Departments to identify some reference standards and to plan actions as well as a time-frame to achieve them. When possible, children and adolescents should participate in the implementation of the self-evaluation tool, as well as, in the design and implementation of follow-up action. Finally, experience and recommendations of the process will in turn feed into continuing work of the Task Force.

The tool was designed together by the Task Force members, who also proceeded with a pilot test of the first version in their hospitals. Results of the pilot test were then reviewed by the Task Force members.

The final self-evaluation tool is the result of an interpretation of both the CRC, the EACH Charter and the Charter of the International Children's Palliative Care Network; a review of the standards identified by the Child Friendly Healthcare Initiative (CFHI) and a consultation process with international partners such as WHO, UNICEF (Innocenti Research Centre), the Healthcare Commission for England and the HPH Task Force on Migrant Friendly and Culturally-Competent Hospitals. Three main areas were identified by the Task Force members, reflecting priority considerations for hospitals, namely the right to the highest attainable standard of health care, the right to information and participation in all decisions involving their health care and the right to protection from all forms of violence. Within each of the three main areas, several other rights were identified and considerations drawn in order to orient the discussions of the teams completing the self-evaluation tool in hospitals. These reflect the rights and interpretations of the aforementioned international charters and partners (*go to the next page for a complete summary of the rights identified for the purpose of the self-evaluation tool*).

**AREA 1: RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH CARE**

Right 1.1

Children’s health care provision should take into consideration all dimensions of health, including physical, mental, social, cultural and spiritual.

Right 1.2

Children have the right to access health services without ethnic, racial, class, religious, gender, age, sexual orientation, disability, language, cultural and social discrimination.

Right 1.3

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

Right 1.4

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

**AREA 2: RIGHT TO INFORMATION AND PARTICIPATION IN ALL DECISIONS INVOLVING THEIR HEALTH CARE**

Right 2.1

Children have the right to be informed in a manner appropriate to their age, developmental level and understanding.

Right 2.2

Children have the right to express freely their opinions on any issue that involves them and the right to be heard and to be taken into consideration in a way consistent with their age and maturity.

**AREA 3: RIGHT TO PROTECTION FROM ALL FORMS OF VIOLENCE**

Right 3.1

Children have the right to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.

Right 3.2

Children have the right not to be separated from their parents/guardians/caregivers against their will during their stay in hospital.

Right 3.3

Children have the right to privacy.

Right 3.4

Children have the right to a dignified death.

Right 3.5

Children have the right not to feel pain.

Right 3.6

Children have the right not to be submitted to clinical research or experimentation projects and to have the possibility to withdraw during the process of research.



## **Practical guide for preparation and completion of the self-evaluation tool**

- **Who should lead the self evaluation process**

The self-evaluation process should be promoted and prepared at organisational level from the General Direction of the Paediatric Hospital or Department.

- **Who should complete the self evaluation tool**

The self-evaluation tool should be completed carefully by a team composed of delegated hospital managers, competent professionals in charge of specific hospital units, technical staff and representatives of patients' associations. When possible, children and adolescents should participate in the completion of the self-evaluation tool.

The name and contact of the person filling out the tool should be provided.

- **Period to be considered**

When looking at training promoted by the hospital or complaints made by patients' associations or other, it is suggested to take into consideration the last 12 months, prior to when you are completing the self-evaluation tool.

- **Rating scales**

Below is a description of the meaning of the four point rating scale as a guide to completing the self-evaluation tool.

### **Overall evaluation**

#### Significantly achieved

Recognition of the right is integral to hospital/ward activities. All staff recognise its importance and are committed to its promotion. There is an effort for continuous improvement.

#### Meaningful progress

We have made significant progress towards addressing this right. The methods are now evaluated and mature and we increasingly look for further development and adaptation. This is increasingly seen by staff as 'part of the job'. The activities in this area are usually, though not always integrated.

#### Slightly considered

The need is recognised but there has been little or no action yet. There are not yet examples of consideration for this right, but an approach is being developed; or there are isolated examples of this right being addressed.

#### Completely unconsidered

There are few, if any, examples that show that this right is being considered and that work is being done in order to implement it.

*For further information and explanation please visit our website at [http://: who.collaboratingcentre.meyer.it](http://who.collaboratingcentre.meyer.it)*



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*Task Force on Health Promotion for Children and Adolescents in & by Hospitals (HPH-CA)*

**Self-evaluation tool  
on the respect of Children's Rights in Hospital**

<i>Name and Address of the Hospital:</i>	<i>Name of the Department/Service:</i>
<i>Name and e-mail of the Head of the Department/Service selected:</i>	<i>Name, e-mail and telephone number of the person in charge of filling out the tool:</i>
<i>Age range of children served in the hospital:</i>	<i>Date of completion:</i>

<b>Has the hospital adopted a Charter on Children's Rights in Hospital, in line with the Convention on the Rights of the Child?</b>	<b>YES</b> Please, indicate when it was adopted and submit a copy of your charter	<b>NO</b>	<b>IN PROGRESS</b> (Since.....)
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<b>Is the Charter accessible in print and displayed in all wards/ services?</b>	<b>YES</b> Please, specify the adoption act.	<b>NO</b>	<b>PARTIALLY</b> (please provide an estimated percentage of accessibility)
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**AREA 1: RIGHT TO THE HIGHEST ATTAINABLE STANDARD OF HEALTH CARE (CRC Art. 24).**

**Right 1.1: Children's health care provision should take into consideration all dimensions of health, including physical, mental, social, cultural and spiritual.**

*Please consider:*

1. Patient's clinical records contain a specific space to record information of the physical, mental, social, cultural and the spiritual dimensions of health .
2. Does the hospital have collaborative protocols with community services and/or associations to ensure that this right is respected? And are these applied?
3. Counselling is accessible to all children and adolescents in the community, not only in the hospital.
4. Have there been any complaints by children, parents or patients' associations about the denial of this right in the past 12 months?
5. The hospital has received praise from children and families. There have been positive media stories regarding the hospital's respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children's rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

**Right 1.2: Children have the right to access health services without ethnic, racial, class, religious, gender, age, sexual orientation, disability, language, cultural and social discrimination.**

*Please consider:*

1. Health care provision is universally free, including for undocumented immigrants and other foreign children.
2. The hospital guarantees culturally competent staff and volunteers.
3. The number of cultural competence training courses for staff and volunteers addressing cultural competence provided by the hospital in the past 12 months.
4. The number of events promoted by associations in relation to this right.
5. The percentage of staff and volunteers who have completed cultural competence training.
6. Have there been any complaints by children, parents or patients' associations about the denial of this right in the past 12 months?
7. The hospital has received praise from children and families. There have been positive media stories regarding the hospital's respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children's rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

**Right 1.3: Children shall be admitted to hospital only if the care they require cannot be equally well provided and effective at home or on a day basis.**

*Please consider:*

1. Does the hospital have protocols aiming at reducing inadequate hospitalisation? And are these applied?
2. Does the hospital have collaborative protocols with community services and/or associations aiming at reducing inadequate hospitalisation? And are these applied?
3. Is there a hospital monitoring and evaluation system to assess the number of avoidable hospitalisations? If yes, is the number very significant?
4. Have there been any independent surveys on this matter by community organisations?
8. Have there been any complaints by children, parents or patients' associations about the denial of this right in the past 12 months?
9. The hospital has received praise from children and families. There have been positive media stories regarding the hospital's respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children's rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

**Right 1.4: Children have the right to have full opportunity for play, rest, leisure, recreation and education suited to their age and condition and to be in an environment designed, furnished, staffed and equipped to meet their needs.**

*Please consider:*

1. Is this right stated in the hospital policy ?
2. Are there adequate spaces for children’s play, education and recreation?
3. Are there any architectural barriers denying access to disabled children?
4. Are there any activities other than education, play and recreation (such as clowns, music, pet-therapy or art therapy) organised in the hospital?
5. Does hospital policy provide specially trained teachers?
6. Does hospital policy provide specially trained professionals, such as play-therapists, art-therapists and drama-therapists?
7. Is hospital school guaranteed by hospital policy?
8. Do supportive organisations promote play activities in the hospital? And are these activities supported by collaborative protocols between the hospital and the associations?
9. Is hospital environment adaptable to the needs of different age groups?
10. Are there any age restrictions for visitors to children the hospital?
11. Have there been any complaints by children, parents or patients’ associations about the denial of this right in the past 12 months?
12. The hospital has received praise from children and families. There have been positive media stories regarding the hospital’s respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children’s rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered



**AREA 2: RIGHT TO INFORMATION AND PARTICIPATION IN ALL DECISIONS INVOLVING THEIR HEALTH CARE (CRC Art. 12, 17, 31); (EACH Charter Art. 4, 5).**

**Right 2.1: Children have the right to be informed in a manner appropriate to their age, developmental level and understanding.**

*Please consider:*

1. Do clinicians spend time and pay attention in informing children, parents, guardians and caregivers about their condition?
2. Are healthcare professionals adequately and specifically trained to communicate with children and their families?
3. A Charter on Children’s Rights in a version understandable to children is displayed in every ward, in-patient and out-patient departments. The Charter is given in print to all children receiving treatment and discussed with them, whether as in-patients or out-patients.
4. Is health information available in an appropriate range of languages and formats?
5. Have there been any complaints by children, parents or patients’ associations about the denial of this right in the past 12 months?
6. The hospital has received praise from children and families. There have been positive media stories regarding the hospital’s respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children’s rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**  
**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

**Right 2.2: Children have the right to express freely their opinions on any issue that involves them and the right to be heard and to be taken into consideration in a way consistent with their age and maturity.**

*Please consider:*

1. Does the case history/medical record have a specific section for recording children's comments or complaints about treatment?
2. Do healthcare professionals seek the views of children and young people regarding their condition, treatment and other relevant issues? And to they take them into consideration?
3. Do healthcare professionals discuss children's condition, treatment and other issues with parents, guardians and caregivers? Do they discuss separately with children and adolescents, if it is in their best interest?
4. Are there means for seeking the views of children and their parents in foreign languages, for instance through language mediators?
5. There is a Forum for child/young people or parent/child. The forum is supported by hospital authorities.
6. There is a mechanism to record patients' experience.
7. Are there family and child friendly complaints procedures or reference units, staff and/or volunteers for children and adolescents to express their complaints? And are these accessible to all children and young people?
8. Have there been any complaints by children, parents or patients' associations about the denial of this right in the past 12 months?
9. The hospital has received praise from children and families. There have been positive media stories regarding the hospital's respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children's rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

**AREA 3: RIGHT TO PROTECTION FROM ALL FORMS OF VIOLENCE (CRC Art. 9, 16, 19, 36);  
(EACH Charter, Art. 2, 3, 8, 9, 10).**

**Right 3.1: Children have the right to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse.**

*Please consider:*

1. Are there hospital protocols regarding the protection of children against all forms of violence?
2. Does the hospital have appropriate protocols for both response to violence that has occurred to the child before entering the hospital and violence that takes place in the hospital?
3. Are professionals/hospital staff aware of the existence of the protocols for child protection and how to access them? Do professionals/hospital staff implement these policies and procedures?
4. How is implementation of policies and procedures monitored in and out of the hospital?
5. Is there a professional group especially created for monitoring and assessing violence against children?
6. There are identified individuals with professional responsibility for child protection in post.
7. Medical and nursing assessments are carried out.
8. There are protocols for dealing with child abandonment.
9. The number of staff training sessions, provided by the hospital in the last 12 months.
10. Percentage of staff with training in child protection.
11. Have there been any complaints by children, parents or patients' associations about the denial of this right in the last 12 months?
12. The hospital has received praise from children and families. There have been positive media stories regarding the hospital's respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children's rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples).*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

**Right 3.2: Children have the right not to be separated from their parents/guardians/caregivers against their will during their stay in hospital.**

*Please consider:*

1. Are both parents/guardians/caregivers allowed to stay with their children at all times except when it is not in the child's best interest?
2. Is there a clear principle for determining the child's best interest that is discussed with the parents/guardians/caregivers?
3. Is there an explanation to parents and children if there is a list of spaces/wards where parents are not allowed?
4. Have there been any complaints by children, parents or patients' associations about the denial of this right in the last 12 months?
5. Are parents entitled to free overnight stay and free or subsidised food when staying with their child?
6. The hospital has received praise from children and families. There have been positive media stories regarding the hospital's respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children's rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

### Right 3.3: Children have the right to privacy.

*Please consider:*

1. Do children have the possibility to be examined by a doctor of the same sex?
2. Are there single/private or double rooms (as opposed to large wards) available for all hospitalised children?
3. Do all rooms have a bathroom?
4. Is there gender respect in double rooms or rooms with more than 2 beds?
5. Is a designated, private area provided for physically examining and for private communication with children and their parents? During examination in shared bedrooms, are curtains used for privacy, if requested?
6. Have there been any complaints by children, parents or patients' associations about the denial of this right in the last 12 months?
7. The hospital has received praise from children and families. There have been positive media stories regarding the hospital's respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children's rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

#### **Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

**Right 3.4: Children have the right to a dignified death.**

*Please consider:*

1. Bereavement care appropriate to the culture of the child and family is provided by the hospital?
2. Are programs for a dignified death developed together with children and parents, taking into consideration children’s cultural background?
3. Have there been any complaints by children, parents or patients’ associations about the denial of this right in the last 12months?
4. The number of related training courses for staff, provided by the hospital in the last 12 months.
5. The hospital has received praise from children and families. There have been positive media stories regarding the hospital’s respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children’s rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

**Right 3.5: Children have the right not to feel pain.**

*Please consider:*

1. Are there protocols and procedures adopted and implemented in hospital for pain prevention and treatment, including palliative care?
2. Is the child's perception of pain registered in the medical records?
3. The number of related training courses for staff in pain management provided by the hospital in the last 12 months.
4. Percentage of staff who have had training in pain management.
5. Have there been any complaints by children, parents or patients' associations about the denial of this right in the last 12 months?
6. The hospital has received praise from children and families. There have been positive media stories regarding the hospital's respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children's rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered

**Right 3.6: Children have the right not to be submitted to clinical research or experimentation projects and to have the possibility to withdraw during the process of research.**

*Please consider:*

1. Has the hospital adopted clear regulations for clinical research? Is there an Ethical Committee for clinical research?
2. Are there specific protocols on obtaining informed consent from children and parents?
3. Has all research has undergone independent ethical review? Does it comply with legal and ethical requirements?
4. Are there information leaflets about research for parents and children and their healthcare professionals, discussed with them?
5. Have there been any serious or untoward incidents arising as a result of children's participation in research?
6. Reports to Board from routine audit/monitoring/review of research projects involving children to ensure complying with standards.
7. Have there been any complaints by children, parents or patients' associations about the denial of this right in the last 12 months?
8. The hospital has received praise from children and families. There have been positive media stories regarding the hospital's respect for this right.

*Please highlight what you believe is missing in relation to the respect of this right, record evidence of how policies are applied in the hospital or the right is met and record useful proposals for the definition of standards on the respect of children's rights in hospital.*

*Were there diverging opinions among members of the evaluation team? (please give examples)*

**Overall evaluation**

**To what extent is this right met in hospital?**

- Significantly achieved
- Meaningful progress
- Slightly considered
- Completely unconsidered



Individual sections of this self-evaluation are now complete.

In the space below please record:

- Overall aspects of rights promotion that are working effectively;
- Overall aspects of rights promotion that are in particular need of attention;
- Overall degree of consensus within the teams during the discussion process;
- Examples of good practices on rights cutting through all areas;
- Participation of wider community members in the completion of the tool.

Final Recommendations and suggestions of specific actions or standards to take over the coming period.

*(continue on this page)*

*(continue on this page)*