Dialogue Summary

Strengthening Child Protection Practices in Healthcare Institutions in Lebanon

himaya
Pour l'innocence en danger

unicef
for every child

UKaid
from the British people

الجمهورية اللبنانية
وزارة الصحة العامة

K2P Dialogue Summary

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Knowledge to Policy Center
K2P

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K2P Policy Dialogue convenes key policymakers and stakeholders to capture contextual information, tacit knowledge, views and experiences including potential options to address high priority issues. K2P Policy Dialogues are informed by a pre-circulated K2P Policy Brief or Briefing Note to allow for focused discussion among policymakers and stakeholders.

Dialogue Summary

Acknowledgments

This Policy Dialogue is organized in collaboration Ministry of Public Health, United Nations Children's Fund (UNICEF) and himaya. The views expressed in the dialogue summary are the views of the dialogue participants and should not be taken to represent the views of the Ministry of Public Health, United Nations Children's Fund (UNICEF) and himaya or the authors of the dialogue summary.

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Dialogue

The policy dialogue about: Strengthening Child Protection Practices in Healthcare Institutions in Lebanon was held on February 23, 2018, at the Gefinor Rotana Hotel, Beirut, Lebanon. The policy dialogue was facilitated by Dr. Fadi El-Jardali, Director of the K2P Center.

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Preamble

The K2P Policy Dialogue, conducted on February 23, 2018, hosted 31 diverse stakeholders from multi-disciplinary backgrounds. These included representatives from

- Ministry of Public Health
- Ministry of Social Affairs
- Ministry of Justice
- Ministry of Education
- Internal security forces
- Syndicate of hospitals
- Syndicate of midwives
- Order of nurses
- National Primary Health Care Network
- The Union for the Protection of Juveniles in Lebanon
- Local and international non-governmental organizations (NGOs) such as UNICEF, UNHCR, UNFPA, ABAAD, Himaya, Lebanese Red Cross
- Physicians, researchers, and students

The policy dialogue was facilitated by Dr. Fadi El Jardali, the Director of the K2P Center, in the presence of Dr. Walid Ammar, the Director General of the MOPH.

Deliberations about the problem

Dialogue participants discussed the overall framing of the problem of child protection practices in healthcare institutions in Lebanon and acknowledged the existence of the problem, although some efforts are undertaken internationally and in several ministries in Lebanon. All the participants agreed that child protection is a priority issue in Lebanon that needs to be addressed.

The stakeholders focused on the importance of the inter-sectoral collaboration in Lebanon to address child protection issues, so as to share best practices, unify the data

Background to the Policy Dialogue

The Policy dialogue was convened in order to support a full discussion of relevant considerations (including research evidence) about a high-priority issue in order to inform action.

Key features of the dialogue were:

1) Addressing an issue currently being faced in Lebanon;
2) Focus on different underlying factors of the problem;
3) Focus on four recommendations for addressing the policy issue;
4) Informed by a pre-circulated K2P Briefing Note that synthesized both global and local research evidence about the problem, recommendations and key implementation considerations;
5) Informed by a discussion about the full range of factors that can inform how to approach the problem and recommendations for addressing it;
6) Brought together many parties who would be involved in or affected by future decisions related to the issue;
7) Ensured fair representation among policymakers, stakeholders, and researchers;
8) Engaged a facilitator to assist with the deliberations;
9) Allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"; and
10) Did not aim for consensus. Participants' views and experiences and the tacit knowledge they brought to the issues at hand formed key input to the dialogue. The dialogue was designed to spark insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue and by those who review the dialogue summary.

repository on violence, neglect, exploitation, and abuse against children and unify efforts.

The need to standardize the definition of child violence, neglect, exploitation and abuse in Lebanon across the healthcare sector was highlighted, this includes identifying the age range of 0-18, given that child violence and abuse can span over a broad spectrum. Moreover, participants mentioned that there is a need to differentiate between abuse and neglect considering that different factor can lead to either.

The majority of the participants agreed that the incidence of child violence, neglect, exploitation, and abuse cases is greater than what is currently reported. Current repositories on child violence, neglect, exploitation, and abuse need to be better stratified to include nationalities and type of abuse.

Given that corporal punishment remains permissible by law, a standardized definition of abuse may facilitate the healthcare worker's differentiation between corporal punishment and abuse.

Aside from physical abuse, stakeholders identified the need to raise awareness of emotional and psychological abuse which remain prevalent in some schools and education centers.

While the dialogue discussed all children in Lebanon, participants pointed out a particular concern to consider vulnerable groups in discussions on child violence and abuse given that they may be at higher risk of violence, neglect, exploitation, and abuse. Vulnerable groups include children with special needs, working children, and children born out of wedlock.

Underlying factors

The participants proceeded to discuss the underlying factors of child violence and abuse. Most participants agreed on the multi-level factors approach to the problem at the level of early identification and management, reporting and referral and at the sociocultural and financing level.

Participants emphasized that some training and education is provided to healthcare professionals on the management of child violence and abuse, which will be integrated within the Briefing Note. For instance, medical students at the American University of Beirut are provided with educational material on child violence and abuse during their second year of medicine. Training on early identification and referrals were addressed to paraprofessionals /frontliners within the education and health sector mainly at Ministry of Social Affairs (Social development centers nurses and child attendants in nurseries) as well as health and education counselors from the Ministry of Education and Higher Education. However, there remains no follow-up or sustainability to the training provided on child protection. Deliberations also highlighted the need to train midwives on preventing through education, counseling, recognizing and referring violence and abuse cases especially in cases of sexual abuse considering that midwives can be in direct contact with underage females prior, during and after pregnancy. Participants added that although there is a need to train professionals in the judicial system on child protection, the high turnover of juvenile judges remains a barrier to sustainability. Yet, it remains mandatory for judges to consult with an expert, prior to any decisions taken, to overcome the gap in areas of knowledge. Other participants suggested that the topic of child protection should be added to the curriculum of judges to overcome the gap.

Some initiatives are being undertaken in the education sector on child protection, this includes the development of a curriculum to educate children on violence prevention and reporting. Yet, more emphasis is needed to train teachers on early identification and reporting and to ensure anonymous reporting.

Stakeholders agreed that there is a lack of knowledge among healthcare workers on the laws around child protection, especially when it comes to the consequence of not reporting. Some of the obstacles mentioned to reporting included criminalizing parents and dread of going

through the juridical system. Therefore, it was suggested that healthcare professionals should be better trained on the reporting channels of child violence and abuse. Consequently, made aware to report severe cases should to the judicial system and mild cases to social workers.

At the socio-cultural level, one stakeholder mentioned that one of the barriers to reporting child violence and abuse by a healthcare provider is fear of stigmatizing parents who lack knowledge on raising their children. Moreover, stakeholders mentioned the challenge in the lack of protection to professionals who report cases of violence, which remain critical to be provided by law.

It was strongly denoted, that a major factor to inadequate management of child protection practices is a lack of collaboration between the different sectors. As such, participants agreed that a partnership between the various sectors would unify efforts in child protection.

Deliberations

Deliberations about the Recommendations for Addressing the Problem

Dialogue participants discussed the four recommendations that were examined in the Briefing Note.

Recommendation 1› Strengthen child protection practices in healthcare organizations through related age/gender-sensitive policies, procedures, standards, and resources

This recommendation necessitates the incorporation of standards for child violence and abuse early identification and management in the accreditation of healthcare organizations. Standards would outline best practices and minimum standards related to child protection. They would also include making services more child-friendly and ensuring ethical practice in the healthcare organization. It also calls on setting national decrees for reporting and referral of cases.

Participants agreed on the need and benefit of incorporating standards for child protection in the accreditation requirements of healthcare organizations. Such standards shall cover procedures for the early identification and management of cases while assuring the provision of quality services. Standards shall also dictate requirements such as the availability and role of specialized staff (such as psychotherapists and social workers) and staff training. The Ministry of Public Health agreed to take forward this recommendation and integrate standards relating to child protection within the hospital and primary healthcare accreditation standards.

In this regard, it was agreed that healthcare organizations need to build the capacity of their health care professional on handling disclosure and smooth referral to case management service providers and acquiring communication, counseling and interviewing skills with children in need of protection. In addition to developing multidisciplinary teams or child protection response service. Simultaneously, they should assure compliance with any available reporting channel for additional social support or legal measures. Some stakeholders many suggested

having a focal point within the institution that would be responsible for reporting.

Another proposition discussed among participants was developing a national plan for child protection by unifying all the efforts and strategies of the ministries and organizations involved in child protection. This shall be achieved by creating and adopting unified and simplified 'child-friendly' operating procedures. Among the examples discussed was the development of child interrogation rooms at police stations and the provision of services in an accelerated and friendly manner, thus sparing the child from experiencing a 'secondary trauma'.

It was also agreed that interventions should also involve creating a national registry for child violence, neglect, exploitation, and abuse to which all healthcare centers shall register the identified cases. Such registry aims at recognizing repetitive cases, trends, and characteristics of violence, neglect, exploitation and abuse and the prevention of perpetuating child violence, neglect, exploitation, and abuse. The ultimate aim is capturing violence, neglect, exploitation and abuse cases before reaching a critical or life-threatening stage, intervening early, and thereby improving outcomes.

Stakeholders also agreed that policies should be designed to create demand for child protection services. Moreover, there should be incentives for applying any new guideline or policy while minimizing the effect of any implementation barrier, particularly financial barriers and ensuring monitoring and evaluation of the new guideline or policy.

Recommendation 2› Develop and implement tools and strategies in healthcare organizations for child violence and abuse early identification and management

This recommendation discusses protocols and strategies that could be put in place for the early identification and management of child violence and abuse. Participants agreed that it is important to design contextualized and standardized tools for child violence and abuse early identification and management.

Stakeholders discussed the need for 'universal screening' for all children for child violence and abuse, and documentation of findings in their medical files.

At the primary healthcare level, child protection measures should be integrated within the existing health care services. Participants also discussed the importance of identification of

populations who are at a higher risk of abusing their children, with the intent of supporting the parents/caregivers. In such cases, the healthcare professionals can have a role in advising, counseling and educate parents antenatally and postnatally. Participants also agreed that children with disabilities should receive special attention when it comes to the early identification of child violence and abuse given that they may be at higher risk of violence and abuse.

Participants stressed that there is a need to formulate a task force from the healthcare facilities that already have a program on child protection (American University of Beirut Medical Center (AUBMC), Hôpital Notre-Dame de Secours, and Hôpital Hôtel-Dieu de France) to share their knowledge with other institutions, aiming at scaling up their activities and provide training to other institutions.

Recommendation 3› Enhance the knowledge and education of providers to recognize, refer or manage child violence and abuse

Stakeholders emphasized on the need to enhance child protection knowledge through the provision of training and integration into the educational curricula. Participants agreed that training should not be ad hoc but rather continuous, standardized, institutionalized and sustainable; thus the need to include child protection education in the curricula of all medical, nursing, social workers and midwifery schools, among others. They also agreed to the development of continuing medical education session on child protection, and the need for coaching and potentially using peer to peer approaches. Some participants mentioned that training can also be further commended by making it a requirement for job qualifications and promotion in the healthcare field. Yet, participants highlighted the need to ensure healthcare professional protection upon reporting.

As for the content of the training, one stakeholder recommended unifying existing diverse training curricula that multiple organizations are applying. Other suggestions were setting up online child protection courses and thereby facilitating access to training. It was also agreed that although training should be specialized and personalized for the healthcare workers, they should also provide a holistic overview of the child protection sector and the role of all the stakeholders involved.

Stakeholders also discussed the necessity for a clear monitoring and evaluation framework for the health sector's process and mechanism in addressing child protection issues.

Moreover, participants mentioned the need to put in place mechanisms to address violence, exploitation, abuse, and neglect that might be committed by health care professionals against children within the healthcare institutions and sector.

Recommendation 4› Promote social behavioral change in relation to child protection.

This recommendation discusses the delivery of educational programs to parents on raising children, childcare, and child development. These programs can be delivered at Primary Healthcare Centers by health professionals, including physicians, mental health professionals, nurses, and midwives. Programs can also be delivered through early home visitations by community outreach workers who visit parents with newborn children.

All stakeholders agreed that behavioral interventions span a wide spectrum of activities. Since it is not possible or practical to tackle all behaviors at once, prioritization of behaviors that need timely intervention should be done. This can be achieved through further deliberations with experts in the field of child protection.

Breaking social barriers by moving from a 'punitive' approach to a 'supportive' approach was suggested by several participants as a means to enhancing reporting and consequently applying child protection interventions. Public awareness and education were highlighted considering many cases go unreported to the Internal Security Forces (ISF), judiciary or not being referred to child protection case management and non-judicial services when there is doubt or risk of violence, due to the public's or healthcare workers' lack of knowledge of the reporting channels and fear of the repercussions of reporting. Awareness should also encompass the web-based anonymous reporting system developed by ISF to encourage reporting.

Next Steps

Recommendations and Next Steps

The deliberations about the four recommendations were successful in creating consensus among the different stakeholders. The international published evidence is consistent and clear about the impact of these recommendations on the protection of children from child violence, neglect, exploitation, and abuse. Besides deliberating on the recommendations to address child violence, neglect, exploitation and abuse, participants also discussed further actions needed to improve child protection practices, with a focus on those pertaining to healthcare centers. Most of the emphasis was placed on the need for collaboration between the different sectors for optimal delivery of services, training of healthcare providers, and making use of existing resources at healthcare centers.

Participants discussed and agreed on the following recommendations.

Recommended action	Stakeholders involved
Incorporate standards on child protection in accreditation requirement for hospitals and primary healthcare centers	⇢ Ministry of Public Health
Create an inter-ministerial committee/multi-sectoral committee chaired by MOSA to ensure stronger linkages and continuum of child protection related services/care	⇢ Ministry of Social Affairs ⇢ Ministry of Public Health ⇢ NGOs ⇢ American University of Beirut Medical Center ⇢ Hôpital Notre-Dame de Secours ⇢ Hôpital Hôtel-Dieu de France
Develop a strategy on child protection for the Ministry of Public Health	⇢ Ministry of Public Health
Develop an inter-sectoral national action plan for child protection in Lebanon	⇢ Ministry of Public Health ⇢ Ministry of Social Affairs

Recommended action	Stakeholders involved
	⇢ Ministry of Justice ⇢ Ministry of Education and Higher Education ⇢ Prime Ministry
Follow up on the roll-out of the Standard Operating Procedure and complement them with procedures specific to the health sector including the development of training manuals and roll-out of training on the SOPs	⇢ Ministry of Public Health ⇢ Ministry of Social Affairs ⇢ Ministry of Justice
Align this policy/roadmap to other initiatives already started at MOPH	⇢ Ministry of Public Health
Develop a task force for knowledge sharing and scaling up of programs and training from existing child protection programs in hospitals to other hospitals in Lebanon	⇢ American University of Beirut Medical Center ⇢ Hôpital Notre-Dame de Secours ⇢ Hôpital Hôtel-Dieu de France ⇢ Non-governmental organizations
Develop a standardized tool for early identification of child violence and abuse	⇢ Ministry of Public Health ⇢ Ministry of Social Affairs ⇢ American University of Beirut Medical Center ⇢ Hôpital Notre-Dame de Secours ⇢ Hôpital Hôtel-Dieu de France ⇢ Non-governmental organizations
Include child protection practices and tools for early identification and referral of child violence and abuse, in the curriculum of	⇢ Ministry of Education and Higher Education ⇢ Order of Physicians

Recommended action	Stakeholders involved
medical schools, nursing schools, social worker and midwife education	⇢ Order of Nurses ⇢ Syndicate of Social Workers ⇢ Syndicate of Midwives
Train physicians, nurses, social workers and midwives to implement the SOPs and tools for early identification of child protection through continuing medical education and in-service-training	⇢ Ministry of Public Health ⇢ Ministry of Social Affairs ⇢ Syndicate of Hospitals ⇢ Order of Nurses ⇢ Order of Physicians ⇢ Syndicate of Midwives ⇢ Syndicate of Social Workers ⇢ Non-governmental organizations
Capacitate the ISF to better handle child protection cases and deal with children.	⇢ ISF ⇢ MOSA ⇢ Non-governmental organizations
Raise awareness among the public to report on child violence and abuse cases	⇢ Non-governmental organizations
Prioritize caregivers' behaviors that need social behavioral change programs through focus group discussions with hospitals and NGOs that are currently providing child protection services	⇢ Ministry of Public Health ⇢ Ministry of Social Affairs ⇢ Non-governmental organizations
Support parents vulnerable parents to decrease the risk of children from violence and abuse	⇢ Mental Health Program at the Ministry of Public Health ⇢ Local and international non-governmental organizations

Recommended action	Stakeholders involved
Establish a task force from the Ministry of Public Health, key Ministries and civil society to follow up on the implementation of the recommendations.	⇢ Ministry of Public Health ⇢ Ministry of Social Affairs ⇢ Ministry of Justice ⇢ Civil society organizations

Next Steps

It was agreed that the K2P Dialogue Summary along with the revised K2P Briefing Note shall be used as guiding policy documents for stakeholders involved in child protection. Communication and collaboration among such stakeholders are desired thereafter to push agendas and advocate for improvements in child protection practices. Further work is also needed to create detailed action plans that could be implemented and properly followed-up.

Knowledge to Policy Center draws on an unparalleled breadth of synthesized evidence and context-specific knowledge to impact policy agendas and action. K2P does not restrict itself to research evidence but draws on and integrates multiple types and levels of knowledge to inform policy including grey literature, opinions and expertise of stakeholders.

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