

Education for change

A short course on child rights and child law for health professionals in South Africa

The Children's Institute, University of Cape Town was approached by CRED-PRO International to adapt the international curriculum for the South African context. This posed a number of challenges both in terms of course content and methodology.

Identifying our key target audience

Eighty-five percent of South Africa's children rely on the public health care system where resources are thinly stretched, with a ratio of one paediatrician for every 9,500 children in the Western Cape, and 200,000 children in Limpopo.

This means that public health care services for children are primarily delivered by nurses and medical officers working in primary health care clinics and district hospitals, with paediatricians and paediatric nurses concentrated at tertiary level. While paediatricians do play a leadership role in the design and delivery of child health services, it is also essential to target nurses and medical officers working at primary level in order for the course to have maximum impact.

Implications for design and delivery

Initially we planned to offer the training as a block release programme which would have allowed time for health professionals to digest the material, and apply the principles learned in everyday practice. However, chronic understaffing and high workloads in the public sector mean that staff have limited time for further study or continuing professional development. So, based on feedback from our advisory team and the Education Development Unit (EDU) in the Health Faculty, we chose to opt for a short course that would open up the training to health professionals across the country. This in turn posed further challenges around how best to structure the five days in order shift knowledge, attitudes and behaviour.

Methodology

Theory was kept to a minimum and we opted to strengthen participatory teaching methods. Core content was presented in a series of short lectures interspersed with small group work and plenary discussions that enabled health professionals to reflect on their own experiences, identify challenges, share best practice and learn from one another. Radio and video clips were used to bring children into the classroom and proved particularly powerful in helping health professionals recognise children's experiences, children's rights to be treated with dignity and respect, and their ability to participate in health care decision-making.

The EDU also encouraged us to sharpen the course goals and objectives in line with the outcomes-based approach used by other curriculum developers in the faculty. This focused our attention on three critical questions:

- what knowledge skills and attitudes do doctors and nurses need to realise children's rights in practice
- how much could we meaningfully cover within the five days, and
- what should we push to see integrated elsewhere in health sciences curricula?

Course content

The course is structured into six modules that aim to:

1. Raise awareness of how children's rights can support child health, wellbeing and development
2. Deepen health professional's understanding of child rights principles and provisions in international and national law
3. Examine a range of local legislation that health workers must apply in order to give effect to children's rights
4. Enable health professional to give effect to children's rights in their individual practice
5. Enable health professional to advocate for changes to the health system
6. Enable health professional to understand the broader policy context and to advocate for changes beyond the health facility to address the social determinants of health and well-being

Module 1 draws on the UN Convention on the Rights of the Child and the Alma Ata Declaration of Primary Health Care to motivate for a holistic approach to health that extends beyond child survival to consider what is needed to support children's wellbeing and optimal development. These needs were then mapped to a set of generic children's rights that encapsulated key provisions in international, regional and South African law. This module also drew on materials developed by the Institute's Caring School Project that focuses on building circles of support and champions for children. Rather than focusing on problems, an appreciative approach was used throughout the course to encourage health professionals to take action to improve the quality of care - starting small with changes in individual practice, then promoting change within the health care system, and finally becoming advocates to address broader social determinants of health.

Module 2 focuses on children's rights to health in international and South African law. The module highlights the interdependency and indivisibility of rights and explores the relationship between child rights principles and medical ethics. It

also spells out how international law is given effect through the South African Constitution and the Children's Act of 2010. While international law provides a reference point for legal interpretation, national law is justiciable – which enabled the Treatment Action Campaign to use court action to force government to rollout the Prevention of Mother to Child Transmission Programme.

Module 3 examines how children's rights are translated into laws, policies and programmes that give effect to children's rights to health and spells out how health professionals can strengthen referral systems and work in partnership with other service providers to enable children and families to access services such as birth registration, social grants and protection orders.

Module 4 focuses on professional practice and presents a key challenge: How do we change doctors and nurses practice and build in activities that shift attitudes and behaviour? This is particularly important given that the new consent provisions outlined in the Children's Act that came into effect in 2010. For example: doctors are now required by law to get consent for medical treatment from children aged 12 and over provided that the children are mature enough to understand the risks and benefits of treatment.¹ This requires a fundamental shift in practice – from telling children what to do – to listening, asking and engaging children in conversation – and suggests the need to strengthen health professionals ability to communicate effectively with children and to appreciate their evolving capacities.

Module 4 also examines the tension between South African law and best practice. For example, the Sexual Offences Act² requires health professionals to report underage consensual sex to the police for investigation, which undermines children's right to sexual and reproductive health services. In contrast, the Children's Act requires health professionals to use their professional judgement to assess if the underage sex was abusive, and to then report the abuse to a social worker for investigation. A series of case studies help health professionals get to grips with these legal and ethical dilemmas and to consider how they can act in children's best interests when services are thinly stretched, or when law seems to run counter to best interests.

Module 5 focuses on systems change and what is required to realise children's rights in the health care system. This module kick started a very fruitful conversation with Professor Minette Coetzee of the Child Nurse Practice Development Initiative at UCT, who is a key advocate for child- and family-friendly services and who recognises the central role of caregivers in the healing process and the importance of actively welcoming family members in hospitals – as allies, mediators and guardians of children.³ The module also draws on work by the Child-Friendly Health Care Initiative⁴ – an international initiative that has translated rights in the UNCRC into standards of care that can be used to evaluate and strengthen services for children.

This module raises interesting questions about how best to realise children's rights in the health care system. Educating health professionals and ensuring that children's rights are mainstreamed across undergraduate and postgraduate

curricula is one potential strategy, but training individuals doesn't necessarily lead to institutional change. In this case developing standards for child- and family-friendly care may prove a more useful strategy – particularly when assessment criteria are linked to an accreditation process as is the case for Baby-Friendly Hospitals or Youth-Friendly Services in South Africa.

Module 6 has a strong focus on the status of child health in South Africa and its underlying social determinants. The module starts with an overview of existing data on under-five mortality and then introduces learners to Children Count⁵ – a website developed by the Children's Institute to provide a child-centred analysis of survey and administrative data and to monitor children's care arrangements and access to services. This national picture provides a springboard for health professionals to start identifying the social determinants of health in their own province or district and to start working with others to advocate for change.

Training of Trainers

We also wanted to develop a curriculum that could easily be adopted and adapted by educators at other universities and nursing colleges – to expand the reach and impact of the programme. So we piloted the course in January 2011 with over 20 health educators from medical schools and nursing colleges across the country. Bringing together paediatric nurses and paediatricians proved a particularly useful strategy, as paediatricians have the power to influence the design and delivery of child health services, while nurses are more attuned to the quality of care and how to engage children as equal partners in their own health care.

In addition to the core readings, we developed a facilitator's guide for each module and a set of PowerPoint slides to assist lecturers in present core content – such as child law – that may lie outside their area of expertise.

Accreditation

While getting a new course formally accredited through the Health Professions Council of South Africa (HPCSA) or through the University of Cape Town is a long and rigorous process, the current course has been recognised as continuous professional development by the HPCSA and carries a total of 60 CPD points. This will provide a further incentive for health professionals to attend the course as ethics points are particularly in the demand. The course will eventually form part of a Post Graduate Diploma in General and Community Paediatrics which will be run for the first time in 2013.

1

Children's Act 38 of 2005.

2

Sexual Offences Amendment Act 32 of 2007.

3

Coetzee M & Kruger J (2011) Children's relationship with professionals. In: Jamieson L, Bray R, Viviers A, Lake L, Pendlebury S & Smith C (eds) *South African Child Gauge 2010/2011*. Cape Town: Children's Institute, University of Cape Town.

4

Southall DP, Burr S, Smith RD, Bull DN, Radford A, Williams A & Nicholson S (2000) The Child-Friendly Healthcare Initiative (CFHI): Healthcare provision in accordance with the UN Convention on the Rights of the Child. *Pediatrics*, 106(5): 1054-1064.

5

www.childrencount.ci.org.za