

***The Boulton Initiative:  
A Child Rights Approach to Canadian  
Child Health Services***

Final Report



Contract 6D016-08-2C08074-4500203308  
November 30, 2009



**DEPARTMENT OF  
PEDIATRICS**

University of British Columbia  
B.C.'s Children's Hospital  
Vancouver, BC



**International Institute for Child Rights  
and Development:**  
CRED-PRO Initiative  
Centre for Global Studies  
University of Victoria, BC <sub>1</sub>

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November 30, 2009

Ms. Patricia Walsh  
Manager, Strategic Policy and Research  
Gestionnaire, politique strategique et recherche  
Division of Childhood & Adolescence Centre of Health  
Ottawa, ON K1A 0K9

Dear Ms Walsh

It is with pleasure that we submit the report: The Boulton Initiative: A Child Rights Approach to Canadian Health Services pursuant to Contract 6D016-08-2C08074-4500203308.

The International Institute for Child Rights and Development and the University of British Columbia engaged in the development of a plan that, if implemented, can have long term beneficial effects for Canadian children, Canadian child health programs, systems and practitioners, and for the country.

We appreciate the opportunity Public Health Agency Canada's Division of Childhood and Adolescence Health Promotion and Chronic Disease Prevention Branch has provided to develop the accompanying plan. We look forward to your review and further steps.

Sincerely,

*Robert Armstrong*

Robert Armstrong, M.D. PhD FRCPC  
Associate Professor and Head  
Department of Paediatrics  
University of British Columbia  
Chief, Paediatric Medicine  
BC Children's Hospital  
Vancouver, BC  
[barmstrong@cw.bc.ca](mailto:barmstrong@cw.bc.ca)

*Stuart Hart*

Stuart N. Hart, Ph.D.  
Deputy Director  
International Institute for  
Child Rights and Development  
Center for Global Studies  
University of Victoria  
Victoria, BC  
[shiicrd@uvic.ca](mailto:shiicrd@uvic.ca)

## **Executive Summary**

**The International Institute for Child Rights and Development (IICRD) and The Department of Paediatrics of the University of British Columbia present a plan for a national initiative to incorporate a child rights approach into the education, policies and practices of Canadian child and youth health services using the successful Child Rights Education for Professionals (CRED-PRO) international curriculum and program through a co-operative and continuing process of revision and application across Canada's health professions, specialities, sectors, systems, cultures, and regions.**

**The plan builds on Boulton Initiative and the recent twenty-year celebration commitment, knowledge expansion, and progress for the United Nations Child Rights Convention. The last 4 years of development in regard to the Convention have established the potential for greater attention and progress in child rights relative to the health context.**

**The report contains an initial examination of the narrative for each SW that contains goals, objectives and activities for the SW. These are then arranged in a proposed milestone chart for each SW that shows its pace by month over a proposed project time frame of three years.**

**The plan emphasizes assessment, planning and building on current programs to integrate a child rights approach in child health education, policies, and practices. It sets the expectation for making a child rights orientation a pervading component of and influence in pre-service and in-service training and train-the-trainer for health professionals. It envisions a national network of professionals working with a regionally and culturally adapted curriculum and articulated program.**

**Over and above the focus on infusing the child rights approach through the training highlighted above, of particular importance is the development of plans for integration of child rights into health policy and a model of accountability for monitoring and evaluation of a child rights approach for the Canadian child/youth health sector. Key to the success of such a plan will be the pivotal role played by aboriginal and other cultural/regional representation.**

**A prototype estimate of resources to develop this project is included as well as a list of references and the IICRD initial working model for accountability.**

## **Introduction**

### **THE BOULTON INITIATIVE**

*A child rights approach to health professional education and service in Canada  
to advance the well-being, health and development of children*

The Boulton Initiative is a Canadian project dedicated to promoting the well-being, health and development of children through establishing, infusing, and sustaining a child rights approach in child and youth focused health professional education and services. It is named after Dr. Basil Boulton, a Canadian paediatrician renowned for dedicating his life to serve the best interests of children. The Boulton Initiative (hereafter the 'BI') is in a partnership with the international Child Rights Education for Professionals (CRED-PRO) program of the International Institute for Child Rights and Development (University of Victoria, British Columbia). CRED-PRO has produced and tested a methodology for the development of culturally-applicable child rights education for health professionals. The BI intends to refine, strengthen, and augment this model as it is applied in different cultures and countries globally to be implemented in a manner specifically appropriate for Canada. The BI program is based on and intended to affirm and operationalise the principles and standards of the UN Convention on the Rights of the Child, an international treaty which Canada has officially committed to through ratification.

The initiative began as part of Dr. Basil Boulton's dream to make child rights a central theme and way of life for health professionals. During 2007 many preliminary discussions were held to consider possibilities for moving the BI forward. These sessions involved various members of the BC Paediatric Society, paediatric leadership at BC Children's Hospital and UBC, and the International Institute for Child Rights and Development (IICRD; Centre for Global Studies, University of Victoria, BC). These discussions and preliminary planning benefited from the history and guidance of the IICRD initiative-Child Rights Education for Professionals (CRED-PRO), which has been pursuing these purposes throughout the world for all professions. CRED-PRO has a record of success in working with health professionals, in partnerships with professional societies, child welfare/rights international, regional and national agencies, and government interests.

Through the voluntary contributions of time and expertise of health and child rights specialists; funding support from Public Health Agency Canada and the B.C. Children's Hospital Department of Paediatrics; and the supportive interest of the Canadian Paediatric Society; a series of early planning sessions, information programs, and exploratory research have already begun as definitive first steps in this endeavour. An initial organizational and planning meeting for the Initiative was held March 28-29, 2008 that was sponsored by the Department of Paediatrics (UBC & BC Children's Hospital) and IICRD. It had financial support from the Public Health Agency of Canada. Other stakeholders included the Canadian Paediatric Society, UBC family practice medicine, the Canadian Child & Youth Health Coalition, and the Society for Children and Youth of BC. At this meeting an advisory council was established and plans were made for carrying the Boulton Initiative forward through close cooperation between paediatrics, family practice medicine, and nursing. As well, the planning team began to construct and engage with steering, education & curriculum, partners, First Nations, and child/youth

consultation committees. The potential for engagement on a national level was particularly emphasized when the Canadian Paediatric Society scheduled a three hour workshop on child rights issues during its June 2008 annual conference in Victoria and made child rights a central focus of its 2009 conference at a special breakfast program, which included a presentation on the BI.

Currently, the development of the BI is coordinated by the Department of Paediatrics (UBC & BC Children's Hospital) and the CRED-PRO program of the IICRD. A two-day per week project manager/facilitator working for the BI within the IICRD has been secured through start-up funding from the B.C. Children's Hospital Department of Paediatrics. Recently, medical students under the supervision of Dr. Gurdeep Parhar, Advisory Council Member, completed a review of medical school curricula and produced a report identifying needs and promising opportunities.

The BI has gained a large amount of momentum. Recognition of the great potential and need for the Initiative led to the conclusion that a period of detailed planning for its future development and implementation was critically required. Serving as a framework for planning the BI had the CRED-PRO international development components to consider.

1. National, Regional and International Alliances and Networks
2. Program Advisory Boards
3. Curriculum development (e.g., basic/foundational, special themes, advanced development, interdisciplinary)
4. Foundational training (e.g., training of trainers)
5. Education/training at pre-service levels
6. Education/training at continuing services levels
7. Education/training for multiple professions
8. Interdisciplinary education/training
9. Establishment of government support (e.g., encouragement, standards, requirements, funding, recognition in licensing-certification, and ...)
10. Establishment of higher education/academic support (e.g., encouragement, standards, requirements, funding, recognition in licensing-certification, and ...)
11. Establishment of professional association support (e.g., encouragement, standards, requirements, funding, recognition in licensing-certification, and ...)
12. Establishment of child consultation for aspects of professional education and services
13. Establishment of public/civil society consultation and appreciation for aspects of professional education and services
14. Establishment of advances in child rights practices at individual, system/programs, and advocacy levels
15. Establish advances in the child's experienced rights, well-being, health and development
16. Establishment of programs and systems of accountability (indicators, measurement and evaluation) of child rights education and practices

These dynamically related components have relevance for program development in every nation, but require reformulation and ordering for priority and synergy to fit the particular country, culture, and profession(s) of concern. To guide the planning for a national program for Canada, particular priorities were set and incorporated in a proposal to Public Health Agency Canada (PHAC) to chart the course for the Boulton Initiative. Those priorities were the central targets in goal and objective forms for the proposal that was presented to and supported by PHAC. The plans for the BI resulting from this project are presented in this report.

The following report presents a narrative for each of the SW's followed by a milestone chart that estimates the amount of time for each of the SW's . An overall flowchart is included which gives a comprehensive of the project. This is followed by an estimate of the resources that may be needed to implement the project over a 3 year time frame. A bibliography, examination of the CRED-PRO international curriculum and an initial paper on accountability, evaluation and monitoring are also included.

## **SW1: To examine and develop a plan to adapt the CRED-PRO curriculum for use in Canada**

### *PLAN Components*

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**Goal 1:** Examine the international foundational CRED-PRO curriculum to guide further work toward adaptation for use in Canada.

**Objective:** *To determine, preliminarily, the possibilities and priorities for the transformation of the CRED-PRO international generic/foundational child rights for child health professions curricula to fit and augment Canadian pre-service and continuing service education for health professionals in the multi-cultural nature of Canada.*

The examination of the international foundational CRED-PRO curriculum is included in Appendix 1. A brief synopsis of the examination is found below.

The examination of the CRED-PRO international curriculum was conducted with a panel of health and child rights professionals. It examined the appropriateness of the CRED-PRO international curriculum to professional education and training, within the context of Canadian professional credentialing organizations, other licensing and/or certification granting organizations, the Royal College of Physicians and surgeons of Canada (RCPSC), the Association of accrediting Agencies of Canada (AAAC), and specific professions, with specific attention to pre-service and in-service training, and a report on the examination of child rights in the curriculum at UBC. The examination identifies a number of Canadian specific issues on child rights. The curriculum was found appropriate and to have great potential for the Canadian health context pending a more detailed assessment proposed in this plan.

**Goal 2:** Complete rigorous assessments of the international foundational CRED-PRO curriculum, extending the previously conducted examinations, to guide adaptation for use in Canada.

**Objective:** *1. Extend the examination of the CRED-PRO foundational curriculum through a rigorous assessment to further guide the design and processes for an adaptation to an all health professionals national foundational curriculum for use in Canada.*

**Activities:**

1. Develop and assessment design and methodology for obtaining opinions about child rights from professionals and children.

2. Conduct a scan of health professionals and children in each region who would be interested in participating in this assessment.
3. Conduct the assessment.
4. Analyze findings and produce recommendations.

*Objective: 2. Extend previous examinations of the CRED-PRO foundational curriculum, including the national assessment, through further assessments to guide the design and processes for an adaptation to specific Canadian regions and cultures.*

Activities:

1. Determine the critical regions and cultures of concern.
2. Develop an assessment design and methodology for obtaining opinions about child rights from professionals and children in those regions and cultures.
3. Conduct a scan of health professionals and children in each region who would be interested in participating in this assessment.
4. Conduct the assessment.
5. Analyze findings and produce recommendations.

Goal 3: Adapt the CRED-PRO curriculum for use in Canada.

*Objective: Incorporate recommended modifications in the CRED-PRO international foundational curriculum to produce a national all health professions foundational curriculum and appropriate regional and cultural editions.*

Activities:

1. Establish national, regional and cultural writing teams.
2. Writing teams produce drafts of national, regional and cultural editions.
3. Writing teams produce additional all professions modules as needed.
4. Writing teams produce profession-specific modules based on inventory of professionals' opinions.
5. Writing teams incorporate the perspectives of children in all editions as appropriate.
6. Writers update modules with current research, if applicable.

## SW1: To examine and develop a plan to adapt the CRED-PRO curriculum for use in Canada

**Purpose:** An examination and adaptation of the CRED-PRO curriculum to regional variations that can be used to train university students and professionals in the infusion of child rights into policy and practice

Objective – Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
------------------------	-------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

**Goal:** 1. Examine the international foundational CRED-PRO curriculum to guide further work toward adaptation for use in Canada.

**Objective:** *To determine, preliminarily, the possibilities and priorities for the transformation of the CRED-PRO international generic/foundational child rights for child health professions curricula to fit and augment Canadian pre-service and continuing service education for health professionals in the multi-cultural nature of Canada*

The examination of the international foundational CRED-PRO curriculum is included in Appendix 1.

Completed																																							
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**Goal:** 2. Complete rigorous assessments of the international foundational CRED-PRO curriculum, extending the previously conducted examinations, to guide adaptation for use in Canada.

**Objective:** *1. Extend the examination of the CRED-PRO foundational curriculum through a rigorous assessment to further guide the design and processes for an adaptation to an all health professionals national foundational curriculum for use in Canada.*

**Activities:**

1. Develop an assessment design and methodology for obtaining opinions about child rights from professionals and children.																																								
2. Conduct a scan of health professionals and children in each region who would be interested in participating in this assessment.																																								
3. Conduct the assessment.																																								
4. Analyze findings and produce recommendations.																																								

**Objective:** *2. Extend previous examinations of the CRED-PRO foundational curriculum, including the national assessment, through further assessments to guide the design and processes for an adaptation to specific Canadian regions and cultures.*

**Activities:**

1. Determine the critical regions and cultures of concern.																																							
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**SW 2: To develop and conduct a Training-of -Trainers (TOT) course employing a Canadian version of the CRED-PRO international curriculum to prepare key stakeholders and champions across Canada including health care and allied health professionals to understand, appreciate and apply Child Rights into their policies, standards and practices.**

### *PLAN Components*

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#### **Phase I: Development and Pilot**

Goal 1: To develop and pilot a TOT course

*Objective: 1. To develop a TOT for child rights for stakeholders and potential child rights champions, health care professionals and allied health professionals with variations for regional, cultural and professional differences.*

Activities:

1. Identification of professions with the interest in and faculties to accommodate the pilot training course.
2. Assess the appropriateness of current CRED-PRO TOT materials for Canadian contexts.
3. Identify changes made to the CRED-PRO curriculum and how these changes will affect the proposed TOT course.
4. Identify any child health profession-specific additions to the CRED-PRO curriculum and TOT support materials for incorporation in the TOT course.
5. Incorporate recommended curriculum developments into the TOT curriculum, training materials and other processes.
6. Adapt TOT curriculum and materials specifically for a pilot TOT course.
7. Design the pilot for the TOT (see SW4).

*Objective: 2. To pilot a TOT course for an identified region.*

Activities:

1. Design the evaluation of the pilot and the method of integrating feedback to upgrade the TOT course.
2. Pilot the TOT course in one specified region for all health professions.
3. Evaluate TOT pilot course and integrate feedback.

#### **Phase 2: Regional Expansion**

Goal 1: To adapt the TOT curriculum for regional expansion and hold TOT courses in the various regions and cultures of Canada.

*Objective: 1. Adapt TOT program for health professions to respect regional and cultural needs (First Nations groups, Western Canada, Central Canada, Ontario/Quebec, Atlantic Canada and, Northern Canada).*

Activities:

1. Utilize the established pilot methodology for regional and cultural curriculum adaptations to make regional and cultural adaptations for the TOT program.
2. Adapt curriculum for regional TOT courses with the integration of changes suggested by working groups and the inventory of research with children.
3. Adapt the instructor packages to meet regional and cultural needs.
4. Translation services (see SW6).

*Objective: 2. Hold a TOT course for each identified region and culture.*

Activities:

1. Identify locations and necessary support and resources for TOT courses.
2. Translate TOT materials into French (see SW6).
3. Identify a French speaking instructor for a TOT course in Quebec (see SW6).
4. Schedule and hold a TOT course for all locations and regions not included in the pilot.
5. Evaluate TOT course and materials upon completion of training courses.

### **Phase 3: Profession-Specific Adaptation for Regional Application**

Goal 1: To adapt the TOT course according to profession-specific needs.

*Objective: 1. Adaptation of TOT course to incorporate the appropriate profession-specific changes.*

Activities: \*Professional-specific adaptation will follow the activities outlined above\*

**SW2: To develop and conduct a Training-of -Trainers (TOT) course employing a Canadian version of the CRED-PRO international curriculum to prepare key stakeholders and champions across Canada including health care and allied health professionals to understand, appreciate and apply Child Rights into their policies, standards and practices.**

Purpose: To develop and utilize TOT curriculum to hold courses across all regions of Canada																															
Objective - Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
<b>PHASE 1: Development and Pilot.</b>																															
<b>Goal: 1. To develop and conduct a pilot TOT course</b>																															
<i>Objective: 1.To develop a TOT child rights for stakeholders, Child Rights champions, health care professionals and allied health professionals with variations for regional, cultural and professional differences</i>																															
<b>Activities:</b>																															
1. Identification of professions with the interest to and faculties to accommodate the pilot training course.																															
2. Assess the appropriateness of current CRED-PRO TOT materials for the Canadian contexts.																															
3. Identify changes made to the CRED-PRO curriculum and how these changes will affect the proposed TOT course.																															
4. Incorporate recommended curriculum developments into the TOT curriculum, training materials and processes.																															
5. Adapt TOT curriculum and materials specifically for a pilot TOT course.																															
6. Design the pilot for the TOT (see SW4).																															





**SW3: A Plan to identify materials needed for trainers to facilitate courses in their home regions on the infusion of child rights into their specific professional arena.**

*PLAN Components*

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Goal 1: To identify culturally and regionally appropriate materials for the facilitation of courses on the infusion of child rights into the education of health care professionals

*Objective: 1. To evaluate current CRED-PRO program materials and obtain feedback on usability for courses in other regions and cultures.*

Activities:

1. Evaluate materials currently used in other CRED-PRO implementation sites and determine which are appropriate for use in Canadian regions and cultures.
2. Establish which materials are used on a regular basis and the reasoning behind their frequent usage for training purposes.
3. Identify and determine modifications and additions needed for materials to serve Canadian regions and cultures.

*Objective: 2. To establish materials useful to instruct courses to infuse a child rights approach into respective professions within regions.*

Activities:

1. Develop a survey procedure that can be used during pilot TOT courses to identify effective training materials.
2. Apply the survey procedure in pilot TOT courses.
3. Compile, analyze, and apply findings.

Goal 2: Produce regionally and culturally appropriate materials for facilitating pre-service and continuing-service courses on the infusion of child rights into specific professional arenas.

*Objective: 1. To develop materials required to expand the program to other regions/cultures for the various phases of the initiative, as previously identified.*

Activities:

1. Evaluate materials developed and used in the pilot region to determine those most appropriate for adaptation consideration for other regions of Canada

2. Utilize data from initial TOT course in each region to identify those with potential for subsequent courses.
3. Develop regionally/culturally appropriate materials for use in other regions and cultures of Canada.

**SW3: A Plan to identify materials needed for trainers to facilitate courses in their home regions on the infusion of child rights into their specific professional arena.**

Purpose: To identify a cache of materials that trainers will use to facilitate courses in their home regions																																							
Objective - Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
<b>Goal:</b> 1. To identify culturally and regionally appropriate materials for the facilitation of courses on the infusion of child rights into the pre-service and continuing-service education of health care professionals, by trainers who have participated in a practice TOT course.																																							
<b>Objective:</b> 1. To evaluate current CRED-PRO materials and obtain feedback on usability for courses in other regions or cultures																																							
<b>Activities:</b>																																							
1. Evaluate materials currently used in other CRED-PRO implementation sites and determine which are appropriate for use in Canada.																																							
2. Establish which materials are used on a regular basis and the reasoning behind their frequent usage for training purposes.																																							
<b>Objective:</b> 2. To establish which TOT courses would be useful for individuals to instruct courses in the infusion of a child rights approach into respective professions.																																							
1. Develop a questionnaire that can be utilized during pilot TOT course that identifies which training materials were identified as most effective by participants.																																							
<b>Goal:</b> 2. Regionally and culturally appropriate materials for facilitating pre-service and continuing-service courses on the infusion of child rights by trainers who have participated in a paediatric, nursing or family practice TOT course																																							
<b>Objective:</b> 1. To develop materials for a health care or allied health professional course in a pilot region in Canada																																							
<b>Activities:</b>																																							
1. Initiate the development of materials for a course																																							



## **SW4: A Plan for an initial pilot of the Trainer-Of-Trainers (TOT) course.**

### *PLAN Components*

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**Goal:** To produce a design for conducting a pilot TOT child rights foundational course for key leaders in the health professions.

*Objective:* To design the program for a TOT foundational course to train key health professionals on the infusion of child rights into their policies and practices.

**Activities:**

1. Identify potential champions in the child health professions to be candidates for the pilot TOT course.
2. Develop a marketing Plan to raise awareness and interest.
3. Develop an application procedure for the TOT course and criteria for selection.
4. Determine a methodology for selecting the participants.
5. Select venue and date for the course.
6. Finalize materials and course process.
7. Invite participants and hold the pilot TOT course.
8. Award a certification of completion for those that complete the pilot TOT course.

[Implementation of SW4 is covered in SW2].

## SW4: A Plan for an initial pilot of the Trainer-Of-Trainers (TOT) course

Purpose: To determine the logistics and timeframe for all stages of the pilot TOT course to be held in British Columbia																																						
Objective – Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
<b>Goal:</b> 1. To produce a design for conducting a pilot TOT child rights foundational course for key leaders in the health professions.																																						
<b>Objective:</b> 1. To design the program for a TOT foundational course to train key health professionals on the infusion of child rights into their policies and practices.																																						
<b>Activities:</b>																																						
1. Identify potential champions in the child health professions to be candidates for the pilot TOT course.																																						
2. Develop a marketing Plan to raise awareness and interest.																																						
3. Develop an application procedure for the TOT course and criteria for selection.																																						
4. Determine a methodology for selecting the participants.																																						
5. Select venue and date for the course.																																						
6. Finalize materials and course process.																																						
7. Invite participants and hold the pilot TOT course.																																						
8. Award a certification of completion for those that complete the pilot TOT course [Implementation of SW4 is covered in SW2].																																						

**SW5: Plan for the integration of revisions into the existing CRED-PRO TOT curriculum for the pilot TOT course**

*PLAN Components*

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Goal 1: A Train the Trainer course [TOT] curriculum that is adapted for use in Canada.

*Objective: 1. To integrate curriculum revisions as revealed by key health care stakeholders and from inventory of research with children.*

Activities:

1. Compile all revisions derived from activities in SW2 and SW4.
2. Use professional experts to evaluate recommended revisions.
3. Incorporate revisions to the curriculum into the existing TOT curriculum.
4. Develop additional curriculum pieces as recommended.
5. Evaluate the TOT curriculum during the pilot TOT course.
6. Establish a protocol for continuous process of revision across Canada to address evolving needs of various regions/cultures and health care specialties.

## SW5: Plan for the integration of revisions into the existing CRED-PRO TOT curriculum for the pilot TOT course

Purpose: To have a TOT curriculum that incorporates Canada specific revisions																																						
Objective – Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
<b>Goal:</b> 1. A Train the Trainer course [TOT] curriculum that is adapted for use in Canada.																																						
<b>Objective:</b> 1. To integrate curriculum revisions as revealed by key health care stakeholders and from inventory of research with children.																																						
<b>Activities:</b>																																						
1. Compile all revisions derived from activities in SW2 and SW4.																																						
2. Use professional experts to evaluate recommended revisions.																																						
3. Incorporate revisions to the curriculum into the existing TOT curriculum.																																						
4. Develop additional curriculum pieces as recommended.																																						
5. Evaluate the TOT curriculum during the pilot TOT course.																																						
6. Establish a protocol for continuous process of revision across Canada to address evolving needs of various regions/cultures and health care specialties.																																						

## **SW6: A Plan to translate and test materials with francophone participants.**

### ***PLAN Components***

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Goal 1: Child Rights Train-the-Trainer [TOT] materials available in regional Canadian French.

*Objective: To determine and incorporate regional francophone considerations to the English TOT materials and translate them into French.*

Activities:

1. Determine and incorporate regional considerations into TOT curriculum.
2. Translate all TOT materials into French, as used in Canada.
3. Develop additional materials of cultural relevance in French, as needed.

Goal 2: Translation of TOT materials piloted with francophone participants.

*Objective: Pilot the French TOT materials and generate feedback from participants.*

Activities:

1. Hold the pilot course in French in Quebec with a French-speaking instructor.
2. Carry out an evaluation of the training and process.
3. Revise materials and training as necessary.

Goal 3: TOT materials available in French.

*Objective: To review and revise TOT materials in French to make them available to other venues.*

Activities:

1. Incorporate necessary changes identified from French training sessions.
2. Incorporate regional/cultural considerations into trainer materials.

## SW6: A Plan to translate and test materials with francophone participants.

Purpose: To ensure that all materials are available in both official languages (English and French)																																					
Objective – Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
<b>Goal:</b> 1. Child Rights Train-the-Trainer [TOT] materials available in regional Canadian French.																																					
<i>Objective:</i> 1. To determine and incorporate regional francophone considerations to the English TOT materials and translate them into French.																																					
<b>Activities:</b>																																					
1. Determine and incorporate regional considerations into TOT curriculum.																																					
2. Translate all TOT materials into French, as used in Canada.																																					
3. Develop additional materials of cultural relevance in French, as needed.																																					
<b>Goal:</b> 2. Translation of TOT materials piloted with francophone participants																																					
<i>Objective:</i> 1. Pilot the French TOT materials and generate feedback from participants																																					
<b>Activities:</b>																																					
1. Hold the pilot course in French in Quebec with a French-speaking instructor.																																					
2. Carry out an evaluation of the training and process.																																					
3. Revise materials and training, as necessary.																																					
<b>Goal:</b> 3. TOT materials available in French																																					
<i>Objective:</i> 1. To review and revise TOT materials in French to make them available to other venues																																					
<b>Activities:</b>																																					
1. Incorporate necessary changes identified from French training sessions.																																					
2. Incorporate regional/cultural considerations into trainer materials.																																					

\*the timelines for this deliverable are vague and approximations due to the variances available on ordering of initial TOT course in each region

## **SW7: Finalized plan for the implementation of child rights integration of Trainer of Trainer across Canada**

### *PLAN Components*

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**Goal 1:** Expansion of the Boulton Initiative across Canada to all child health professions (including the Allied Health Professions).

*Objective:* To integrate pilot TOT course experience into each profession through regional expansion.

**Activities:**

1. Develop an inventory of changes and recommendations identified through the Boulton Initiative pilots programs.
2. Develop national strategy for infusing child rights into all professions.
3. Establish a multi-year plan for expansion, continuing assessment and development of the curriculum.

## SW7: Finalized plan for the implementation of child rights integration of Trainer of Trainer (TOT) across Canada

Purpose: To develop a national strategy for infusion of child rights into numerous medical professions																																						
Objective – Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
<b>Goal:</b> 1. Expansion of the Boulton Initiative across Canada to all child health professions (including the Allied Health Professions).																																						
<b>Objective:</b> 1. To integrate pilot TOT course experience into each profession through regional expansion.																																						
<b>Activities:</b>																																						
1. Develop an inventory of changes and recommendations identified through the Boulton Initiative pilots programs.																																						
2. Develop national strategy for infusing child rights into all professions.																																						
3. Establish a multi-year plan for expansion, continuing assessment and development of the curriculum.																																						

**SW8: Development of a plan for the examination of Child Rights integration in pre-service education of health care and allied health professional curricula.**

*PLAN Components*

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**Goal:** Complete an examination of current state of the integration of a child rights approach in the curricula used in pre-service education of health care and allied health professionals, including an environmental scan and curriculum review. Determine ways in which child rights is being and could be extensively and effectively addressed through pre-service education of health care and allied health professional curricula.

*Objective:* 1. Develop of a plan for an environmental scan and curriculum review of health care and allied health professionals' pre-service education.

**Activities:**

1. Identify resources necessary for the pre-service curricula review and environmental scan for health care and allied health professionals.
2. Identify accreditation processes for all health care and allied health professions of interest.
3. Identify structure and components of health care and allied health professions pre-service education curriculum and programs.
4. Design the assessment process.

*Objective:* 2. Examination of current state of the integration of Child Rights in pre-service education of health care and allied health professionals' pre-service curricula.

**Activities:**

1. Identify pre-service education programs for health care and allied health professionals in the regions/areas of interest.
2. Review pre-service education programs for health care and allied health professionals in Canada.
3. Identify pre-service education curricula for health care and allied health professionals in the regions/areas of interest.
4. Identify curricula components related to Child Rights in pre-service education for specified professionals.
5. Child Rights expert review of health care and allied health professionals' pre-service curricula.

6. Identify components of the accreditation examination which are pertinent to Child Rights education curricula.
7. Examination of current state of the integration of Child Rights in pre-service education or examinations of health care professionals.
8. Determine opportunities to strengthen child rights inclusion in pre-service education.
9. Produce design for strengthening child rights inclusion in pre-service education.
10. Report on:
  - The environmental scan of pre-service education for health professionals.
  - The scan of curriculum for pre-service education for health professionals.
  - The components of accreditation examinations which address Child Rights education for health professionals.
  - The opportunities to strengthen child rights inclusion in pre-service education.
  - The design for strengthening child rights inclusion in pre-service education.

## SW8: Development of a plan for the examination of Child Rights integration in pre-service education of health care and allied health professional curricula.

Purpose: To evaluate the current state of child rights training integrated at the pre-service level for health care and allied health professions																																					
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
Objective - Activities																																					
<b>Goal:</b>	1. Complete an examination of current state of the integration of a child rights approach in the curricula used in pre-service education of health care and allied health professional s, including an environmental scan and curriculum review. Determine ways in which child rights is being and could be extensively and effectively addressed through pre-service education of health care and allied health professional curricula.																																				
<b>Objective:</b>	1. Develop of a plan for an environmental scan and curriculum review of health care and allied health professionals' pre-service education.																																				
<b>Activity</b>																																					
1. Identify resources necessary for the pre-service curricula review and environmental scan for health care and allied health professionals.																																					
2. Identify accreditation processes for all health care and allied health professions of interest.																																					
3. Identify structure and components of health care and allied health professions pre-service education curriculum and programs.																																					
4. Design the assessment process.																																					
<b>Objective:</b>	2. Examination of current state of the integration of Child Rights in pre-service education of health care and allied health professionals' pre-service curricula.																																				
<b>Activities:</b>																																					
1. Identify pre-service education programs for health care and allied health																																					







**SW9: A plan for the examination of the current state of Child Rights integration in continuing-service education of health care and allied health professional curricula.**

*PLAN Components*

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**Goal:** An examination of the current state of Child Rights integration in continuing-service education of health care and allied health professional curricula, including an environmental scan and curriculum review. Determine how Child Rights is being addressed through continuing-service education of health care and allied health professional curricula.

*Objective:* 1. *Development of a plan for an environmental scan and curriculum review of health care professionals' continuing-service education.*

**Activities:**

1. Identify a steering committee to identify resources for the continuing-service curricula review and environmental scan for continuing-service education of health care professionals.
2. Identify a research team to review and report on the continuing-service education programs for health care professionals in Canada.
3. Identify continuing-service education programs for health care professionals in the regions of interest.
4. Identify continuing-service education curricula for health care professionals in the regions of interest.
5. Identify Child Rights experts with the ability to review health care professionals' continuing-service education curricula.
6. Identify curricula components related to Child Rights in continuing-service education for health care professionals.

*Objective:* 2. *Development of a plan for an environmental scan and curriculum review of allied health professionals' continuing-service education.*

**Activities:**

1. Identify a steering committee to identify resources for the continuing-service curricula review and environmental scan for continuing-service education of allied health professionals.
2. Identify a research team to review and report on the continuing-service education programs for allied health professionals in Canada.
3. Identify Child Rights experts with the ability to review allied health care professionals' continuing-service education curricula.
4. Identify continuing-service education programs for allied health professionals in the regions of interest.

5. Identify continuing-service education curricula for allied health professionals in the regions of interest.
6. Identify curricula components related to Child Rights in continuing-service education for allied health professionals.

*Objective:* 3. Examination of current state of the integration of Child Rights in continuing-service education of health care professional.

Activities:

1. Identification of the bodies evaluating the current state of education of health care professionals.
2. Identify the components of continuing-education courses, for health care professionals that address Child Rights.
3. Generation of a report on the environmental scan, including adaptation of accreditation/licensing examinations, of continuing-service education for health care professionals.
4. Generation of a report on the curriculum scan of continuing-service education for health care professionals.

*Objective:* 4. Examination of current state of the integration of Child Rights in continuing-service education of allied health care professionals.

Activities:

1. Identification of the bodies governing the current state of education of allied health professionals.
2. Identify the components of continuing-education courses, for allied health professionals that address Child Rights.
3. Generation of a report on the environmental scan of continuing-service education for allied health professionals, including methods of adapting licensing/accreditation examinations for inclusion of Child Rights components.
4. Generation of a report on the curriculum scan of continuing-service education for allied health professionals.









**SW10: Development of a plan for the integration of child rights education into health care and allied health professional pre-service education.**

*PLAN Components*

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**Goal:** 1. Integration of Child Rights education into health care and allied health professional pre-service education in Canada.

*Objective:* 1. *Integration of child rights education into health care professional pre-service education in Canada.*

**Activities:**

1. Recruit a steering committee to develop a plan for the integration of child-rights education into the pre-service education of health care professionals in Canada.
2. Identify members of accreditation/licensing bodies who have interest in adapting current examinations for inclusion of Child Rights approach.
3. Review report of pre-service education curricula and environmental review for pre-service education of health care professionals in Canada.
4. Identify pre-service education curricula for health care professionals in the regions of interest.
5. Review report on accreditation examination components which address Child Rights.
6. Integration of pre-service education for health care professionals.

*Objective:* 2. *Integration of child rights education into allied health professionals' pre-service education in Canada.*

**Activities:**

1. Recruit and form a steering committee to develop a plan for the integration of child-rights education into the pre-service education of allied health professionals in Canada.
2. Identify members of accreditation/licensing bodies who have interest in adapting current examinations for inclusion of Child Rights approach.
3. Report on pre-service education curricula and environmental review for pre-service education of allied health professionals in Canada.
4. Identify pre-service education programs for allied health professionals in the regions of interest.

5. Integration of Child Rights into pre-service education for allied health professionals.

**SW10: Development of a plan for the integration of child rights education into health care and allied health professional pre-service education.**

Purpose: To integrate child rights training into pre-service education for health care and allied health professions in Canada																																						
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36		
Objective – Activities																																						
Goal:	1. Integration of Child Rights education into health care and allied health professional pre-service education in Canada.																																					
Objective:	1. Integration of child rights education into health care professional pre-service education in Canada.																																					
<b>Activities:</b>																																						
1. Recruit a steering committee to develop a plan for the integration of child-rights education into the pre-service education of health care professionals in Canada.																																						
2. Identify members of accreditation/licensing bodies who have interest in adapting current examinations for inclusion of Child Rights approach.																																						
3. Review report of pre-service education curricula and environmental review for pre-service education of health care professionals in Canada.																																						
4. Identify pre-service education curricula for health care professionals in the regions of interest.																																						
5. Review report on accreditation examination components which address Child																																						



**SW11: A plan for the integration of child rights education into health care and allied health professional continuing-service education.**

*PLAN Components*

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**Goal:** Integration of Child Rights education into health care and allied health professional continuing medical and continuing professional education in Canada.

*Objective:* 1. *Integrate child rights education into health care professionals' continuing-service education in Canada.*

**Activities:**

1. Identify council of interested advisors to navigate the adaptation of accreditation/licensing examination process to include Child Rights education.
2. Develop a plan for the integration of child-rights education into the continuing-service education of health care professionals in Canada.
3. Review pre-service education curricula and environmental review report for continuing-service education of health care professionals in Canada.
4. Identify continuing-service education curricula for health care professionals in the regions and cultures of interest.
5. Report on curriculum additions and proposed changes to continuing-service curriculum for health care professionals.

*Objective:* 2. *Development of a plan to integrate child rights education into allied health professionals' continuing-service education in Canada.*

**Activities:**

1. Identify council of interested advisors to navigate the adaptation of accreditation/licensing examination process to include Child Rights education.
2. Identify a steering committee with the ability to develop a plan for the integration of child-rights education into the continuing-service education of allied health professionals in Canada.
3. Review pre-service education curricula and environmental review report for continuing-service education of allied health professionals in Canada.
4. Identify continuing-service education programs for allied health professionals in the regions of interest.
5. Report on curriculum additions and proposed changes to continuing-service curriculum for allied health professionals.

## SW11: A plan for the integration of child rights education into health care and allied health professional continuing-service education.

Purpose: To examine how child rights education can be integrated into health care and allied health professional continuing-service education in Canada.																																						
Objective - Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
<b>Goal:</b> 1. Integration of Child Rights education into health care and allied health professional continuing medical and continuing professional education in Canada.																																						
<b>Objective:</b> 1. Integrate child rights education into health care professionals' continuing-service education in Canada.																																						
<b>Activities:</b>																																						
1. Identify council of interested advisors to navigate the adaptation of accreditation/licensing examination process to include Child Rights education.																																						
2. Develop a plan for the integration of child-rights education into the continuing-service education of health care professionals in Canada.																																						
3. Review pre-service education curricula and environmental review report for continuing-service education of health care professionals in Canada.																																						
4. Identify continuing-service education curricula for health care professionals in the regions and cultures of interest.																																						
5. Report on curriculum additions and proposed changes to continuing-service curriculum for																																						



**SW12: A plan for the integration of Child Rights education and a Child Rights approach into policy and practice into health and health care practice for young people.**

*PLAN Components*

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**Goal:** Integration of Child Rights education and a Child Rights approach to policy, in addition into health care practice for young people, to change the way practitioners interact with children and young people in Canada.

*Objective:* 1. Integrate child rights training, including the distinction of a Child Rights approach to policy makers and practitioners in health and health care in Canada.

Activities:

1. Identify a council of interested professionals, champions and stakeholders who will commit to adapting health care and allied health practice to include a Child Rights approach to policy and practice.
2. Review policy and practice guidelines for young people in Canada, by health care and allied health professionals.
3. Examine the process of amending policy and practice guidelines with young people in Canada, by health care and allied health professionals.
4. Formalize recommendations based on reports from SW1-11.

*Objective:* 2. Integrate a Child Rights approach to policy and practice in health and health care practice.

Activity:

1. Report on proposed amendments to policy and practice guidelines for health care and allied health professionals working with young people in Canada.

## SW12: A plan for the integration of Child Rights education and a Child Rights approach into policy and practice into health and health care practice for young people.

Purpose: To determine the best method for integration of child rights education and a child rights approach into health and health care policy and practice.																																						
Objective - Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	
<b>Goal:</b> 1. Integration of Child Rights education and a Child Rights approach to policy, in addition into health care practice for young people, to change the way practitioners interact with children and young people in Canada.																																						
<b>Objective:</b> 1. Integrate child rights training, including the distinction of a Child Rights approach to policy makers and practitioners in health and health care in Canada.																																						
<b>Activities:</b>																																						
1. Identify a council of interested professionals, champions and stakeholders who will commit to adapting health care and allied health practice to include a Child Rights approach to policy and practice.																																						
2. Review policy and practice guidelines for young people in Canada, by health care and allied health professionals.																																						
3. Examine the process of amending policy and practice guidelines with young people in Canada, by health care and allied health professionals.																																						
4. Formalize recommendations based on reports from SW1-11.																																						
<b>Objective:</b> 2. Integrate a Child Rights approach to policy and practice in health and health care practice.																																						
<b>Activities:</b>																																						
1. Report on proposed amendments to policy and practice guidelines																																						



**SW13: A plan for an evaluation framework with clear indicators to measure the degree of achievement of the integration of Child Rights education and a Child Rights approach into policy and practice into health and health care.**

*PLAN Components*

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**Goal:** Develop an evaluation framework, defined by clear indicators of achievement, for the integration of Child Rights education and training into policy and practice in health care to benefit young people in Canada.

*Objective:* 1. *Development of a plan for an evaluation framework for the Boulton Initiative.*

**Activity:**

1. Establishment of programs and systems of accountability (indicators, measurement and evaluation of child rights education and practices).

*Objective:* 2. *Identification and construction of clear indicators and progress markers for measuring identified milestones during the process of implementing the curriculum.*

**Activity:**

1. Develop/determine clear indicators and milestones for evaluating the process of:
  - Curriculum development (e.g., basic/foundational, special themes, advanced development, interdisciplinary)
  - Foundational training (e.g., training of trainers)
  - Education/training at pre-service levels
  - Education/training at continuing services levels
  - Education/training for multiple professions
  - Interdisciplinary education/training

The Accountability model that follows this SW is a model that is being tested by CRED-PRO and will in all likelihood be incorporated into the monitoring, evaluation and accountability of the Boulton Initiative.

*Objective:* 3. *Identification/construction of milestones for evaluating the process of curriculum evolution.*

**Activities:**

1. Integrating child rights approaches at individual, system/programs, and advocacy levels.
2. Improvement of children's experienced rights, well-being, health and development.

*Objective:* 4. Identification/construction of specific milestones of achievement for the Boulton Initiative, including a Child Rights approach to policy and practice in health for young people in Canada.

*Activity:* Develop/determine clear indicators and milestones for evaluating the process of:

- Establishment of national, regional and international networks.
- Creation of program advisory boards.
- Nurturing government support (e.g., encouragement, standards, requirements, funding, recognition in licensing-certification, and ...).
- Creation of a council of interested parties for professional association support (e.g., encouragement, standards, requirements, funding, recognition in licensing-certification, and ...).
- Development of a consulting body of children for advising on professional education.
- Consultation by public/civil society.
- Advancement of Child rights practices at individual, system/programs, and advocacy levels.
- Improvement of Children's experienced rights, well-being, health and development.

#### CRED-PRO M & E Prospectus

### **Guide for framing goals in terms of major components of support for, achievement of, and application of, and evaluation of child rights education for professionals**

#### **Consider Mandate, Mechanism, and Child Domains for accountability for each of these and combinations**

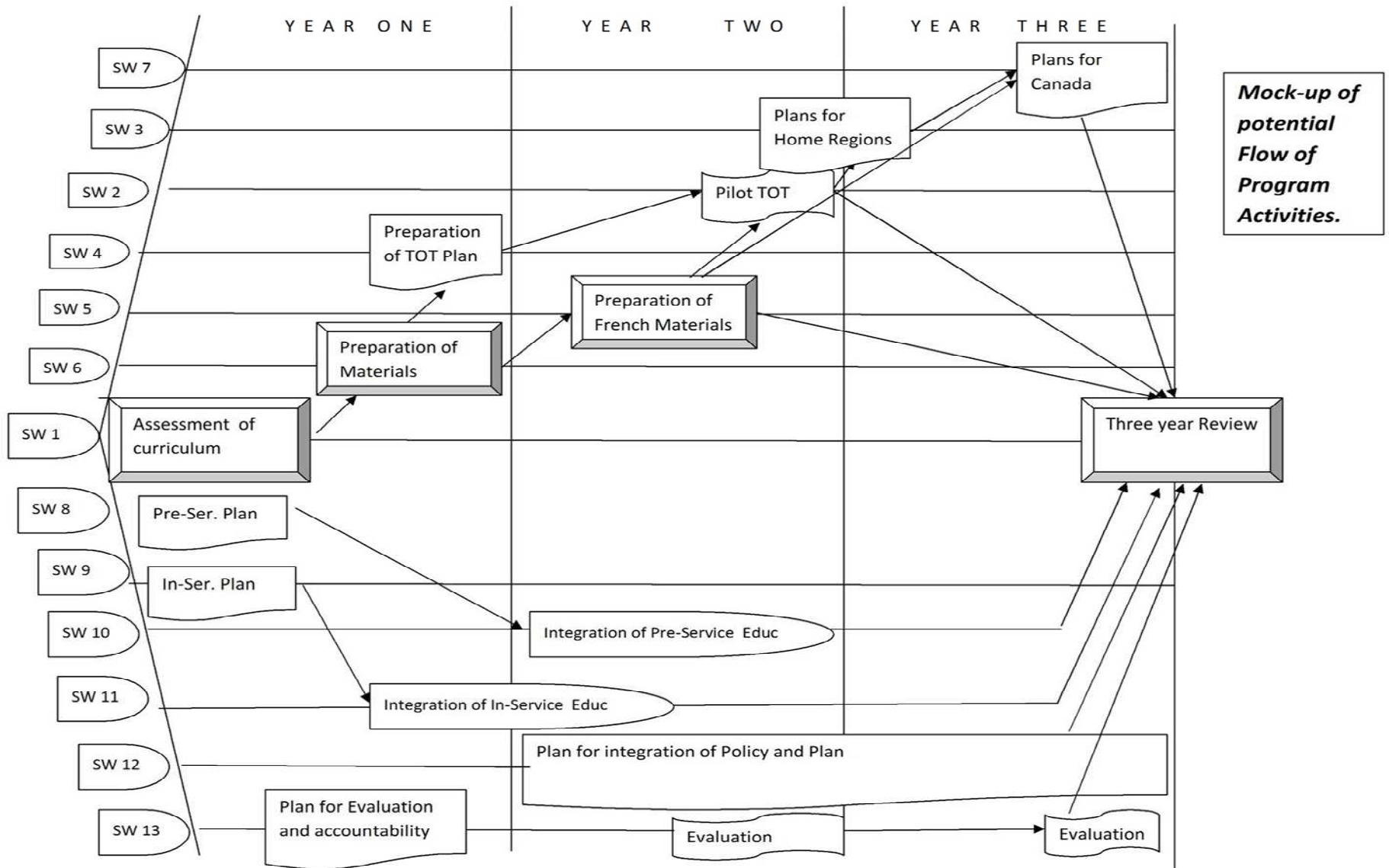
1. National, Regional and International Alliances and Networks
2. Program Advisory Board
3. Curriculum development (e.g., basic/foundational, special themes, advanced development, interdisciplinary)
4. Foundational training (e.g., training of trainers)
5. Education/training at pre-service levels
6. Education/training at continuing services levels
7. Education/training for multiple professions
8. Interdisciplinary education/training

9. Establishment of government support (e.g., encouragement, standards, requirements, funding, recognition in licensing-certification, and ...)
10. Establishment of higher education/academic support (e.g., encouragement, standards, requirements, funding, recognition in licensing-certification, and ...)
11. Establishment of professional association support (e.g., encouragement, standards, requirements, funding, recognition in licensing-certification, and ...)
12. Establishment of child consultation for aspects of professional education and services.
13. Establishment of public/civil society consultation and appreciation for aspects of professional education and services.
14. Establishment of advances in child rights practices at individual, system/programs, and advocacy levels.
15. Establish advances in the child's experienced rights, well-being, health and development
16. Establishment of programs and systems of accountability (indicators, measurement and evaluation) of child rights education and practices.

**SW13: A plan for an evaluation framework with clear indicators to measure the degree of achievement of the integration of Child Rights education and a Child Rights approach into policy and practice into health and health care.**

Purpose: To develop a monitoring and evaluation framework for the Initiative to allow on-going evaluation to assist with decision making.																															
Objective - Activities	Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
<b>Goal:</b> 1. Develop an evaluation framework, defined by clear indicators of achievement, for the integration of Child Rights education and training into policy and practice in health care to benefit young people in Canada.																															
<i>Objective: 1. Development of a plan for an evaluation framework for the Boulton Initiative.</i>																															
<b>Activity</b>																															
1. Establishment of programs and systems of accountability (indicators, measurement and evaluation of child rights education and practices).																															
<i>Objective: 2. Identification and construction of clear indicators and progress markers for measuring identified milestones during the process of implementing the curriculum.</i>																															
<b>Activity: Develop/determine clear indicators and milestones for evaluating the process of:</b>																															
1. Curriculum development (e.g., basic/foundational, special themes, advanced development, interdisciplinary).																															
2. Foundational training (e.g., training of trainers).																															
3. Education/training at pre-service levels.																															
4. Education/training at continuing-service levels.																															
5. Education/training for multiple professions.																															
6. Interdisciplinary education/training.																															
<i>Objective: 3. Identification/construction of milestones for evaluating the process of curriculum evolution.</i>																															
<b>Activities:</b>																															
1. Integrating child rights approaches at individual,																															





## Parametric Estimate of Resources Required to implement Plan

Categories	SW's	Number of Estimated Days	Estimated Cost @ \$1000
Assessment	1	50	50,000
Planning	3/7	200	200000
Preparation of Materials	4/5/6	240	240,000
Workshops	2	350	350,000
Pre-service Education	8/10	215	215,000
In-Service Education	9/11	250	250,000
Evaluation	13	205	205,000
Total			1,610,000
Management @ 10%			161,000
Travel and Materials @ 20%			322,000
Indirect Costs @ 12.5%			201,250
Total			2,294,250
Contingency @10%			229,425
Grand Total			2,523,675

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<b>Name</b>	<b>Title</b>	<b>Organization</b>
Anita Parhar	PhD Candidate	UBC Dept of Education
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James Makokis		
Dr. Jill Hoube	Assistant Professor /Pediatrician	Sunny Hill Health Centre
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Tina Tam	Acting Executive Director	Society for Children and Youth of B.C.
Dr. Wilma Arruda	Pediatrician	VIHA

## Appendix 1

# Boulton Initiative – Examination of the CRED-PRO Curriculum

## Introduction

The examination of the CRED-PRO Curriculum was approached from a number of perspectives: the perspective of the professional credentialing process of Canada, the perspective of health and allied health professionals and the Canadian report to the UN Child Rights Committee and its response to the Canadian report.

The international CRED-PRO curriculum has been successfully adapted for use in a number of countries, and provides a foundational base to work from for the development of curriculum for use in the training of pre-service and in-service health care workers. Please see Table 1 below.

<b>Table 1.</b> <i>Countries in Which the CRED-PRO Curriculum has been Reviewed, Piloted and/or Used</i>		
<b>Latin America</b>	<b>Africa</b>	<b>Central Eastern Europe</b>
Argentina	Tanzania	Azerbaijan
Chile	South Africa (in progress)	Bulgaria
Colombia		Croatia
Uruguay		Georgia
Honduras		Greece
Nicaragua		Iraq
		Serbia
		Turkey
		Uzbekistan

The process of adaptation of the curriculum requires a review of ways in which Canadian health care policies and issues can influence child rights training. The following examination of the CRED-PRO curriculum for adaptation identifies ways in which the curriculum could be integrated into various areas concerned with existing university curriculum and ongoing professional development.

## **The role of the CRED-PRO in bringing child rights to life for health care and allied health care professionals**

The lives and futures of children in many parts of the world are endangered and seriously degraded by illness, violence, neglect, exploitation and inadequate information and services. Despite huge investments and commitments to achieve change, sustainable progress has been elusive. Experts throughout the world have recognized that a key building block in transforming

children's rights commitments into constructive practices is to assure that relevant professionals and policy makers have the knowledge, attitudes and competencies to act to advance the human rights of children. However, without a global infrastructure to promote, develop and sustain this transformation, it has been and will continue to be impossible to achieve the widespread and profound changes that are needed to bring an end to the abuse and neglect of children.

Child Rights Education for Professional's (CRED-PRO) aim is to ensure that professionals working with and for children are provided with the necessary training to acquire the understanding, respect, and readiness to apply a child rights approach to professional principles, policies and practices. To this end, CRED-PRO develops and provides articulated programs on the human rights of children, based on the UN Convention on the Rights of the Child and in partnership with other key organizations worldwide, including both a core child rights curriculum of foundational and advanced education/training modules. CRED-PRO is intended to foster a critical mass of respect for children, their needs, their rights and their best interests.

CRED-PRO recognizes that collaboration between child rights experts and key professional organizations engaged at practice, community and civil society levels whose work affects or impacts children must drive processes of change. CRED-PRO will therefore engage in numerous articulated partnerships in implementing its programs. In this spirit, CRED-PRO will be open to, and actively work with partners such as professional associations and consortiums, academic institutions, government departments UN development agencies and international and national NGOs to develop a curriculum in line with the needs of Canadian health care students and professionals.

A careful review of the Child Rights Convention as it pertains to health care in Canada identified the following Articles as among those deserving particular emphasis for consideration in the Boulton Initiative curriculum:

- Article 2 – the principle of non-discrimination
- Article 3 – the principle of “the best interests of the child” as a primary consideration
- Article 6 – the inherent right to life
- Article 12 – the right to freedom of expression once capable and the right to be heard
- Article 23 – the right to a full and decent life for those with mental or physical disabilities
- Article 24 – the right to the enjoyment of the highest attainable standard of health
- Article 25 – the right to ongoing care when in the care of competent authorities
- Article 29 – the aims of education (representing the Convention's aims for development)
- Article 42 – dissemination of the principles and provisions of the CRC to children and adults

### **Processes/Mechanisms used in the examination of the curriculum**

Examination of the current international CRED-PRO curriculum to determine its viability for adaptation for use in Canada was accomplished through feedback from professionals in numerous roles pertaining to children and health in Canada. It began with information on the Boulton Initiative being made available to a selected set of interested professionals to assess interest in the potential for use of the curriculum in Canada. Positive response and a commitment

by these professionals to participate in the examination process resulted in the development of working groups to evaluate specific areas of the curriculum where individuals felt they could contribute. Additional professionals volunteered throughout the process and their contributions added to examination.

A meeting of health care and allied health care professionals was held at the end of September in Vancouver to further review and examine the curriculum. During this meeting, a list of health care challenges for children in Canada were identified and explored. Advice was sought from the experts on how best to integrate and address these challenges into the Boulton Initiative curriculum.

Adaptation of the curriculum for use in pre-service education within the Canadian context, built on the examination of the current state of child rights education in the University of British Columbia undergraduate and graduate medical curriculum which was completed by two current medical students, Mary Rendell and Kris Kang under funding by Public Health Agency Canada. Numerous medical students, residents and the assistance of a number of current UBC administrative staff and faculty members including Dr. Gurdeep Parhar, Anita Parhar, Dr. Barbara Fitzgerald and Dr. Bob Armstrong were particularly helpful in this study.

The UBC curriculum review analyzed learning objectives, lectures, clinical cases, and academic resources provided to medical students and through interviews with key informants. The systematic review of the current curricula resulted in recommendations for incorporation of additional child rights-focused curricula to supplement that which already exists.

### **Medical fields for current concentration**

The potential of a Canadianized version of the current international CRED-PRO curriculum to be used in both pre-service and in-service education was examined for the following six professions:

- Pediatrics
- Family Practitioners
- Nursing
- Psychologists
- Pharmacology
- Social Work

### **Description of resources incorporated and utilized in the examination process**

Resources used for the examination include advice from an expert body of professionals from various professions who work directly or indirectly with and for children, current medical students, internet resources, and previous CRED-PRO documents and experience. A list of them is found in Appendix \_\_\_.

Canadian specific resources were consulted that identified potential partnerships and curriculum integration into existing frameworks. These frameworks include:

- CanMEDs
- Profession specific Maintenance of Certification (MOC) frameworks
- Continuing education frameworks specific to each profession evaluated

- Accrediting bodies in Canada and the frameworks they employ
- Licensing boards at the provincial and/or federal level
- Certification granting bodies at the provincial and/or federal level
- Current medical school curricula

### **Previous national-cultural transformations of CRED-PRO curricula**

The CRED-PRO curricula for professions working with and for children have progressively developed through multiple stages to give respect to the professions, nations and cultures for its projected use. The original base for the present curricula was intended for pediatricians and developed for the American Academy of Pediatrics and the Royal College of Paediatrics of the United Kingdom. It was titled the “Interface Between Child Rights and Health” and authored by Gerison Lansdown, Jeff Goldhagen and Tony Waterston in 2004. This publication was given to CRED-PRO for its use and further development. It included the core 5 module topics which have been maintained in every edition of CRED-PRO curricula since that time: needs and rights, the Convention on the Rights of the Child, application of a rights approach in the individual professional’s practice, application of a rights approach in systems of professional services, and a child rights approach to advocacy by the professional.

Subsequent curricula have been developed through close partnerships with, as available and interested, the professions and child oriented academic, government, and advocacy agencies and organizations of the particular nation or region where they were to be used.

- An edition for health professionals in the Latin American countries of Argentina, Chile, Columbia, and Uruguay was produced by a team of experts representing those countries and the Latin American School of the Social Sciences (FLACSO) – Argentina in cooperation with CRED-PRO during 2006 and 2007. This edition added a module on a child rights approach to the child protection responsibilities and opportunities of health professionals, a survey of individual and service system child rights knowledge and practices, and attention to relevant national laws and regulations.
- During 2008 a generic child rights curriculum for all health professions was developed by CRED-PRO staff with advice from international partners and application of what was being learned by the application and review of the curriculum within CRED-PRO program countries. It was produced under the primary authorship of Gerison Lansdown, Cheryl Heykoop, and Stuart Hart. This edition gave added emphasis to child development and the social ecology, and included additional activities, readings, and a self-evaluation.
- A Training Course on Child Rights for Tanzanian Professionals Working with Young Children curriculum was developed during 2008-2009. It was produced by CRED-PRO partners in Tanzania from an early child professionals draft curriculum modification of the CRED-PRO generic child health professional’s curriculum produced by Martha Farrell Erickson. The resulting curriculum is intentionally less abstract and more grounded in the practical issues and concerns of professionals and service providers with a wide range of academic and professional education. A 6<sup>th</sup> module on accountability –

measurement and evaluation – for child rights practices applied to young children is being added to this curriculum through a cooperation with GC7 early childhood rights indicators program leadership based in the Human Early Learning Partnership at the University of British Columbia.

- CRED-PRO curricula have recently been reviewed by health professional and advocacy experts in 8 countries in Central Eastern Europe and South Africa who are preparing to bring it to national/cultural fit to their nations and by a team at Tulane University (New Orleans) representing the International School Psychology Association and preparing to produce an international generic curriculum for psychologists that work in schools.

With each review, deliberative and reformulation or construction process applied to CRED-PRO curricula, increasing attention is given to the effectiveness of communicating essential information, principles and applications, to incorporating law, regulation, and critical issues of cultural and national significance, and to assuring the perspectives of all stakeholders, including children, are obtained and incorporated. Fortunately, for the good of all concerned, CRED-PRO facilitates communication and cooperation between its partners in different nations so that they might be of assistance to one-another as they develop and refine curricula and programs.

### Round table of experts

A number of experts were consulted who offered invaluable advice and feedback on the adaptation and integration of the international CRED-PRO curriculum for use in Canadian settings. Please see Table 2 below for a full list of those individuals consulted.

<b>Table 2. List of professionals consulted</b>		
<b>Name</b>	<b>Title</b>	<b>Organization</b>
Anita Parhar	PhD Candidate	UBC Dept of Education
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### **Review of UBC medical school curricula**

An Environmental Scan of Best Practices in Public Health Undergraduate Medical Education prepared by the Nevis Consulting group for the Association of Faculties of Medicine of Canada (AFMC) Public Health Task Group found two important issues for consideration in their scan. First, it was found that students dismissed topics as irrelevant if the assignments or courses were not marked and if that mark did not count towards the passing year. Second, students dislike things that they do not see as clinically relevant. These two points are important to consider when evaluating a curriculum for the possibility of integration into the existing curriculum.

It has been brought to the attention of the committee that The University of British Columbia medical curriculum is currently undergoing an extensive review. One of the goals of this review is to free up additional time to allow medical students the opportunity to pursue additional health related topics. The development of on-line certification courses with local mentorship for medical students is underway and the courses are intended to be completed in addition to their regular medical studies. It has been suggested that a separate Child Rights course could be offered in the same manner at the University of British Columbia for medical students.

Key points made in the University of British Columbia Curricula Examination are:

- Numerous opportunities were identified where subtle modifications would substantially strengthen the understanding of child rights issues and their relevance to medical practice
- Substantial treatment of child rights related issues exists in current undergraduate and postgraduate curricula
- It will be possible to integrate additional child rights focused curricula into existing materials
- Use of the CanMEDS competency framework was identified as an important guidance tool to ensure the curriculum is based on tangible and necessary learning outcomes

Recommendations included:

- Enhance the depth and scope of the postgraduate analysis
- Conduct a more comprehensive and ongoing analysis of the curriculum at training sites
- Actively seek ongoing support from faculty, students and administrators
- Establish institutional homes to lead implementation of a Canadian version of the CRED-PRO Curriculum in key departments

## **Evaluation of feasibility and methods for possible integration into specific professions**

Research done on the identified six professions considered both pre-service and in-service perspectives and contexts. The research identified areas within each profession where additional child rights training could be introduced at the pre-service and in-service levels while taking into account the regulatory bodies responsible for the education, certification, licensing and accreditation in each. In addition, areas are identified where a possible alliance of the Boulton Initiative with existing frameworks and/or regulatory frameworks could be pursued.

Successful adaptation of the current foundational CRED-PRO curriculum to the Canadian context supporting the Boulton Initiative will require evaluation of the licensing and/or certification issuing bodies' standards and procedures for each of the individual professions to see how best to incorporate child rights training for pre-service and in-service populations. Specific information on each of the six professions identified is outlined below with a delineation of pre-service and in-service educational opportunities.

### **Paediatricians**

#### **Pre-service Education**

In addition to an undergraduate degree, an individual must be registered in an accredited Paediatric post-graduate residency program to be eligible for a residency focused on Paediatrics. The residency period is four years in length and a number of programs exist in Canada. They are as follows:

• University of British Columbia	• University of Calgary
• University of Alberta	• University of Saskatchewan
• University of Manitoba	• Northern Ontario School of Medicine
• McMaster University	• Université Laval
• University of Toronto	• Université de Sherbrooke
• Memorial University of Newfoundland	• Université de Montréal
• Dalhousie University	• McGill University
• University of Ottawa	• University of Western Ontario
• Queen's University	

It will be important to undertake a curriculum review similar to that done at the University of British Columbia for each of the programs to identify where strengths in the area of child rights training exist in addition to focusing the adapted curriculum on the gaps.

#### **In-service Education**

The Canadian Paediatric Society (CPS) is an accredited provider of continuing professional education for the RCPSC MOC program to promote the development of paediatric specialties. Avenues for considering in working with CPS to provide child rights education are through:

- CPS Annual Conference
- CPS Lifelong Learning in Paediatrics program
- CPS Professional Online Education
  - Advancing In Paediatric Health

As an accredited provider, CPS is able to accredit professional development courses and programs developed by other organizations. In seeking accreditation from CPS, the Boulton curriculum for integration of child rights in-service training for paediatric professional, would fall under the category of non-physician organizations and would require the co-development of the program with a CPS delegate on the planning committee.

## **Family Practitioners**

### **Pre-Service Education**

A number of Departments of Family Practice exist across the country:

- University of British Columbia
- University of Alberta
- University of Manitoba
- McMaster University
- Northern Ontario School of Medicine
- University of Ottawa
- Université de Sherbrooke
- Université Laval
- Memorial University
- University of Calgary
- University of Saskatchewan
- University of Western Ontario
- University of Toronto
- Queen's University
- Université de Montréal
- McGill University
- Dalhousie University

Certification as a Family Practitioner is a specialized designation of The College of Family Physicians of Canada. To acquire the Family Practitioner designation, an individual is required to have completed approved residency training in family medicine or obtain eligibility via a combination of approved training and practical experience.

Identification of areas for inclusion of the Boulton curriculum into each program could be necessary depending on the consistencies and divergences of the programs.

### **In-service Education**

The adapted BI curriculum could prove useful through the following supplemental training options which occur post-licensure:

- Certification by examination

- Family Practice Residents and Practicing Physicians are eligible
- Certification without examination
  - For other individuals currently practicing Family Medicine in Canada and in some cases Australia and the United States and for some full-time medical faculty members
- Through the CFPC Maintenance of Certification program

Considerations include:

- The MOC is flexible and the focus is on the demonstration that one is keeping abreast with advances in the practice of family medicine
- The curriculum could be made available through the key resource section
- Accreditation of the Boulton Initiative could be sought through the CFPC

### **Standards, Licensing and Procedures**

Registration or licensing to practice family medicine in Canada is a provincial responsibility and the inclusion of the BI curriculum will have to be addressed with each provincial board separately.

### **Nursing**

The integration of the Canadianized version of the international CRED-PRO curriculum into pre-service and in-service sectors will require a multi-faceted approach that includes both standards and certification in both pre-service and continuing education.

### **Pre-service Education**

Considerations for inclusion of the BI curriculum into pre-service nursing include:

- Undertake a curriculum review of the current curriculum by province
- Develop the BI curriculum for use in the nursing programs at the pre-service level across the country to include the four categories that guide the accreditation process for nursing education which are relevance, accountability, relatedness and uniqueness as it pertains to the environment nurses work in
- Establish a partnership with CASN to realize what the key issues are in the curriculum

### **In-service Education**

At the in-service level, none of the regulatory bodies have any pre-determined requirements for continuing education for those working in the nursing profession.

Considerations for inclusion of the BI curriculum into in-service nursing continuing education include:

- Nurses are required to keep records of participation in many of the continuing education opportunities they pursue to maintain specialty certification and in British Columbia and Ontario for continuing competence programs
- Much of the continuing education or professional development programs are offered through community colleges, employers, professional associations etc.
- To reach a wide audience it will be necessary to promote the program for general nursing and seek out partnerships with the professional development in specialties for example pediatric nursing.

## **Standards, Licensing and Procedures**

Although the Canadian Association of Schools of Nursing (CASN) functions as the accrediting body for undergraduate nursing programs in Schools of Nursing across Canada, this is seen as complimentary to the provincial approval process.

## **Dentistry**

### **Pre-service education**

An important consideration is that Pediatric Dentistry accredited programs exist at the University of Toronto and the University of Montreal which should be the focus of inclusion of the BI curriculum in pre-service dentistry education. Dental licensure is a provincial responsibility and each province has a regulatory licensing body that will have to be consulted with for implementation of child rights curriculum into dentistry.

Considerations for inclusion of the BI curriculum into pre-service Dentistry education include:

- Complete a comprehensive review of existing curriculum for pre-service pediatric dentistry at the University of Toronto and the University of Montreal to identify space for integration of the curriculum

### **In-service education**

Considerations for inclusion of the BI curriculum into in-service Dentistry education include:

- Establish cooperation and coordination with provincial associations to develop the BI curriculum to meet the guidelines set forth for in-service continuing education
  - The provincial or territorial dental regulatory authority (DRA) is responsible for determining the guidelines for continuing education guidelines

## **Standards, Licensing and Procedures**

The Commission on Dental Accreditation of Canada (CDAC) accredits various dental education programs across Canada while the Canadian Dental Association (CDA) functions as the licensing board for post graduate work in Dentistry from an accredited Canadian program.

## Allied Health Professionals

### Pharmacists

#### Pre-service education

Due to the fact that there are a multitude of accredited pharmacy programs (accredited by the Canadian Council for Accreditation of Pharmacy Programs – CCAPP), it would be necessary to undertake a review of individual curriculum to identify needs and areas for integration or supplementation of child rights curriculum. The following are the accredited pharmacy programs identified in Canada:

- University of Alberta, Edmonton, Alberta  
Faculty of Pharmacy and Pharmaceutical Sciences  
Baccalaureate in Pharmacy - Full Accreditation Status 2004-2011
- The University of British Columbia, Vancouver, British Columbia  
Faculty of Pharmaceutical Sciences  
Baccalaureate in Pharmacy - Full Accreditation Status 2006-2012  
Doctor of Pharmacy (post-bacc) - Full Accreditation Status 2006-2012
- Dalhousie University, Halifax, Nova Scotia  
College of Pharmacy  
Baccalaureate in Pharmacy - Full Accreditation Status 2004-2010
- Université Laval, Québec, Québec  
Faculté de pharmacie  
Baccalaureate in Pharmacy - Full Accreditation Status 2006-2013
- The University of Manitoba, Winnipeg, Manitoba  
Faculty of Pharmacy  
Baccalaureate in Pharmacy - Full Accreditation Status 2007-2013
- Memorial University of Newfoundland, St. John's, Newfoundland  
School of Pharmacy  
Baccalaureate in Pharmacy - Full Accreditation Status 2004-2010
- Université de Montréal, Montréal, Québec  
Faculté de pharmacie  
Baccalaureate in Pharmacy - Full Accreditation Status 2008-2014  
Doctorat en pharmacie (1st professional degree in pharmacy) – Provisional Accreditation Status 2008-2012
- University of Saskatchewan, Saskatoon, Saskatchewan  
College of Pharmacy and Nutrition  
Baccalaureate in Pharmacy - Full Accreditation Status 2005-2012
- University of Toronto, Toronto, Ontario  
Leslie L. Dan Faculty of Pharmacy  
Baccalaureate in Pharmacy - Full Accreditation Status 2007-2013  
Doctor of Pharmacy (post-bacc) - Full Accreditation Status 2007-2013
- University of Waterloo  
School of Pharmacy

### **In-service education**

Professional development for in-service pharmacists is accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP). These accredited programs are recognized nationally by all provincial regulatory authorities. Important things to note for the integration of child rights education into the continuing education for pharmacists are as follows:

- Programs can be accredited via two streams, the Individual Program Accreditation and Accredited Provider
  - Individual Accreditation is a peer-review process where Learning Review Panels review each program and make recommendations. Seeking accreditation of the BI curriculum would be straightforward way to pursue specific adaptation necessary during the accreditation process.

### **Standards, Licensing and Procedures**

A licensed pharmacist is required to have completed the following:

- A undergraduate degree in Pharmacy from a Canadian University
- Completion of a national board examination taken through the Pharmacy Examining Board of Canada (PEBC)
- Experience through undertaking an apprenticeship or internship program
- Pre-determined level of fluency in English or French

Licenses are granted by the provincial regulatory authorities under the umbrella of the National Association of Pharmacy Regulatory Authorities (NAPRA). Working in partnership with the provincial licensing authorities and/or NAPRA would be beneficial to ensure the child rights curriculum specific for pharmacists is developed with appropriate measures taken for pharmacist specific concerns and issues.

### **Psychologists**

#### **Pre-service education**

A large number of accredited Doctoral programmes exist in Canada and are available at the following institutions:

- OISE – University of Toronto
- McGill University
- University of Alberta
- University of British Columbia

Child rights training could be introduced at pre-service level. This would require an evaluation of each program given that each program may differ in terms of the manner and amount of child rights training that could be offered to aspiring psychologists.

### **In-service education**

Continuing education opportunities are offered by The Canadian Psychological Association (CPA). Offering training in child rights through the integration of the BI curriculum in continuing education would have to be addressed with the CPA. It could also prove useful to approach members of the Sponsor Review Committee. The following have been approved by the CPA's Continuing Education Sponsor Review Committee to sponsor continuing education activities:

- Applied Psychology Institute, Toronto, ON
- British Columbia Psychological Association
- Changeways Clinic, Vancouver, BC
- Cochrane Psychological Services
- Dr. Augustine Meier (St. Paul University, Ottawa)
- Jack Hirose & Associates Inc.
- Justice Institute of British Columbia
- Leading Edge Seminars Inc.
- Manitoba Psychological Society
- OPA Section on Psychology in Education - Eastern Region
- Pscorps.com Inc.
- Psychologists' Association of Alberta
- University of British Columbia Psychology Clinic

### **Standards, Licensing and Procedures**

Licensing for psychologists is a provincial responsibility. It is mandatory that Psychologists are registered/licensed with their provincial psychology board.

### **Social Work**

#### **In-service education**

As the regulatory boards typically require that social work degrees be obtained from programs accredited by the Council on Social Work Education (CSWE), Canadian Association of Schools of Social Work (CASSW), or other nationally recognized accrediting agencies, it will be of paramount importance to undertake an examination of how further child rights education could be included into pre-existing accredited programs. Partnering with the accrediting body or seeking recognition of legitimacy from these accrediting bodies would lend added credibility to the Boulton curricula.

Forging a relationship with the Canadian Association for Social Work Education (CASWE) could prove fruitful as the membership in this Association includes a number of university

faculties, schools and departments offering professional social work education at the undergraduate, graduate and post-graduate level. A Board of Accreditation also exists within this Association which is responsible for the review of all accredited schools of social work.

### **In-service education**

Social Work has an Approved Continuing Education Program (ACE) in Canada which falls under the responsibility of Association of Social Work Boards (ASWB) to monitor and approve courses. There are specific eligibility requirements for obtaining an ACE Provider approval which are as follows:

- The applicant has to have been operation for a minimum of six months
- The applicant has planned and presented three (3) continuing education activities deemed appropriate for social workers
- The applicant has a licensed social worker who is involved in the planning, implementation and monitoring of the continuing education program
- The applicant can supply evaluations and documentation of programs

It is important to note that although the ASWB does monitor and approve courses, recognition of specific continuing education courses does ultimately rest with the jurisdiction where the participant is licensed. This means that the Boulton Initiative curricula and program should be approved not only by the ASWB but by the applicable jurisdictional regulatory board listed above to ensure that all participants are participating in a course that will be recognized in their specific licensure location.

### **Standards, Licensing and Procedures**

Social Work is legally regulated by regulatory boards that exist in a number of different jurisdictions across the country. The Association of Social Work Boards (ASWB) is responsible for the development and maintenance of four different categories of licensure examinations. The use of these categories differs from jurisdiction to jurisdiction; however, it is a jurisdictional responsibility to determine which categories it recognizes. These four categories are as follows:

- Bachelors
- Masters
- Advanced Generalist
- Clinical

The Canadian Association of Social Workers (CASW) is made up of the following jurisdictional social work organizations:

- British Columbia Association of Social Workers
- Alberta College of Social Workers
- Saskatchewan Association of Social Workers
- Manitoba Association of Social Workers/  
Manitoba Institute of Registered Social Workers
- Ontario Association of Social Workers

- New Brunswick Association of Social Workers
- Nova Scotia Association of Social Workers
- Newfoundland and Labrador Association of Social Workers
- Prince Edward Island Association of Social Workers
- The Association of Social Workers of Northern Canada (ASWNC)

## **Other Licensing and/or certification granting organizations to consider**

### **The CanMEDS Physician Competency Framework**

The CanMEDS framework functions as a consensus of the necessary skills that all physicians, regardless of specialization, require to successfully provide the highest standard of care to all patients. Due to the centrality of the CanMEDS Framework, the Boulton Initiative curriculum could become important in assisting pre-service and in-service physicians meet the CanMEDS competencies; for example:

- Inclusion of the CRED-PRO curriculum could assist in improving care given to children by teaching about children’s right to participation in decision making surrounding their own health

A supporting factor of the CRED-PRO curriculum that is consistent with CAN-MEDs is its outcomes-oriented nature and ways it may change the thinking and actions of health care and allied health care professional regarding further realization of children’s rights. For example, it could complement CanMEDS in the following ways:

- Further train physicians in the implementation of child rights into their workplace thus strengthening their role as a “Health Advocate” as outlined by the CanMEDS
- Recognize champions with the ability to train others in child rights in health care
- The specific CanMED Roles that the Boulton Initiative curriculum will assist in developing are:
  - Communicator
  - Collaborator
  - Health Advocate
  - Scholar
  - Professional

### **The Medical Council of Canada (MCC)**

The Medical Council of Canada provides the qualification Licentiate of the Medical Council of Canada (LMCC) to physicians who have passed the Qualifying Examination I and II and who have satisfied the eligibility requirements. The objectives of the examinations are updated on an ongoing basis and recently they were brought in line with the behavioural classifications found in the CanMEDS described above. Inclusion of learning objectives on the rights of children into the examination process would not only ensure a national scope for the recognition of the

importance of child rights training for health care professionals, it would also solidify the need for curriculum additions in the area of child rights.

### **The Association of Accrediting Agencies of Canada (AAAC)**

A second potential area that should be explored is the AAAC because it has a membership of a number of key professional accrediting bodies. The AAAC accrediting bodies of potential interest to the Boulton Initiative include:

- Accreditation Council for Canadian Physiotherapy Academic Programs (ACCPAP)
- Canadian Association of Schools of Nursing (CASN)
- Canadian Council for Accreditation of Pharmacy Programs
- Canadian Medical Association
- Canadian Nurses Association
- Canadian Psychological Association
- Commission on Dental Accreditation of Canada
- Royal College of Physicians and Surgeons of Canada (RCPSC)

### **The Royal College of Physicians and Surgeons of Canada (RCPSC)**

The Royal College of Physicians and Surgeons of Canada (RCPSC) oversees the continuing professional education of various professional specialties in health care. Guidelines for the Maintenance of Certification (MOC) have been identified as a route for potential inclusion of child rights, through a non-profession specific BI curriculum. Potential strategies include:

- Seek accreditation from the RCPSC for a workshop utilizing the adapted curriculum which would fall under the “Provider Approved Group Learning Activity”
- Provide training either synchronously or asynchronously as both are acceptable

### **Canadian specific issues on child rights for diverse populations**

Canada is a country that takes pride in its highly diverse, multi-cultural society. This multiculturalism brings forth challenges in the delivery of culturally sensitive social services capable of addressing the differences in the individuals that make Canada unique. Religion, language barriers, cultural norms and gender issues all inform the way in which each Canadian approaches social services in this country and practitioners have to be equipped to deal with this diversity so that social services can be inclusive for all.

Health care delivery at all levels is challenged by the difficulties that practitioners face in the delivery of services to all facets of a multi-cultural population. The goal of the Boulton Initiative is to address all children in Canada but also recognizes that certain children in Canada belong to specific identified groups that require particular attention to ensure that their rights are realized. These children are often at a disadvantage as a result of heritage, migrant and refugee status, location, disabilities, language barriers, poverty and other factors. Given this context, one of the main goals of the international CRED-PRO curriculum examination was to engage professionals

in the identification of issues unique to the delivery of health care services to children in Canada which the CRED-PRO curriculum might help resolve.

The health care and allied health care professionals consulted identified issues to be considered in adapting the CRED-PRO curriculum. These issues align with the comments made from the Committee on the Rights of the Child on the second periodic report.

### **Aboriginal Health**

A report written by the NGO Poverty and Human Rights Centre (2007) notes that, “Every treaty body that reports on Canada has found that a great deal must be done to improve standards of living and human rights for Aboriginal people” (p. 4). This comment is consistent with the Committee on the Rights of the Child’s response (2003) to Canada’s periodic report where it comments “...the Committee is concerned at the fact, acknowledged by the State party, that the relatively high standard of health is not shared equally by all Canadians” (CRC/C/15/Add.215,p.9).

Professionals consulted identified a myriad of issues surrounding Aboriginal health that need addressing. A working group has begun clarifying these issues and formulating plans for how these issues could be addressed through an adapted CRED-PRO curriculum. To be representative, Métis, First Nations and Inuit individuals must be included to develop a curriculum from a culturally sensitive and informed perspective.

The Boulton Initiative provides an opportunity to network and to seek buy-in from champions on Indigenous Child health issue at the International Meeting on Indigenous Child Health. In addition, it would be important to seek to form a partnership for knowledge sharing purposes with the Indigenous Physicians Association of Canada.

### **Children with Disabilities**

The issue of children with disabilities is not specific to Canada, but is recognized as a population that requires special attention. A rights-based approach through a Boulton Initiative adaptation of the CRED-PRO committee could address the current provision of services for children with mental and physical disabilities in helping to alleviate the perceived inequities.

Canada is a signatory to the UN Convention on the Rights of Persons with Disabilities albeit, has yet to ratify this convention although it is understood that the country is working towards ratification. As part of the work towards ratification, identification of how services can be better delivered to people with disabilities could be examined and those individuals providing those services could be trained in the rights of all the populations they work with, including children.

The eight guiding principles that underlie the Convention are expressed in the Boulton Initiative CRED-PRO curriculum and will influence the training of health care and allied health care professionals on the rights of children with disabilities. These eight principles are as follows:

- Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons
- Non-discrimination
- Full and effective participation and inclusion in society
- Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity
- Equality of opportunity
- Accessibility
- Equality between men and women
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities

Consistent with Article 4.3 and 7.3 of the Convention on the Rights of Persons with Disabilities, it is recognized that the inclusion of persons including children with disabilities must be consulted in the curriculum development process. A specific module devoted to children with disabilities and the provision of health care and allied health care services would be helpful.

### **Immigrant and refugee children**

Statistics Canada reports that in 2001 18.4% of the Canadian population was born in a foreign country, up 1% from 1996. Based on a report from a study entitled, *The New Canadian Children and Youth Study (NCCYS)* released jointly from the Children and Women's Health Centre of B.C. and The University of British Columbia, little is known about the current state of physical and mental health of immigrant and refugee children in Canada (Armstrong and George 2). Within this report, a research proposal proposes to expand the current scope of the National Longitudinal Survey of Children and Youth (NLSCY) to include immigration and refugee children.

Results from this proposal could inform the way that the BI CRED-PRO curriculum is adapted. Since minimal research is currently available from a Canadian perspective on this issue, keeping abreast of new developments and the inclusion of immigrant and refugee children in the development of this module will prove valuable.

### **Jurisdictional**

The committee on the rights of the child encouraged Canada to “strengthen effective coordination and monitoring, in particular between the federal, provincial and territorial authorities, in the implementation of policies for the promotion and protection of the child....” (CRC/C/15/Add.215, p.3). This is a result of continued claims that service delivery difficulties are often the result of relationship difficulties inherent in the Canadian system of government which splits responsibilities between federal, provincial and municipal governments. This claim does not negate the states obligation to fulfill treaty obligations and ensure that social services are provided as outlined in the treaties to which the state is a signatory.

Jurisdictional difficulties have been identified and change is currently being advocated for through lobbying efforts to bring attention to and the formalization of Jordan's principle. The

breakdown in services that occurs when jurisdictional issues (Federal versus Provincial) arise has tremendous child rights implications of which health care and allied health care professionals should be cognizant. The manner in which governmental jurisdictional difficulties affect the delivery of health services to children needs to be addressed by curricula developed for use in Canada. Ways to work within the current system must be identified that enable professionals to overcome the obstacles in order to benefit the children they serve.

Academics and political and social scientists could be instrumental in gaining a better understanding of how training, and in this case, the CRED-PRO curriculum could be beneficial in assisting health care and allied health care professionals in dealing with the politics of this issue; and finding viable service delivery solutions.

### **Summary of findings**

All health care professionals consulted believe that the current international CRED-PRO curriculum provides a foundational base from which to consider potential application to the Canadian context. Professionals interviewed felt it was important that child rights training should be integrated into the context and system within which health care professionals work. They felt that the curriculum could solidify the inclusion of child rights in professionals' everyday work.

Professionals also believe that training in child rights can allow individuals who work with children and adolescents in the health care system to fill gaps they may feel are present in their knowledge and/or understanding of child rights and the Convention on the Rights of the Child (CRC). The incorporation of child rights curriculum into pre-service education will allow continuous teaching and reflection for the duration of a students' schooling so as to cement their role and responsibility as an advocate for the rights of children and adolescents according to the provisions laid out by the CRC. In-service training updates this knowledge for those who have received it in pre-service training and updates and informs those who did not.

To implement additional child rights training into pre-service education will require the systematic examination of the existing curricula to identify how best to use what already exists. These examinations will ensure that the curriculum that the Boulton Initiative hopes to include in each undergraduate and graduate program addresses the gaps that are present in child rights education for each health care and allied health care profession.

This examination documents the differences inherent in pre-service education and the in-service professional development of each profession examined. The ability and our manner for influencing the governing bodies in each profession regarding the importance of a child rights curriculum will vary. Because of differences in provincial or territorial body standards and supervision and that many professions are supervised by a provincial or territorial body rather than a federal organization, forging of additional partnerships will prove necessary.

A number of issues unique to Canada were identified early on in the consultations with professionals. As progress is made, no doubt additional issues will arise and will be incorporated into the adapted curriculum. Professionals and students consulted expressed that they need to be given the tools to deal with the issues as they pertain to the delivery of health services and the recognition of children's rights in the Canadian context.

## **Next steps**

The Boulton Initiative has solidified an enthusiastic group of professionals who are prepared to continue working with the CRED-PRO curriculum for their specific professions. The momentum generated thus far is promising and continued work and growth of alliances could yield critically important increased benefits to Canadian children. Given the large and diverse group of Canadian boards, agencies, organizations and associations, each of which plays a specific role in the education of health care and allied health care professionals, partnerships with these organizations could enable Boulton Initiative success in increasing the practice of child rights in these professions and the increased health and well-being of Canadian children

Professionals consulted reported that as a testament to the interest in the CRED-PRO curriculum there were work sessions at the Canadian Pediatric Society in 2008 and a special meeting at the 2009 meeting. Moreover, it will be highlighted at the Canadian Commemoration of the Child Rights Convention in Ottawa in November 2009 and at the June 2010 conference. An application has been submitted for inclusion in the Canadian Paediatric Society Conference in June 2010. Participation in future conferences in Canada that deal with health care and allied health care and children will provide opportunities for networking and the advancement on knowledge about the Boulton Initiative and child rights.

The Future of Medical Education in Canada (FMEC), a project of the Association of Faculties of Medicine of Canada is undertaking a comprehensive review of the current status of medical education in Canada. The goal of this project is to ensure that the curriculum used by Canadian faculties of medicine is aligned with societal needs. Either being part of the process for this project or having access to the findings will be of importance to the adaptation of the international CRED-PRO curriculum to the BI curriculum.

Further research should include child consultation into the curriculum adaptation process to ensure that the Boulton Initiative is capturing the voice of those individuals it is working to respect. Specialists on child participation and practitioners who work directly with children in a health care setting should be sought to enable this research.

Additional focus should be placed on rural communities and the implications of service delivery to these areas in Canada. A plan could be developed to ensure that those health care and allied health care professionals working in remote locations have access to training on the realization of child rights in health care delivery.

## *Appendix 2*

### A model of accountability to children<sup>1</sup>

Natasha Blanchet-Cohen, Stuart Hart and Philip Cook

International Institute for Child Rights and Development (IICRD)

“No child rights initiative — or indeed any program or policy meant to serve children — should be deemed a success until it is shown to have tangibly improved the lives of children directly involved” (Williams, 2005). Too often, however, we know little about the impact our interventions have on children’s lived realities, or we interpret their impact based on measures that are remote from children’s own experiences. Despite the near worldwide commitment to the United Nations Convention on the Rights of the Child (UNCRC) and significant human and financial resources focused on children, inadequate services and the lack of proper feedback about existing services continue frustrate progress (Hart & Cook, 2006). It is vitally important that we learn what works, what doesn’t work, and why. Monitoring and evaluation are central to the realization of children’s rights, and the universal principles and standards designed to assure the protection and promotion of each child’s human dignity set out in the UNCRC.

In the past, program monitoring and evaluation largely centered on measuring the process of project implementation; the focus was on assessing program outputs against pre-determined inputs, as determined by a logical framework, not necessarily about changes in the lives of persons. It is essential to build on emerging trends in monitoring and evaluation over the last decade that promise to make more intentional contributions to assure the survival, well being, full and healthy development of children. The IICRD’s premises for social systems change and accountability model are intended to serve these purposes.

### *Social Systems Change*

The IICRD, in its developmental child rights-based approach, applies four key premises for social systems change to monitor and evaluate the impact of initiatives and programs for children.

- 1) *Social ecological approach:* Children’s rights and holistic development are influenced by the nature and quality of the interaction they have with their social, physical and cultural environment. Children’s development is enhanced by increasing opportunities for them to benefit from and contribute to all levels of the social ecology (i.e., microsystem, mesosystem, exosystem, and macrosystem).
- 2) *Systems-approach:* Synergies exist and should be promoted for the best interests of children between the “bottom up” systems (e.g., family, peers and in community) and “top down” systems (e.g., government, legal, policy systems; cultural and national values and beliefs).

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<sup>1</sup> A complete version is available at [www.iicrd.org](http://www.iicrd.org) with full references.

- 3) *Culturally-grounded approach*: Child rights must be understood within the context of culture, capitalizing on community insights, values, and practices that shape development. Program success depends on the ability of local communities to monitor, critically review and refine their own initiatives.
- 4) *Strength-based approach*: Change best begins and is sustained through respect for and magnification of available individual and collective assets, rather than emphasis on problems.

### ***Accountability Model: Three Dynamic Domains***

In the context of a rights-based approach and our four premises for social change, we suggest that child rights accountability should be addressed within and across three interconnected dynamic domains: the child, mechanisms-interventions, and mandates. We call this the ‘Child Rights in Practice Accountability Model’ (Figure 1).

**The Child** The first domain, broadly conceived, is the child’s well-being, giving specific attention to the child’s own experience as a rights-bearing person and the status and trends of development in physical, psychological, social, moral, and spiritual areas. The child is in the centre of the diagram in Fig. 1 to reflect the reality that child-rights accountability must begin and end with the child -- all outer systems are ultimately accountable to the child.

**The Mechanisms-Interventions** The second domain (middle ring of Fig. 1) refers to strategies and interventions applied by duty-bearing systems, programs, and people across the social ecology (e.g., government, media, school, church, family) that protect and promote the rights, well-being, health and development of children. These interventions along with tools and reflective ‘spirals of learning’ are critical in supporting the best interests of the child.

**The Mandates** The third domain (outer ring of Fig. 1) refers to legislation, policies, standards and regulations, ethical and moral obligations that establish requirements and expectations for children’s rights, well-being, health and development at the international, regional, national and locals levels.

### ***Implications***

- Central accountability to the child. *The principles and intentions of the Mandates and resources and applications of the Mechanisms-Interventions domains are ultimately all accountable for advancing the child’s best interests.*
- *Importance of intervention-related indicators.* According to the Accountability Model, success is determined by measurement and evaluation of intervention-related indicators, including: adequacy of principles and policies guiding intervention in the Mandates Domain; intervention strategies, tools and processes in the Mechanism-Interventions Domain; status, change, and trends for intervention-targeted child conditions, i.e., experienced rights, well-being, health and development, in the Child Domain. Success depends on an appreciation of these different indicators so that applications can benefit from discrimination, coordination and synergy.
- *Interconnection.* Full accountability depends on appreciating and managing the interconnections and dynamics within and between all domains, the child, mechanisms-interventions and mandate. The mandate provides the overarching principles, the mechanisms-interventions (including actors) deals with implementation; and the child

domain realizes the principles, intentions, and actions of both other domains through advances in child rights, well-being, health and development.

- *Complexity.* In an interconnected dynamic system, with high uncertainty, respect must be given to the difficulties of determining what will lead to what, or how synergies across the domains can be strengthened. In all interventions, significant opportunities must be provided for emergence, innovation and development – and to subjecting them to rigorous monitoring, measurement and evaluation.

### Concluding remarks

An accountability model is essential in providing a common language, framework and reference points to guide governments and other service systems toward accountability accountable to the best interests of children. It is our hope that the proposed accountability model will promote greater discussion and learning among those working to promote children’s rights, and that as a learning community, we can together refine, apply, and advance this vision.

**Figure 1. Child Right in Practice Accountability Model**

