

Children's right and Child health policy

CB Chow

Why children, Why investing in children – *because they are our future and investing in children means investing in society and is most cost-effective*

While children constituted around 20% of our population, they are 100% our future. But while our future is our children, our children's future is the present. Children's health is mediated by a complex and dynamic social, economic and physical environment that affects every aspect of a child's wellbeing. Hence children have multidimensional needs across the areas of social protection, health, nutrition, and education. Recent science has clearly demonstrated children are most vulnerable to adverse events and environmental influences which have persistent lifelong impact on their health, and their gaining the full potential. This highlights the importance of investing in children within a developmental ecological framework.

Why right-based approach? – *place health and wellbeing of individuals at centre of programme policy design and recognize importance of equality, means no one will be left behind*

Children have no choice over their birth nor their parents hence growing up environment. These and other rapidly changing societal transitions demand a new framework for conceptualising children's health and well-being, and a new set of principles to guide child health practice to ensure its relevance to children. The Convention on the Rights of the Child provides this framework, these principles, and an architecture to support the application of children's rights to health, safety and security also as an obligation of the government to support children.

What is right based approach? – *refers to using human rights as framework for health development*

Traditional approach to fulfil a child's need is needs bases and often fails to recognize the holistic and integrated needs of children and often provided too late only after permanent damage has occurred.

NEEDS-BASED APPROACH	RIGHTS-BASED APPROACH
Works toward outcome goals	Works toward outcome and process goals
Emphasizes meeting needs	Emphasizes realizing rights
Recognizes needs as valid claims	Recognizes that rights always imply obligations of the State
Meets needs without empowerment	Recognizes that rights can only be realized with empowerment
Accepts charity as the driving motivation for meeting needs	States that charity is insufficient motivation for meeting needs
Focuses on manifestations of problems and immediate causes of problems	Focuses on manifestations of problems and immediate causes of problems
Involves narrow sectoral projects	Involves intersectoral, holistic projects and programmes
Focuses on social context with little emphasis on policy	Focuses on social, economic, cultural, civil and political context, and is policy-oriented

This international CRC legal framework calls for comprehensive economic, social, cultural and political process with the objective of constant improvement of the health and wellbeing of the entire population and of all individuals, on the basis of their active, free and meaningful participation in development and in the fair distribution of the resulting benefits. It implies the:

- a. Right to equality and non-discrimination

- b. Best interest of the child
- c. Right to highest standards of health, survival and development
- d. Right to participation
- e. Child right-based budgeting and spending that holds accountability of duty bears and allows monitoring, evaluation and audit on progress made

A cornerstone of human rights law is accountability, or in its simplest terms, the ability to make certain that those charged with protecting and fulfilling the child rights actually do what they are supposed to do, and if they do not or cannot, that children and their representatives have some recourse. (UNICEF Accountability for children's rights 2015)

How has Hong Kong fared?

While Hong Kong children may be enjoying accessible care by dedicated staff, services in Hong Kong are found to be:-

- Services are fragmented and poorly coordinated to meet the changing needs of our children
- Support is poorly targeted – proportionate universalism that most vulnerable will receive more targeted and intensive care rather than just universal access
- Support often not catered for the true needs – needs assessment poorly coordinated
- Failure to share information
- Support often comes too late to make significant improvement and
- Services for most vulnerable children are stigmatized
- Mainly remedial rather than preventive or protective and building on strength of families
- Training to front-line staff not structured and inadequate
- Lack definition of good practice and evaluation
- Lack of accountability, good governance, management and strong leadership
- Lack for vision, foresights and strategic planning on impending needs of children, family and society

Cases reports indicated

- Some children and families are not getting the help they need when they need it especially the hidden most vulnerables – children under care, children of substance abuse parents, children of parents with complex medical needs...
- Some children are not adequately protected
- The needs of children often lose out to the needs of the system or adults
- Piecemeal approach to incorporating the provision of Convention of Right of the Child into law
- Inability to specify what resources are spent on children with what outcome

Service in Hong Kong

- More radical approach rather than incremental process
- We need an overarching aim, which is both visionary and relevant for all agencies and enable each organization an professionals to understand their contribution to achieve the shared vision rather than a separated role and responsibility.
- We need a continuum of responsibilities from all agencies to promote health and prevent diseases and manage disorders. All services have a contribution to make a child and adolescent healthy along this continuum of promotion, prevention and care and no one agency has a monopoly on helping children and youths to achieve good health.
- Need strong leadership to ensure implementation of strategy

In short, right-based approach is never used on policy and service development.

Joint Future

- To develop a whole child approach and children are being seen in the context of their families and wider social cultural and/or spiritual grouping
 - Focus on needs of children and their families - determine what children need rather than reacting to their problems – promote effective parenting within strong and cohesive families, supportive and enabling schools, supportive and inclusive communities
 - Cross-sectoral approach – services integrated across education, social care, health and youth justice
 - Clear accountability at all levels
- Contain a clearer shared vision for integrated working to create a framework of broad support
- Set out core responsibilities of each of the key partners and how they should contribute to the larger shared vision
- Describe models of integrated/joined-up working
- Explicitly set out a framework of activity to support implementation
- Set timescales for agencies to put joint structure in place
- Establish a network of local champions to drive the agenda forward
- Emphasize the contribution of voluntary organizations

The *Global Strategy for Women's, Children's and Adolescent's Health (2016-2039)* came into effect alongside the Sustainable Development Goals (SDGs) in January 2016. It aims to advance the 2030 Agenda for Sustainable Development by guiding transformative change that enables every woman, child and adolescent – in every setting – to realize their full potential and their human right to the highest attainable standard of health. It is high time that we should follow this strategy and integrate a right-based approach into clinical care and into the development of health services and policies in Hong Kong.