Healthcare Consultations for Children
Healthcare Consultations for Children and the Roles of Professionals: Focusing on the Child’s Right to Participation

Tomoko YAMAMOTO
Azabu University, 1-17-71 Fuchinobe, Chuo-ku, Sagamihara-shi, Kanagawa 252-5201 Japan

Abstract: This study aimed to investigate the roles of professionals who provide healthcare consultations for children based on the child’s right to participation ensured by the Convention on the Rights of the Child.

Children’s right to participation guarantees their participation in the process of deciding matters that influence them. In this process, emphasis is placed on the establishment of a collaborative relationship between children and those who support children’s participation, and promotion of the development of participating children’s empowerment. Concerning healthcare, necessary information should be provided to children before they participate in the decision-making process. Concerning healthcare consultations for children, it is necessary to respond to children of all ages, to establish laws that enable them to access healthcare consultations when they wish to do so, and to provide a financially suitable environment.

To achieve the above-mentioned requirements, professionals involved in healthcare consultations for children are required to aid in ensuring the child’s right to participation through facilitating children’s access to consultations and promoting their empowerment.

Key words: Healthcare consultations for children, the roles of professionals, the Convention on the Rights of the Child, the child’s right to participation, Promoting children’s empowerment.

1. Introduction

In Japan, public institutions and health/medical centers are increasingly providing consultations for those with medical and/or health needs, and such consultations are also applied to medical care for children.

The purposes of such consultations are to aid healthcare users in receiving necessary services with safety and ease, and to improve the quality and reliability of healthcare in cooperation with experts.

Previous studies on healthcare consultations for children mainly surveyed children’s parents, and clarified the details of consultations, clients’ needs, and responses from consultants.

Firstly, concerning the details of consultations and clients’ needs, telephone consultations with pediatricians were most commonly sought by parents whose children were younger than 3 years of age, and were most often about fever. In addition, it was suggested that, when parents consult hospitals providing specialized healthcare about their disabled children, they are likely to desire specific advice and detailed explanations.

Secondly, regarding the details of responses to healthcare consultations for children, researchers indicated that it is important to understand children and resolve their problems while paying careful attention to their situations and individuality based on their abilities and strengths, without simply relying on a medical diagnosis.

In terms of healthcare consultations for children, the United Nations Committee on the Rights of the Child recommended the fulfillment of the child’s right to participation in General Comment No. 12 (hereafter referred to as Comment No. 12) in 2009. Therefore, studies on healthcare consultations for children should
discuss this from the perspective of protecting the child’s right to participation.

2. Objectives and Methods

This study aimed to: 1) present the requirements for guaranteeing children’s right to participate in healthcare consultations, and 2) improve the quality of healthcare consultations for children through achieving 1).

In this study, firstly, we introduce the requirements for fulfilling children’s right to participate in healthcare consultations based on Comment No. 12. Next, we present the characteristics of consultations provided for children based on the child’s right to participation in Japan. On the basis of the above information, we clarify the roles of professionals required for ensuring children’s right to participate in healthcare consultations.

3. Results and Discussion

3.1. Child’s right to participation in healthcare consultations

3.1.1. Child’s right to participation

The child’s right to participation was ensured for the first time as the child’s fundamental right mainly in Article 12 (Respect for Children’s Decisions) of the Convention on the Rights of the Child, which comprehensively guarantees the rights that are essential for children. In addition, in 2009, 20 years after the adoption of the convention, Comment No. 12 was adopted with the aim of supporting the effective execution of Article 12.

Article 12 is regarded as a general principle in the convention, and should be taken into consideration in other articles of the convention and when interpreting or implementing the entire convention. It is also specified in Comment No. 12 that, although Article 12 plays an important role in the child’s right to participation, the requirements described in the article are present throughout the convention (para. 86).

Children’s right to participation guarantees their participation in the process of deciding matters that influence them. Comment No. 12 highlights based on Article 12 that it is required to consider children’s views in the decision-making process (para. 12), to deal seriously with any situations related to children’s lives in cooperation with them (para. 13), as well as to respect and understand fully children’s participation in the process of deciding matters that influence them (para. 26).

Comment No. 12 notes that the term “participation” is widely used to represent a continuous process involving information sharing and conversations based on mutual respect between children and adults, and children can learn how their own and adults’ views are taken into consideration and what kind of results their views lead to. By making these statements, Comment No. 12 specifies that, based on the concept of “participation”, it is required to regard the relationship between children and adults as being mutual, and support the development of children’s empowerment to aid them in resolving their own problems (para. 3).

Concerning the achievement of the above-mentioned requirements, as the provision of a necessary environment is regarded as being of major importance, Comment No. 12 recommends that, firstly, it is necessary to guarantee that children obtain necessary information and advice that enable them to make decisions in their best interests (para. 16). Comment No. 12 specifies that children’s right to access to information is extremely important since such a right is a precondition for their proper decision-making, and children’s parents, social workers, psychologists, and physicians, who are responsible for listening to children’s views, should provide them with information about choices, possible decisions, the result of the decision made, and other necessary relevant issues (para. 25). In addition, Comment No. 12 mentions that, in order for children to be heard, the above-mentioned individuals are required to inform them of their right to express their own opinions, and what kind of results such views lead to, particularly in a legal or administrative decision-making process (para. 41).

Secondly, Comment No. 12 mentions that the government of each signatory to the Convention on the Rights of the Child is required to provide education on Comment No. 12 and its implementation for any
professionals working with or for children, such as social workers, psychologists, and physicians (para. 49). Furthermore, according to Comment No. 12, education for such professionals should employ the comment itself (para. 7). In addition, Comment No. 12 requires adults and organizations engaged in any activities with children to acknowledge, value, and refer to good examples of children’s participation in and contributions to working environments, and respect their views regarding participation in public events (para. 134 c).

Thirdly, Comment No. 12 recommends the systematic implementation of the child’s right to participation (para. 49): specifically, it is required to establish appropriate regulations to encourage children to express their own views and support such expressions, and, in order for their views to be regarded as being reasonable, it is required to develop laws and institutional regulations that authenticate such views, and create guidelines for evaluating their effectiveness on a regular basis.

Thus, to guarantee the child’s right to participation, it is required to provide professionals working for children with education aimed at ensuring their right to participation, and allow children to obtain information and advice about their right to participation and the influence of their decisions. In addition, laws, regulations, and guidelines specifically for achieving these purposes in a systematic way should be established.

3.1.2. Children’s right to participate in their healthcare

Concerning healthcare, Comment No. 12 mentions that it is first required to respect children’s right to express their own views, and be involved in their healthy growth and the promotion of their wellbeing, in order to execute the Convention on the Rights of the Child (para. 98).

In addition, according to Comment No. 12, it is required to allow children of all ages to participate in the decision-making process in a manner suitable to their level of development, and to provide children, including those who are disabled, with information on proposed treatments, and their effects as well as results, in a manner appropriate to their understanding (para. 100).

Furthermore, it is specified in Comment No. 12 that the signatories to the Convention on the Rights of the Child are required to establish laws and regulations that enable children of all ages to seek medical counseling and advice without their families’ consent, if necessary, from the perspectives of children’s safety and wellbeing, for example, when children undergo domestic violence, are abused, or disagree with their parents over access to medical care. It is also mentioned in Comment No. 12 that the child’s right to seek counseling and advice is distinct from their right to consent to their own medical care, and should not be restricted by age (para. 101).

Thus, it is required to respond to children of all ages who seek medical consultation, counseling, or advice based on the government’s support, and to aid children in resolving their own problems through providing an appropriate environment, such as systems and regulations that enable them to access these services when they wish to do so according to their needs.

3.2. Characteristics of consultations for children in Japan

In Japan, counselors, social workers, and ombudspersons are involved in consultations that are held for children from the perspective of guaranteeing the child’s right to participation.

3.2.1. Counselors

In Japan, counselors who are appointed at schools based on the initiative of Ministry of Education, Culture, Sports, Science and Technology hold consultations for children regarding matters such as their health and development, according to their will and needs (the ministry began to appoint school counselors in 1995).

School counseling is underlain by “client-centered demeanor” (Rogers), which is characterized by the principle that the core of school counseling is to listen actively to clients, and that it is required to regard their empowerment as being of major importance, and to respect the possibility of their development while showing acceptance, empathetic understanding, and self-
congruence\(^3\).

In school counseling that is underlain by such a demeanor, counselors are required to ensure children’s right to participation in their best interest through actively listening to their feelings and views, supporting their autonomy based on the science of counseling, and cooperating with social resources\(^6\).

3.2.2. Social workers

In some municipalities of Japan, social workers who hold consultations for children are appointed mainly at schools to enable them to learn at school and home in a safe and carefree manner without undergoing violence or poverty.

Social workers are required to aid children in increasing their skills to resolve their problems by themselves, and to provide an environment appropriate for this purpose\(^7\), because: 1) social work is predicated on the principle that professionals comprehensively understand children and their lives while respecting them as individuals who possess various factors, without disregarding their feelings or addressing them based only on the professionals’ ideas, and 2) social work aims to resolve children’s problems and increase their quality of life in cooperation with them while focusing on the mutual influence between children and the environment, without simply approaching their specific concerns.

Similarly, in school social work, various services are provided to aid children in resolving their own problems through focusing on and improving external environments around children in cooperation with them and relevant organizations. These services include organizational support for families and schools, the provision of systems for school consultations, and recommending that schools cooperate with families and the community.

One of the characteristics of school social work is that social workers play an important role in ensuring sufficient support functions in terms of school welfare based on the best interest of children, which is clarified during consultations with children\(^8\).

3.2.3. Ombudspersons

In Finland, ombudspersons who are appointed in medical centers hold healthcare consultations for patients based on laws regarding their rights and status.

In some municipalities of Japan, ombudspersons (e.g., lawyers and physicians) provide children with consultations about issues, such as their healthcare-related concerns, in accordance with the Convention on the Rights of the Child. In addition to consultations for children, ombudspersons coordinate with relevant parties, and amend related systems in order to protect children’s rights and prevent their infringement.

In Kawanishi City of Hyogo Prefecture, ombudspersons perform activities for children as affiliates of the mayor in accordance with the Local Ordinance on the Ombudsperson for Children’s Human Rights (Kawanishi City Act No. 24, 1998), which was enforced in 1999 as a child committed suicide due to bullying.

In Kawanishi City, to protect children’s rights, ombudspersons are authorized to hold consultations for children, conduct necessary investigations, and recommend necessary amendments. Using such authorization, they support children’s participation in the process of resolving their own problems, and, if necessary, remove the causes of these problems and improve related systems after confirming their intention\(^9\).

In addition, in Kawasaki City of Kanagawa Prefecture, which established a comprehensive convention on the rights of the child (Kawasaki City Act No. 72, 2000), which stipulated the first ever framework aimed at protecting children’s rights in Japan in 2001, the Children’s Human Rights Ombudsperson Ordinance (Kawasaki City Act No. 19, 2001) authorizing necessary consultations, investigations, and recommendations was enacted in June of the same year in order to protect children’s rights.

In human rights ombudsperson schemes that were developed in Kawasaki City based on the above-mentioned ordinances, the general principle when providing children with consultations is to encourage them to develop their skills to resolve their problems by themselves\(^10\). For this purpose, on the basis of the human rights ombudsperson schemes of Kawasaki City, telephone consultations for children are free, their access to consultations is facilitated by making them anonymous if required, opportunities to
listen carefully to children are guaranteed, and advice is given if necessary.

The duties of such ombudspersons are characterized by the principle that children are protected while regarding them as the main persons to execute their own rights, through asking for their opinions, ensuring their participation, and resolving their problems in coordination with them.

3.3. Roles of professionals in healthcare consultations for children

To ensure children’s right to participation, professionals who respond to healthcare consultations for children play an important role. To protect children’s rights, such professionals are required to facilitate children’s access to consultations and promote their empowerment.

3.3.1. Facilitation of children’s access to consultations

Comment No. 12 mentions that, to promote effectively children’s participation in the process for their opinions to be heard, adults need to listen to children, perform activities with them, and effectively guide them according to the level of their empowerment, which continues to develop, based on certain preparations, skills, and support (para. 134 g).

In addition, Comment No. 12 requires social workers, psychologists, and physicians to make the circumstances encouraging to children in an effective way, in order to assure them that these professionals are willing to listen to their views, and seriously take their decisions into consideration (para. 42).

Given this situation, to support children’s participation, those involved in healthcare consultations for children are required to facilitate children’s access to consultations, if necessary.

The term “facilitation” refers to the process of promoting people’s participation and aiding them in having easy access to activities. Persons working for children are required to recognize their potential, ensure that their opinions are heard, and develop an equal relationship between adults and children.

Furthermore, according to Comment No. 12, to ensure that children have confidence in and opportunities to express their own views, it is required to provide them with instructions on how to do so, an appropriate environment, as well as sufficient amounts of time and necessary resources (para. 134 e). Comment No. 12 also states that it is required to respect children’s will regarding participation based on the idea that they should not be forced or manipulated to participate (para. 134 b).

3.3.2. Empowerment of children

Concerning healthcare consultations for children, it is important to promote their empowerment to protect their rights and develop their strength.

As Comment No. 12 notes that, 20 years after the adoption of the Convention on the Rights of the Child, children’s right to participation is still violated due to political/economic limitations as well as long-term traditions and orientations in a variety of societies (para. 4), the signatories to the convention, including Japan, are concerned that the convention may not be effectively executed.

In addition, in the 3rd review held for Japan by the UN Committee on the Rights of the Child in June 2010, attendants expressed concern that Article 12 may not be implemented in Japan (para. 43), and recommended that necessary measures be strengthened to implement the article (para. 44)

Empowerment is particularly important for children since it functions to recover the strength of those of a lower status when their right is violated by those of a higher status.

Therefore, it has been indicated that, when holding consultations for children, it is necessary to empower children to demonstrate their abilities, by ensuring their participation in the process of resolving their own problems without simply aiming at their solution, respecting their autonomy, and improving the power relationship between adults and children. In this process, it is required to provide children with support that enables them to find that they have sufficient strength to resolve their own problems, and feel that they have resolved their problems by themselves.

Thus, to implement the empowerment of children, it
is important not only to resolve their problems, but also to promote a collaborative relationship between adults and children, which is established in the problem-solving process. Regarding healthcare consultations for children, it is essential for medical professionals to support children to protect their right to participation, since medical care is a highly specialized field that markedly influences children and their lives.

In Kawanishi City, ombudspersons who provide healthcare consultations for children, mainly pediatricians, actively listen to their ideas, and clarify/resolve their problems in cooperation with them based on the Local Ordinance on the Ombudsperson for Children’s Human Rights. To promote such activities, it is required to adopt appropriate approaches in a systematic way, such as providing a financially suitable environment, and establishing laws that enable any children to access healthcare consultations when they wish to do so.

4. Conclusion

In this study, we investigated healthcare consultations for children in relation to their right to participation. Children’s right to participation guarantees their participation in the process of deciding matters that influence them. In this process, emphasis is placed on the establishment of a relationship between children and those who support children’s participation, and promotion of the development of participating children’s empowerment. Concerning medical care, it is required to provide children with information necessary for their participation, and allow them to participate in the decision-making process. Regarding healthcare consultations for children, it is required to guarantee that they can participate in the problem-solving process through responding to children of all ages and establishing systems and regulations that enable them to access healthcare consultations when they wish to do so.

To meet the above-mentioned requirements, professionals involved in healthcare consultations for children are required to support the protection of their right to participation by facilitating their access to consultations and promoting their empowerment.

References

4) UN Convention on the Rights of the Child Committee on the Rights of the Child. 2009. “General Comment No.12: The right of the child to be heard, CRC/C/GC/12 (12 June)”.
6) Same article as that mentioned in 5): 126.
16) Same book as that mentioned in 9): 44.
17) Same book as that mentioned in 9): 34.