

Life on the tracks



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Dedication

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Chapter 4: Abbreviations

Table 1: Abbreviations

Abbreviation	Explanation
A&E	Accident and Emergency Department
BMA	British Medical Association
DH	Department of Health
DHSC	Department of Health and Social Care
ECHR	European Convention on Human Rights
ED	Emergency Department (synonymous with A&E)
FCO	Foreign and Commonwealth Office
FGM	Female Genital Mutilation

Abbreviation	Explanation
GMC	General Medical Council
HM	Her Majesty's
HRC	Human Rights Convention
ManChEWS	Manchester Children's Early Warning System
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
PAT	The Pennine Acute Hospitals NHS Trust
PED	Paediatric Emergency Department
PEM	Paediatric Emergency Medicine

Abbreviation	Explanation
PERUKI	Paediatric Emergency Research in the UK and Ireland
PhD	Doctor of Philosophy
POPS	Paediatric Observation Priority Score
RCPCH	Royal College of Paediatrics and Child Health
RfPB	Research for Patient Benefit
UCC	Urgent Care Centre
UK	United Kingdom
UN	United Nations
UNICEF	United Nations International Children's Emergency Fund

Abbreviation	Explanation
USA	United States of America
WCMT	Winston Churchill Memorial Trust
WHO	World Health Organisation

Chapter 5: Introduction

“What is the use of living if it be not to strive for noble causes and to make this muddled world a better place for those who will live in it after we are gone?”

Figure 1: Sir Winston Churchill



Figure 2: Life on the tracks

I believe that improving the lives of children and young people, both in the United Kingdom and on a global basis, requires a coordinated focus on innovations in the three inextricably linked areas of:

- Children’s advocacy;
- Child health; and
- Legislation affecting children.

Five years ago, on 20 October 2014, my Churchill Fellowship report, *Living on a Railway Line (1)*, was launched at MediaCityUK to draw attention to the then upcoming 25th anniversary of the release of the United Nations Convention on the Rights of the Child. This year, 2019, marks the 30th anniversary of that UN Convention yet there are still countries around the world where the rights of children are not as developed as they ought to be in modern society, and where children do not receive the protection from their State that they need, they are entitled to and they deserve.

I believe that Sir Winston Churchill felt strongly that those of us who are part of the human race on this planet have a responsibility to ensure the world that those who follow us will inherit is in a better state than it is now. I believe that was the intention behind him so famously saying, “What is the use of living if it be not to strive for noble causes and to make this muddled world a better place for those who will live in it after we are gone?”.

It is with that inspiration that I have tried hard to do everything possible to improve the lives of children and young people, and to improve the way in which communities view them today and will view them in the future.



Figure 3: Presenting Living on a Railway Line to the WCMT

The key focus of my work since the launch of *Living on a Railway Line* has been to look at how we can better protect children and young people from abuse and exploitation of all forms, at the same time as improving their health and involvement in the design of services they use.

The launch of *Living on a Railway Line* sparked a programme of work resulting in national and international policy changes and initiatives all designed to improve advocacy for children, children's health and legislation surrounding the rights of children and young people to be protected from harm.

In this five-year follow-up publication, presented as a gift to the Winston Churchill Memorial Trust, I examine initiatives that have occurred since the launch of *Living on a Railway Line* which can be tied back to recommendations in that report or work that has followed.

This follow-up report is called *Life on the tracks* as it remains the case that some children around the world are physically living beside railway tracks, with all of the dangers this poses, and other children have their lives metaphorically travelling along those tracks, already in danger or heading towards severe danger, and therefore always deserving and often requiring a protective intervention to their lives in some way.



Figure 4: Community child health clinics in Cambodia

I hope the Trustees, Advisory Council and Management Team at the Winston Churchill Memorial Trust enjoy reading this follow-up report as I believe the examples summarised within it underline how valuable Churchill Fellowships are to modern society – and just as valuable as the concept was in 1965.

This report also highlights how valuable my own Churchill Fellowship has been to me as an individual and moreover, I believe but it is for others to judge, to the society in which we all live.

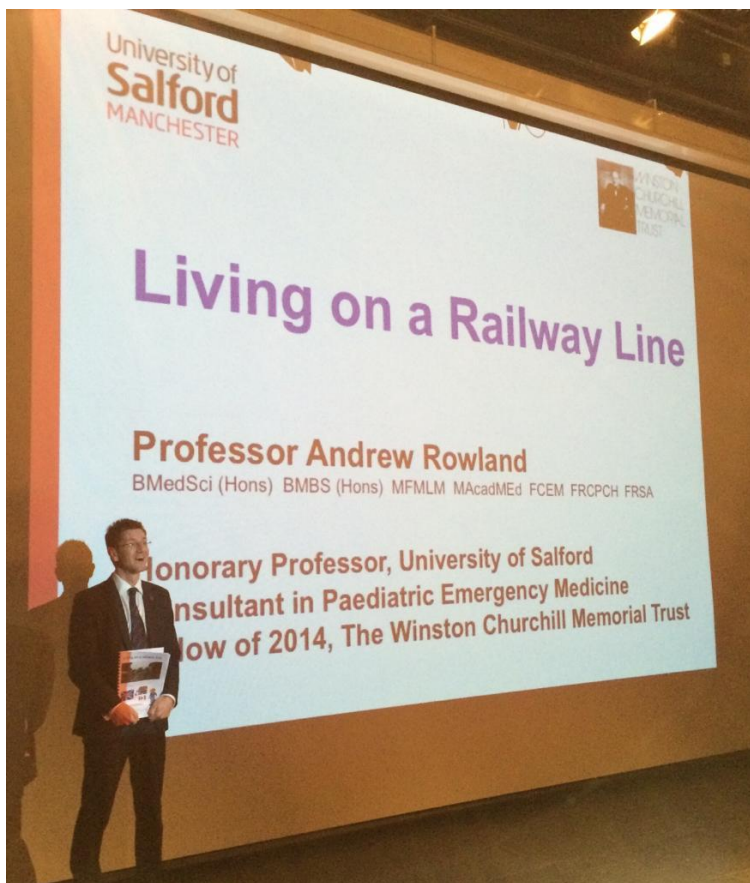


Figure 5: Launch of Living on a Railway Line, 20 October 2014

Chapter 6: Launch of a new registered charity (**SicKids**)

In 2015 I launched a newly registered charity in England and Wales ([SicKids](http://www.SicKids.co.uk)¹) which now works between the North West of England and Cambodia. With three other volunteer Trustees we have undertaken an ambitious programme of work in accordance with the objects of the charity, with what we believe to be superb success.



*Figure 6: Opening of the first Cambodian **SicKids** Sensory Space*

¹ www.SicKids.co.uk

Our main areas of focus have been:

- providing Sensory Spaces which can be used by disabled children (primarily with either a physical disability or a learning disability – these children are three times more likely to suffer from abuse than those children who are not disabled) or those who are scared of being in a healthcare environment;
- delivering outreach medical support to vulnerable children living in Cambodia; and
- developing skills and experience amongst health care professionals.



Figure 7: Working with M'Lop Tapang, Cambodia



Figure 8: The first SicKids Sensory Space in Manchester, UK

I've been travelling to South West Cambodia twice a year since 2014 to undertake outreach medical clinics and we've set up a professional exchange programme between Cambodia and the North West of England since that time.



Figure 9: Rural community in South West Cambodia

Since [SickKids](#) was founded we've often worked in partnership with the University of Salford and The Pennine Acute Hospitals NHS Trust² including installing our first Sensory Space³ in Manchester, which was opened by

² <https://www.pat.nhs.uk/news/Trust-forms-global-partnership-to-help-Cambodian-street-kids.htm>

³ <https://www.pat.nhs.uk/news/Local-health-charity-SicKids-opens-its-first-sensory-space-at-North-Manchester-General-to-enhance-medical-and-nursing-care-for-children-and-young-people.htm>

Her Excellency Dr Rathchavy Soeung, the Cambodian Ambassador to the United Kingdom, and Mr Barry Dixon DL.



Figure 10: Opening of the first SicKids Sensory Space

This Sensory Space has since been recognised as an outstanding facility by the Care Quality Commission⁴.

⁴ <http://www.SicKids.co.uk/2018/03/08/independent-regulator-compliments-outstanding-SicKids-sensory-space/>



Figure 11: Opening the Manchester SickKids Sensory Space

One of our grant recipients travelled from Manchester⁵ to Cambodia to teach what we believe to be the first baby massage course in the country⁶ ⁷.

⁵ <https://www.pat.nhs.uk/news/Sick-childrens-nurse-travels-to-Cambodia-to-improve-health-of-vulnerable-children.htm>

⁶ <http://www.SickKids.co.uk/2016/10/27/watch-what-happened-when-our-first-grant-recipient-went-to-cambodia/>

⁷ <http://www.SickKids.co.uk/2016/06/01/a-successful-first-medical-outreach-trip-with-a-grant-recipient/>



Figure 12: Teaching baby massage in Cambodia



Figure 13: To some, an idyllic Cambodian beach; to others, their home

SicKids has now opened a series of Sensory Spaces throughout the North West of England⁸ and in Cambodia^{9 10}.



Figure 14: SicKids Sensory Space in Cambodia

⁸ <http://www.SicKids.co.uk/2018/10/02/our-fifth-SicKids-sensory-space-is-now-open-in-salford/>

⁹ <http://www.SicKids.co.uk/2017/11/18/weve-opened-our-first-of-its-kind-sensory-space-in-cambodia/>

¹⁰ <http://www.SicKids.co.uk/2018/07/30/our-second-and-third-sensory-spaces-in-cambodia-are-now-open/>

In partnership with the Burdett Trust for Nursing we have been able to bring across a nurse from Cambodia to the UK¹¹ to contribute to her professional development and experience¹².

We have also hosted a community paediatrician in Cambodia to undertake specialist child development clinics^{13 14}.



Figure 15: Two paediatricians from the UK visiting a community in Cambodia

¹¹ <http://www.SicKids.co.uk/2017/09/21/sharing-medical-expertise-with-cambodias-ravy/>

¹² <http://www.SicKids.co.uk/2017/07/26/professional-development-opportunity-for-cambodias-nurse-ravy/>

¹³ <http://www.SicKids.co.uk/2017/08/19/weve-awarded-an-outreach-grant-to-dr-bratati-bose-haider/>

¹⁴ <https://www.pat.nhs.uk/news/Trust-Consultant-opens-a-first-of-its-kind-sensory-space-in-southern-Cambodia-to-enhance-medical-and-nursing-care-for-children-and-young-people.htm>

A senior lecturer¹⁵ from the University of Salford¹⁶ received a grant from SickKids to come out to Cambodia to teach first aid skills¹⁷ as well as to run a consultation with children and young people and to set up a new learning resource centre¹⁸ (in partnership with the British Medical Association).



Figure 16: Advocacy consultation in Cambodia

¹⁵ <http://www.SicKids.co.uk/2017/02/20/weve-awarded-our-second-outreach-grant/>

¹⁶ <http://www.SicKids.co.uk/2017/05/01/joan-gets-to-know-the-community-at-mlop-tapang/>

¹⁷ <http://www.SicKids.co.uk/2017/05/07/developing-valuable-first-aid-skills-in-the-community-in-cambodia/>

¹⁸ <http://www.SicKids.co.uk/2017/05/05/opening-a-new-medical-learning-resource-centre-in-sihanoukville-cambodia/>



Figure 17: First aid training in Cambodia

Through our work in Cambodia we have learned what we believe to be seven key steps to better protecting children and young people in the UK¹⁹ and these are concepts I have been able to include in training sessions for students

¹⁹ <http://www.SickKids.co.uk/2016/05/09/seven-steps-to-better-protect-children-young-people/>

studying at Salford University as well as doctors training to be Consultant Paediatricians.

Table 2: Seven steps to protecting children and young people

Seven steps to protecting children and young people
Improve education
Increase employment and employability
Tackle poverty
Decrease neglect
Focus on improving the health of children
Empower girls and young women; remember boys
Develop ChildSafe communities with children and young people at their hearts

In late 2018 we opened our sixth Sensory Space in the world²⁰, in partnership with the Transform Healthcare Cambodia charity, which was part of our biggest mission²¹ yet.

²⁰ <http://www.SickKids.co.uk/2018/11/16/weve-opened-our-sixth-sensory-space-in-partnership-with-transform-healthcare-cambodia/>

As a result of all of the above work, over 25000 children in North Manchester **and** over 25000 children in Oldham **and** over 25000 children in Salford all now have access to a bespoke Sensory Space within their local Emergency Departments at North Manchester General Hospital, The Royal Oldham Hospital and Salford Royal NHS Foundation Trust.



Figure 18: Opening the Salford SickKids Sensory Space

²¹ <http://www.SickKids.co.uk/2018/11/12/our-biggest-mission-yet-begins-in-cambodia/>

Before the end of 2020 we intend to open two further spaces in the North West of England. Watch this space!



Figure 19: Inside the Salford SicKids Sensory Space

In Cambodia, at least 5000 children in Sihanoukville, and the children in the catchment area of Battambang Referral Hospital in Northern Cambodia, now have access to modern Sensory Spaces for the first time.



Figure 20: Den, SicKids Trustee, opening the Battambang Sensory Space

Chapter 7: M'Lop Tapang

Following my visit to Cambodia during my Fellowship travels I was invited to see the work of a non-governmental organisation whose health, social care, education and training services reach over 5000 vulnerable children and young people, and 2000 families, living on and around the streets and beaches of South West Cambodia. I am honoured to have been asked to become one of their Non-Executive Directors²² and since 2014 I have been travelling to Cambodia to undertake health clinics in the organisation twice per year.



Figure 21: Opening of a SickKids Sensory Space in Cambodia

²² <http://www.mloptapang.org>

I'm now registered to legally practise medicine with the Cambodian Medical Council as well as the UK General Medical Council.



Figure 22: M'Lop Tapang is a safe place for children in Cambodia

My next visit to Cambodia, in November 2019, will involve three volunteers coming out from the UK with me to run a series of clinics throughout the week:

- A General Practitioner;
- A Physiotherapist; and

- A Speech and Language Therapist.



Figure 23: Working on improving child health in Cambodia

We are all looking forward to working with the superb team in Cambodia with the mutual professional benefits this partnership working brings. Those professional benefits are most definitely bidirectional and not unidirectional.



Figure 24: Outreach medical clinics in Cambodia



Figure 25: Community clinics in Cambodia

Chapter 8: Physical punishment of children

International collaborations between the children's emergency department at North Manchester General Hospital, the University of Salford and colleagues in Australia and the United States of America have resulted in recommendations for legislative change to give equal protection to children from physical assault and to prohibit physical punishment of children in the UK, in effect to remove the defence of reasonable punishment **(2)**.

It is really great to know that the law will now change in Scotland²³, following the voting-in of new legislation in October 2019, and Wales²⁴, hopefully in the very near future. We believe our work has been a significant part of the pressure that brought about the changes that will be implemented in Scotland and Wales. This is such an amazing success that will really protect and promote the rights of children and young people.

Of course, that does still leave Northern Ireland and England devoid of the legal protections that children deserve and are entitled to, although I am hopeful that

²³ <https://www.parliament.scot/parliamentarybusiness/Bills/109156.aspx>

²⁴ <http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=24674>

those jurisdictions might be able to be convinced to undertake the necessary public consultations and legislative changes in the future.

Chapter 9: Female Genital Mutilation (FGM)

Research collaborations with colleagues in Australia and throughout the UK have resulted proposals for the appointment of an anti-FGM commissioner **(3)** in the UK and an evaluation of the law surrounding mandatory reporting^{25 26 27} of female genital mutilation **(4)**.

This work stemmed directly from the chapter of *Living on a Railway Line* which recommended the introduction of Mandatory Reporting of Child Abuse in the UK.

The next step in this work is to attempt to evaluate the introduction of FGM Prevention Orders in early 2020.

²⁵ <https://www.independent.co.uk/news/uk/home-news/female-genital-mutilation-fgm-englandwales-statistics-crime-prevent-a8558221.html>

²⁶ <http://www.pat.nhs.uk/news/Action-against-female-genital-mutilation-hampered-by-lack-ofinformation.Htm>

²⁷ <https://www.independent.co.uk/news/uk/crime/fgm-uk-female-genital-mutilation-countriesgirls-children-cutters-flight-survivor-police-a8560306.html>

Chapter 10: BMA policy on safeguarding vulnerable children

As a direct result of the launch of *Living on a Railway Line* the British Medical Association (BMA), which represents 169000 doctors and 19000 medical students in the UK, changed its national policy on safeguarding vulnerable children²⁸ following a motion I presented to the Annual Representative Meeting of the BMA in 2015.



Figure 26: Speech to change British Medical Association policy

²⁸ <https://drandrewrowland.wordpress.com/2015/06/25/new-british-medical-association-policies-on-safeguarding-vulnerable-children/>

The BMA adopts a policy-based non-political approach such that policy is set at the Annual Representative Meeting and it then translates into all of the work of the BMA going forwards.

Chapter 11: WMA policy on child abuse and neglect

The World Medical Association (WMA) represents 112 countries around the world and over 10 million physicians.

Following the BMA updating its policy on safeguarding vulnerable children in 2015 I led a programme of work within the BMA aiming to encourage the WMA to update its policy on child abuse.

As a direct result of work within *Living on a Railway Line* the WMA updated its policy statement on child abuse and neglect²⁹ in late 2017 at a meeting in Chicago, following proposals put to it by the BMA.

This new policy on child abuse and neglect is now available to national medical associations around the world and over 10 million physicians worldwide.

²⁹ <https://www.wma.net/policies-post/wma-statement-on-child-abuse-and-neglect/>

Chapter 12: International Standards of Care for Children in EDs

The International Federation for Emergency Medicine (IFEM) was founded in 1989 with the purpose to promote access to, and lead the development of, the highest quality of emergency medical care for all people worldwide.

I am delighted to have been asked to rewrite the Safeguarding Vulnerable Children chapter³⁰ in the International Federation for Emergency Medicine's guidance on standards for children in Emergency Departments.

The British Medical Association Policy on safeguarding vulnerable children and the World Medical Association statement on child abuse and neglect, which both stemmed directly from *Living on a Railway Line*, were instrumental in enabling me to write guidance which now forms part of an international publication which will assist hospitals around the world by defining the minimum standards of care for children aged 0-18 years of age who attend Emergency Departments.

³⁰ <https://www.ifem.cc/wp-content/uploads/2019/06/Standards-of-Care-for-Children-in-Emergency-Departments-V3-2019.pdf>

You are invited to attend a lecture by
Professor Andrew Rowland (UK)
on

**'Living on a railway line.
Turning the tide of child abuse and
exploitation in the UK and overseas:
international lessons and evidence-
based recommendations'**

Time : 3pm-4.30pm on Thursday, 18 Dec 2014
Venue: Lecture Theatre, Training Centre Level 1
Women's Tower
KK Women's and Children's Hospital

Programme:

3.00pm - 4.00pm: Lecture by Prof Andrew Rowland
4.00pm - 4.30pm: Q&A with Prof Andrew Rowland

Living on a railway line



Turning the tide of child abuse and exploitation in the UK and overseas:
international lessons and evidence-based recommendations



Professor Andrew Graeme Rowland

BMedSci (Hons) BMBS (Hons) MRCP (Hons) MRCPCH (Hons) FRCR (Hons) FRCR (Hons) FRCR (Hons)

Honorary Professor, University of Salford
Churchill Fellow 2014, Winston Churchill Memorial Trust
Travel Bursary Award 2014, Association of Paediatric Emergency Medicine
Consultant in Paediatric Emergency Medicine, The Pennine Acute Hospitals NHS Trust



www.salford.ac.uk



Figure 27: Contributing to international medical education in Singapore

Chapter 13: Identifying sick children in emergency care settings

During my Fellowship travels in Singapore I learned about a huge database which could be analysed for research purposes and that is held by the children's emergency department in Singapore.

Having returned to the UK and discussed with The Pennine Acute Hospitals NHS Trust Director of Research and Innovation I set about leading work to create such a database within the four hospitals that make up our National Health Service (NHS) Trust.

As a result of leading this work, The Pennine Acute Hospitals NHS Trust received its first ever grant from the National Institute for Health Research (NIHR) Research for Patient Benefit (RfPB) grant to design a brand new, specific emergency department children's early warning score, for which I am principal investigator **(5)**. This study brought over £330,000 into the Trust and, at study closure it was the largest single portfolio study in the country in 2018-2019.

Recruiting over 44501 patients by the end of the study it was the largest recruiting children's research study **ever** in the history of the clinical research network and the third largest study of all specialties ever in the history of that

network³¹. The results of that exciting research will be announced in early-2020, following the preliminary work that we published in 2016 **(6)**.

³¹ <https://www.ncaresearch.org.uk/news/northern-care-alliance-tops-england-research-table/>

Chapter 14: Definition of significant illness

Together with colleagues from PERUKI (Paediatric Emergency Medicine Research in the UK and Ireland) I collaborated in the publication, for the first time, of a list of significant childhood conditions, created using UK and Irish expert consensus, for research purposes.

This will be used as the benchmark endpoint list for future research into the performance of children's early warning scores and safety systems in emergency departments **(7)**.

Chapter 15: Children's emergency department development

Focusing on the adolescent aspects of *Living on a Railway Line* the Nurse Consultant working in our children's emergency department has been inspired to completely over-haul one of the cubicles which is now a dedicated teenager / adolescent area³².

This was completely redecorated by art students from a local school and the impressive designs on the walls are entirely their work. The pictures tell a story which is explained through a story board for children using the cubicle. This is a further example of outstanding co-design principles being implemented in health services development.

³² <https://www.pat.nhs.uk/news/Youngsters-get-creative-at-North-Manchester-General-Hospital.htm>

Chapter 16: Not Just a Thought...

In conjunction with the University of Salford³³ I led a major project for NHS England (North) which has now resulted in the launch of a novel communication tool, *Not Just a Thought...* (8). We anticipate the results of this £100,000 study will assist professionals to more easily pick up suspected cases of child abuse, neglect, trafficking, or exploitation.

This tool³⁴ was co-designed with over 100 children over a period of a year and was launched at MediaCityUK³⁵.



Figure 28: Launch of Not Just a Thought...

³³ <https://www.salford.ac.uk/research/care/research-groups/cyp@salford>

³⁴ <https://www.nursingtimes.net/news/policies-and-guidance/nurses-to-get-new-screening-tool-for-child-sexual-exploitation-21-04-2017/>

³⁵ https://www.iicsa.org.uk/key-documents/2641/view/nhs-england-annex-1-child-sexual-abuse-%26-exploitation-sub-group-annual-review-2016_17.pdf

Not Just a Thought... contains key principles for conversations between professionals and children as well as a freely-available³⁶, comprehensive new communication tool to help professionals embark upon sensitive discussions with children and young people.

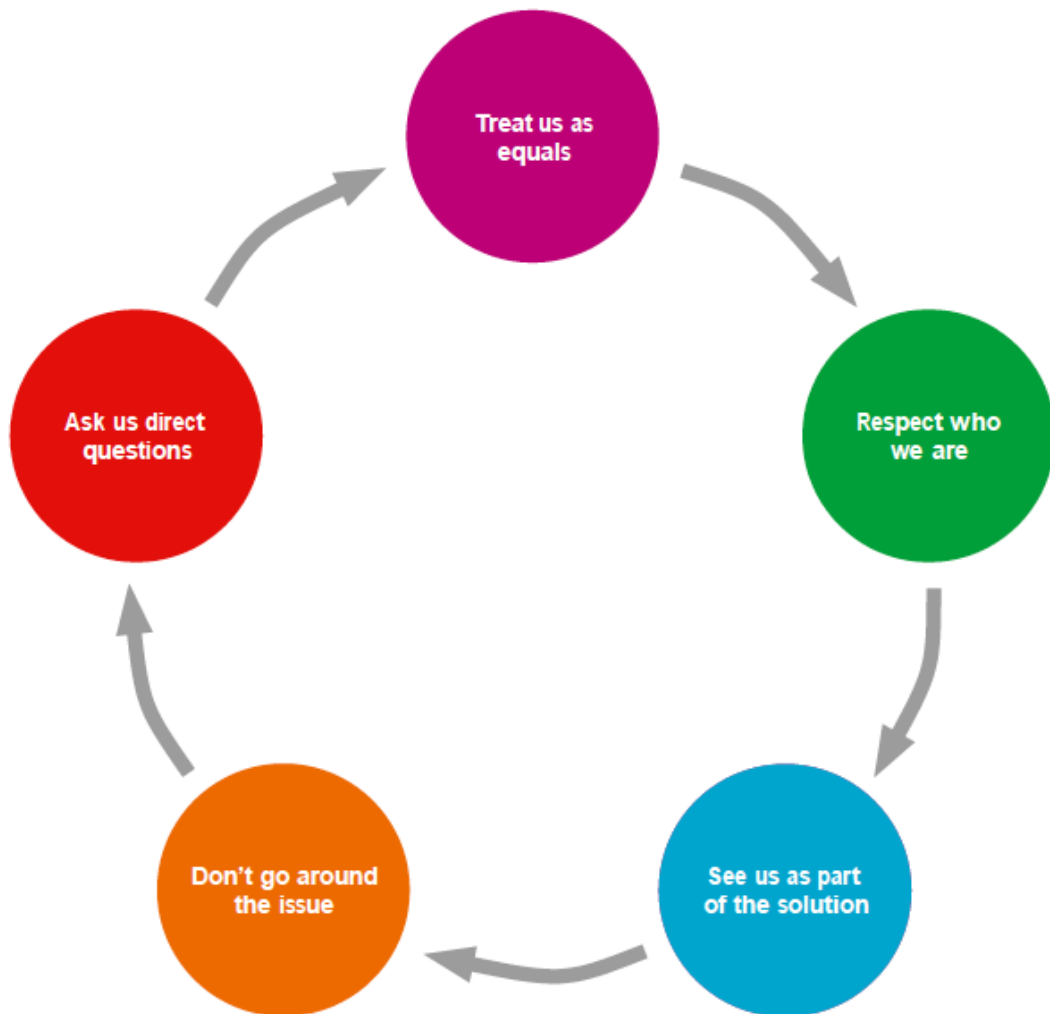


Figure 29: Key principles of conversations with children

³⁶ <https://www.salford.ac.uk/research/care/research-groups/cyp@salford/accordion/not-just-a-thought-a-communication-model>

Chapter 17: Pledge to children and young people

Led by our Nurse Consultant and Lead Children's Nurse, the children's emergency department at North Manchester General Hospital has launched a pledge to children and young people which was co-designed with them and covers key areas which those children wish to see from their emergency department.

This pledge was published in the *Not Just a Thought... (8)* document and is publicly freely available to any emergency departments that wish to use it³⁷.

³⁷ https://www.salford.ac.uk/_data/assets/pdf_file/0016/1532050/Not-Just-a-Thought-Report.pdf

Every child and young person who attends this emergency department has the right to:

- Expect quality care
- Be treated with the utmost respect
- Be given a voice so that we listen carefully to you
- Be given the opportunity to participate in making an informed decision regarding your individual care and treatment.

Throughout your stay we aim to deliver your care in accordance with our professional codes, standards and charters. We aim to be compassionate, caring and professional to your identified individual needs as well as your families and carers.

Children and Young People – Please tell us if we do not:

- Greet you by your name and *tell you our name*
- Help you feel safe and welcome
- Treat you as *you want to be treated*
- Respect your rights
- Allow you to be seen with or without your parents or carers
- Use play and distraction to *make you smile*
- Listen to you and take you seriously
- Respect your dignity, privacy and confidentiality
- Ask before touching you and doing any procedures to you
- Reduce your pain by offering you medication within 15 minutes of your arrival
- Wash our hands before *doing anything to you*



Figure 30: Pledge to children and young people

Chapter 18: Children's Advocacy House

In conjunction with the University of Salford I oversaw a major project for NHS England (North) (9) looking at the potential development of a Children's Advocacy House³⁸ in the North West of England.

The key findings resulted in proposals which have been put to Greater Manchester Health and Social Care Partnership as well as the Mayor of Greater Manchester and we are hoping that a pilot project will be able to be realised in early 2020.

Recommendations

1. Given the level of unmet need identified by the young people, the concept of an **Advocacy House should be examined** as a matter of urgency through collaborative efforts between health, education, law enforcement and social care providers as well as community groups, the third sector and (most importantly) the children and young people themselves.
2. The creation of an Advocacy House should be considered as a **national initiative**; piloting in one region should be part of the national plan.
3. Consideration should be given to the Advocacy House initiative **based on a public health approach to safeguarding** with a ChildSafe UK model of empowering and mobilising communities as the central strategy.
4. Sustained efforts must be made in developing the Advocacy House initiative further to **achieve and maintain engagement** with hard-to-reach, marginalised, or service-resistant groups of children and young people.
5. A community-inclusive partnership underpinned by the principles of **co-production and co-design** should be integral to further development of the Advocacy House, with children and young people brought together with other members of their community and those who are educated and skilled to help them.
6. Implementation of the Advocacy House must be **subject to robust academic evaluation** which includes traditional scientific methods but also focuses on the **desired and actual outcomes for children and young people**.

Figure 31: Recommendations from the Advocacy House consultation

³⁸ https://www.salford.ac.uk/_data/assets/pdf_file/0006/1532049/Advocacy-House-Report.pdf

Chapter 19: Legislative changes

Recommendations made within *Living on a Railway Line* included that:

- Section 15(1)(a) of the Sexual Offences Act 2003 should be modified to reduce the number of times contact must be proven to have been made with a child, prior to meeting with the intention of abusing him or her, from two to one.
 - Such legislative changes were made in 2015.

- References to “child prostitute” and “child prostitution” should be removed from UK legislation given that these activities are forms of exploitation.
 - The Serious Crime Act 2015 removed such references from UK law, reinforcing the protection that children and young people both deserve and are entitled to.

The work within my Fellowship report was circulated to multiple members of the House of Commons and the House of Lords and almost certainly operated as a briefing paper during debates and votes within Parliament³⁹, during the

³⁹ <http://www.SicKids.co.uk/2015/07/07/house-of-lords-debate-heath-children-young-people/>

consideration of the Modern Slavery Bill before it was enacted⁴⁰, as well as in the Government's public consultation on whether to introduce mandatory reporting of child abuse – a key chapter in my Fellowship report.

⁴⁰ <https://publications.parliament.uk/pa/cm201415/cmpublic/modernslavery/memo/ms05.htm>



Figure 32: Smiles all round for happy families in Cambodia

Chapter 20: Partnership working in Cambodia

Soon after my Fellowship findings were released, I led The Pennine Acute Hospitals NHS Trust and the University of Salford to launch a partnership to improve the health and wellbeing of Cambodian street- and beach- living and associated vulnerable children^{41 42}.



Figure 33: Partnership working in Cambodia

⁴¹ <https://www.pat.nhs.uk/news/Trust-forms-global-partnership-to-help-Cambodian-street-kids.htm>

⁴² <https://www.pat.nhs.uk/news/Sick-childrens-nurse-travels-to-Cambodia-to-improve-health-of-vulnerable-children.htm>



Figure 34: A railway community in South West Cambodia



Figure 35: Community infant clinics



Figure 36: Community visits in South West Cambodia

Often in partnership with [SickKids](#), the programme of work that has been undertaken since 2015 **(10)** has demonstrate quality improvements for the benefit of children and young people:

- 5000 children and 2500 families now have access to first aid trained health and social care professionals in South West Cambodia;
- The wishes and ambitions for the future, of children attending the M'Lop Tapang programme in South West Cambodia, have been established;

- A new learning and education area has been established in the clinic at M'Lop Tapang;
- The first baby massage course in Cambodia has been taught by a senior children's nurse from Manchester;
- A sabbatical has been arranged for a senior Cambodian nurse to come across to UK to spend time at North Manchester General Hospital and the University of Salford as part of a professional development programme;
- A community paediatrician has been out to Cambodia to undertake child development clinics;
- A senior lecturer from the University of Salford has visited Cambodia to:
 - Set up the new education and learning area;
 - Evaluate a consultation with children and young people to find out their wishes and worries for the future;
 - To co-deliver first aid training in Cambodia.
- A children's asthma guideline has been introduced for the first time. The local team believe this guideline has had an enormously positive effect

on children in the community such that their asthma symptoms are now under significantly better control and there are now very few children attending the clinic with acute exacerbations of asthma as they are more easily managed in the community through chronic treatment and symptom prevention;

- Adult hypertension (high bloods pressure) and type II diabetes mellitus (sugar diabetes) have been introduced for the first time;
- Twice a year since 2014 outreach medical clinics have been held in South West Cambodia with the following results:
 - Management plans have been put into place for children with palliative care conditions for the first time;
 - Management plans have been put into place for a significant number of children with chronic medical conditions;
 - A Multi-disciplinary child development team has conducted reviews of disabled children for the first time in what we believe to be South West Cambodia's first truly multi-professional child development clinic arrangement. That team continues to provide virtual support on an 'as required' basis via video conferencing from the UK;

- A programme of acute children’s health clinics have been run with health professional education included in them to contribute to sustainable medical education in South West Cambodia.

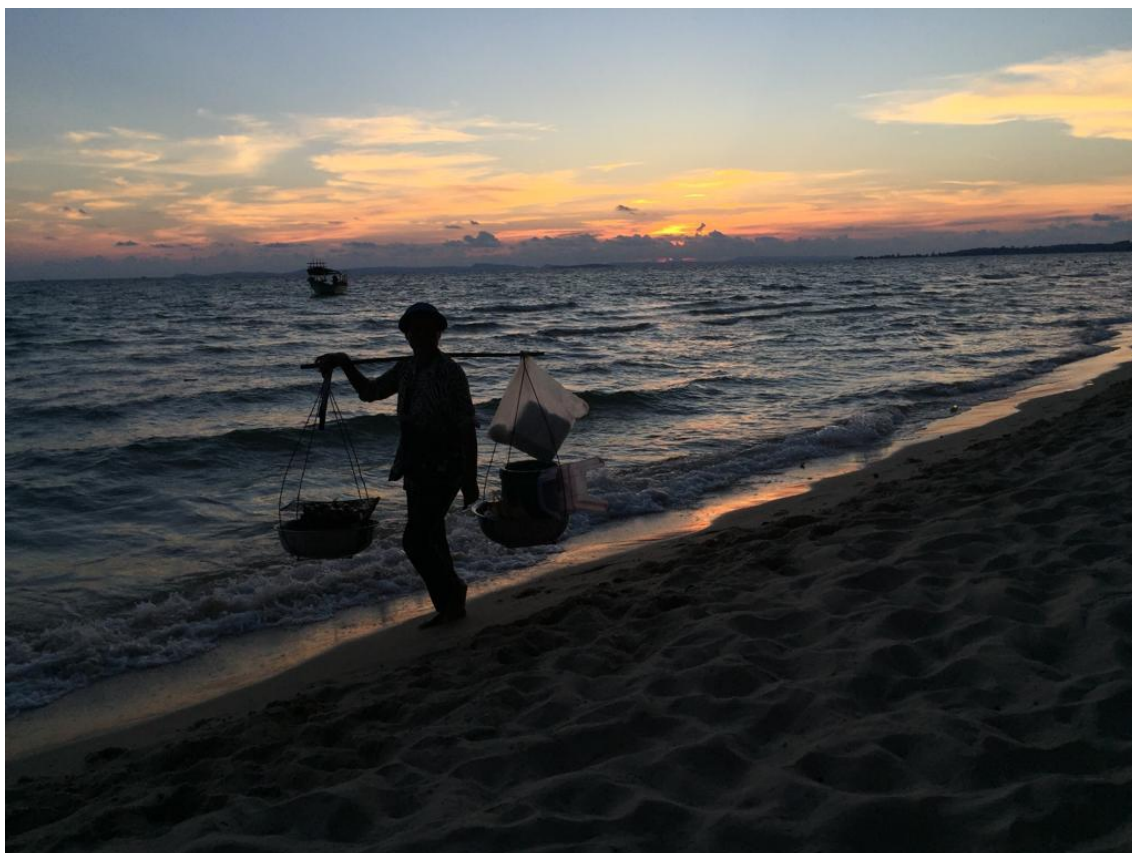


Figure 37: Life on the beach in Cambodia

Through a tripartite collaborative approach between [SickKids](#), the University of Salford, The Pennine Acute Hospitals NHS Trust (now part of The Northern Care Alliance NHS Group), we have been able to participate in shaping the health and social care of children and young people in Cambodia by advancing

the health and well-being of children and young people, allowing them to live more positive lives with a sustainable future ahead of them.



Figure 38: A railway community in South West Cambodia



Figure 39: Working with the Medical Programme Manager at M'Lop Tapang



Figure 40: Outreach medical clinics in South West Cambodia



Figure 41: Village clinics in Cambodia

Chapter 21: Foreign and Commonwealth Office

The Foreign and Commonwealth Office (FCO) Medical Panel has about thirty medical specialists, including myself, in the UK who are able to offer the FCO medical advice on a pro-bono basis concerning British Nationals imprisoned overseas.

One of the recommendations within my report was that the remit of the Foreign and Commonwealth Office (FCO) *Medical Pro-bono Panel* should be widened to include the provision of specific child safeguarding advice in addition to advice on the health of British citizens in detention overseas.

Through discussion with key individuals at the FCO my *Living on a Railway Line* proposals have resulted in stakeholder engagement, updated terms of reference for the Medical Panel and a pilot project being launched.

Chapter 22: ChildSafe accreditation

As a direct result of the launch of *Living on a Railway Line* the University of Salford has become the first university in the world to be accredited under the ChildSafe programme underlining the importance of giving everyone a way to protect children in the future⁴³.

ChildSafe works to protect children and young people by raising awareness of the ways in which their international rights are being compromised, and equipping members of the community, and institutions, to act in the best interests of children to restore their rights.



Figure 42: ChildSafe beach seller in Cambodia

⁴³ <https://thinkchildsafes.org>

Through a programme of awareness raising, behaviour change, advocacy, child protection training, and emergency hotlines, the ChildSafe programme works to improve child rights.



Figure 43: Beach house living in South West Cambodia

Chapter 23: Reach

As I set off on my Churchill Fellowship travels five years ago, I had to work out a good way to ensure that the experiential learning I would gain from a rich programme of visits in both South East Asia and the United States of America could be shared with colleagues in the UK.



Figure 44: Multi-professional learning in Cambodia

Prior to award of my Churchill Fellowship, I was not very active on Twitter, I had never blogged before and I had certainly never vlogged!

I decided to use two channels to assist with the communication of my *Living on a Railway Line* findings:

- A blog: www.drandrewrowland.wordpress.com; and
- A Twitter® account: [@DrAndrewRowland](https://twitter.com/DrAndrewRowland).

In the preparation of *Life on the tracks (11)* I have reviewed the engagement analytics for my blog as a proxy for how far my Fellowship findings, recommendations and updates have been distributed around the world.

I now know that my blog has had 54212 hits (visitors) from countries all over the world.

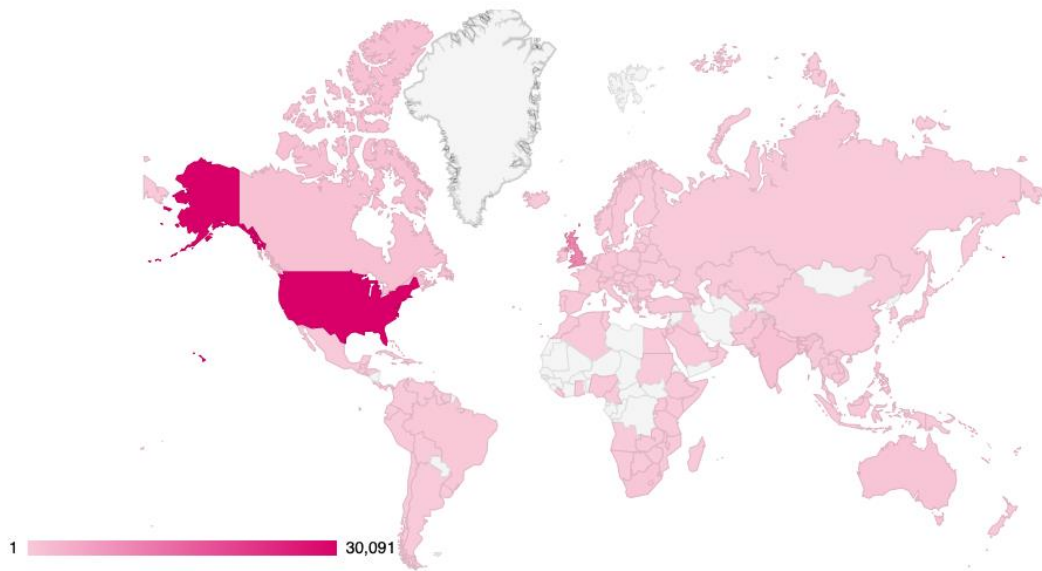


Figure 45: Origin of blog hits around the world

The analytics show that the contents of my blog, which sets out my recommendations and Churchill Fellowship findings, have now been seen in all of the following locations around the world:

United States of America, United Kingdom, India, Canada, Australia, Philippines, South Africa, Malaysia, Germany, Singapore, Cambodia, France, Ireland, Brazil, Netherlands, New Zealand, Nigeria, Indonesia, South Korea, Thailand, Spain, United Arab Emirates, Sweden, Italy, Norway, Hong Kong, Trinidad & Tobago, Pakistan, Belgium, Kenya, Jamaica, Denmark, Russia, Japan, Mexico, Finland, Switzerland, Turkey, Vietnam, Israel, Romania, Austria, Ghana, Portugal, Hungary, Greece, Tanzania, Saudi Arabia, Poland, Bangladesh, Malta, Taiwan, Lebanon,

Ukraine, Egypt, Zambia, Zimbabwe, Uganda, Czech Republic, Morocco, Colombia, Guyana, Sri Lanka, Argentina, Mauritius, Croatia, Cyprus, Nepal, Bahamas, Bulgaria, Kuwait, Iceland, Bahrain, Barbados, Cayman Islands, China, Chile, Bermuda, Slovenia, Albania, Ecuador, Costa Rica, Peru, Serbia, Namibia, Moldova, Qatar, Jordan, Belize, Kazakhstan, Malawi, Iraq, Bosnia & Herzegovina, Oman, Armenia, Myanmar (Burma), Estonia, Rwanda, Tunisia, American Samoa, Liberia, Algeria, Gambia, Belarus, Honduras, Dominican Republic, Uruguay, Lithuania, U.S. Virgin Islands, Fiji, Lesotho, Martinique, Maldives, Luxembourg, Papua New Guinea, Guatemala, Slovakia, St. Lucia, St. Vincent & Grenadines, Venezuela, Grenada, Botswana, Ethiopia, Somalia, Guernsey, Panama, Swaziland, Bhutan, Afghanistan, Solomon Islands, Turks & Caicos Islands, Latvia, Georgia, Antigua & Barbuda, Angola, Haiti, Sudan, Jersey, Sint Maarten, El Salvador, Uzbekistan, Mozambique, Andorra, Azerbaijan, Cuba, British Virgin Islands, Suriname, Anguilla, Seychelles, New Caledonia, Cameroon, Cape Verde, Timor-Leste, Madagascar, Bolivia, Gibraltar, Brunei, Macedonia, Kyrgyzstan, Guadeloupe, Laos, Åland Islands and French Polynesia.

Figure 46: Countries around the world where my blog has been accessed

That is, in any sense, a fairly worldwide reach!

Even though the number of hits varies significantly from the USA at the top (over 30000 hits) down to French Polynesia at the bottom (a single hit!), knowing that at least some of my thoughts about how we can improve the lives of children and young people have been seen around the world on at least 54000 occasions gives me a great deal of satisfaction.

Chapter 24: Giving back to the Winston Churchill Memorial Trust

It has been an absolute privilege to have been able to support the Winston Churchill Memorial Trust (WCMT) in a variety of ways over the last five years.

The work undertaken with the Chief Executive of the Winston Churchill Memorial Trust (WCMT) engaging with the Medical Royal Colleges and Academy of Medical Royal Colleges to raise awareness of the Churchill Fellowships has, I believe, had significant success at least as far as the Royal College of Emergency Medicine is concerned.

We know that since that work was done, the former President of the Royal College of Emergency Medicine has been a referee for a successful Fellow and I'm interested to see how we can raise the profile of WCMT Fellowships more widely in the National Health Service (NHS) in the future.

From the point of view of being involved in the interview process for future Fellows, this engagement work has been one of my most professionally fulfilling activities over the last few years. Seeing the amazing ideas, involving a plethora of varied topics, that Fellows have brought to the Trust has been truly inspiring.

Chapter 25: Personal recognition

Being able to visit Buckingham Palace and to talk about my Fellowship findings with Her Majesty the Queen, with His Royal Highness the Duke of Edinburgh and with other senior members of the Royal Family was truly magical and something that I hope I will remember for the rest of my life⁴⁴ ⁴⁵.



Figure 47: Buckingham Palace Reception [©BCA Ltd & HM The Queen]

⁴⁴ <https://www.oldham-chronicle.co.uk/news-features/viewer?NewsID=94835>

⁴⁵ <http://www.SicKids.co.uk/2015/03/15/andrew-meets-the-queen/>

It was very kind of Her Excellency Dr Rathchavy Soeung, the Cambodian Ambassador to the United Kingdom, to travel to Manchester to open the first [SickKids](#) Sensory Space at North Manchester General Hospital. It was an honour to be subsequently invited to London to a reception to celebrate Her Excellency presenting her letters of credence to Her Majesty Queen Elizabeth II.



Figure 48: Her Excellency Dr Rathchavy Soeung and Professor Rowland

At the risk of being accused of blowing one's own trumpet, *Life on the tracks* would not be complete without mention of two external awards, in addition to the *Pol Roger Prize* which the WCMT kindly awarded to me and which was presented to me in London in 2016, just before I dashed off to a flight to Cambodia!



Figure 49: Professor Andrew Rowland receiving the Pol Roger Prize

In June 2017 I was awarded the *Association Medal* by the British Medical Association⁴⁶ in recognition of my “distinguished service to the association and...contribution to medicine” (**Appendix One**).

In October 2019 I was awarded the *Gold Decoration of Honour* by the European Union of Medical Specialists (UEMS) at a ceremony in London in recognition of my “extraordinary contributions to the work and development of UEMS and in recognition of outstanding achievements for the benefit of the medical profession...” (**Appendix Two**).

On 31 December 2019 I stand down as the Head of the UK Delegation to the UEMS after six year’s service representing UK medical specialists at a European level.

⁴⁶ <https://www.pat.nhs.uk/news/North-Manchester-Consultant-Recognised-by-BMA.htm>

Chapter 26: Overall

There is no doubt in my mind that my Churchill Fellowship has had a profound, enduring and, I anticipate, life-long positive effect on me as an individual. Whilst my imposter syndrome still rears its head from time to time I know that this is also common amongst my colleagues and my Fellowship has given me much more confidence to speak out about my own values and the things that are important to me, in the knowledge that when doing so I often have significant skills and experience to contribute, many of which have been developed as a result of my Fellowship.

In terms of the positive effects of my Fellowship on my community and more generally on society at a local, national and international level, I think the achievements summarised in *Life on the tracks* (11) stand in their own right, but that is for others to judge.

The people associated with the Winston Churchill Memorial Trust, whether they be colleagues working in London, members of the Advisory Council or Trustees, should be in no doubt that the achievements described in *Life on the tracks* would not have occurred without the award of my Churchill Fellowship in 2014.

For the above reason I hope they will be interested to see how my work has developed since the Trust very generously did me the honour of awarding me a

Churchill Fellowship five years ago. I also hope that this additional report assists in your evaluation of the effectiveness of the Fellowship grants themselves.

Elsewhere in other organisations I suspect application hoops are created to be jumped through, designed more to reduce the number of applications or be a test of endurance to get through.

Churchill Fellowships, on the other hand, are superb opportunities for professionals to work on an idea that really matters to them. They offer a novel opportunity to obtain funding outside of a rigid set of rules and guidelines and they encourage people with a good idea to come forwards.

My own Fellowship, and I am sure those of many of my fellow Fellows, opened doors I didn't even know existed and has been a strong foundation for me to get my ideas heard in the arenas where real differences can be made, and have been made.

Thank you so much to the Winston Churchill Memorial Trust for such amazing life-changing opportunities which to this day continue.

Chapter 27: The future

It has been five years since I have written a report as detailed and as long as the one I wrote to support my Fellowship, *Living on a Railway Line (1)*.

This follow-on publication, *Life on the tracks (11)*, summarises the last five years of work since I launched my Fellowship report on 20 October 2014 at MediaCityUK.

There are clear themes that have emerged to my work since I returned from my Fellowship travels – those of children’s advocacy, children’s health and legislation affecting children.

I have decided that the time is now right to pull together these emerging themes into a new report which I hope to make available by the end of 2020. This time it will be in the form of a thesis submitted for consideration of the award of the degree of Doctor of Philosophy (PhD) at the University of Salford. The topic of my future work will be Children’s Advocacy, Health and Law.

I intend, through this work, to demonstrate how, whilst advocating for children and young people can improve health and legislation, and improving laws can improve the health of children and young people (**Figure 50**), it is by having a rounded approach and focusing on multiple-areas of research in the linked

areas of advocacy, health and law that outcomes for children and young people have a greater chance of being improved (**Figure 51**).

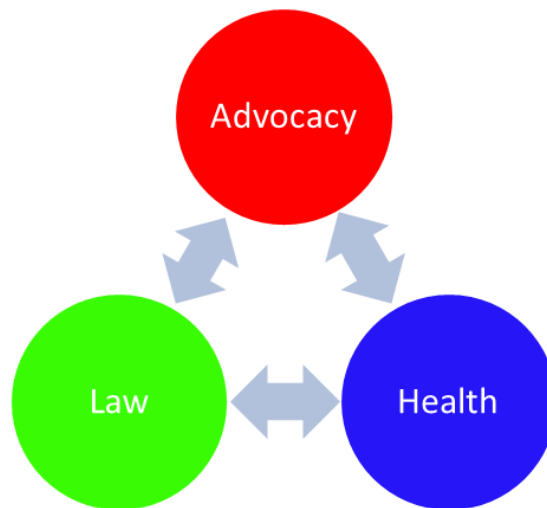


Figure 50: Children's Advocacy, Health and Law

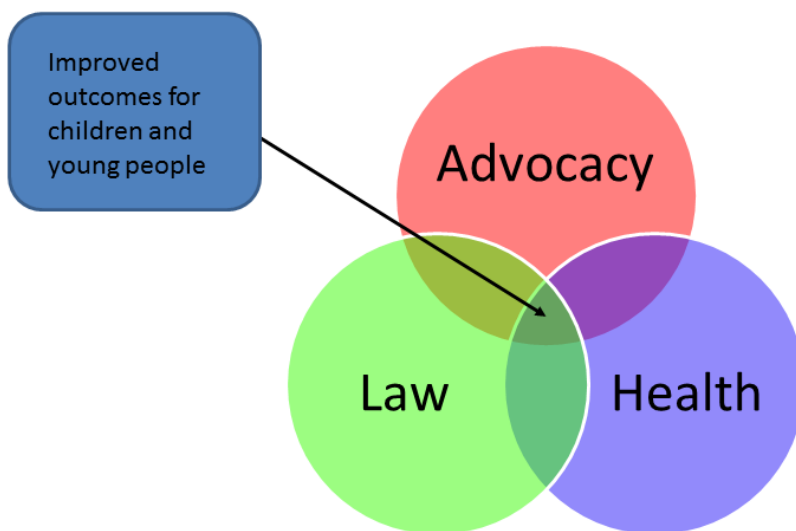


Figure 51: Improving outcomes for children and young people

I registered as a university student in early September 2019, and will study alongside my normal jobs. I'll let the team at the Winston Churchill Memorial Trust know when my thesis is finished!

With everything in *Life on the tracks* in mind, and such a huge amount of work having been completed over the past five years, I'm excited to see what the next five years may bring.

I'm hoping, perhaps, for a lie down and much more sleep?

But I somehow suspect not!

Chapter 28: Appendix One

Citation for the award of the Association Medal, British Medical Association

Section 1: The award

"It is with great pleasure that the UK Council of the British Medical Association [BMA] awards you, Dr Andrew Rowland, the Association Medal in recognition of your distinguished service to the association and your contribution to medicine. Andrew Rowland, you have been a positive influence and supporter to doctors within the medical profession for many years. You have consistently championed good practice with regards to terms and conditions of service at a junior doctor and consultant level, locally, regionally and nationally. Your contribution to the BMA has been extensive and includes the following roles: junior doctors committee as deputy chair for terms and conditions of service and negotiation, consultants committee as a member of the executive and the negotiating reference group during a very difficult phase for the consultant contract negotiation; BMA council member, international committee as a representative to multiple European conferences and organisations (and previously as the Permanent Working Group of European Doctors (PWG) representative for JDC [Junior Doctors Committee]).

“To each of these committees and bodies you have and bodies, you have brought the benefit of your intellect, breadth of knowledge and eye for detail, and this has been recognised by those you have worked with. You were deservedly awarded an honorary professorship in 2015 due to the value with which your work into child advocacy and safeguarding is held in your local area as well as nationally. In 2014 you were awarded a Fellowship with the Winston Churchill Memorial Trust and undertook to investigate the impact of mandatory reporting of child abuse, the work of children's advocacy centres and learn about strategies used to identify children at risk of child sexual exploitation and trafficking. Your detailed knowledge on the subject and your active role in the association on safeguarding vulnerable children policy has been invaluable.

“Dr Rowland, your commitment and dedication in helping to drive forward the work of the BMA has been commendable.

“We testify to your achievements in conferring upon you the Association Medal”



Figure 52: Receiving the Association Medal from Professor Sir John Temple

Section 2: The citation

"Professor Andrew Rowland... has been a member of the BMA for over 16 years and has consistently championed good practice with regards to terms and conditions of service... locally, regionally and nationally. His contribution to the BMA has been extensive... To each of these commitments he has brought the benefits of his intellect, breadth of knowledge and eye for detail, and this has been recognised by everyone he has worked with. Within his Trust, Andrew was LNC [Local Negotiating Committee] chair and is now a deputy medical director. His job as a consultant in Paediatric Emergency Medicine was created for him due to his reputation and good standing, and due to his Trust seeing his value to the profession in his local area. He was awarded an honorary professorship in 2015 due to the value with which his work into child advocacy and safeguarding is held in his local area as well as nationally.

"In 2014 he was awarded a Fellowship with the Winston Churchill Memorial Trust and undertook to investigate the impact of mandatory reporting of child abuse, the work of children's advocacy centres and learn about the strategies used to identify children at risk of child sexual exploitation and trafficking. This work took place over a year and took Andrew to five different countries gathering evidence and writing his report "Living on a Railway Line". This comprehensive report included ten key recommendations and... shortly after the report was finalised the propositions for legislative change were fed into a UK [United Kingdom] government consultation on mandatory reporting of abuse.

There were also several motions proposed to the BMA which resulted in the association changing its national policy on safeguarding vulnerable children.”



Figure 53: The Association Medal of the British Medical Association

Chapter 29: Appendix Two

Citation for the award of the Gold Decoration of Honour of the European Union of Medical Specialists (UEMS)

Section 1: The award

“The decoration of honour in gold or silver of the UEMS is an extraordinary honour. It is granted to a medical doctor, who is adjudged to have made extraordinary contributions to the work and development of UEMS or in recognition of outstanding achievements for the benefit of the medical profession...

“The UEMS awards will be awarded to colleagues who significantly contributed to the UEMS objectives. These objectives are:

“The study, promotion and harmonisation of the highest level of training of the medical specialists, medical practice and health care within the European Union [EU];

“The study and promotion of free movement of specialist doctors within the EU;

“The representation, within this framework of the medical specialist profession in the Member States of the EU, to EU authorities and any other authority

and/or organisation dealing with questions directly or indirectly concerning the medical profession, and any action which might further the achievement of the aforementioned objectives.

“The defence of the professional interests of European Medical Specialists.”

Section 2: The nomination

“Following the UK’s decision, in June 2016, to leave the EU, the BMA’s ongoing membership of UEMS and several other pan-European organisations became uncertain. Being fully cognisant of the mutually beneficial nature of this relationship, Professor Rowland worked tirelessly, and at a great personal sacrifice over many months, with UEMS’ membership and Executive to secure support for the BMA’s ongoing full membership of the organisation.

“This work was rewarded at the UEMS Council Spring 2018 meeting where delegates unanimously confirmed the BMA’s ongoing full membership, allowing the organisation to focus on its core business of improving standards in medical education and training across Europe.

“With UEMS being the first EMO (European medical organisation) to resolve this issue, its pragmatic approach, developed and advocated for by Professor Rowland, to doing so is viewed as exemplary by key stakeholders across the European health sector; thereby providing the UEMS with a significant reputational boost within the EU institutions at a key juncture for the organisation.

“Recognising that the domestic impact of Brexit threatens the UK’s ability to play a full and constructive role in UEMS business, thereby potentially negating the positive decision to secure the BMA’s full membership of the UEMS,

Professor Rowland has undertaken a huge amount of work to ensure that the relevant UK bodies are aware of the mutual benefits accruing via UEMS membership and engage appropriately with the organisation.

“Accordingly, he has been instrumental in developing a “pre-meet” – one of only two such meetings carried out by national delegations – for UK representatives to the UEMS’ Sections & Boards ahead of each UEMS Council meeting. These meetings ensure that the UK delegation to Council is fully informed and can play a productive role in Council business, not least the debates around the approval of ETRs (European Training Requirements).

“In addition, and in order to ensure that the relevant medical specialists are involved in this work, Professor Rowland was instrumental in the drafting and implementation (from August 2018) of a MoU (Memorandum of Understanding) with the Academy of Medical Royal Colleges – the coordinating body for the 24 medical specialist organisations recognized in the UK.

“Finally, and in order to bookend his efforts to ensure the ongoing productive involvement of UK medical specialists within UEMS, Professor Rowland and the BMA will be hosting the Autumn 2019 Council meeting on 18 & 19 October 2019 in London.

“The significance of holding the event in the UK’s capital less than 2 weeks before (accurate at the time of writing) the country is scheduled to leave the EU,

cannot be overestimated. It will send a clear message to politicians and stakeholders, on both sides of the channel: neither Brexit, nor any other political event, will prevent UEMS from working in unison to improve specialist healthcare across Europe.”

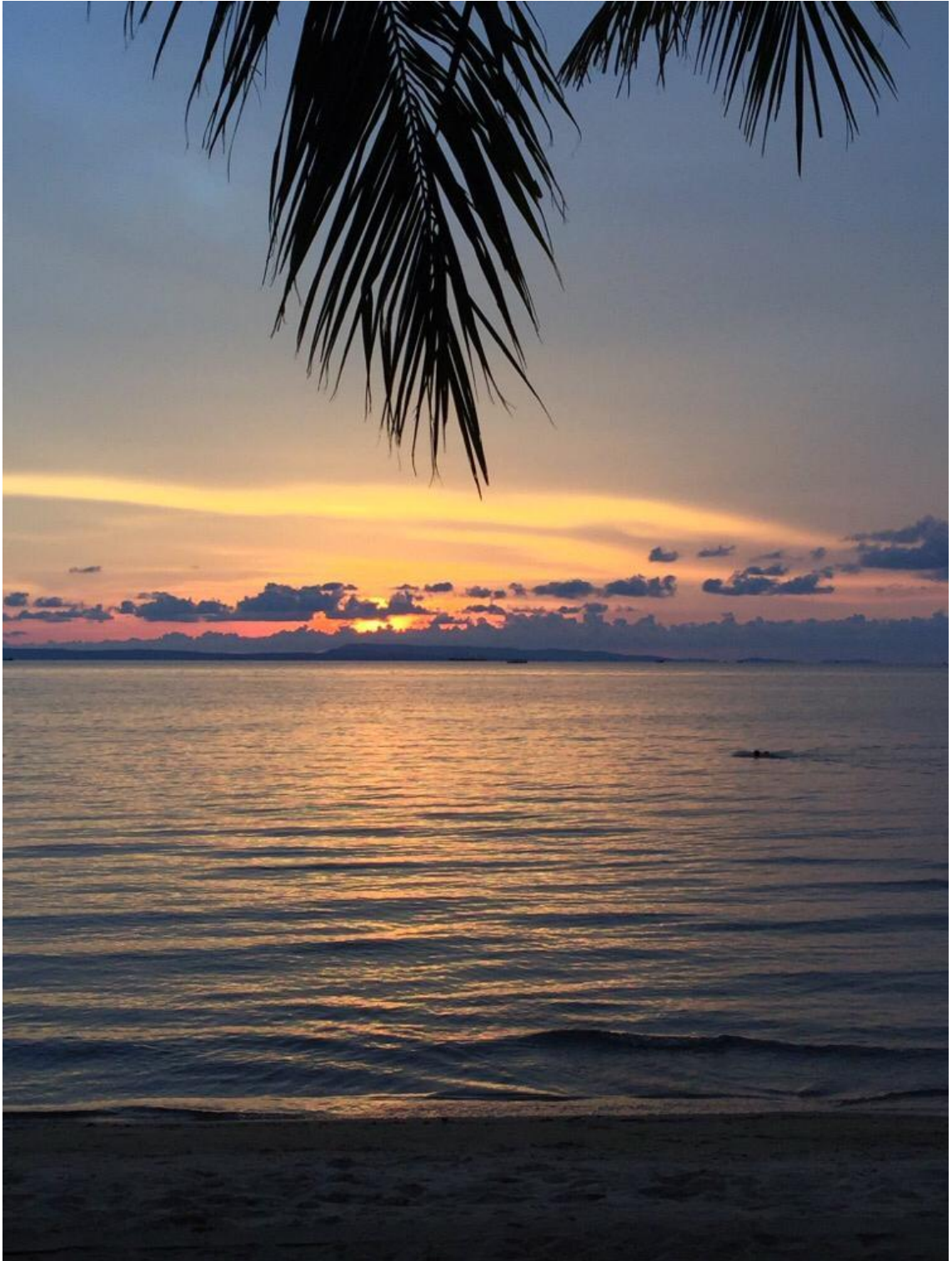


Figure 54: Sunset in South West Cambodia

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Figure 55: Beach-associated community in South West Cambodia

**“What is the use of living if it be not
to strive for noble causes and to
make this muddled world a better
place for those who will live in it
after we are gone?”**

Figure 56: Sir Winston Churchill

Life on the tracks



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