

EDITORIAL

Children's participation in society is likely to lead to their improved health and wellbeing

Karen J Hoare

Dickinson et al are to be commended for their manuscript in this issue about children's voices in public health care.¹ Indeed, the health and wellbeing of children in New Zealand falls short of comparable-sized OECD countries.²

A recent UNICEF report 'Children of the recession'³ illustrated that New Zealand ranked 16th out of 41 countries for reducing its rate of child poverty since 2008. The top ranking countries for this statistic are Australia, Chile and Poland.

New Zealand has stagnated and reduced child poverty by only 0.4% since 2008. The report features Australia's economic recovery package as a positive policy move for children. Australia was hit by the global recession consistent with most developed world countries but because of fiscal space, the Government was able to move 4% of GDP into a recovery package. In 2009 three one-off payments were targeted at low–middle income families.

Despite calls for some years by New Zealand's Child Poverty Action Group,⁴ no such assistance as that provided by the Australian Government has been afforded to New Zealand's poorest children, whose parents or carers live on benefits. The latest UNICEF³ report makes the following three recommendations for Government's to strengthen their child protection policies: make an explicit commitment to end child poverty in developed countries; rescue, prevent and give hope to prevent child vulnerability by guaranteeing minimum social standards; and produce better data about the wellbeing of children to inform public debate.

The situation for children in New Zealand is perhaps a reflection that enactment of the most widespread human rights Treaty—the United Nation Convention on the Rights of the Child (UNCROC)⁵ has been limited. Conceived at the World summit for children in 1989, New Zealand ratified the UNCROC in 1993. Ratification obliges Governments to consider the Treaty in all policies that affect children.

Broadly grouped into four main principles, the Articles of the Treaty guarantee a range of rights as follows; right to freedom of expression, thought and religion and the right to life, rights to protection from abuse and neglect and includes economic and sexual exploitation, rights to a reasonable standard of living, health, leisure services, education and social services and the rights of protection for indigenous, orphaned, refugee, children and those with disabilities.

Article 12 of the UNCROC respects the views of the child and states that when adults are making decisions that affect a child, that child has the right to an opinion about those decisions. Dickinson et al highlight that this is not the case when it comes to children's views on health care delivery in New Zealand.

As Dickinson et al report,¹ in a recent Ministry of Health survey about access and experience of primary and secondary health care, parents and guardians provided proxy feedback for children under 15 years old and while this may be the correct avenue for some children, it denies those who wish to exercise their own opinions the ability to respond. In the context of Article 12 and children's right to a voice, participation is now widely described as the process by which this article is enacted.

Participation can be defined as an ongoing process of children's expression and active involvement in decision-making at different levels in matters that concern them. It requires information-sharing and discussion between children and adults based on mutual respect, and requires that full consideration of their views is given, taking into account the child's age and maturity (p.3).⁶

The child to child⁷ organisation has recognised the power of children's participation in changing their worlds for over 30 years. Conceived by London-based paediatrician David Morley and educationalist Hugh Hawes in 1978, the Deputy-President of the World Health Organization presided over an inaugural meeting convened with Morley and Hawes that discussed the idea of children working with children to bring about change. A commitment was made that child to child resources would be copyright free.

In 1979 the first project "Little teachers" was launched in Botswana and the first resource book was published. The child-to-child approach to health education has been adopted by health and education workers collaborating in 75 countries. Many of these countries are in the developing world. Reading books and resources produced by the 'Child to Child' Trust (re-named this year as Child to Child) depict the lives of children around the world. All of the books give information on important health issues as well as providing a global perspective within the classroom.

The 'child to child' approach can be adapted to suit all ages and abilities. The principles of the approach are that; older children can help younger ones, children can help others of the same age and children can pass on health messages and take health action in their families and communities.

Practical application of knowledge is a key defining principle of child-to-child and seeing the positive change that children can bring about transforms relationships, often with adults, who for the first time see what children are capable of.

In my capacity as a project worker disseminating the Articles of the UNCROC to children in England, and as a researcher in Auckland investigating the views of 6–9 year olds on children's rights, I have often been astounded by the knowledge, wisdom and lateral thoughts of children as young as 4 years old. One 8-year-old boy postulated that girls would not be sent to school in some countries because they were cleverer than boys and so didn't need to go!

Last year a 6-year-old at an Auckland school was able to recount the numbers of children living in Syrian refugee camps and stated that their rights to an education would be curtailed by war. Wilson et al's⁸ secondary analysis of 93 5–9 year olds stories of hospitalisation, revealed that the overarching theme was of loneliness (not fear as adult's would possibly have surmised), because the children in the stories were not at home.

An initiative that assessed the impact of a global children's participation framework and toolkit was recently evaluated. The results showed that children and young people benefitted from active participation. They were more self-confident, able to negotiate with adults, had greater awareness of their rights and demonstrated leadership skills.⁹

Although there are good intentions by Government agencies and healthcare providers to ensure that consumers have the opportunity for their opinions to be sought, the voices of children remain largely unheard in New Zealand. By listening to children, services will be developed that will be more effective and so be more efficient and deliver better outcomes for our youngest members of society.

Until full implementation of the Articles of the UNCROC is achieved by Government agencies and healthcare providers, child participation and children's health and wellbeing in New Zealand does not have the potential to improve.

Competing interests: Nil.

Author information: Karen J Hoare, Senior Lecturer/Nurse Practitioner, Children and Youth Primary Health Care, University of Auckland

Correspondence: Dr Karen Hoare, Children and Youth Primary Health Care, University of Auckland, Private Bag 92 019, Auckland 1142, New Zealand. k.hoare@auckland.ac.nz

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