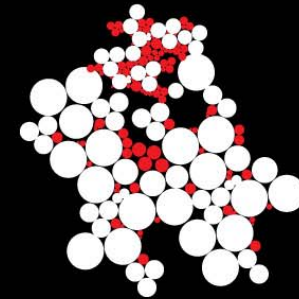


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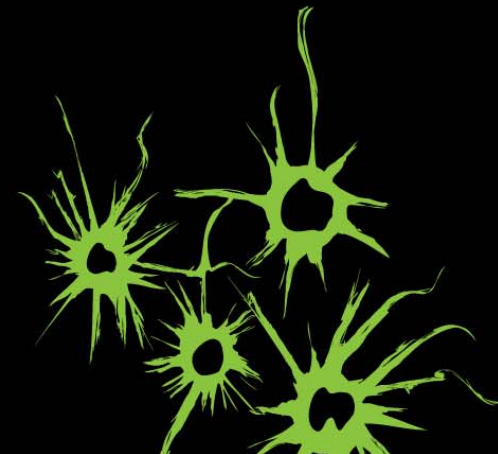
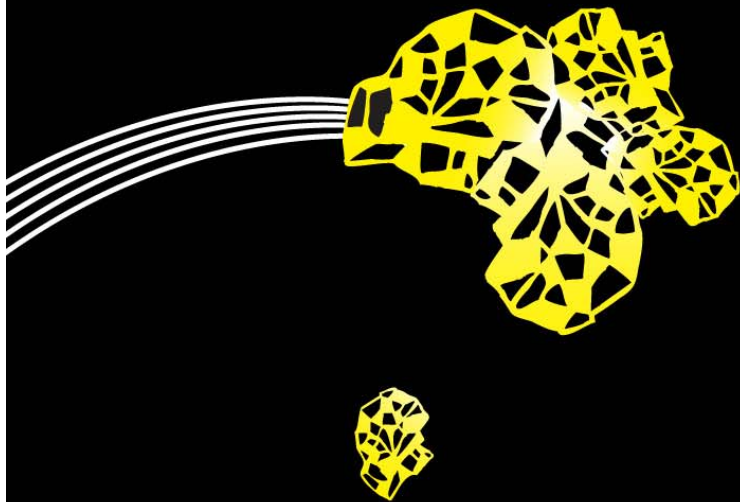
In-house consultation to support professionals' responses to child abuse and neglect:
determinants of use and the association with guideline adherence

Konijnendijk, A.A.J.; Boere-Boonekamp, M.M., Kaya, A.H., Haasnoot, M.E., Need, A.

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EUSUHM, Leuven

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Background

Introduction

1 in 30 Dutch children experiences abuse or neglect every year

Caregivers, bystanders and children often do not seek help...

Professionals have an important role in early detecting and early responding to Child Abuse and Neglect (CAN)

Dutch preventive child health care has a key role in secondary prevention of CAN

- Well-baby clinics (0-4)
- School health care (4-19)

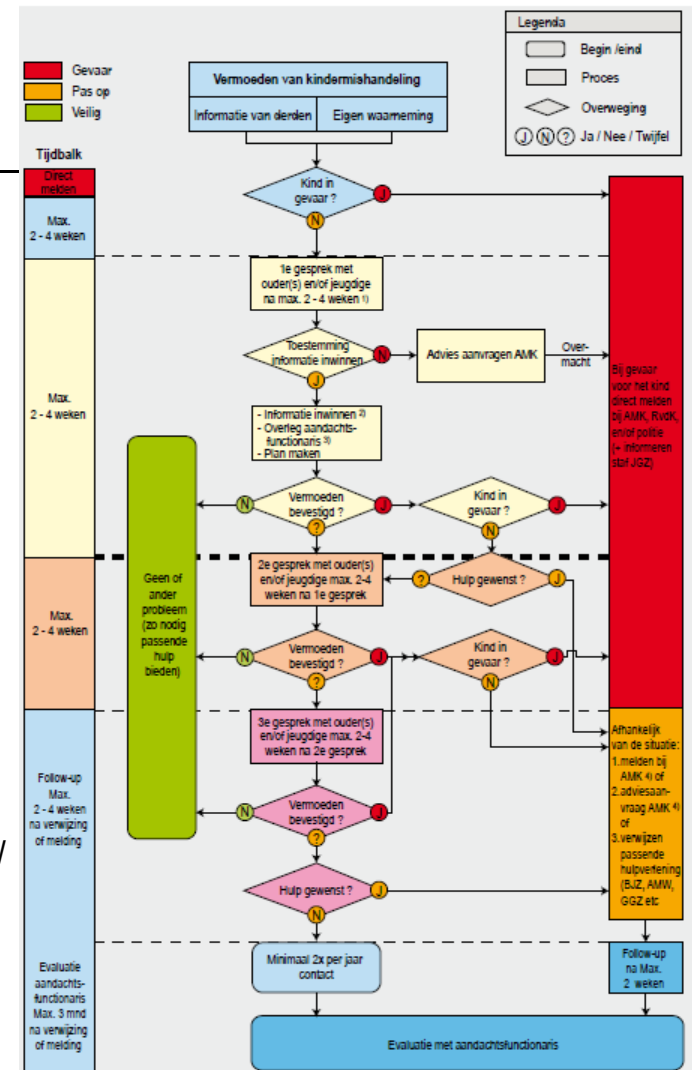
Background Introduction

- Guidelines → improving secondary prevention of CAN
- CAN prevention guidelines were introduced in preventive child health care in 2010
- Use of CAN prevention guidelines obliged since July 2013

Key recommendations when suspicions persist:

1. Risk assessment based on risk and protective factors
2. Talking with caregivers and/or child about concerns
3. Consulting an in-house expert on CAN
4. Consulting child protection services
5. Requesting information from other organisations involved with the family
6. Acting: organizing help or reporting to child protection services
7. Monitoring

Adherence with clinical guidelines is generally poor...



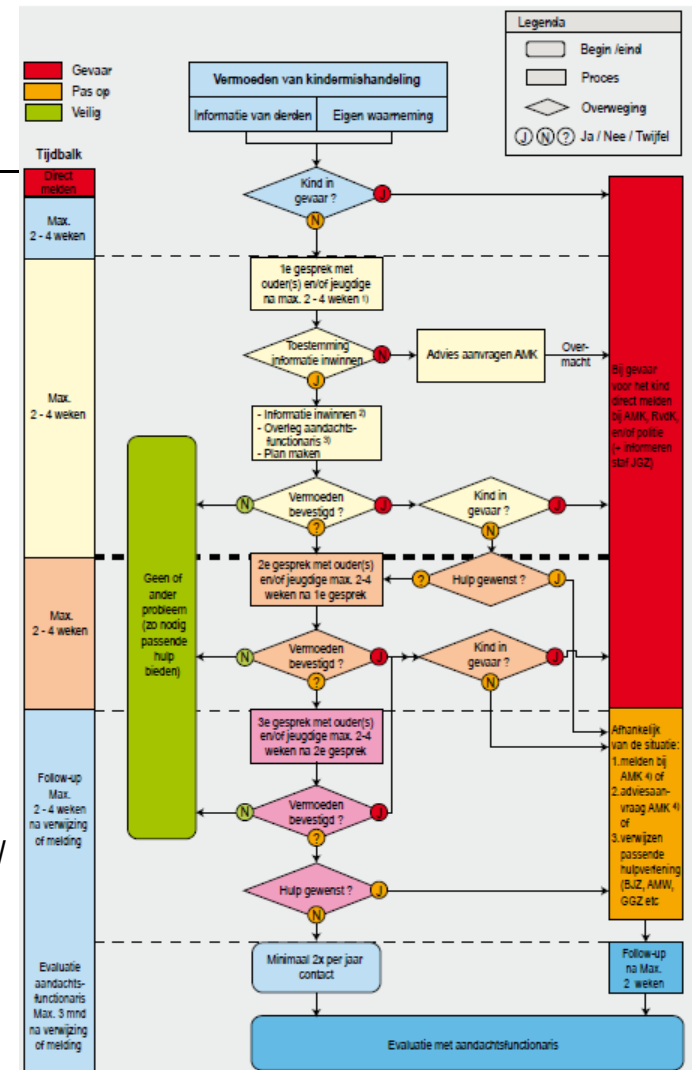
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Understanding in-house CAN consultation

Background

In-house CAN expert: child health care doctor with additional education on CAN prevention and on informing, advising, supporting and coaching colleagues who suspect CAN

Potential advantages for child health care professionals include:

- Invalidation or strengthening of concerns
- Better able to make sense of difficult situations
- Being reminded to perform other key guideline activities
- Stronger motivation to act more quickly



Research questions and methods

Research questions:

- Which factors facilitate or impede child healthcare professionals to seek consultation from an expert on in-house expert when they suspect child abuse and/or neglect (CAN)?
- To what extent is in-house consultation in case of suspected CAN associated with professionals' adherence to six recommended guideline activities described in the national guideline on preventing CAN?

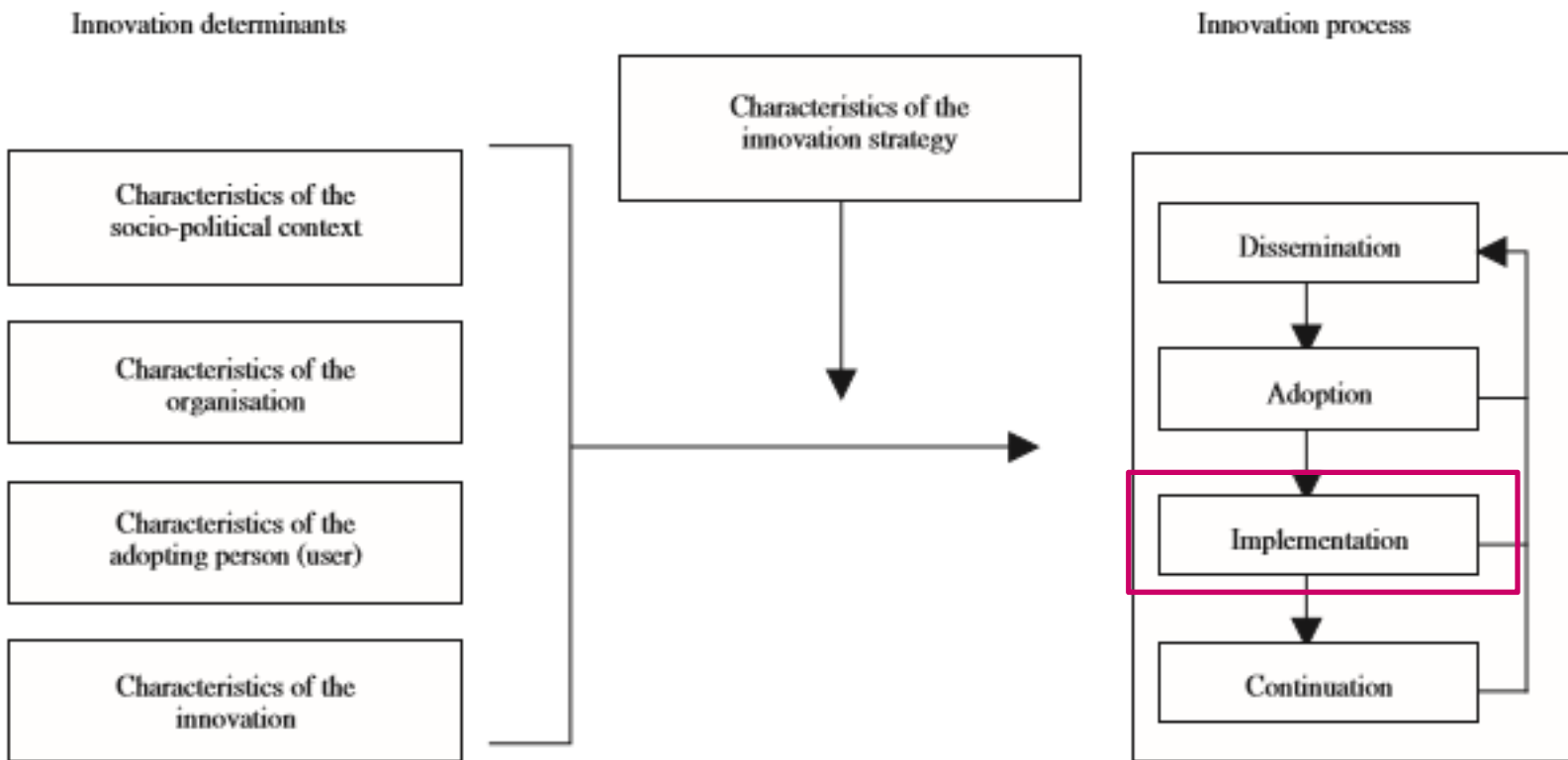
Methods:

- Cross-sectional survey: online questionnaire
- Participants: 17 child healthcare organisations, 154 professionals



Background

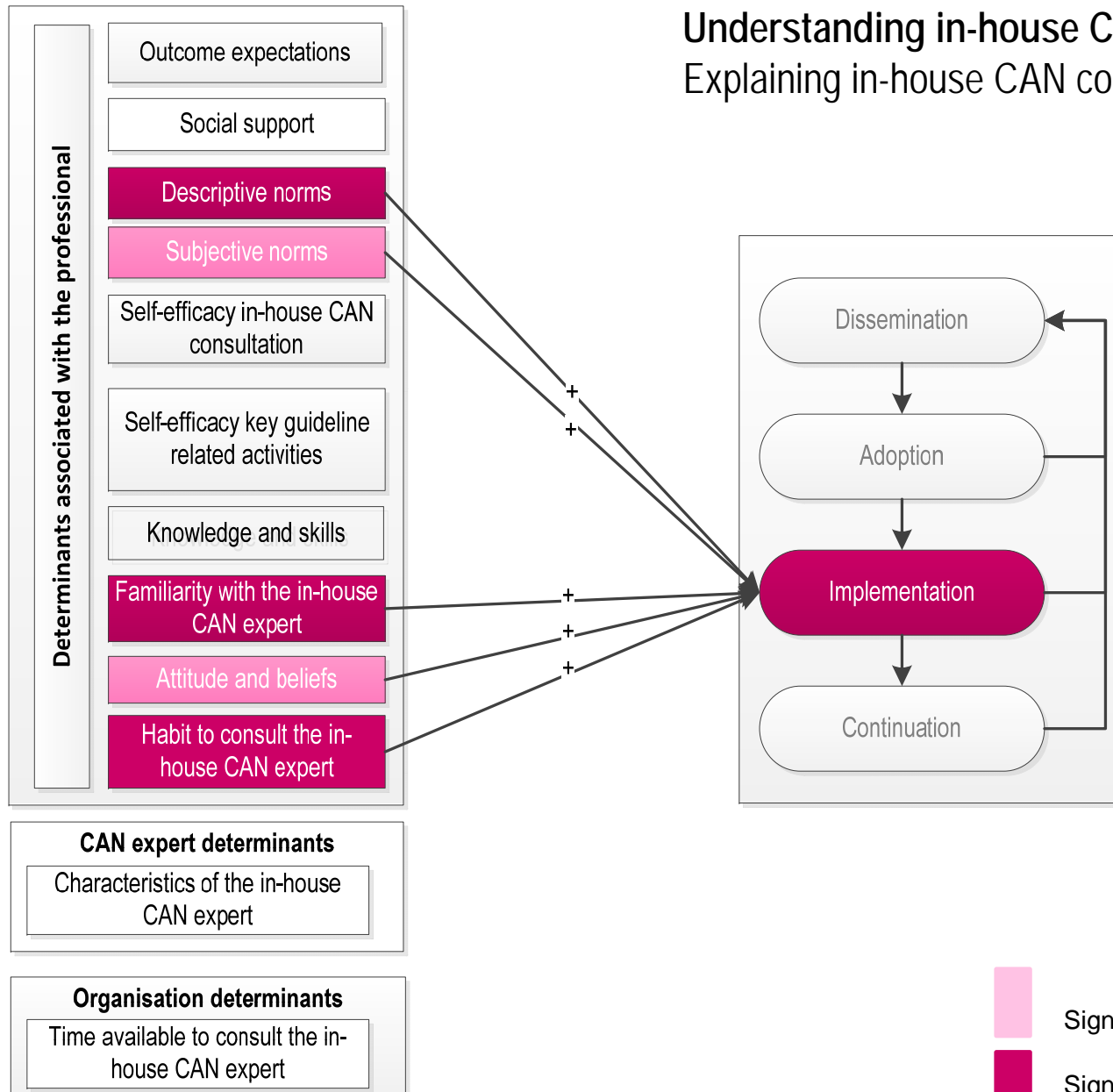
Conceptual framework



Fleuren, M. A. H., Wiefferink, K., Paulussen, T. et al. (2004). "Determinants of innovation within health care organizations. Literature review and Delphi study." *International Journal for Quality in Health Care* 16(2): 107-123.

Understanding in-house CAN Consultation - Results

Explaining in-house CAN consultation (n=154)

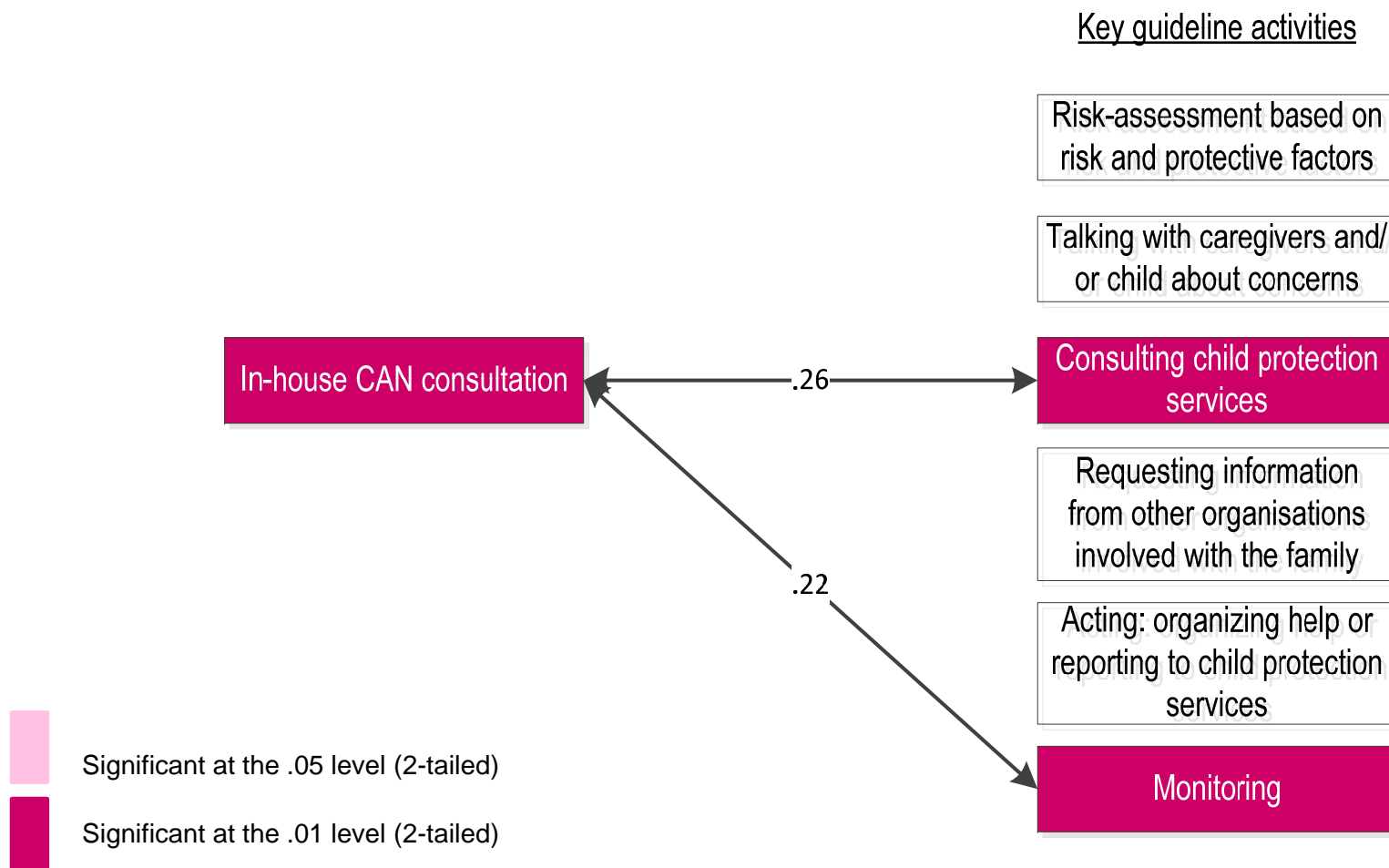


Adherence: 47% consulted an in-house CAN expert in (almost) all their suspected cases in the previous 12 months.



Understanding in-house CAN Consultation - Results

Relationships between in-house CAN consultation and adherence to other key guideline activities





Understanding in-house CAN consultation Discussion

Significant predictors of adherence

- **Recollection: forgetting to seek consultation**
- + Social norms: descriptive and subjective norms
- + Familiarity with the activity in-house CAN consultation
- + Positive attitudes and beliefs

Positive association between in-house CAN consultation and two other guideline activities:

- Consultation of the advice and reporting center ('Veilig Thuis')
- Monitoring whether support was provided to children/families

Practical implications

- Social influence → use opinion leaders who can carry out advantages of in-house CAN consultation
- Improve familiarity with CAN consultants → invite CAN experts in meetings and discuss CAN cases
- Prevent that professionals forget about CAN consultation → computerized support tool using reminders

Thank you for your attention!

Any questions?

Project group

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Prof. dr. Ariana Need



Financed by:



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