



# Goal

# 1

# Engage children, parents and families

## Rationale

Children, parents<sup>1</sup> and families play a vital role in making health care safer. Parents are often the first to notice changes in their child's condition, and children themselves can contribute, when engaged in age- and developmentally-appropriate ways. However, they are not always invited to participate and their voices are rarely properly heard, which can lead to harm. Many also experience fear, confusion or pain in health care settings.

Health services must foster a culture where families are welcomed as partners, and children are supported to participate in their own care. Every effort should be made to ensure that children's conditions and treatments are explained in an understandable way and to minimize their fear and pain while receiving medical care.

## Suggested actions



### People

1. Support health workers' competency development in patient and family engagement.
2. Raise awareness among children, and their parents about their role in ensuring safe care, using appropriate language and formats.
3. Build the capacity of parents to participate meaningfully in health care facility committees.
4. Allow parents to remain with their child at all times, including during medical procedures, whenever medically appropriate and aligned with the child's best interests.
5. Address misinformation, including, for example, vaccine hesitancy, by engaging with children and parents empathetically, listening to their concerns, asking open-ended questions, sharing accurate and trusted information and providing practical guidance on accessing services.

1. The term 'parents' is used broadly to include parents and designated family members and caregivers who are closest to the child and supporting their care.



### Tasks

1. Greet children and parents, introduce yourself by name and role and address them by name, to build rapport.
2. Provide timely, understandable and culturally sensitive information about the child's condition and care plan, using age-appropriate and accessible formats.
3. Engage parents and, where appropriate, children in care planning and decision-making, ensuring they fully understand the information and options available to them.
4. Ensure the views of children and parents are considered throughout care processes, including during handovers and discharge planning.
5. Promptly address concerns raised by children and parents, through reporting or escalation processes.
6. Upon discharge, provide a clear verbal and written summary of the child's condition, care received and follow-up plan.



### Tools and technology

1. Use patient engagement tools such as the *WHO 5 Moments for medication safety*, to involve patients in their care.
2. Equip consulting rooms with visual resources (e.g., models, charts, posters, videos, electronic materials), to help health workers explain care to children and their parents.
3. Apply methods such as play and distraction to reduce pain experienced by children during interventions.
4. Use secure identification methods (e.g. tamper-proof ID bands) for all newborns and children.
5. Ensure the availability of age-appropriate equipment and supplies.



### Workplace environment

1. Provide developmentally- and age-appropriate furnished spaces for children, including areas for care, play, learning, and emotional support.
2. Design health facilities to ensure dedicated care areas for children, separate from those for adult patients.
3. Make spaces available and accessible for parents, including those with disabilities or facing literacy or language barriers.
4. Ensure the workplace environment supports parents' presence by offering accessible spaces, such as breastfeeding rooms.
5. Implement child-specific safety measures, such as non-slip floors, covered electrical outlets and safe furniture.



### Organization

1. Provide accessible channels for children and parents to share care experiences and raise safety concerns, with clear procedures for care escalation.
2. Implement policies for informed consent, access to children's medical records and timely incident disclosure.
3. Establish systems to ensure accurate and timely information exchange among staff and with children and parents.
4. Implement a rooming-in policy that allows parents to stay with their child at all times and ensures accommodation close to the child's bed.
5. Establish mechanisms such as family advisory councils, and appoint family representatives to boards or committees, in line with WHO's quality of care standards.
6. Embed child and family engagement principles into institutional policies, strategic plans and patient safety charters to define child and family rights, roles and responsibilities.

7. Engage parents in the co-design of patient safety initiatives and improvement projects, and partner with civil society organizations to support collaboration and shared learning.

## Measures

- Patient/family-reported outcomes (PROM)
- Patient/family-reported experience (PREM)
- Proportion of children/caregivers satisfied with the quality of health information and support received from staff
- Proportion of governing boards and key committee meetings with at least one patient representative.



## WHO resources

- Patient Safety Rights Charter
- Engaging patients for patient safety: advocacy brief
- Standards for improving the quality of care for children and young adolescents in health facilities
- Standards for improving quality of care for small and sick newborns in health facilities
- WHO Patients for Patient Safety programme
- The importance of caregiver-child interactions for the survival and healthy development of young children: A review
- Patient safety curriculum guide: multi-professional edition
- 5 Moments for medication safety



World Health  
Organization



World  
Patient Safety  
Day 17 September 2025