

Health Care

Since the adoption of the United Nations' Convention on the Rights of the Child, our perspective or view of children and childhood has changed. Children are individuals (in their own right) and have their own rights. The Child's Rights Convention accords children up to the age of 18 the same human rights in the same way as we adults have human rights. Children are here and now and childhood is an important part of life – not a preliminary stage. The Child's Rights Convention has already been in existence for 16 years. In different areas of Sweden's public sector, the Child's Rights Convention is being implemented at somewhat varying speed.

According to the Children's Ombudsman Act, the Children's Ombudsman is charged with representing the rights and interests of children and young people against the background of Sweden's commitments according to the Child's Rights Convention. The Children's Ombudsman is to drive the convention's implementation and monitor how it is observed. A children's perspective must permeate the whole of society and the consequences for children must be analysed in all decisions affecting children.

Children's intrinsic right to life and development and the highest attainable standard of health

The Child's Rights Convention contains many articles that concern children's health and several that ought to have a substantial influence on health care and medical treatment. One obvious point of departure is Article 24 that accords children the right to the highest attainable standard of health and to medical care and rehabilitation. Article 23 gives disabled children the right to enjoy a full and decent life. Children must be protected from all forms of physical or mental violence (Article 19) and all children have the right to grow up in a drug-free environment (Article 33).

The general principles in the Child's Rights Convention also play an important role as regards health care and medical treatment. Children have full and equal worth as human beings. This applies not only between children, as stated in Article 2 of the Convention, but also between children and adults. Children's right to be protected from discrimination is also written into Sweden's constitution. Chapter 2 of the Constitution Act states that society must prevent discrimination, among other things on the grounds of age. Article 3 of the Conventions states that the best interests of the child shall be the primary consideration – a principle that is an immensely important point of departure in decisions concerning children's health.

Children's right to life should be seen as a fairly obvious starting-point in health care in particular. Children's right to be heard does not unfortunately go without saying in health care and medical treatment today, but can be regarded as a concrete challenge for the health services. All these articles show that the Child's Rights Convention has a focus, among several, on children's and young people's health. This presents us with the challenge of trying to reconcile children's rights according to the Child's Rights Convention with today's reality in health care for young people under the age of 18.

The convention also emphasises how important it is that every country that has ratified it must take all appropriate legislative, administrative and other measures in order to

implement children's rights and apply the measures as far as the resources at their disposal allow.

One of the major reasons why children and young people come into contact with health care services is actual physical injury. Working for children's right to safety and security in their everyday life is also a very good way of making children's rights according to the Child's Rights Convention a reality. Children's right to life and development is one of the fundamental principles of the Child's Rights Convention. The right to development includes the right to rest and leisure-time activities, play, and recreation appropriate to the child's age. Children's right to life and development must be guaranteed every child, without distinction and to the very limit of society's resources. Children have the right to be heard and influence these issues. In order to be able to do so in a meaningful way, they need information about how to prevent accidents and injuries.

A successful effort to ensure children's right to a safe and secure everyday life should lie at the point of intersection between security and stimulation. Safe, secure everyday life for children and young people should be an environment that allows them to play and move around freely and take up challenges. They must be able to venture further from home in ever increasing circles and more and more independently, without running the risk of being killed or seriously injured.

Children's and young people's daily life – this means at home, at play, at pre-school or in school and taking part in their school's recreational activities, on the roads, in the sports hall, and everywhere else. Ensuring that children's and young people's everyday life is safe and secure is a major responsibility for adults at all levels – parents, groups of staff in various contexts, planners, decision-makers, companies, and legislators.

Children and young people think health is important

A survey of almost 2,000 children that the Office of the Children's Ombudsman conducted in 2002 told us that young people in Sweden are generally speaking satisfied with their bodies and their health. These factors are very important for young people's total sense of well-being. (Children's Ombudsman's report 2005:03; Ranking satisfaction with life)

According to the results of the survey I just mentioned, children and young people are very satisfied with their bodies and their health and this is very important for their satisfaction with their lives in general. A large proportion are also satisfied with health care centres and hospitals. Generally speaking, they are not fully satisfied with their empowerment in society. Two thirds are satisfied with the scope accorded them to speak their mind to people who decide things, while only a third are satisfied with their possibilities they are given to decide things in society. Three out of four are satisfied with their possibilities to obtain information they can understand.

Most children and young people are, for the most part, in good health according to the registers of statistics that are kept and the studies that are made where the children themselves are the respondents, but everyday illness and health check-ups mean that many have come into contact with the health care services several times while growing up.

Mental ill-health on the increase

Both the Children's Ombudsman's and Statistics Sweden's joint publication "Up to 18" and the Board of Health and Welfare's National Public Health Report for 2005 tell us that children's and young people's mental health is good. There are, though, problems with, for

example, overweight and obesity, allergies, and asthma. But the biggest challenge is the increase in mental ill-health among our children. Between 10 and 15% of all children seek child psychiatric help while they are growing up and sales of anti-depressants to young people have doubled in recent years. The number of attempted suicides resulting in hospital care has been higher over the past ten years than previously, especially among young girls.

When I speak with children and young people, some issues in their everyday lives that are clearly very important for their well-being are very apparent. Bullying, stress, empowerment, and the work environment in school are a few of the everyday issues that crop up in conversations with children in groups. Stress affects girls to a greater extent than boys and they feel more stress as they get older. 68% of 16 and 17-year-old girls feel that they are stressed every week. Young people themselves say that a high workload at school, pressure to succeed, and the high/loud noise level at school may be some of the contributing factors. About 47% of all 15-year-old girls have a headache once a week. What is worse is that a full 55% of girls of that age feel "down" at least once a week.

Young people's alcohol consumption is higher than before. Home is often boys' main arena today. Hours are spent at the computer, surfing and playing games, and time spent sitting is on the increase. Radiation exposure and the risk of coming into contact with dangerous adults via the Internet are a reality today. Adults' awareness should be much greater.

How can we improve the children's perspective?

A children's perspective – our goal is that a children's perspective must permeate the whole of society in legislation, general fundamental values and concrete action. The Swedish Parliament has adopted a national strategy to achieve this. The Children's Ombudsman's role here is to push the implementation of the Child's Rights Convention at different levels in the public sector and to monitor its observance.

The work of systematically applying a children's perspective in decisions and measures that concern children has now come some part of the way along the road in a number of government authorities, county councils, and local authorities. The children's perspective is based on knowledge gained through experience of and research in children's and young people's development, needs, rights, and interests, and principally through allowing children and young people themselves to voice their opinions on issues that concern them. Children's and young people's own perspective is the most important component of a children's perspective. Statistics regarding children and young people also change. Studies where children and young people themselves are asked for information are now more commonplace.

Representing children and young people naturally presupposes good communication with children, listening to them, and taking their opinions seriously. At the Office of the Children's Ombudsman, we try in various ways to make contact with children and young people of different ages and in different contexts and find out their views on different issues and meet them in different constellations. We have several children's councils that colleagues meet regularly, and we have a large number of contact classes around the country who answer questions from us on different themes. Such question rounds are held three or four times a year. I meet children and young people when I make visits to municipalities and I have my own youth council. Sometimes we also have the opportunity to conduct statistical studies where children and young people are the respondents.

Children's own perspective should not be confused with adults' children's perspective, neither with the parent's perspective or the professional adults' perspective. Both categories may be kindly disposed and claim to have the children's best interests at heart, but these are not necessarily the same as what the child thinks. A genuine children's perspective contains both children's own perspective and a professional analysis and interpretation of children's and young people's own opinions on the issue being studied.

In order to succeed in improving the children's perspective in any organisation, it is important for it to have the support of the organisation's management. This is true regardless of what organisation it may be. The children's perspective must be introduced into the organisation's normal structures in the same way as, for example, the equal opportunities effort has been integrated into many organisations. The perspective must be written into the organisation's guidelines and steering documents. Methods, education initiatives, exchange of experience, and evaluations may be important prerequisites for success.

Keeping a real children's perspective alive is naturally dependent on the type of organisation. One thing, however, is very important – to try to work with the perspective in a systematic fashion and to document, for example, how the child's opinions were obtained, how the child was informed of his or her illness and treatment.

The children's perspective also presupposes respect and integrity in one's relation to the child. We adults must have the power of insight in order to understand how the child perceives the situation, both in terms of what may be important to the child in a particular situation and what knowledge and experience tell us in general. It is also important to remember that childhood has a value all its own. Childhood is not a preliminary stage *before* life but an important part *of* life.

The children's perspective in health care and medical treatment

One significant challenge for health care and medical treatment in Sweden is to increase the children's perspective in order to live up to the needs of children and young people better. One reason for having a children's perspective is naturally to be able to converse with children and take in what a child says, but this is not enough. A children's perspective presupposes that the child is accorded full and equal worth as a human being, that is to say the same worth as adults. This may sound obvious but it is something we fail at every day.

The biggest challenge for all of us, however, is our own attitudes to children and young people and their everyday life. It is not until we dare to question adults' attitudes to questions that really concern children under 18 that we can change children's situation.

Institutions for children's and young people's health

Over the years, in pronouncements and proposals, the Children's Ombudsman has supported the child health services and the school health services, and pointed out how important these facilities are for all children and young people. We have also emphasised guidance centres for young people and Child and Adolescent Psychiatry services. It is important that the same quality requirements apply for all of these institutions over the whole country.

Children and young people are sometimes treated at adult centres and in adult wards – so what does that say about the children's and young people's perspective there? There is

probably great room for improvement if knowledge from the child care sector can be transferred to other parts of health care and medical services. At the same time, we must safeguard those areas that have a high level of competence as regards children so that it is not diluted and lost.

Children and young people are also relatives. Who sees the child when their mother or father is a patient suffering from a serious illness? Or when a parent or other close relative dies? Over three thousand children under 18 lose one of their parents every year because the parent dies. Three per cent of the child population under 18 have lost one of their parents during childhood and only a third of the child population have all four of their grandparents still alive. Are they given the information and explanations they need in their grieving and pain?

Children's right to more influence

In order to meet children and young people's needs, society must become much better at living up to the rights that children and young people are accorded in the Child's Rights Convention. The right of every child to be heard and allowed to express his or her own views, as Article 12 of the Convention states, is an absolute right that adults must live up to both as parents and as professionals in different situations in their encounters with children.

Children's right to more influence must not apply only to work, or the school environment, or in society in general, but must also apply to children's and young people's health care and medical treatment. It is important that staff involved in all forms of care for children become better at conversing with children and making the child the centre of their attention. The point of departure today is that one should speak to children on the basis of their age and maturity, but children's legal status in health care is somewhat diffuse. In reality, people are very uncertain about how to handle children's rights in health care. Many people in the health care services feel uncertain about the child's own rights in relation to his or her parents or guardians.

From my own experience as a mother, I can say that caring for children can be perceived very differently depending on whether the child is involved and is given information about what is going to happen or is given no information at all. A child can take in important information from a very early age and will feel more secure if the information is given in a manner adapted to the child's maturity. A child that is spoken to directly can feel that he or she is respected and involved. This creates a much better encounter and will lead to better care.

Listen to children and young people

To get children's and young people's own picture of health care and medical treatment, it goes without saying that we must listen actively to what children and young people themselves say. The Children's Ombudsman does this through a youth council and seven children's councils that we meet on a regular basis. We also have 190 contact classes around the country to whom we regularly put questions about how they perceive different situations. The Office of the Children's Ombudsman is also trying to develop its own methods so that we can become better at listening to children.

In spring 2005, we asked our contact classes questions about influence in different situations. One of the areas we asked about was health care and medical treatment. The

questions were put to young people in grades 7, 8, and 9 and at upper secondary school. Almost 900 of them answered our questions using our electronic form/questionnaire.

Naturally enough, most of them had experience of the health care centre, the school nurse, and the dentist, since they are regularly called to check-ups, but about half also had experience of young people's guidance centres, casualty departments/emergency rooms, and hospital stays. Smaller proportions had visited specialists, child and adolescent psychiatric clinics, or child and adolescent rehabilitation centres.

Between five and six out of every ten of the young people who had made use of these facilities felt that the adults there had listened to what they thought about the treatment they had received.

The child and adolescent guidance centres and the school nurse were best at listening. A smaller proportion – about four out of ten – felt that staff in casualty departments/emergency rooms and hospital wards had listened to what they thought about the treatment they had received.

When it comes to whether the staff take their opinions seriously, it is once again the young people's guidance centres that are best. The proportions vary between slightly more than half and just less than a third.

Somewhere between four out of ten and almost half answered that they had been able to influence their treatment at the child and adolescent psychiatric clinics, at the specialist's, at the dentist's, and at the young people's guidance centre.

According to the questionnaire we sent to the heads of the country's child and adolescent psychiatric clinics in 2004, all of them say it is important that treatment is given in consultation with the children and young people, and nine out of ten say that children and young people can influence their treatment. The answers given in the questionnaires differ quite substantially on this point. Does this have to do with the perspective that is adopted? Is the children's perspective alive?

As far as the health care centre and the school nurse are concerned, smaller proportions – a third and slightly more than a quarter – feel that they were able to influence their treatment. These results may be somewhat surprising. Why are the proportions smaller here? One possible explanation might be that a higher workload and less time available for individual meetings.

In 2002, together with three trade union organisations, the Children's Ombudsman conducted a questionnaire survey of school nurses, school psychologists, and school welfare officers. All thought that it was important to make time to meet the pupils and about six out of ten of the school nurses were satisfied with the time they had to meet pupils. The same survey showed that a large proportion had seen the school health service budget diminish in a ten-year perspective, while almost all of them felt that their duties had expanded over the same period.

As regards the child and adolescent rehabilitation centres, only a quarter of the small group who had been to one felt that they had been able to influence their treatment. Earlier research has shown that many children and young people who are treated there do not know what the purpose of the treatment is.

A fifth of the young people who had visited a casualty department or been admitted to hospital answered that they were able to influence their treatment. In these cases, it might be a question of a serious illness or injury where the scope for dialogue and involvement may be limited. What do you think about that figure?

23 per cent of all young people say that they know where to go if they are dissatisfied with the treatment they are given. Most of the young people have no knowledge of where to register their complaint.

Conclusion

Listen to the children and young people themselves in your efforts for children's and young people's health and security. It is important to include their perspective and capture their knowledge of the problems in order to do the right things. This applies not least when adults try to give children and young people information about risks.

Analyse the consequences for children's and young people's security before taking any decisions.

Map children's and young people's health risks and risk of injury on the basis of their age, sex, background, socio-economic group, disabilities, where they live, and other background factors, so as to be able to detect whether some groups of children and young people risk being discriminated against or have poorer prerequisites.

Working for children's right to better health and a secure everyday life is a concrete way of implementing the Child's Rights Convention in municipal, region and central administrations.