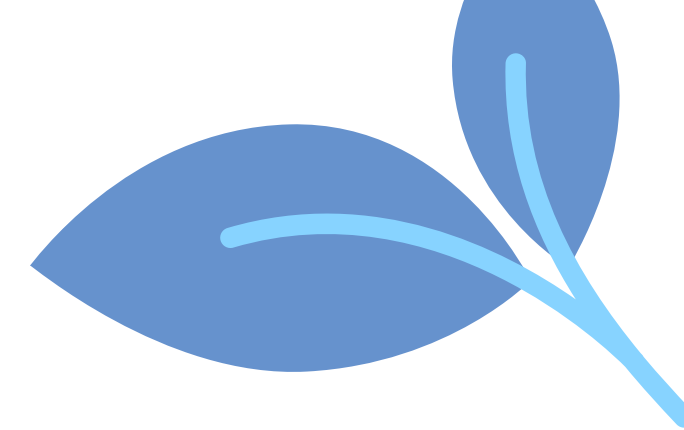


Table to map the Rights-based standards against key evidence and the articles of the United Nations Convention on the Rights of the Child.

This table maps the Rights-based Standards against the key articles from the United Nations Convention on the Rights of the Child (1989). The table also highlights some key evidence and published debate to support the specific sections.





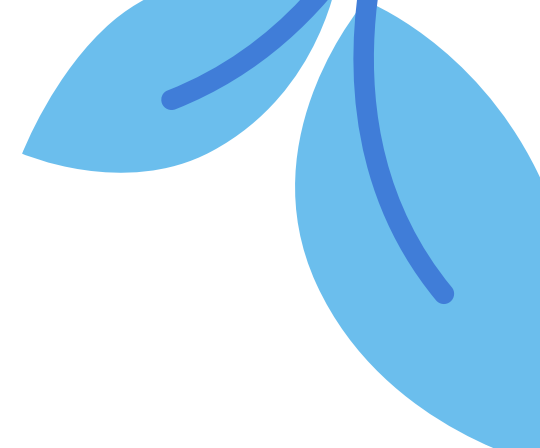
Sections of the Rights-based Standards	Mapped against the articles in the UN Convention on the Rights of the Child (1989)	Mapped against key research evidence
<p>Section 1</p> <p>A child has rights to be cared for by professionals who have the appropriate knowledge and skills to support their physical, emotional and psychological well-being and rights before, during and after their procedure.</p>	<p>Article 3 (3) States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision</p>	<ul style="list-style-type: none">• Royal College of Paediatrics and Child Health (2020) State of Child Health. London: RCPCH. [Available at: stateofchildhealth.rcpch.ac.uk]• Children’s Health Ireland & Office of the Nursing and Midwifery Services Director (2021) Leading the Way: A National Strategy for the Future of Children’s Nursing in Ireland 2021-2031• Morton L. (2020) Using psychologically informed care to improve mental health and wellbeing for people living with a heart condition from birth: A statement paper. J Health Psychol. 25(2) 197-206.• Sahlberg, S., Karlsson, K. and Darcy, L., (2020) Children's rights as law in Sweden—every health-care encounter needs to meet the child's needs. Health Expectations, 23(4) 860-869.• Charter on the Rights of Children and Young People in Healthcare Services in Australia, Children's Healthcare Australasia (wcha.asn.au)





Sections of the Rights-based Standards	Mapped against the articles in the UN Convention on the Rights of the Child (1989)	Mapped against key research evidence
<p>Section 2</p> <p>A child has rights to be communicated with in a way which supports them to express (verbally or behaviourally) their views and for these views to be listened to, taken seriously and acted upon</p>	<p>Article 12 (1) States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.</p> <p>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.</p>	<ul style="list-style-type: none">• Söderbäck, M., Coyne, I. and Harder, M., (2011). The importance of including both a child perspective and the child’s perspective within health care settings to provide truly child-centred care. <i>Journal of Child Health Care</i>, 15(2) 99-106.• Hemsley, B., Kuek, M., Bastock, K., Scarinci, N. & Davidson, B. (2013) Parents and Children with Cerebral Palsy Discuss Communication Needs in Hospital. <i>Developmental Neurorehabilitation</i> 16(6) 363-74• Livesley, J. and Long, T., 2013. Children's experiences as hospital in-patients: Voice, competence and work. <i>Messages for nursing from a critical ethnographic study. International Journal of Nursing Studies</i>, 50(10) 1292-1303.• Murphy, J. (1998) Helping people with severe communication difficulties to express their views: a low tech tool. <i>Communication Matters Journal</i> 12(2) 9-11.• Clark, M., McConachie, H., Price, K. & Wood, P. (2001). Views of young people using augmentative and alternative communication systems. <i>International Journal of Language and Communication Disorders</i> 36,107-115.• Lambert, V., Glacken, M. and McCarron, M., (2011) Communication between children and health professionals in a child hospital setting: A child transitional communication model. <i>Journal of Advanced Nursing</i>, 67(3), 569-582.





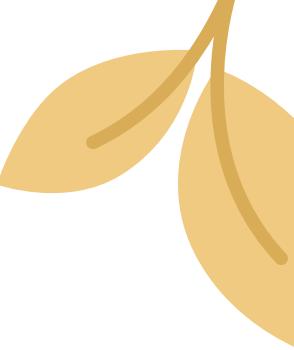
Sections of the Rights-based Standards	Mapped against the articles in the UN Convention on the Rights of the Child (1989)	Mapped against key research evidence
<p>Section 3</p> <p>A child has rights to be supported to make procedural choices and decisions and for these choices to be acted upon to help them gain some control over their procedure.</p>	<p>Article 24 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</p> <p>Article 12 states: '...full implementation of article 12 requires recognition of, and respect for, non-verbal forms of communication including play, body language, facial expressions, and drawing and painting, through which very young children demonstrate understanding, choices and preferences.' (para 21)</p> <p>And: 'it is not necessary that the child has comprehensive knowledge of all aspects of the matter affecting her or him, but that she or he has sufficient understanding to be capable of appropriately forming her or his own views on the matter.' (para 21)</p>	<ul style="list-style-type: none"> • Karlsson, K., Rydström, I., Nyström, M., Enskär, K. and Englund, A.C.D., (2016) Consequences of needle-related medical procedures: A hermeneutic study with young children (3–7 years). <i>Journal of Pediatric Nursing</i>, 31 (2) e109–e118. • Coyne, I. and Harder, M., (2011) Children’s participation in decision-making: Balancing protection with shared decision-making using a situational perspective. <i>Journal of Child Health Care</i>, 15(4) 312–319. • Carter, B., Harris, J., Jordan, A. (2021) How nurses use reassurance to support the management of acute and chronic pain in children and young people: an interpretivist, exploratory qualitative study. <i>Paediatric and Neonatal Pain</i> 3(1) 36–44. • Carter, B., Bray, L., Dickinson, A., Edwards, M. and Ford, K., (2014) <i>Child-centred nursing: promoting critical thinking</i>. Sage. (Chapter 4) • Donnelly, M. and Kilkelly, U., (2011) Child-friendly healthcare: delivering on the right to be heard. <i>Medical Law Review</i>, 19 (1).27–54. • Moore, L. and Kirk, S., (2010) A literature review of children’s and young people’s participation in decisions relating to health care. <i>Journal of clinical nursing</i>, 19(15–16), 2215–2225. • Lerwick, J.L., (2016) Minimizing pediatric healthcare-induced anxiety and trauma. <i>World Journal of Clinical Pediatrics</i>, 5(2), 143. • Nilsson, S., Björkman, B., Almqvist, A.L., Almqvist, L., Björk-Willén, P., Donohue, D., Enskär, K., Granlund, M., Huus, K. and Hvit, S., (2015) Children’s voices–differentiating a child perspective from a child’s perspective. <i>Developmental neurorehabilitation</i>, 18(3) 162–168. • Duff, A.J., Gaskell, S.L., Jacobs, K. and Houghton, J.M., (2012) Management of distressing procedures in children and young people: time to adhere to the guidelines. <i>Arch Dis Child</i> 97 (1) 1–4 • Bray, L., Horowicz, E., Preston, K. and Carter, B., (2019) Using participatory drama workshops to explore children’s beliefs, understandings and experiences of coming to hospital for clinical procedures. <i>Journal of Child Health Care</i>, p.1367493519883087.



<p>Sections of the Rights-based Standards</p>	<p>Mapped against the articles in the UN Convention on the Rights of the Child (1989)</p>	<p>Mapped against key research evidence</p>
<p>Section 4</p> <p>A child has rights to be provided with meaningful, individualised and easy to understand information to help them prepare and develop skills to help them cope with their procedure.</p>	<p>Article 3 states In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.</p> <p>Article 12 (1) states parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. "Freely" means that the child can express her or his views without pressure and can choose whether or not she or he wants to exercise her or his right to be heard. "Freely" also means that the child must not be manipulated or subjected to undue influence or pressure'</p> <p>Article 13 (1) The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.</p>	<ul style="list-style-type: none"> • Jaaniste, T., Hayes, B. and Von Baeyer, C.L., (2007) Providing children with information about forthcoming medical procedures: A review and synthesis. <i>Clinical Psychology: Science and Practice</i>, 14(2) 124-143. • Bray, L., Appleton, V. and Sharpe, A., (2019) 'If I knew what was going to happen, it wouldn't worry me so much': Children's, parents' and health professionals' perspectives on information for children undergoing a procedure. <i>Journal of Child Health Care</i>, 23(4) 626-638. • Bray, L., Appleton, V. and Sharpe, A., (2021) 'We should have been told what would happen': Children's and parents' procedural knowledge levels and information-seeking behaviours when coming to hospital for a planned procedure. <i>Journal of Child Health Care</i>, • Lambert, V., Glacken, M. and McCarron, M., (2013) Meeting the information needs of children in hospital. <i>Journal of Child Health Care</i>, 17(4) 338-353. • Bray, L., Appleton, V. and Sharpe, A., (2019) The information needs of children having clinical procedures in hospital: Will it hurt? Will I feel scared? What can I do to stay calm?. <i>Child: care, health and development</i>, 45(5) 737-743. • Carter, B., Bray, L., Dickinson, A., Edwards, M. and Ford, K., (2014) <i>Child-centred nursing: promoting critical thinking</i>. Sage. (Chapter 3) • Bray, L., Callery, P. and Kirk, S., (2012) A qualitative study of the pre-operative preparation of children, young people and their parents' for planned continence surgery: experiences and expectations. <i>Journal of Clinical Nursing</i>, 21 (13-14) 1964-1973.



<p>Sections of the Rights-based Standards</p>	<p>Mapped against the articles in the UN Convention on the Rights of the Child (1989)</p>	<p>Mapped against key research evidence</p>
<p>Section 5</p> <p>A child has the right for their short and long term best interests and well-being to be a priority in all procedural decisions</p>	<p>Article 3 (1) In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.</p> <p>Article 12 (1) States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child</p>	<ul style="list-style-type: none"> • Bellis, M.A., Hughes, K., Leckenby, N., Perkins, C. & Lowey, H. (2014) 'National Household Survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England'. British Medical Council Medicine. 12(72). • Bellis, M. A., Ashton, K., Hughes, K., Ford, K., Bishop, J., & Paranjothy, S. (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. Cardiff: Public Health Wales. • Duff, A.J.A., (2003) Incorporating psychological approaches into routine paediatric venepuncture. Archives of Disease in Childhood, 88(10) 931-937. • Kassam-Adams, N. and Butler, L., (2017) What do clinicians caring for children need to know about pediatric medical traumatic stress and the ethics of trauma-informed approaches?. AMA journal of ethics, 19(8), 793-801. • Pate, J. T., Blount, R. L., Cohen, L. L., & Smith, A. J. (1996) Childhood medical experience and temperament as predictors of adult functioning in medical situations. Children's Health Care 25, 281 -298. • Karlsson, K., Galvin, K. and Darcy, L., (2019) Medical procedures in children using a conceptual framework that keeps a focus on human dimensions of care—a discussion paper. International journal of qualitative studies on health and well-being, 14(1), 2-14 • Dahlquist, L.M., Gil, K.M., Armstrong, F.D., DeLawyer, D.D., Greene, P. and Wuori, D., (1986) Preparing children for medical examinations: the importance of previous medical experience. Health Psychology, 5(3), 249.



<p>Sections of the Rights-based Standards</p>	<p>Mapped against the articles in the UN Convention on the Rights of the Child (1989)</p>	<p>Mapped against key research evidence</p>
<p>Section 6</p> <p>A child has the right to be positioned for a procedure in a supportive hold (if needed) and should not be held against their will.</p>	<p>Article 3 (1) states in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.</p> <p>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.</p> <p>Article 24 (3) States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.</p> <p>Article 19 (1) States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.</p>	<ul style="list-style-type: none"> • Bray, L., Snodin, J. and Carter, B., (2015) Holding and restraining children for clinical procedures within an acute care setting: an ethical consideration of the evidence. <i>Nursing inquiry</i>, 22(2) 157-167. • Brenner, M., (2007) Child restraint in the acute setting of pediatric nursing: an extraordinarily stressful event. <i>Issues in comprehensive pediatric nursing</i>, 30(1-2), 29-37. • Leroy, P & HM ten Hoopen (2011) Forced immobilization ('Restraint') during medical procedures in young children. An ethical and legal investigation of a common practice. https://each-for-sick-children.org/wp-content/uploads/2021/04/Forced_immobilization.pdf • Lombart, B., De Stefano, C., Dupont, D., Nadji, L. and Galinski, M., (2020) Caregivers blinded by the care: A qualitative study of physical restraint in pediatric care. <i>Nursing ethics</i>, 27(1) 230-246. • Roback, M.G., Green, S.M., Andolfatto, G., Leroy, P.L. and Mason, K.P., (2018) Tracking and reporting outcomes of procedural sedation (TROOPS): standardized quality improvement and research tools from the international committee for the advancement of procedural sedation. <i>British journal of anaesthesia</i>, 120(1), 164-172. • Preisz, A. and Preisz, P., (2019). Restraint in paediatrics: A delicate balance. <i>Journal of paediatrics and child health</i>, 55(10), 1165-1169. • Bray, L., Carter, B. and Snodin, J., (2016) Holding children for clinical procedures: perseverance in spite of or persevering to be child-centered. <i>Research in Nursing & Health</i>, 39(1) 30-41. • Bray, L., Ford, K., Dickinson, A., Water, T., Snodin, J. and Carter, B., (2019) A qualitative study of health professionals' views on the holding of children for clinical procedures: Constructing a balanced approach. <i>Journal of Child Health Care</i>, 23(1), 160-171.





Sections of the Rights-based Standards	Mapped against the articles in the UN Convention on the Rights of the Child (1989)	Mapped against key research evidence
Section 6 (continued)		<ul style="list-style-type: none"> • Taddio, A., McMurtry, C.M., Shah, V., Riddell, R.P., Chambers, C.T., Noel, M., MacDonald, N.E., Rogers, J., Bucci, L.M., Mousmanis, P. and Lang, E., (2015) Reducing pain during vaccine injections: clinical practice guideline. <i>Cmaj</i>, 187(13) 975-982. • Svendsen, E.J., Pedersen, R., Moen, A. and Bjørk, I.T., (2017) Exploring perspectives on restraint during medical procedures in paediatric care: a qualitative interview study with nurses and physicians. <i>International journal of qualitative studies on health and well-being</i>, 12(1), p.1363623. • Duff, A.J., Gaskell, S.L., Jacobs, K. and Houghton, J.M., (2012). Management of distressing procedures in children and young people: time to adhere to the guidelines. <i>Arch Dis Child</i>. Vol 97 No 1 • Sahlberg, S., Karlsson, K. and Darcy, L., (2020) Children's rights as law in Sweden—every health-care encounter needs to meet the child's needs. <i>Health Expectations</i>, 23(4) 860-869. • Stevens, B.J., Abbott, L.K., Yamada, J., Harrison, D., Stinson, J., Taddio, A., Barwick, M., Latimer, M., Scott, S.D., Rashotte, J. and Campbell, F., (2011) Epidemiology and management of painful procedures in children in Canadian hospitals. <i>Cmaj</i>, 183(7) E403-E410. • Diffin, J., Byrne, B., Kerr, H., Price, J., Abbott, A., McLaughlin, D. & O'Halloran, P. (2019) The usefulness and acceptability of a personal health record to children and young people living with a complex health condition: A realist review of the literature. <i>Child: Care, Health & Development</i> 45(3), 313-332. • Massie, J., Skinner, A., McKenzie, I. and Gillam, L., 2021. A practical and ethical toolkit for last-minute refusal of anesthetic in children. <i>Pediatric Anesthesia</i>, 31(8), pp.834-838. • Aarvik, R.S., Agdal, M.L. and Svendsen, E.J., 2021. Restraint in paediatric dentistry: a qualitative study to explore perspectives among public, non-specialist dentists in Norway. <i>Acta Odontologica Scandinavica</i>, 79(6), pp.443-450. • Aaberg Lauridsen, J., Lefort Sønderskov, M., Hetmann, F., Hamilton, A., Salmi, H. and Wildgaard, K., 2021. Investigating the use of physical restraint of children in emergency departments: A Scandinavian survey. <i>Acta Anaesthesiologica Scandinavica</i>, 65(8), pp.1116-1121.