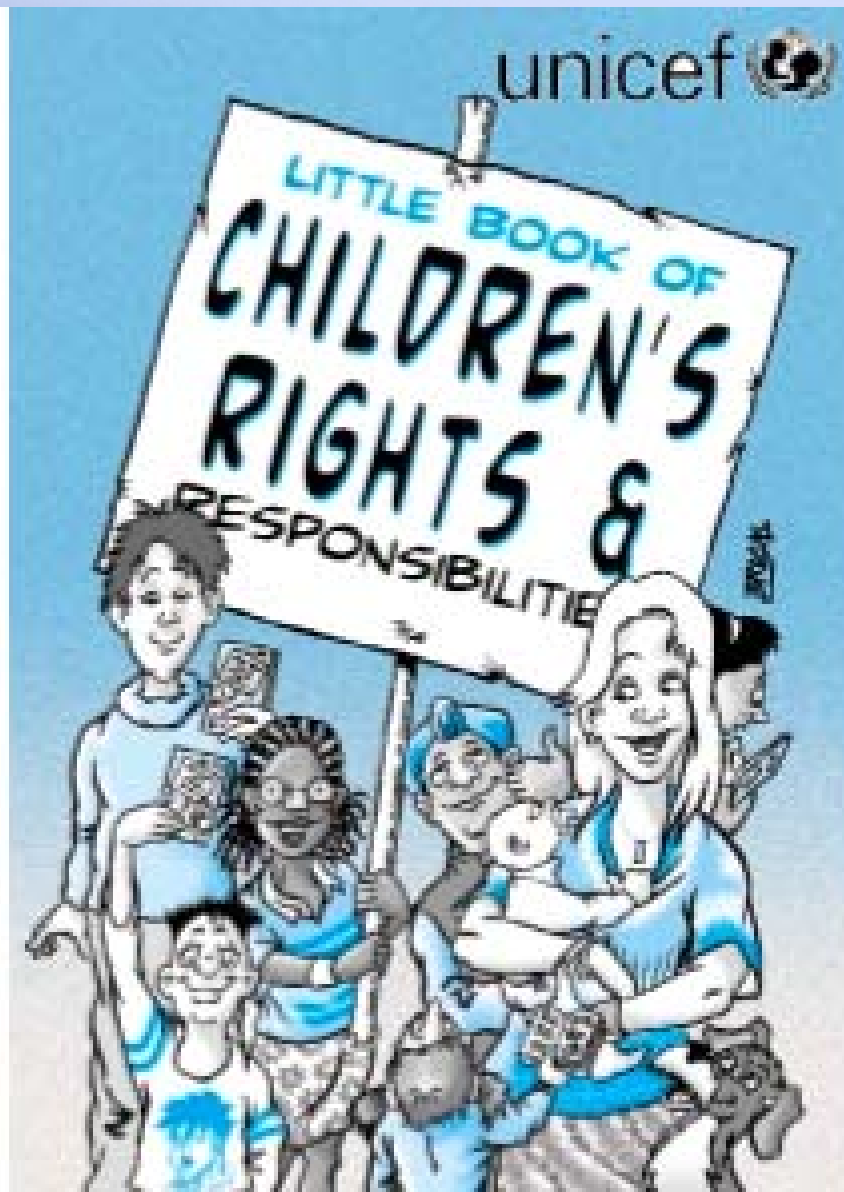


Achieving success in child rights advocacy

Tony Waterston

Newcastle upon Tyne

ESSOP, Kusadasi, Turkey Oct 2010



- ◆ A ladder of achievement
- ◆ Experience in RCPCH
- ◆ ESSOP survey
- ◆ Country examples
- ◆ What ESSOP can do

A ladder of achievement?

- ◆ Individual advocacy - the patient before you
- ◆ Group advocacy - the paediatric association
- ◆ Signing up to the convention
- ◆ Child rights in the curriculum
- ◆ Training paediatricians in child rights
- ◆ Participation of children and young people
- ◆ NPA Speaking out alone on CR
- ◆ NPA Speaking out with others on CR
- ◆ Changing the culture in the country on CR

How it happened in RCPCH

- ◆ Motions at annual meetings
- ◆ Advocacy committee
- ◆ CR in training
- ◆ Officer for participation
- ◆ Involvement of CYP in the College
- ◆ Position papers
- ◆ Advocacy award
- ◆ The President speaks out

- ◆ British Paediatric Association



Royal College of Paediatrics
And **CHILD HEALTH**

AGM 1996

- ◆ 'Recognising that paediatricians care for and understand the needs of children and their families, this house believes that the BPA should be seen to take a more active role in advocating for those children in the UK and in the wider world who are living in particularly difficult circumstances.'
- ◆ Passed unanimously
- ◆ Lead to setting up Advocacy Committee

AGM 2002

- ◆ "We ask the College to apply proactively the principles of the UN Convention on the Rights of the Child to all its activities and to the work of all committees. A consultation procedure should be developed so that, where appropriate and where possible, there is consultation with children and young people over the content of policies and guidelines."
- ◆ Passed unanimously

AGM 2004

- ◆ "RCPCH members request the EC to instigate the appointment of a **staff member with responsibility for Parliamentary, media and other advocacy work** to ensure that the College is able to maintain a high profile for child health advocacy within political and media circles. The staff member would work with EC and the Advocacy Committee to establish political priorities, identify key centres of influence and liaise with the voluntary sector in relation to taking forward policy issues on child health."
- ◆ Passed unanimously

CR in paediatric training

- ◆ This requires a dedicated group with an educational approach
- ◆ In UK we now have a competency based system of training
- ◆ Competencies have to be attained by all trainees

RCPCH competencies in CR

- ◆ Develop a commitment to a policy of advocacy for a healthy lifestyle in children and young people and for the protection of their rights
- ◆ Know the principles of the UN Convention on the Rights of the Child , apply these in their own practice and work for the protection of these rights

RCPCH competencies (cont)

- ◆ To take on an advocacy role with regard to the best interests of the patient; to ensure appropriate care for patients; to be able to think independently and to challenge decisions or protocols where appropriate
- ◆ Understand the importance of seeking the views of all children to inform decisions about their individual care and about planning services

RCPCH competencies (cont)

- ◆ Demonstrate an understanding of and respect for legal and ethical issues relating to consent and confidentiality in paediatrics, including the Fraser ruling (formerly known as Gillick competence)
- ◆ Know the law with regard to consent to treatment and the right to refuse treatment, and be aware of variability in Scotland, Wales and Northern Ireland, continuing changes in the law and its interpretation
- ◆ Be able to engage effectively with adolescents
- ◆ Understand the role of the paediatrician in advocating for children at individual, community, national and international levels

Participation Manager

(appointed after 2002 motion)

- ◆ Young people's panel
- ◆ Child rights training day
- ◆ Communication training
- ◆ Child rights conference for 20th anniversary of CRC
- ◆ Networking

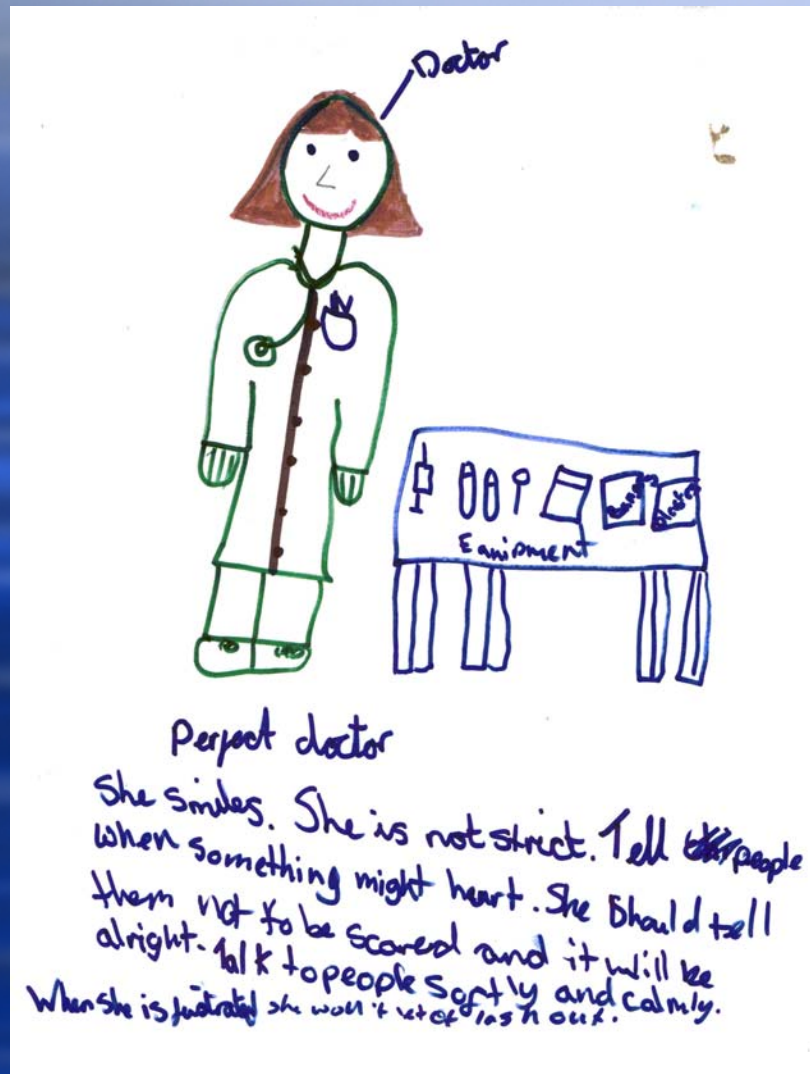
YP advisory panel

- ◆ 'The RCPCH is looking for young people to volunteer as members of its newly developed Young Persons' Advisory Panel. The College is dedicated to listening and involving young people in as many areas of College activity as possible. This might be done through consultations, questionnaires or by being present at meetings to offer advice and comment or just to offer an insight into your experiences.'

Written 2008

'Coming out of the shadows'

A strategy to promote participation of Children and young people in RCPCH activity



Available on RCPCH website

<http://www.rcpch.ac.uk>

Perfect doctor

She smiles

She is not strict

Tell people when something might hurt

She should tell not to be scared

And it will be alright

Talk to people softly and calmly

When she is frustrated she won't lash out



Royal College of Paediatrics and Child Health
Leading the Way in Children's Health

CHILDREN AND YOUNG PEOPLE'S PARTICIPATION STRATEGY

September 2009 - August 2012

Bharti Mepani
RCPCH Children and Young People's Participation Manager
Final Draft

The 20th anniversary of the United Nations Convention on the Rights of the Child

Tuesday 17 November 2009
Royal College of Paediatrics and Child Health
London

A Celebration
Event!



Leading the way
in children's health

RCPCH
celebrates
20 YEARS
OF THE UNITED NATIONS
CONVENTION ON THE
RIGHTS
OF THE CHILD

RCPCH Advocacy award

- ◆ Established 2008 by Advocacy Committee
- ◆ Excellence in speaking out for children or children's health
- ◆ Promotion of child health, children's rights or the place of children within the health service, within their own trust or within the political system
- ◆ Ability to present the case in a clear and objective way
- ◆ Persistence in taking the case through the political or policy system

ESSOP CR survey

- ◆ Total ESSOP country membership **26**
- ◆ Total responses **17**

(including USA,
Argentina, Australia)



ESSOP survey on CR: summary results

- ◆ NPA/SPA adopted CR 7/17
- ◆ NPA/SPA have CYP participation 4/17
- ◆ CR in paed curriculum 6/17
- ◆ CR training is available 9/17
- ◆ Ch protection policy 9/17
- ◆ Public statement 9/17
(but only three provided examples)

Concerns expressed in relation to CR violations

- ◆ Low age of criminal responsibility - only 10 - linked to mistreatment of children in the justice system
- ◆ Inequalities in wealth and health, with many children blighted for life by impoverished childhoods
- ◆ Discrimination of Roma children
- ◆ The need to involve the health sector as a main advocate for CR
- ◆ Street children
- ◆ Separation of children from parents during hospitalisation (including first days after delivery)
- ◆ Violations of human rights among adolescents

Examples of Public Statements



- ◆ AAP: alcohol advertising
- ◆ IPA: deportation of children of migrant workers
- ◆ RCPCH: asylum seekers and detention, children in poverty

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OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Policy Statement Health Equity and Children's Rights
Council on Community Pediatrics and Committee on Native American Child Health
Pediatrics published online Mar 29, 2010;
DOI: 10.1542/peds.2010-0235

The online version of this article, along with updated information and services, is
located on the World Wide Web at:
<http://www.pediatrics.org>

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



- ◆ **US paediatricians call for ban on tobacco advertising and limits on alcohol and drug advertising**
- ◆ The American Academy of Pediatrics has called for a total ban on tobacco advertising in all media, limits on alcohol advertising, and limits on content related to tobacco, alcohol, prescription drugs, and illegal drugs on television and in movies for children.
BMJ 2nd Oct 2010 p.694

ALAPE

- ◆ **DECLARACION DE PUERTO RICO
DECLARACION DE COMPROMISO CON LOS
DERECHOS DE NIOS, NIÑS Y ADOLESCENTES**
- ◆ **Con motivo de cumplirse 20 años de la firma de la Convencion Internacional sobre los Derechos del Nino, la Asociacion Latinoamericana de Pediatria-ALAPE ratifica su compromiso de trabajar para que a cada uno de los ninos, ninas y adolescentes de la region les sean garantizados integralmente sus derechos y llama a la comunidad de pediatras del continente a impulsar acciones para concretar este anhelo.**

http://www.alape.org/documentos_declaracion_PR2009.php

LA CONVENZIONE SUI DIRITTI DEL BAMBINO E LA SUA APPLICAZIONE IN ITALIA

Nel nostro editoriale su questo numero di "Medico e Bambino" inquadrriamo più compiutamente questo Focus dedicato alla Convenzione dei diritti del bambino e la sua applicazione in Italia. Tra i diversi temi che sono stati oggetto sia del Rapporto aggiuntivo elaborato dalle ONG sia delle recentissime osservazioni della Commissione ONU, ne abbiamo scelti tre (le disuguaglianze regiona-

li, i diritti dei bambini migranti e l'ascolto giudiziario dei minori), ritenendoli tra i più rilevanti per la pratica quotidiana dei pediatri, chiamati a conoscere la legislazione in materia e a svolgere il ruolo di child advocates che la storia, la deontologia e gli accordi internazionali assegnano loro.

Michele Gangemi e Giorgio Tamburlini

Disuguaglianze su base regionale in Italia

GIUSEPPE CIRILLO

Dipartimento Socio-Sanitario, ASI Na 1 Centro; Servizio di Programmazione, Centro Studi Interistituzionale, Comune di Napoli/ASI Na 1 Centro

INEQUITIES ON A REGIONAL BASIS IN ITALY

(Medico e Bambino 2010;29:???)

Key words

Child health, Inequity, Social exclusion, Health determinants, Italy

Il secondo Rapporto di aggiornamento sulla Convenzione dei diritti dell'infanzia e dell'adolescenza del CRC analizza le differenze geografiche nelle Regioni rispetto ad alcuni importanti determinanti ed esiti della salute in Italia. Nonostante nel Sud alcuni indicatori di salute siano migliorati nel tempo, tuttavia permangono grandi differenze rispetto al Centro-Nord. Ancora persistono notevoli disuguaglianze rispetto sia ai determinanti distali della salute (povertà, educazione-formazione) che a quelli prossimali (accesso ai servizi sociali-sanitari-educativi, comportamenti e abitudini di vita ecc.) sia, infine, agli esiti (mortalità). Queste disuguaglianze geografiche sono in misura rilevante socialmente determinate, perché in Italia, nelle Regioni meridionali, si concentra la popolazione più povera e a rischio di esclusione sociale.

IPA statement on deportation of immigrant children

'The Israeli Association for Pediatric Medicine also joins the call not to deport the children. The association says that the act will lead to serious physical and psychological damage to the children. "From their earliest childhood, the children of foreign workers received medical treatment which is among the best in the world, and were inoculated with all the necessary inoculations" explained the chairman of the association Prof. Mati Berkovitz'. "Their deportation to countries most of which are developing countries may lead to a life threatening situation, because of a drastic reduction in the level of medical treatment and inoculation."

Email from President of IPA

- ◆ 'As the President of the Israel Society of Pediatrics I wrote letters to the Prime Minister (Netaniahu) and to the other Ministers in the Government, trying to convince them let these families to stay. Our main aim is to convince the Government that those who will be hurt firstly are the children. Many of these children are going to day care or to schools, they speak Hebrew fluently, and they are very welcome by their Israeli's friends. I also met personally with some members of the Parliament trying to explain the damage that can be caused to these children by the deportation.'

The outcome?

- ◆ Barak: Deportation of migrant children could severely damage Israel's image
- ◆ Defense Minister says planned deportation of 400 workers' children must be reevaluated using common sense and sensitivity.

By [Barak Ravid](#) and Haaretz Service

4.10.10

RCPCH Position statements: Corporal punishment/children in detention

- ◆ Equity in child health
- ◆ Corporal punishment
- ◆ Climate change and child health
- ◆ Children in detention
- ◆ In preparation: CYP rights in health service

See

<http://www.rcpch.ac.uk/Policy/Policy-Statements>

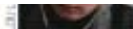
QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

Intercollegiate Briefing Paper: Significant Harm - the effects of administrative detention on the health of children, young people and their families

'Any detention of children for administrative rather than criminal purposes causes unnecessary harm and further blights already disturbed young lives. Such practices reflect badly on all of us.' *Dr Iona Heath, President of the Royal College of General Practitioners*¹

Summary

This briefing from the Royal College of General Practitioners, Royal College of Paediatrics and Child Health, Royal College of Psychiatrists and the UK Faculty of Public Health describes the significant harms to the physical and mental health of children and young people in the UK who are subjected to administrative immigration detention. **It argues that such detention is unacceptable and should cease without delay.** Other countries have developed viable alternatives and the UK should now follow suit. Meanwhile a set of specific recommendations is outlined to minimise the damage caused by the detention of children.



Cosmetic surgeons are too ready "to have a go"

Zosia Kmiotowicz LONDON

Many surgeons in the United Kingdom who carry out cosmetic procedures are not getting enough training, says a report from the National Confidential Enquiry into Patient Outcome and Death. It says that the high number of clinics across the country means that patients are spread thinly and thus surgeons do some procedures only occasionally and cannot maintain their skills.

The audit also found that many clinics are insufficiently equipped to care for patients safely and that regulatory procedures are poor. The report says that a lack of a cosmetic surgery specialty makes regulation difficult.

For its report the inquiry identified 55 NHS and 705 independent sites across the United Kingdom that carry out cosmetic surgery, although only 361 (48%, with 324 from the private sector) returned a questionnaire on their facilities and practices.

The Royal College of Surgeons for England said it was "alarming" that so many units had failed to take part in the audit. It said that units that do not contribute to audits to prove their safety should not be practising.

The inquiry found that there were 250 or more clinics in the UK that offered the 10 most common cosmetic procedures. But many performed few of these operations every year. For example, 94% (166) of clinics that carry out breast reduction (the second most common operation) performed fewer than 50 procedures in a year and 79% (131) performed fewer than 20.

The inquiry found that more than half (56%)



Actor Leslie Ash spoke out in 2008 about the lack of regulation after her lip plump operation went wrong

of cosmetic surgery providers do not have all the equipment needed to deliver surgery safely and that nearly one in five (18%) don't have a policy to readmit patients who have complications after surgery. In addition, a third of independent hospitals with inpatient beds do not have an anaesthetic consultant rota, it found.

Alex Goodwin, the inquiry's clinical coordinator and a consultant in anaesthesia and intensive care at the Royal United Hospital in Bath, said, "Cosmetic surgery is far too dispersed, with too many teams prepared to 'have a go' at procedures that they rarely

perform. And failures in monitoring patients after surgery are a recipe for disaster."

Ian Martin, the report's author, said that only 15% of the units that responded to the questionnaire provided surgical training. "If there were fewer sites providing cosmetic surgery, the increase in procedures would encourage an improvement in surgical competence and training," he said.

On the Face of it: A Review of the Organisational Structures Surrounding the Practice of Cosmetic Surgery is available at www.ncepod.org.uk.

Cite this as: *BMJ* 2010;341:c5029

Medical royal colleges back call to end the detention of children

Zosia Kmiotowicz LONDON

Three medical royal colleges have backed a call from the charity Medical Justice for the government to release immediately any children and their families detained for reasons of immigration and to close all such facilities.

An investigation by the charity has found that detaining children for immigration purposes causes widespread anxiety, suffering, and harm. Several children have attempted to end their lives and physical health problems have been exacerbated or directly caused by detention, it says.

Medical Justice, which arranges for doctors to visit detainees in UK immigration removal cen-

tres, says that both Nick Clegg, the deputy prime minister, and the UK Borders Agency have broken promises made in July to close Yarl's Wood immigration removal centre and to end child detention there. Children have continued to be detained at the centre as recently as 6 September. It says its findings warrant a full public inquiry.

Jon Burnett, author of the report, said, "The fact that UKBA [the UK Borders Agency] is still detaining children at Yarl's Wood despite announcements to the contrary raises serious questions about the consistency between the will of government and the actions of UKBA. The government must now show it is in control."

The Royal Colleges of Paediatrics and Child Health, Psychiatrists, and GPs backed the call, saying that the government must make its pledge to end the detention of children a reality.

Medical Justice's report examined the impact of detention on 141 children who were detained for an average of 26 days between 2004 and April 2010. The report found that 74 children were psychologically harmed by their experiences, developing symptoms such as bed wetting and loss of bowel control.

State Sponsored Cruelty: Children in Immigration Detention is at www.medicaljustice.org.uk.

Cite this as: *BMJ* 2010;341:c4961

BMJ
18 Sept 2010

LETTER TO THE OBSERVER April 2009

Let us keep the promise

We, members of the Royal College of Paediatrics and Child Health, would like to add our support to the call of over 110 Labour MPs (Observer 29.03.09) to the Chancellor to keep child poverty at the top of his mind as he prepares his Budget. Poverty has severely limiting effects on children's lives, wellbeing and health. Children in the poorest families are more likely to be born small and are at least twice as likely to die unexpectedly before their first birthdays than children in better off families.

They are two and a half times as likely to suffer chronic illness as toddlers and are three times as likely to suffer mental health disorders throughout their lives. As children they are more likely to experience hospital admission which, in turn, places a heavy burden on the NHS.

Adults who experienced poverty as children face a shorter healthy life span and will die younger - in Glasgow's Calton area the average life expectancy is 54 years, compared with 82 years in Lenzie, just eight miles away.

The Joseph Rowntree Foundation has found that child poverty costs the UK at least £25 billion every year, over £2bn of which is additional healthcare costs. As we seek to rebuild a more sustainable economy, the Budget must help protect the UK economy from the high costs of this injustice. We need the Government to 'Keep the Promise' it made to halve child poverty by 2010. This is not, as some commentators would argue, about funding designer trainers or mobile phones, but about an equal chance of a healthy childhood and a longer life which all children deserve and would make a vital long-term contribution to improving the health of our nation. It is every child's right to be protected from the health impact of poverty, in a country as rich as our own.

Yours sincerely

Professor Terence Stephenson
President of the Royal College of Paediatrics and Child Health,
and 90 members of the RCPCH

An equal start in life is vital for children's health and hopes

- ◆ An Audit Commission report, *Giving Children a Healthy Start*, says that the health outcomes for under-5s have improved only marginally since 1999. The inequalities gap between under-5s from rich and poor families has barely changed over the last decade, and despite the government investing £10.9bn, some indicators - such as obesity and dental health - have worsened. The first thing we need is a cultural change that makes children in our society a priority. Of 188 performance indicators available to local authorities, only six relate to under-5s' health, and none feature in the top 20. The Audit Commission report makes a plea for integrated child health services, with seamless working between primary and secondary care - something the Royal College of Paediatrics and Child Health (RCPCH) has long been in favour of.

Terence Stephenson, President of RCPCH, writing in *Guardian* 3rd Feb 2010

- ◆ The Swedish Paediatric association (BLF)
- ◆ Regards that every child, without exception, has the rights to live and develop under circumstances which are in the best interest of the child and depending on the child's age and maturity takes into account its own will and views. The UN convention of the Rights of the Child (UNCRC) should be followed in all situations. Within the health system the UNCRC articles 3, 6, 12, 19, 23 and 24 are specifically important and should be well known by all staff. Research with the aim to improve child health is essential and shall be performed in accordance with the UNCRC and generally accepted ethical principles of research.

Suggestions made on ESSOP activity

- ◆ 'Our NPA has difficulty advocating on the whole: processes too cumbersome, individual members have to take up advocacy issues, and often go it alone. ESSOP can help members develop advocacy skills, and bring issues to an international arena'
- ◆ 'Our NPA and SPA could be better advocates for CR. Knowledge of the CRC should be implemented in the paediatric training programme. ESSOP could help by contributing to the development of programmes..'
- ◆ 'ESSOP will help us to be more aware and advocate for CR...'

Recommended stages for NPA

- ◆ Adopt a policy on CR and CYP participation
- ◆ Develop participation within the organisation
- ◆ Ensure CR included in paed curriculum and exams
- ◆ Develop training in CR for all paed
- ◆ Develop a system of position statements
- ◆ Advocate for CR and equity in public/media
- ◆ Work with others to advocate for CR and interact with political system

Recommended ESSOP action

- ◆ Establish Europe wide training in CR for health professionals
- ◆ Support for members on mechanisms of change, including CYP participation
- ◆ ESSOP/NPA delegations to government on CR issues
- ◆ Follow up survey in 3yrs to review change

Does advocacy for CR by NPAs make a difference?

- ◆ Adult health: smoking in public places, seat belts, unit pricing of alcohol
- ◆ Child health: parents staying in hospital, child proof containers, cycle helmets, passive smoking in cars, TV advertising targeting children, youth participation in health service, Elsevier and the arms trade



Never doubt that a small group of thoughtful,
committed citizens can change the world;
indeed, it's the only thing that ever has

Margaret Mead