UEMS Council meeting, 24th April 2021

Agenda item 5.4.

Proposal to include a paragraph on children, adolescents and vulnerable people in all future UEMS ETRs

Proposed paragraph and supporting information

POLICIES ON SAFEGUARDING CHILDREN, ADOLESCENTS AND VULNERABLE ADULTS

All [insert speciality] departments must have policies in place to safeguard all children, adolescents and vulnerable adults. These policies should include provisions, where appropriate, for implementing reasonable adjustments to accommodate vulnerable patients.

COMPETENCIES

Children, adolescents and vulnerable adults

Children and adolescents are considered vulnerable by virtue of their age and stage of development.

Vulnerable patients can also include adults who – due to any number of reasons - may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

The reasons for this vulnerability could include, but are not limited to, any one or a combination of the following factors: learning disabilities, dementia, other psychiatric or physical disorders, adverse financial or social circumstances, a previous history of abuse and/or neglect.

Whilst it is clear that any patient who lacks capacity will by definition be vulnerable, many patients with capacity may still be unable to take care of themselves, or unable to protect themselves from significant harm or exploitation; often due to the infirmity that led them to become patients in the first place. An acute [insert speciality] illness or injury resulting in hospital admission or attendance can heighten these vulnerabilities.

The healthcare professional is expected to represent the best interests of the patient. A collaborative working relationship with the patient and/or their carers is most likely to support this goal. The design and delivery of services should also consider the views of, and the specific needs of, the most vulnerable patients as well as those known to have low levels of access to healthcare and poor clinical outcomes. Patient safety, dignity and the delivery of patient-focused care in a safe environment should always be primary objectives of the doctor.

All doctors should be familiar with departmental policies for obtaining informed consent for procedures for children, adolescents, and vulnerable adults, and any guidelines relating to the implementation of “reasonable adjustments” for vulnerable patients. All doctors should also have the ability to contribute to multidisciplinary assessments relevant to capacity and,

where a person is deemed to lack capacity, ability to sensitively inform the 'Best Interests' procedures.

Background

- Proposals to include safeguarding competencies in all patient- and family- facing curricula came from the UK delegation between 2013 and 2018 as part of the "strategy" development of the organisation in preparation for the 60th anniversary year. At that time Professor Andrew Rowland was Head of the UK Delegation.
- The initial focus was on safeguarding vulnerable children but this has now been widened to include safeguarding all vulnerable people in recognition that adults can also be vulnerable by virtue of things such as lack of mental capacity, frailty, health conditions (physical or mental) affecting their ability to communicate, learning disabilities, physical disabilities etc

What is special about children?

- UN Convention on the Rights of the Child (1989) – a child is anyone who has not reached their 18th birthday [unless there is a law in a specific country which explicitly states that "majority" is attained earlier]. In the UK, for example, "majority" is at age 18 therefore everyone under 18 is a child, regardless of their status ie regardless of whether they live alone, they have their own children, they are in custody, the are in the armed forces
- Article 19 (1) States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.
- A disabled child is **three times** more likely to be abused than a non-disabled child
- Children may not be able to disclose abuse to healthcare professionals for a variety of reasons: age, developmental status, fear, coercion, controlling behaviours of others, worry about not being believed, worry about repercussions, communication difficulties, lack of trust etc. Therefore healthcare professionals must be trained to be able to recognise this even if it is not obvious. It is often the subtle signs that matter and, if missed, these can be catastrophic for children in the long term (including being fatal)

What sort of abuse are we talking about?

- Wide range of different types of abuse including:
    - Physical abuse
    - Sexual abuse
    - Sexual exploitation
    - Modern slavery
    - Non-sexual exploitation (eg forced labour)
    - Female genital mutilation
    - Forced marriage
    - Emotional abuse – either in and of itself or as a consequence of other forms of abuse
    - Neglect (persistent or serious failure to meet a child's needs)
    - … etc [as different countries will have their own definitions]

What about medical professionals who think they don't see children?

- Many adult physicians will see people who are parents, grandparents, aunts, or uncles or who provide child care for children
- Recognising that child protection (or safeguarding as we call it in the UK) issues or concerns can arise from acts of *commission* (ie doing something to a child) or *omission* (ie failing to protect a child from something) is important
- Concerns about potential child protection issues can arise from information provided by their carers (for example people who care for children who might be addicted to drugs, suffer or commit domestic violence, have alcohol addition, have mental health difficulties)
- Therefore even if the doctor does not treat children they may treat someone who cares for a child and that may mean action needs to be taken to protect that child from the adult. Recognition of this is the first step

Why do we need these competencies in European curricula?

- Research has found wide variations in the organisation of child maltreatment paediatric services in Europe. The differing legislative frameworks and models of care are pertinent to consider when comparing epidemiology of maltreatment reported from across European countries.
    - Otterman G, Jalsenius M, Maguire S et al. Paediatric approaches to child maltreatment are subject to wide organisational variations across Europe. *Acta paediatrica* 2017;106(7):1110-1117
- Three key indicators for the performance of national child protection systems have been reported: *creating a culturally sensitive child protection governance framework, building a relational heart* and *using evidence to inform policy and practice*. A prototype model with potential utility in similar cross-national studies has been proposed and this adds weight to the argument that cross-cultural learning in the context of a globalised society is not only possible, but desirable.
    - Spratt T, Nett J, Bromfield L et al. Child protection in Europe: Development of an international cross-comparison model to inform national policies and practices. *The British Journal of Social Work* 2015;45(5):1508-1525
- Erasmus+ has previously funded work across countries to look at a coordinated approach to training on child protection and welfare
    - Rigby P, and Engstrom S. Improving the Protection and Well-being of Children in Europe: Enhancing the Curriculum. *Revista de Asistenta Sociala* 2017;(3):29-37
- World Health Organization has advocated a public health approach to preventing child maltreatment in Europe
    - World Health Organization. *Preventing child maltreatment in Europe: a public health approach: policy briefing* (No. EUR/07/50631214). 2007. Copenhagen: WHO Regional Office for Europe.
- Cross border movement of people (including families)
- Refugee and asylum seekers
- Moral imperative to protect children (they are, of course, the future of Europe…)
- Few countries regularly collect reliable information on child abuse and neglect prevalence and other adverse childhood experiences. There is an urgent need for credible and valid data that can be exchanged across sectors in Europe.
    - https://www.cardiff.ac.uk/research/explore/research-units/european-epidemiology-of-child-abuse-and-neglect-euro-can
- … and many more reasons which NMAs will be able to explain that are relevant to their own countries and those that border them

International and European Law examples

- The *UN Convention on the Rights of the Child* defines the human rights of children and the correlated obligations of states

- The *Hague Conference on Private International Law* is a global inter-governmental organisation that has developed standards for the transnational cooperation on child protection and family matters. Key themes addressed by the Conventions of the Hague Conference include transnational child protection, inter-country adoption, cross-border parental child abduction as well as matters of parental responsibility and contact involving different countries
- Children enjoy special safeguards and have a right to have their asylum application examined individually under the *UN Refugee Convention and its Protocol* which includes the right of persons to seek international protection
- The *European Social Charter* affords rights to individuals including health, legal and social protection and non-discrimination
- The *European Committee of Social Rights (2015)* issued a statement of interpretation on the rights of refugees under the European Social Charter
- The *Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (2007)* established the various forms of sexual abuse and exploitation of children as criminal offences. Preventative measures outlined in the convention include recruitment and training of persons working in contact with children

What does the European Union (EU) say?

- The number of child victims of violence in the EU remains high. The causes of this persistent violence are many. Socially or culturally accepted forms of violence against children constitute deeply entrenched barriers in the EU, where to date only 23 EU countries have completely prohibited corporal punishment.
    - https://ec.europa.eu/info/policies/justice-and-fundamental-rights/rights-child/violence-against-children_en
- European Union Strategy for a more effective fight against child sexual abuse (24 July 2020)
    - https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-security/20200724_com-2020-607-commission-communication_en.pdf
- The 10th European Forum on the rights of the child took place on 29 and 30 November 2016, with a side event on 28 November. Over three days, 304 participants from all EU Member States as well as Iceland and Norway discussed about the protection of children in migration, looking at the existing tools and mechanisms, gaps and possible solutions
    - https://ec.europa.eu/newsroom/just/item-detail.cfm?item_id=34456

What about the World Health Organization (WHO)?

- Child maltreatment is a major public health problem, affecting at least 55 million children in the WHO European Region. The impact of abuse and/or neglect in childhood is detrimental to physical, psychological and reproductive health throughout the life-course, yet the high costs to society are avoidable. There are clear risk factors for maltreatment at the level of the individual, family, community and society. The WHO European child maltreatment prevention action plan 2015–2020 had a target of a 20% reduction in child maltreatment and homicides by 2020.
    - https://www.euro.who.int/en/publications/abstracts/european-status-report-on-preventing-child-maltreatment-2018

COVID-19

- … then COVID-19 appeared, which brought with it a heightened risk of child maltreatment
    - Humphreys KL, Myint MT, and Zeanah CH. Increased risk for family violence during the COVID-19 pandemic. *Pediatrics* 2020;146(1)

- Rodriguez CM, Lee SJ, Ward KP, et al. The perfect storm: Hidden risk of child maltreatment during the COVID-19 pandemic. *Child maltreatment* 2020
- Katz C, Priolo Filho SR, Korbin J, et al. Child maltreatment in the time of the COVID-19 pandemic: a proposed global framework on research, policy and practice. *Child Abuse & Neglect* 2020.

What does the World Medical Association (WMA) say?

- Updated policy on child abuse and neglect (2017) led by the British Medical Association in collaboration with Professor Andrew Rowland and others
  - https://www.wma.net/policies-post/wma-statement-on-child-abuse-and-neglect/
- The welfare of children is of paramount importance. Health professionals should put the welfare of children at the centre of all decision-making related to the child and act in the best interests of children in all of their interactions with children, young people, families, policy-makers and other professionals
- All physicians who treat children, and those adults with caring responsibilities for children, should be aware of the principles of the UN Convention on the Rights of the Child as well as relevant national protective legal provisions applying to children and young people.

Dr John Firth
BMA head of delegation

April 2021

With thanks to Professor Andrew Rowland, Dame Sue Bailey and Dr Brian Jacobs for background information and their contributions to the safeguarding work and to members of the UK Representatives to UEMS Bodies who helped in drafting the proposed paragraph.