

# **The Importance of Safeguarding Children and Young People During the COVID-19 Pandemic: A Message to Clinicians**

Ooi R, Ooi SZY

## **References**

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# The Importance of Safeguarding Children and Young People During the COVID-19 Pandemic: A Message to Clinicians

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## Abstract

The COVID-19 pandemic has affected us in many ways. With the implementation of social distancing measures, previously available sources of support for young adults and children have been stopped. These sources of support include school, friends, extended family members and neighbouring communities. The pandemic has also caused increased financial household stress and social pressure among parents whose jobs have been affected. Consequently, vulnerable young adults and children are at an increased risk of neglect, abuse, harm and exploitation behind closed doors. This article aims to provide important safeguarding information to clinicians for the early identification of vulnerable children and young adults at risk. It also seeks to explore the need for clinicians to recognise these risk factors and indicators as young people can be easily mistaken for being resilient rather than vulnerable.

## Key Words

Safeguarding; Children; Young People; COVID-19; Pandemic; Education

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The term 'vulnerability', by definition, is the quality or condition of being exposed to the possibility of being physically or emotionally harmed or attacked, compounded by being weak, poorly defended or dependent on the abuser.<sup>1</sup> In regards to young people and children, being vulnerable implies that one is more at risk of harm than their peers.<sup>1</sup> Young adults and children can be generally grouped as vulnerable due to three broad categorical factors: health-related (e.g. physical/mental disability); social (e.g. poverty, exposure to crime/exploitation, neglect, children in the care of the state); and familial (e.g. living in an overcrowded home, having unemployed parents, having an abusive family).<sup>1</sup> Unfortunately, the issue of domestic abuse or neglect is not spared during an unprecedented time such as the COVID-19 pandemic. As a matter of fact, it is inflamed.<sup>2</sup> This article aims to provide important safeguarding information to clinicians for the early identification of vulnerable children and young adults at risk. It also seeks to explore the need for clinicians to recognise these risk factors and indicators as

young people can be easily mistaken for being resilient rather than vulnerable.

According to the Office of National Statistics, 4.1% of the UK population became unemployed from May to July 2020, and a total of 730,000 people lost their jobs by August 2020 due to the COVID-19 pandemic.<sup>3</sup> According to the Royal College of Paediatrics and Child Health (RCPCH), households whose parents' jobs have been affected face an increasing strain on financial and social pressure, augmenting the stress levels at home.<sup>2</sup> The additional emotional stress and social strain caused by strict lockdown measures have also inevitably affected the availability of sources of support for vulnerable young adults and children, such as school, friends, extended family members and neighbouring communities.<sup>2,4</sup> As a result, vulnerable young adults and children are inevitably at an increased risk of neglect, abuse, harm and exploitation behind closed doors.<sup>2,5,6</sup> The 'new normal' of having telephone or video consultations as opposed to in-person clinics makes it even more challenging for clinicians to

prevent, identify and intervene with such issues. In this current state of a second lockdown, the education on safeguarding is an absolute necessity for clinicians in preparation for any further reinforcement of lockdown measures.

### **What can be done to remedy the situation?**

It is clear that the inability to conduct in-person physical and/or clinical examinations, as a limitation of virtual consultations and clinics, poses a challenge to the assessment of patients for signs of abuse or harm. Hence, it is imperative to raise awareness of these verbal and non-verbal cues among healthcare providers, especially during the ongoing pandemic.

#### **1. Ask questions that may indicate domestic abuse during consultations**

As healthcare providers who are in contact with children and young adults, adding key questions that could explore red flag signs into consultations, triages, follow-ups and history-taking may encourage patients to share and disclose their concerns. As domestic abuse often affects one's sleeping and eating habits, it is important to ask open questions to initiate discussions about the patient's well-being. Examples of these questions are:

- "How has your sleep been?"
- "Have you been eating regularly?"
- "How is everything at home?"
- "How has your job been affected during the pandemic?" (for parents of children or young adults)
- "How have you been coping during the pandemic?" (for parents of children or young adults)

#### **2. Recognise verbal cues**

Clinicians should also recognise verbal cues that may suggest that a patient is in a vulnerable situation. These cues include, but are not limited to:

- Speaking in a different tone of voice
- Speaking more softly or slowly to avoid being heard
- Appearing to fidget and easily lose focus of the conversation
- Appearing to be easily frustrated and agitated and ending conversations abruptly

#### **3. Recognise non-verbal cues**

Clinicians should recognise the 'unspoken words' that may indicate the current well-being state of vulnerable patients. This includes situations such as, but not limited to:

- Being hypervigilant during consultations, especially when their parents are within their vicinity
- Appearing tired, fatigued, confused or sleep-deprived
- Having an unexplained or unexpected change in behaviour
- Developing new coping mechanisms (i.e., smoking, drinking alcohol, or taking recreational drugs)
- Having parents or partners who attempt to dominate the conversation during the consultation

Healthcare workers who are in contact with children and young adults should be aware of these signs of abuse and neglect and incorporate necessary safeguarding measures into practice. Healthcare workers should continue carrying out home visits for children and young adults who are already recognised as vulnerable to neglect and/or abuse.<sup>2,6,7</sup> Moreover, clinicians should review and keep themselves up to date with current guidelines on safeguarding practices, as there may be changes that are adapted to the COVID-19 lockdown measures.

In conclusion, while COVID-19 may make us worry about the older population,<sup>8</sup> it is important that we also pay attention to the well-being of all children and young people during this difficult time.

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