Sheffield HS&DR Evidence Synthesis Centre

Recognition of risk and prevention in safeguarding: draft protocol

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Plain English summary

The term 'safeguarding' refers to measures designed to protect health, wellbeing and human rights, allowing people to live without fear of abuse, harm or neglect. The Children Act 2004 placed a responsibility on key agencies to have regard to the need to safeguard children and promote their welfare. The review aim is to identify effective, acceptable and feasible interventions to improve health and social care professionals' recognition of children or young people who are at risk of abuse.

Relevant interventions are likely to have several components and may involve people working together within and between organisations. We will search the literature to identify relevant research published since 2004. In our report, we will list the strategies that have been used to raise awareness and support prevention of abuse. We will use a standard framework to describe the components of the identified strategies and why they are thought to work

We will also look at studies of how organisations work in safeguarding children and young people, particularly what happens when they are referred from one organisation to another. Finally, we will identify examples of initiatives and descriptions or evaluations of current UK practice. We will not include routine training of health and social care professionals or studies of risk assessment scales or tools.

Planned outputs from the review include a full report; an article in a peer-reviewed journal; and an evidence summary for decision-makers. We will aim to present our findings at relevant professional conferences. We will involve our public advisory group throughout the project.

Summary

- This topic extends beyond an initial focus on the NICE guidance NG76 on female genital mutilation and has a broader scope reflecting recent high-profile failures of safeguarding.
- The review aim is to identify effective, acceptable and feasible interventions to improve health and social care practitioners' recognition of children or young people who are at risk of abuse. Relevant interventions are likely to be multi-component initiatives at the organisational or system level.
- We will perform a narrative synthesis of the literature under the following groupings:
  - Mapping review of strategies to increase awareness and promote prevention of abuse
  - Component mapping of identified strategies and why they are thought to work
  - Cultural/organisational studies including cross-referral and interfaces between different organisations/sectors
  - Examples of initiatives and descriptions/evaluations of current practice.
- The target date for delivery of the draft report is mid-December 2019.

Background

The term 'safeguarding' refers to measures designed to protect health, wellbeing and human rights, allowing people (especially children, young people and vulnerable adults) to live without fear of abuse, harm or neglect (https://en.wikipedia.org/wiki/Safeguarding (accessed 27 September 2019)). The term is primarily used in the UK and Ireland, although the underlying concept is relevant to all health and care systems. The Children Act 2004 placed a responsibility on key agencies to have regard to the need to safeguard children and promote their welfare and established statutory Local Safeguarding Children Boards (http://www.legislation.gov.uk/ukpga/2004/31/notes/division/1/1 (accessed 27 September 2019).

The origin of this topic is derived from the NICE guidance NG76 on child abuse and neglect (https://www.nice.org.uk/guidance/ng76). The guideline committee noted a lack of evidence from the UK on recognition of risk and prevention of female genital mutilation (FGM). Following discussion among the HS&DR Programme team, the Sheffield evidence synthesis centre was commissioned to review the broader topic of recognition of risk and prevention of abuse in safeguarding of children and young people. This reflects the occurrence of a number of high-profile failures of safeguarding in recent years.

The focus of the proposed review will be on organisational and cultural factors that help or hinder health and social care professionals in recognising risk of abuse. Accuracy/effectiveness of risk assessment tools and scales are not the focus of interest. Relevant interventions are likely to be multi-component initiatives at the organisational or system level[1-3].

Research question

The review aims to address the following research question:

What interventions are feasible/acceptable, effective and cost effective in:

•improving health and social care practitioners' recognition of children or young people who are at risk of abuse?

•improving recognition of co-occurring forms of abuse where relevant?

•preventing abuse in these groups?

This requires an understanding not only of the interventions themselves but their theoretical basis and the social and cultural context in which they are delivered.

Methods

Inclusion criteria

Population: Children and young adults (aged up to 18) and/or other service users (family members or other carers) in health and social care settings.

Intervention: Interventions aimed at health and social care professionals looking after children and young adults (aged up to 18) in health and social care settings to:

• improve recognition by professionals of children who are at risk of experiencing physical, sexual or emotional abuse or neglect

• improve recognition of co-occurring forms of abuse where relevant

• prevent abuse in these groups. This may include training and awareness raising for professionals.

Studies with no intervention (e.g. qualitative studies) will be included if they help to explain why interventions and initiatives work or fail to work.

Comparators: No intervention, practice as usual.

Outcomes reported in studies: Improved knowledge and understanding of (risk factors for) abuse among practitioners. Improved rates of early identification of possible abuse. Qualitative outcomes, including feasibility and acceptability of interventions to professionals and young people. Any reported data on costs, resource use or cost-effectiveness. Other outcomes of interest include explanatory factors for why interventions are thought to work and findings of relevant cultural/organisational studies.

Study design: Primary literature from UK (any design (quantitative or qualitative, including local service evaluations) that meets other criteria and contains relevant empirical data) plus reviews (systematic or narrative) of international evidence.

Timeframe: Publications in English since 2004 (date of Children Act)

Exclusion criteria
Descriptions and evaluations of routine (pre-qualification) training of health and social care professionals and studies of the accuracy/effectiveness of risk assessment tools and scales will be excluded. Opinion pieces and other papers without empirical data are also excluded. Conference abstracts and articles in professional magazines will be excluded unless they provide sufficient detail for quality assessment and data extraction

Literature search and screening
We will search the following databases from 2004 to present:

Social care and social science

- ASSIA

- Community Care Inform Children

- International Bibliography of the Social Sciences (IBSS)

- Published International Literature on Traumatic Stress (PILOTS)

- Social Care Online

- Social Policy and Practice

- Social Services Abstracts

- Social Work Abstracts

- Social Science Citation Index

- Sociological Abstracts

Health

- MEDLINE

- Cochrane Library

- CINAHL (Cumulative Index to Nursing and Allied Health Literature)

- HMIC (Health Management Information Consortium)

- PsycINFO

The search will be restricted to papers in English and from 2004-current. An example search strategy from MEDLINE is provided in [Appendix 1](#).

Additionally we will use the following search methods:

- Scrutiny of reference lists of included primary studies and relevant systematic reviews

- Citation searching of included and highly relevant evidence

- Web search for any relevant UK grey literature

Search results will be downloaded to a reference management system (EndNote) and duplicates removed. Unique references will then be imported into EPPI-Reviewer Software and screened against the inclusion criteria by a single reviewer, with a 10% sample screened by a second reviewer. Uncertainties will be resolved by discussion among the review team. We will use EPPI-Reviewer software to facilitate rapid screening and analysis of the included studies.

Data extraction and quality/strength of evidence assessment
We will extract and tabulate key data from the included studies, including study design, intervention/initiative (where applicable), population/setting, results and key limitations. Data extraction will be performed by a single reviewer, with a 10% sample checked for accuracy and consistency. If possible we will extract data directly into summary tables for the report.

Quality (risk of bias) assessment will be undertaken using appropriate tools for the types of study designs included. Quality assessment will be performed by a single reviewer, with a 10% sample checked for accuracy and consistency. Assessment of the overall strength (quality and relevance) of evidence for each research question will form part of the narrative synthesis.

Evidence synthesis
We will perform a narrative synthesis of the literature under the following groupings:

- Mapping review of strategies to increase awareness and promote prevention of abuse
- Component mapping of identified strategies and why they are thought to work
- Cultural/organisational studies including cross-referral and interfaces between different organisations/sectors
- Examples of initiatives and descriptions/evaluations of current practice.

We plan to use the 5-item TIDieR-Lite checklist (By Whom, What, Where, To What Intensity, How Often) to map intervention components. This modification of the TIDieR framework has been used by the authors in a previous review (Chambers D, Cantrell A, Booth A. Factors that facilitate the implementation of interventions to reduce preventable hospital admissions with a focus on cardiovascular or respiratory conditions: an evidence map and realist synthesis. *Health Services & Delivery Research*, in press). We will also extract data on the theoretical basis of interventions/initiatives if reported and any specific behaviour change techniques used.

Individual studies may appear in more than one section. Key findings that cut across the different sections will be identified and drawn out in the discussion.

Registration and outputs

We will make the protocol available via the HS&DR programme website and the Sheffield HS&DR Evidence Synthesis Centre website. As the review is not primarily investigating health outcomes, registration on PROSPERO is not considered appropriate

Proposed outputs:

- Full technical report (publication as a peer-reviewed web report and monograph)
- Peer-reviewed journal article
- Evidence briefing for decision-makers (2–4 pages)
- Conference presentation(s) as appropriate

Review timescale

Draft report is to be delivered by mid-December 2019 (see below). We will hold regular team meetings to monitor progress and will keep the HS&DR programme team informed of progress.

Process	Start	Finish
Scoping and protocol development		7 October
Main literature search	1 October	16 October
Inclusion screening	7 October	25 October
Data extraction and quality assessment	28 October	11 November
Analysis and report writing	11 November	6 December
Rapid peer review	6 December	16 December
Delivery of draft final report		w/c 16 December

References

1.   Webber M, McCree C, Angeli P. Inter-agency joint protocols for safeguarding children in social care and adult mental-health agencies: a cross-sectional survey of practitioner experiences. *Child and Family Social Work* 2013;**18**:149-58.
2.   White S, Wastell D, Smith S, Hall C, Whitaker E, Debelle G, *et al.* Improving practice in safeguarding at the interface between hospital services and children's social care: a mixed-methods case study. *Health Services and Delivery Research* 2015;**3**:4. https://doi.org/10.3310/hsdr03040
3.   Whiting M, Scammell A, Bifulco A. The Health Specialist Initiative: Professionals' Views of a Partnership Initiative between Health and Social Care for Child Safeguarding. *Qualitative Social Work* 2008;**7**:99-117.

Appendix 1

Example Medline search strategy

Database: Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily <1946 to October 03, 2019>

Search Strategy:

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1   Child Abuse/ or Child Abuse, Sexual/ or Physical Abuse/ (29714)

2   ((child$ or emotional or physical or sexual) adj3 abus$).ab,ti. (27663)

3   (child$ adj3 neglect$).ab,ti. (3959)

4   Human Trafficking/ (353)

5   (human$ adj3 traffic$).ab,ti. (987)

6   (sexual$ adj3 exploit$).ab,ti. (589)

7   (forc$ adj3 (marriage$ or marry$)).ab,ti. (148)

8   Circumcision, Female/ (1290)

9   (female adj3 genital$ adj3 mutilat$).ab,ti. (1082)

10   fgm.ab,ti. (1007)

11   1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 (45731)

12   early help.ab,ti. (72)

13   (recognition or recognises or recognise or recognizes or recognize).ab,ti. (402526)

14   (assessment or assessments or assess or assesses).ab,ti. (1773706)

15   (prevent or prevents or prevention).ab,ti. (947565)

16   (awareness or training).ab,ti. (504652)

17   12 or 13 or 14 or 15 or 16 (3350490)

18   11 and 17 (12448)

19   limit 18 to (english language and humans and yr="2004 -Current") (6811)

20   exp Health Personnel/ (492164)

21   health care professional$.ab,ti. (22469)

22   social care professionals.ab,ti. (417)

23   Social Workers/ (489)

24   20 or 21 or 22 or 23 (510644)

25   18 and 24 (873)

26   limit 25 to (english language and humans and yr="2004 -Current") (572)

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