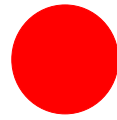


E A C H

EUROPEAN  
ASSOCIATION FOR  
CHILDREN IN HOSPITAL

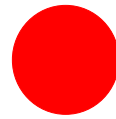


**INFORMATION**  
**THE EACH CHARTER & ANNOTATIONS**



E A C H

EUROPEAN  
ASSOCIATION FOR  
CHILDREN IN HOSPITAL



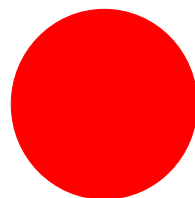
# **INFORMATION**

## **THE EACH CHARTER & ANNOTATIONS**

Published and distributed by:  
EACH European Association for Children in Hospital  
[www.each-for-sick-children.org](http://www.each-for-sick-children.org)  
All texts and graphic design: © EACH 2002 / 2nd edition 2006  
All illustrations: © PEF and APACHE France

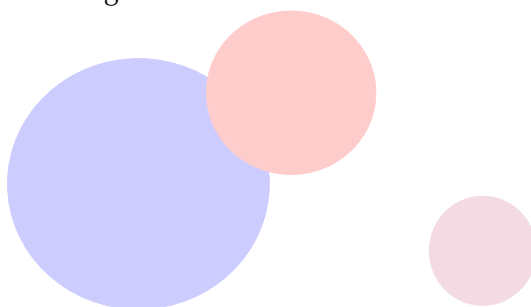
Translations of the EACH Charter & Annotations are available in all languages of our member associations. For orders please contact the delegate in your country or the coordinator - see address list at the end.

# Table of Contents



Page

6 - 9	What is EACH? Information on EACH European Association for Children in Hospital
9 - 10	Introduction to the EACH Charter & Annotations to the Charter
11 - 25	The 10 articles of the EACH Charter & Annotations
26 - 29	Glossary for expressions used in the Charter & Annotations
30 - 34	The EACH Charter and the UN Convention on the Rights of the Child
35 - 38	Address list of EACH member associations and delegates



## **What is EACH?**

EACH – European Association for Children in Hospital – is the umbrella organisation for member associations involved in the welfare of all children before, during or after a hospital stay. Presently, 18 associations from sixteen European countries and from Japan are members of EACH.

## **Why was EACH established?**

Research by psychologists and paediatricians in the 1950s showed that the care children received in hospital was detrimental to their emotional and psychological wellbeing. In particular their almost complete separation from their families, then commonplace, resulted in emotional disturbances varying in degree which could have a long-lasting effect. As a result major changes began to be made which promoted the greater involvement of families in the care of sick children, changes which gradually gained the support of health care staff.

Beginning in the UK in 1961 voluntary associations for the welfare of children in hospital were set up in many European countries to advise and support parents/carers and inform and co-operate with doctors, nurses, and other health care professionals.

In 1988 twelve of these associations met together in Leiden (NL) for their First European Conference. At this conference the „Leiden Charter“ was drawn up, which describes in ten points the rights of children in hospital (now the EACH Charter). In 1993 EACH was established as an umbrella organisation for non-governmental, non-profit associations involved in the welfare of children in hospital whose goal is the implementation of the EACH Charter.

## **What happened with the EACH Charter?**

Since the adoption of the Charter in 1988 the understanding of what needs to be done with regard to children and health care has grown

considerably. In addition experiences confirmed the importance of what we call today “family centred care”.

The rights of children in health care services – and not restricted to hospitals alone – have been covered also in the 1989 UN Convention on the Rights of the Child, which was ratified by all European governments.

On the other hand, squeezing economic pressures have had an impact on health care policies in general as well as on the situation of children undergoing medical care. As a further consequence quality standards for hospitals have been or are in the course of being introduced in many European Countries.

The member associations of EACH have closely observed all of these developments. They have come to the conclusion that it might be useful and timely to add to the 1988 Charter more detailed explanations, called Annotations to the EACH Charter. These show how relevant the articles of the Charter still are and how they should be read and understood in the light of the health care situation for children today.

The Annotations to the EACH Charter were discussed and adopted by the member associations during the European Conference held in Brussels in December of 2001.

## **What is EACH doing now?**

The activities of the member associations are adapted to the needs of each particular country and are basically oriented to advise, inform and support families/carers of sick children regardless of their illness, to promote the welfare of sick children amongst doctors, nurses and other professionals and to negotiate with governmental authorities to improve the care of children in health care services.

The member associations of EACH aim to have the principles of the EACH Charter incorporated in health laws, regulations and guidelines in each European country.

Implementing the EACH Charter means at the same time imple-

mentation of the UN Convention on the Rights of the Child (CRC). A summary of particularly relevant articles of the CRC follows hereafter (pages 30-34).

## **How are we organised?**

Member associations of EACH nominate one delegate from each nation to a Co-ordinating Committee. This committee operates as the executive body of EACH and undertakes all planning and decision making in relation to the activities of EACH.

The Committee appoints from amongst its delegates a co-ordinator who has the function of a general secretary. General assemblies in the form of European Conferences are open to non-member associations and individuals, who share a common interest in the aims and goals of EACH.

## **What can you do for us?**

Implementation of the ten points of the EACH Charter needs a new approach in the training of doctors and nurses involved in the care of sick children. They need to regard children and their families/carers as a unit and accept children as equal partners in all areas of health care. Children must be treated with understanding and sensitivity and their developmental needs met. They must be cared for in an environment suited to their needs and by staff trained in children's care.

Institutions and individuals dedicated to the rights of children can help EACH by promoting the acceptance of the principles of the EACH Charter by health authorities and governments. This will ensure the best possible care for sick children.

## **Where can you reach us?**

If you wish to know more about us please write to the EACH delegate in your own country for an information pack or contact the co-ordi-



nator. We shall also be pleased to provide you with additional copies of the EACH Charter & Annotations. Please refer to the address list at the end of this brochure.



## **The EACH Charter & Annotations**

### **- What needs to be done?**

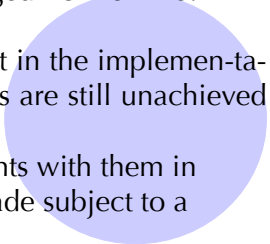
The EACH Charter, adopted in 1988 in Leiden/NL, is a list of the rights for all children before, during or after a stay in hospital.

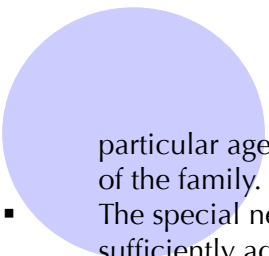
The Annotations were prepared by the authors of the EACH-Charter of 1988 for the 7<sup>th</sup> EACH Conference held in December 2001 in Brussels. They have been adopted by the present 18 member associations and are offered as a useful supplement to the Charter.

The EACH Charter and the Annotations are to be understood in the following context:

- All rights mentioned in the Charter and all measures taken or derived from the Charter must in the first place be in the best interests of children and enhance their well-being.
- The rights mentioned in the Charter apply to all sick children, regardless of their illness or age or disability, their origin or their social or cultural background, or of any possible reason for treatment or forms or places of treatment, whether as in-patients or out-patients.
- The EACH Charter is in line with corresponding and binding rights stipulated in the UN Convention on the Rights of the Child and refers to children as being aged from 0 – 18.

The Annotations have been prepared to assist in the implementation of the EACH Charter, some of whose goals are still unachieved in Europe, such as:

- The right of children to have their parents with them in hospital is sometimes restricted and made subject to a
- 



particular age or illness of the child or to the social standing of the family.

- The special needs of adolescents in hospitals are often not sufficiently addressed.
- In the daily hospital routine little regard still is given to what we know today about the psychological, emotional and social needs of children of different ages and developmental stages, their origin or their social or cultural background.
- Pain control for children is still a neglected area.
- Guidance for staff on established practice for action when a sick child shows signs of abuse or maltreatment is often missing.
- Children are still being admitted to adult wards.

When implementing the Charter in all European countries it furthermore has to be considered that

- Health care is subject to varying economic conditions and constraints.
- Health services are organised differently from country to country.

### **We invite parents...**

to provide or arrange to provide the support and care their children need.

### **We invite those in public office...**

to create the framework within which the parents may become active in the care of their child in hospital.

### **We invite those involved in the care of sick children...**

to get acquainted with the rights of children in hospital and to act in

# The EACH Charter and the Annotations to the Charter

## Note:

The terms marked with an asterisk\* are explained in more detail in the following Glossary to avoid misunderstandings and to give a more precise idea of the meaning of the Charter.



## Article 1

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

▪ Before admitting a sick child to a hospital\* all forms of appropriate\* care shall be explored whether at home, in a day clinic or comparable forms of treatment, in order to find the most suitable solution.

- The rights of sick children must be respected whether they are cared for at home or in hospital.
- There should be a regular review of the type of care according to the child's condition so that there is no unnecessary continuation of hospital stay.
- All necessary information, assistance and support shall be given to parents if their children are cared for at home or on a day basis.

## Article 2

### **Children in hospital shall have the right to have their parents\* or parent substitute\* with them at all times.**

- The right of all children to have their parents with them at all times without restriction is an integral part of the care for children in hospital.
- If parents are unable or unwilling to take an active role in the care of their child, the child is entitled to receive this care from a suitable substitute carer\*, who is accepted by the child.
- The right of children to have their parents with them at all times, includes all situations where they need or possibly might need their parents, e.g.
  - during the night, whether or not the child may wake up;
  - while having treatments and/or examinations with or without local anaesthesia, with or without sedation;
  - during induction of anaesthesia and immediately upon recovery;
  - during periods of coma or semi-consciousness;
  - during resuscitation, when parents must be offered full support.



### Article 3

#### **(1) Accommodation\* should be offered to all parents and they should be helped and encouraged to stay.**

- The staff members\* responsible for admitting a child shall invite all parents to stay without setting any particular criteria.
- Staff members shall advise, encourage and support parents in making a decision about staying in hospital with their child, based on the parents' appreciation of their home situation.



- Hospitals shall provide sufficient and suitable space and infrastructure to enable parents to be admitted along with their sick children. This should include the bed space together with bathroom, sitting and dining facilities and storage space for personal belongings.

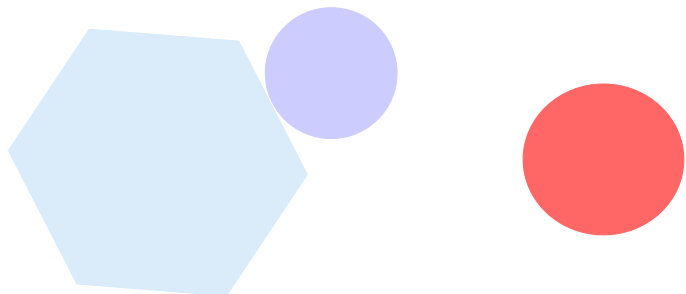
#### **(2) Parents should not need to incur additional costs or suffer loss of income.**

- No additional costs shall arise for parents when staying with their child. They should be entitled to
  - free overnight stay
  - free or subsidised food.
- Parents who are unable to attend work or fulfil duties at home shall not incur any loss of income or incur other costs due to:

- staying in hospital with their child
  - the full-time care of their child in hospital or
  - the daily care of healthy siblings at home by other persons.
- Assistance should be provided where financial circumstances prevent a parent from staying with or visiting a child (e.g. travel costs and other expenses).
  - Parents shall be entitled to leave with pay for the duration of the child's illness to cover the loss of income.

**(3) In order to share in the care of their child, parents should be kept informed about ward routine\* and their active participation encouraged.**

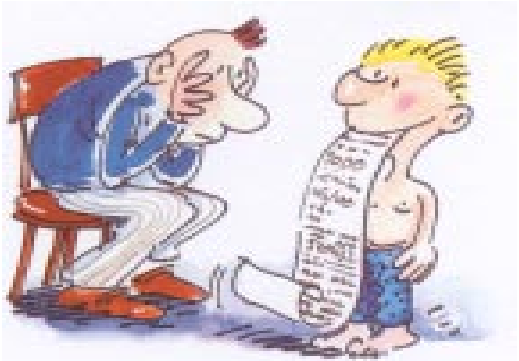
- The staff shall facilitate the parents' active participation in caring for their child by
  - giving parents full information regarding their child's care and about ward routine;
  - arranging with parents the elements of care they want to take over;
  - supporting the parents in doing this;
  - accepting their decisions;
  - discussing with them changes needed if their care is not helpful to the child's recovery.



## Article 4

### (1) Children and parents shall have the right to be informed in a manner appropriate to age and understanding.

- Information for **children** should:
  - be based on age and understanding and take into account the child's level of development;
  - understand the child's immediate situation;
  - appreciate his capacity to comprehend information and express his views;
  - encourage questions, answer the questions raised and comfort children when they express concerns or fears;
  - include appropriately prepared verbal, audio-visual and written information, supported by illustrative models, play or other media presentations;
  - whenever practicable information should be given in the presence of the parents.



- Information for **parents** should:
  - be clear and comprehensive;
  - consider the parents' present situation especially their feelings of fear, sorrow, guilt, anxiety or stress regarding their child's condition;
  - encourage questions;
  - satisfy the need for information by directing parents to extra information sources and support groups;
  - provide parents with unrestricted access to all written or pictorial documentation regarding the illness of their child;

- The child or a sibling should not be used as an interpreter for the parents.

- Information to **meet both the child's and its parent's needs** should

- be provided continuously from admittance to discharge of the patient;
- include information regarding care after discharge;
- be provided in a stress free, secure and private environment without pressure of time;
- be given by experienced staff competent to communicate information in a way which can be readily understood;
- repeated as often as necessary to facilitate understanding;
- be checked by the staff member to ensure that the information given has been properly understood by both the child and the parents.

- Children have the right to express their own views and providing they have sufficient competence to understand the matter, they may veto their parents' access to their health information. In such a case staff are required to proceed with the utmost care to properly evaluate the situation. Protection, counsel and support shall be given to the child. But hospital staff should ensure that the necessary counsel and support are also given to the parents who might be in need of psychological and social help and advice.

## **(2) Steps should be taken to mitigate physical and emotional stress.**

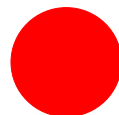
- To reduce physical and emotional stress and pain experienced by children preventive measures have to be taken, which should:
  - be adapted to the individual needs of the child;
  - provide information and programmes to prepare children and parents for a stay in hospital, whether planned or emergency;



- provide preparation information prior to planned procedures;
- encourage continuous contact with parents, siblings and friends;
- offer play and recreation activities suitable to the child's age and development;
- ensure effective up-to-date pain management to avoid or reduce pain incurred by medical treatment, whether during examination, intervention or pre- or postoperatively;
- grant sufficient periods of rest between treatments;
- support parents whose children are receiving palliative care;
- prevent feelings of isolation and helplessness;
- try to avoid or reduce situations or actions described by the child as stress inciting;
- recognise fears or concerns of the child whether or not explicitly expressed and act upon them;
- be aware that a child may become stressed by being isolated or as a reaction to the condition of other patients and take appropriate action;
- feature stress free and appropriately equipped rooms allowing children and parents the opportunity to retreat;
- avoid use of restraints.

▪ To mitigate unavoidable physical or emotional stress, pain and suffering children and parents should be offered:

- ways of dealing with painful situations or actions experienced as negative;
- support for parents as well as measures ensuring their protection from too much strain while caring for their child;
- contact with social services, psychologists;
- contact when requested with minister of religion, self-help groups, patient / parent-help groups and cultural groups.



## Article 5

### **(1) Children and parents have the right to informed participation in all decisions involving their health care\*.**

- The right to participate in the health care of the child requires from staff members:
  - adequate information to the child and the parents regarding their child's immediate health condition, the proposed forms, risks, and merits of a treatment or therapy and its goals as well as the measures to be taken;
  - adequate information on alternative forms of treatment;
  - advice and support to parents enabling them to evaluate the proposed way of proceeding;
  - to appreciate and make use of the child's and parent's knowledge, experiences, descriptions and observations on the general health situation or present condition of the child.



- Prior knowledge of all measures that need to be taken is a precondition for the active involvement of children and parents in decision making.

### **(2) Every child shall be protected from unnecessary medical treatment and investigation.**

- In this context any form of medical treatment or investigation of a child is unnecessary, if no benefit for the individual child can be derived.

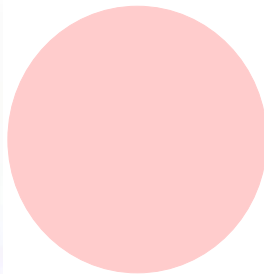
## Article 6

### **(1) Children shall be cared for together with children who have the same developmental needs\* and shall not be admitted to adult wards\*.**

- The care of children together with children who have the same developmental needs, includes, but is not limited to
  - rest;
  - entertainment;
  - joint or similar activities;
  - activities for children of a mixed age group;
  - separate rooms and activities according to age and gender;
  - particular efforts being made to provide separate accommodation for adolescents;
  - protective measures for children with specific illnesses.
  
- The special needs of adolescents should be taken care of by providing appropriate infrastructure as well as recreational opportunities.
  
- Any form of segregation of children must be avoided, in particular cultural segregation.
  
- The care of children together with adults on the same ward is not acceptable, and consequently means:
  - children shall not be admitted to or cared for in adult wards;
  - adults shall not be admitted to or cared for in children's wards;
  - separate provision should be available for the treatment of children and adults in areas such as reception, emergency rooms, surgery, outpatient and day care facilities as well as examination and therapy rooms.

**(2) There should be no age restrictions for visitors to children in hospital.**

- Visiting hours for siblings and friends shall not be restricted based on the age of the visitor, but based on the condition of the sick child and the health of the visiting children.

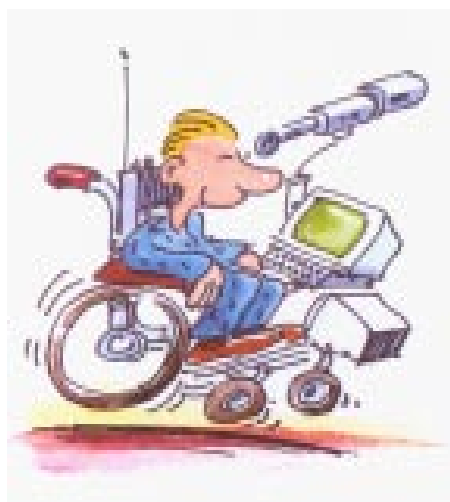


**Article 7**

**Children shall have full opportunity for play, recreation and education suited to their age and condition and shall be in an environment\* designed, furnished, staffed and equipped to meet their needs.**

- Children have the right to an environment which meets the needs of children of all ages and situations wherever in the hospital they are being cared for. This applies also to day facilities or other areas\* where children are being treated or examined.
- Extensive possibilities for play, recreation and education should
  - be available in the form of appropriate play materials;

- ensure adequate periods of time for play seven days a week;
  - provide for the abilities of all age groups cared for in the facility\*;
  - inspire creative activities by all children;
  - allow for the continuation of the level of education already reached.
- Sufficient suitably qualified staff should be available to meet the needs of children for play, recreation and education regardless of the state of health and age of the children. All staff in contact with children should have an understanding of the needs of children for play and recreation.
  - The architecture and interior design of such an environment must incorporate appropriate features for all age groups and types of illnesses treated in the facility. The environment should be adaptable to the needs of different age groups and not be focused on one particular age group.



## Article 8

**Children shall be cared for by staff whose training and skills enable them to respond to the physical, emotional and developmental needs of children and families.**

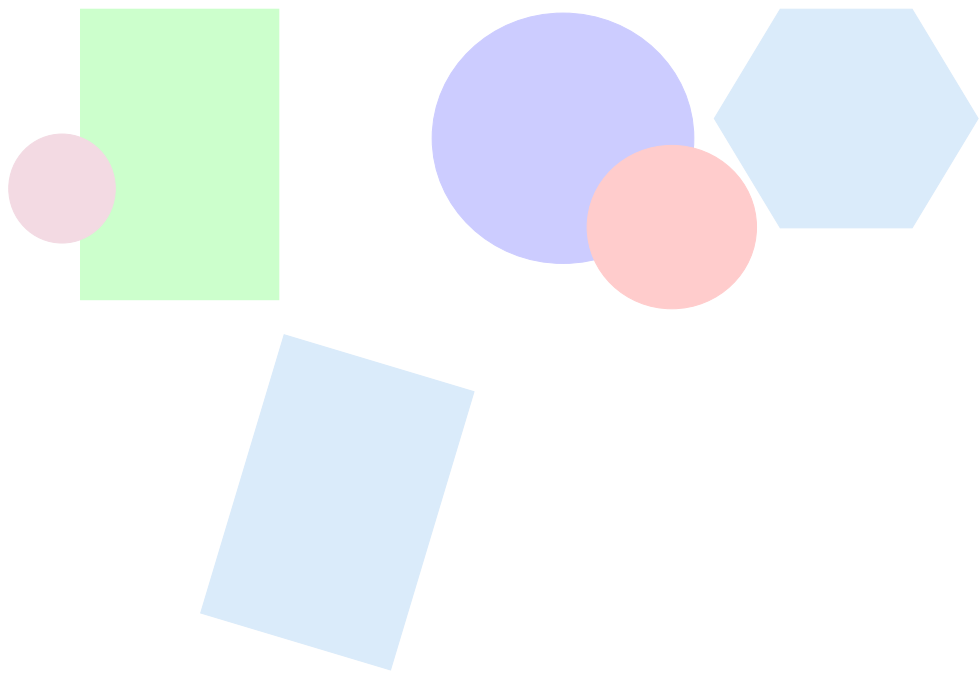
- Specific professional training, skills and sensitivity are required for staff caring for sick children. Only on the basis of these qualifications are they able to meet with the special needs of children and their parents.
- All hospitals or other health care providers admitting children should ensure that children are examined, treated and cared for by staff with specific paediatric education, knowledge and experience.



- If a child needs to be treated by non-paediatric staff, such treatment may only be carried out in cooperation with staff specially trained and qualified to care for children.
- The ability and sensitivity of staff shall be maintained at a high level by appropriate training and continuing education.
- To know and address the needs of families is a pre-condition for being able to support parents in the care of their child and if

necessary organise support or alternative care for the child to relieve the strain on the family.

- Qualified staff are capable of recognising and reacting in an appropriate way to all forms of child abuse.
- Staff members will support parents in particular to cope with critical situations a child might endure. This applies especially to life-threatening situations.
- When a child is dying or dies, the child and his/her family must be given whatever support, care and assistance they need to help them cope. Staff should undertake appropriate bereavement training. Information regarding the death of the child should be given sympathetically, sensitively, in private and in person.



## Article 9

### **Continuity of care should be ensured by the team caring for children.**

- Continuity of care includes continuity in the provision of the child's treatment and continuity among the staff providing their care.
- Continuity of care should apply both in the hospitals and following transition to home or day care. This can be achieved by all those involved communicating and working together as a team.
- Team work requires a limited and defined number of persons working together as a group whose action is based on complementary levels of knowledge and consistent standards of care, focused on the physical, emotional, social and psychological well-being of the child.





## Article 10

### **Children shall be treated with tact and understanding and their privacy shall be respected at all times.**

- Tact and understanding in dealing with children requires the need to:
  - include their right to be a child;
  - consider their dignity, view, needs, individuality and their state of development, taking account of any disability or special need;
  - make the willingness of the staff for dialogue apparent;
  - create a friendly and trusting atmosphere;
  - take into consideration the religious belief and cultural background of the child and the family.
  
- Regardless of age or state of development the protection of the privacy of children shall be secured at all times and must include:
  - protection against physical exposure;
  - protection against treatment and behaviour which diminishes self respect or makes the child feel ridiculous or humiliated;
  - the right of personal retreat, to be alone;
  - the right of private communication with staff;
  - the right of undisturbed association with close family members and friends.



# Glossary

---

The terms marked with an asterisk\* in the Charter or the Annotations are used there in the sense and understanding described below (in alphabetical order with reference to the text part where used first).

## **Accommodation** (art. 3)

The presence of parents during 24 hours, including accommodation (overnight stay and meals). Normally the parents stay with the child in the same room, sometimes in other rooms within or near the hospital. A practice oriented to the needs of the child means that none of the aforementioned possibilities is excluded.

## **Admittance together with the child** (art. 3)

See: Accommodation.

## **Adult ward** (art. 6)

This refers to all rooms, units or departments where adults are being cared for.

## **Appropriate / proper / suitable** (Annotations art. 1 et al.)

If there are various possibilities or measures available, the one chosen should be the one which best meets the needs of a specific person or group in the particular circumstances and offers the highest quality of care.

## **Areas** (Annotations art. 7)

See: Facilities.

## **Care** (art. 1 and Annotations to art. 1)

- a) With regard to staff members: this includes the application of all further medical, nursing, therapeutic, psychological,

## Glossary

---

- social and educational measures in connection with the medical treatment.
- b) With regard to parents: essentially all care activities that a child experiences in every day life. It also includes care activities for which parents receive specific instructions.
  - c) All actions carried through at or with the child.
  - d) With regard to other care persons (substitute carers): psychosocial support.
  - e) Care, places of - see: Hospital, forms and places

### **Care person** (art. 2)

Here: A suitably qualified person, selected for the care of the child in agreement with the child's will. In accordance with the parents' approval this person shall be responsible for the psychosocial care of the child as long as the parents are unable to participate and as long as the child needs such care.

### **Children** (art. 1)

Childhood runs until the accomplishment of the 18<sup>th</sup> birthday. "Child/children" therefore always includes all children, from the newly born child to adolescents. (art. 1 UN Convention on the Rights of the Child and WHO definition)

### **Environment** (Annotations art. 7)

All rooms, floors, waiting areas and outdoor facilities used by children during their stay in hospital.

### **Facility** (Annotations art. 7)

All units, rooms or areas specialised and qualified for the treatment or care of children as an inpatient, part inpatient, day or ambulant patient within an institution of health care.

## Glossary

---

### **Health care** (art. 5)

All actions applied in a hospital, and including day care, ambulant or care at home for achieving recovery or relief or all measures of care accompanying a patient until his death (see also facility).

### **Hospital** (art. 1)

Institutions of health care specialised in and qualified for the care of children

### **Hospital, or all forms and places of appropriate care** (art. 1)

Health care institutions which ensure an appropriate care for and treatment of sick children,

- ambulant or day care
- emergency care
- at home (with support from community doctor or nurse)

### **Needs** (art. 6)

All that is necessary for the continuing mental, emotional and physical development and well-being of children.

### **Parents** (art. 2)

This term includes the natural parents, step parents, adoptive and foster parents, as well single parents and appointed guardians.

### **Parent substitutes** (art. 2)

A person, whom the child knows and has a relationship with, and who can take over the tasks of a parent, e.g. elder siblings, grandparents or other relatives, child minders, care workers, family friends. The expression does not describe a certain degree of relationship. (For easy reading only the expression “parents” is used throughout the text.)

## Glossary

---

### **Staff / Staff members** (Annotations art. 3)

All professional groups working in a hospital, such as all medical, nursing, therapeutic, psychosocial, pedagogic professions, including all those involved when children are undergoing tests as well as domestic and portering staff.

### **Substitute carer** (Annotations art. 2)

See above definitions of “parents” or “parent substitutes”.

### **Treatment, medical** (Annotations art. 1)

All actions applied directly to the child by the professional staff for the purpose of achieving relief for or recovery of the child.

### **View of the Child** (Annotations art. 4)

Refers to the child’s right for self-determination, and that the views of the child are given due weight in accordance with the age and maturity of the child (see also art. 12.1 UN Convention on the Rights of the Child).

### **Ward Routine** (art. 3)

Includes daily schedules on the ward, where a child is admitted, but also the individual care schedules for a child, e.g. diagnostics, therapies and/or surgery, as well as the working patterns within a ward.



# The EACH Charter and the UN Convention on the Rights of the Child

---

The 10 principles of the EACH Charter relate in many respects to the rights of the child in general as stipulated in the UN Convention on the Rights of the Child (CRC), as well as to the recognition of children's different emotional and developmental needs depending on their age.

In particular art. 3 CRC emphasises the primacy of the child's welfare and to implement this welfare principle requires an effective, child-centred service.

Implementing the EACH Charter means at the same time implementing in particular the following articles of the CRC:

## **CRC definition of age**

The CRC defines the age of a child to be from 0 - 18 years (with certain exceptions). In many European countries children are only accepted into children's hospitals or wards up to 16 years or even less in some places.

## **Art. 24**

### **Child's right to health and health services** (EACH Charter 1, ff.)

(1) *"States Parties recognise the right of the child to the enjoyment of the highest attainable standard of health"....*

## **Art. 3**

### **Best interests of the child** (EACH Charter 1 - 3, 6 - 8)

(1) *"In all actions concerning children ... the best interests of the child shall be a primary consideration."*

(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."*

# The EACH Charter and the UN Convention on the Rights of the Child

---

## Art. 5

### **Parental guidance and the child's evolving capacities**

(EACH Charter 4 - 5)

*“States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family ... in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the present Convention.”*

## Art. 9

### **Separation from parents** (EACH Charter 2 - 3)

*(1) “States Parties shall ensure that a child shall not be separated from his or her parents against their will.”*

## Art. 12

### **Respect for the views of the child** (EACH Charter 4 - 5)

*(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.”*

Staff caring for children in hospital should be able and willing to listen to them, to treat them with respect, to successfully communicate with them and in matters of dissent be able and willing to reach an amicable agreement.

## Art. 16

### **Child's right to privacy** (EACH Charter 10)

Applies to alle children and in all situation, including within the family, alternative care, and all institutions, facilities and services.

# The EACH Charter and the UN Convention on the Rights of the Child

---

## Art. 17

### **Child's access to appropriate information** (EACH Charter 5)

State Parties have to ensure that the child has access to information and material from diverse sources - especially those aimed at promoting well-being and physical and mental health.

## Art. 18

### **Parents' joint responsibilities** (EACH Charter 2 - 4)

(1) *"States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child. Parents .... have the primary responsibility for the upbringing and development of the child. ..."*

(2) *"For the purpose of guaranteeing and promoting the rights set forth in the present Convention, States Parties shall render appropriate assistance to parents and legal guardians .... and shall ensure the development of institutions, facilities and services for the care of children."*

## Art. 19

### **Child's right to protection from all forms of violence** (EACH Charter 8 - 10)

Requires protection of the child from all „forms of physical or mental violence“ while in the care of parents or others.

## Art. 23.3. and 23.4.

### **Rights of disabled children**

(3) *"Recognising the special needs of a disabled child ... to ensure that the disabled child has*





# The EACH Charter and the UN Convention on the Rights of the Child

---

*effective access to and receives education, training, health care services ... .”*

*(4) “States Parties shall promote ... the exchange of appropriate information in the field of preventive health care and of medical, psychological and functional treatment of disabled children ... .”*

The principles of the EACH Charter apply to children with all kinds of illnesses or disabilities.

## **Art. 25**

### **Child’s right to periodic review of treatment** (EACH Charter 8)

Requires periodic review of the treatment and circumstances of children who have been placed by the authorities for the purposes of care, protection or treatment of their health.

## **Art. 28**

### **Child’s right to education** (EACH Charter 7)

The right to education is not limited to instructions delivered within schools. Possibilities to continue education during a hospital stay must, therefore, be provided.

## **Art. 29.1(a) and (c)**

### **The aims of education** (EACH Charter 7, 10)

*(1) “States Parties agree that the education of the child shall be directed to:*

*(a) “The development of the child’s personality, talents and mental and physical abilities to their fullest potential; ...”*

*(c) “The development of respect for the child’s parents, his or her own cultural identity, language and values, for the national values*

# The EACH Charter and the UN Convention on the Rights of the Child

---

*of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own; ....”*

## **Art. 30**

### **Children of minorities or of indigenous people** (EACH Charter 10)

Protects the rights of children to enjoy their own culture, practise their religion and use their language.

## **Art. 31**

### **Child's right to leisure, recreation and culture** (EACH Charter 7)

Especially during a stay in hospital, play and creative activities are an important factor in helping the child to cope with its illness.



## **EACH Member Associations**

---

### **Austria**

KIB Children Care, A-4841 Ungenach, [www.kib.or.at](http://www.kib.or.at)  
Contact person: Elisabeth Schausberger, Email: [verein@kib.or.at](mailto:verein@kib.or.at)

### **Belgium**

HU Ass. Pour l'Humanisation de l'Hôpital en Pédiatrie  
9, rue de la Roche, B-1490 Faux Court-St. Etienne  
[www.associationhu.org](http://www.associationhu.org)  
Delegate: Marie Thérèse Minne, Email: [minne.huma@swing.be](mailto:minne.huma@swing.be)

### **Finland**

Suomen Nobab - Nobab in Finland, Lasten ja nuorten sairaala,  
Stenbäckinkatu 11, FIN-00290 Helsinki, [www.nobab.fi](http://www.nobab.fi)  
Delegate: Annika von Schantz, Email: [annika.schantz@hus.fi](mailto:annika.schantz@hus.fi)

### **France**

APACHE Ass. Pour l'Amélioration des Conditions d'Hospitalisation  
des Enfants, B.P. 162, F-92 185 Antony Cedex  
[www.apache-france.org](http://www.apache-france.org)  
Delegate: Sylvie Rosenberg-Reiner, Email: [apache.asso@wanadoo.fr](mailto:apache.asso@wanadoo.fr)

### **Germany**

AKIK Aktionskomitee Kind im Krankenhaus Bundesverband e.V.  
Nordendstr. 32A, D-60318 Frankfurt/Main, [www.akik.de](http://www.akik.de)  
Delegate: Julia von Seiche, Email: [Julia-vonseiche@t-online.de](mailto:Julia-vonseiche@t-online.de)

### **Iceland**

Umhyggja Nobab-Iceland, Haaleitisbraut 13, ISL-108 Reykjavik  
[www.umhyggja.is](http://www.umhyggja.is)  
Delegate: Ragna Marinosdottir, Email: [ragna@umhyggja.is](mailto:ragna@umhyggja.is)

## **Ireland**

Children in Hospital Ireland (CHI),  
Coleraine House, Coleraine Street, Dublin 7 – Ireland  
[www.childreninhospital.ie](http://www.childreninhospital.ie)  
Delegate: Mary O'Connor, Email: [info@childreninhospital.ie](mailto:info@childreninhospital.ie)

## **Italy**

A.B.I.O. Associazione per il Bambino in Ospedale  
Via Bessarione 27, I-20139 Milano, [www.abio.org](http://www.abio.org)  
Delegate: Prof. Vittorio Carnelli, Email: [info@abio.org](mailto:info@abio.org)

## **Netherlands**

Kind en Ziekenhuis, Korte Kalkhaven 9, NL-3311 JM Dordrecht  
[www.kindenziekenhuis.nl](http://www.kindenziekenhuis.nl) and [www.JAdokterNEEdokter.nl](http://www.JAdokterNEEdokter.nl)  
Delegate: Margreet van Bergen, Email: [info@kindenziekenhuis.nl](mailto:info@kindenziekenhuis.nl)

## **Norway**

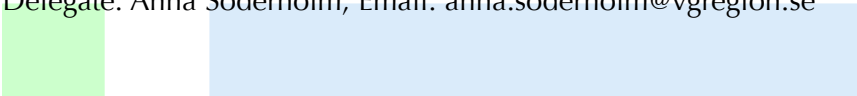
Nobab Norway  
c/o Nygata 25  
N-2010 Strømmen  
Delegate: Hilde Sverdrup, Email: [hilde.sv@online.no](mailto:hilde.sv@online.no)

## **Portugal**

IAC Instituto de Apoio à Criança, Humanisation of services dealing  
with Children, Rua Coelhoda Rocha no. 122-R/C Esq.o.,  
P-1350-081 Lisboa, [www.iacrianca.pt](http://www.iacrianca.pt)  
Delegate: Dr. Leonor Santos, Email: [iac.humanizacao@netcabo.pt](mailto:iac.humanizacao@netcabo.pt)

## **Sweden**

Nobab Sweden, c/o The Queen Silvia Children's Hospital,  
S-41685 Göteborg  
Delegate: Anna Söderholm, Email: [anna.soderholm@vgregion.se](mailto:anna.soderholm@vgregion.se)



## **Switzerland**

Kind & Spital, Postfach 416, CH-5601 Lenzburg

[www.kindundspital.ch](http://www.kindundspital.ch)

Delegate: Hanne Sieber, Email: [hsieber@kommtextkorr.ch](mailto:hsieber@kommtextkorr.ch)

## **United Kingdom**

Action for Sick Children, 3 Abbey Business Centre,

Keats Lane, Earl Shilton, Leics. LE9 7DQ

[www.actionforsickchildren.org](http://www.actionforsickchildren.org)

Delegate: Peg Belson, Email: [pegbelson@hosp.demon.co.uk](mailto:pegbelson@hosp.demon.co.uk)

## **Associated Members**

### **France**

Les Blouses Roses - Animation Loisirs à l'Hôpital,

5, Rue Barye, F-75017 Paris, [www.lesblousesroses.asso.fr](http://www.lesblousesroses.asso.fr)

Delegate: Agnès Nanty, Email: [jacques.nanty@wanadoo.fr](mailto:jacques.nanty@wanadoo.fr)

### **Italy**

Assoc. Amici della Pediatria, c/o OO.RR. di Bergamo,

I-24124 Bergamo, Email: [info@amicidellapediatria.it](mailto:info@amicidellapediatria.it)

Delegate: Mariagrazia Bernasconi Lubrina

### **Japan**

NPHC – The Network for Playtherapy & Hospital Environment for

Children, c/o Dept. of Design and Architecture, Faculty of Engineering,

Chiba University, 1-33 Yayoicho, Inage-ku, Chiba, 263-8522 Japan

Delegate: Kaname Yanagisawa, E-Mail: [kanamey@faculty.chiba-u.jp](mailto:kanamey@faculty.chiba-u.jp)

### **Honorary member:**

Christine Grotensohn, Germany

### **& Single members**

## **EACH Officers:**

### **Co-ordinator:**

Dr. Sylvie Rosenberg Reiner, Antony, France  
Email: apache.asso@wanadoo.fr

### **Secretary**

Peg Belson, London, UK  
Email: pegbelson@hosp.demon.co.uk

### **Treasurer**

Hanne Sieber, Hofstetten, Switzerland  
Email: hsieber@kommtextkorr.ch

EACH is a member of:

- NGO Group for the UN Convention on the Rights of the Child, Geneva
- EURONET European Children Network, Brussels

EACH Delegate: Hanne Sieber, Hofstetten, Switzerland

### **Invitation for Donations**

EACH and its member organisations are non-governmental, non-profit organisations. Financial contributions allowing us to promote the rights of children in hospital are appreciated. Please contact our Co-ordinator or our Treasurer.

**[www.each-for-sick-children.org](http://www.each-for-sick-children.org)**



