Safeguarding children and young people in health and care settings

Recognition of risk and prevention in safeguarding: a mapping review and component analysis of interventions aimed at professionals

- The Children Act 2004 placed a responsibility on key agencies, including those in health and social care, to have regard to the need to safeguard children and promote their welfare.

- This mapping review asked: 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; and preventing abuse in these groups?

- We included 179 papers in the review but most were low-quality evidence.

- Most initiatives fell into three categories: training, service development and use of data. Promising initiatives included liaison nurses; assessment clinics; secondment; joint protocols; and a 'hub and spoke' model. Approaches using routinely collected data also appeared promising.
What is the problem?
The National Institute for Health Research (NIHR) Health Services & Delivery Research (HS&DR) programme commissioned this evidence review based on a recognition that health and social care decision-makers in all settings could benefit from a review of interventions to promote recognition of possible abuse (of all types) and ultimately its prevention.

The focus of this review is on organisational and cultural factors that help or hinder health and social care professionals in recognising risk of abuse.

What did we do?
Systematic searches were conducted for UK research and policy documents and reviews. UK research and policy documents were coded to gain a contemporary picture of safeguarding issues and practices. Systematic and narrative reviews that reported safeguarding practice from other high-income countries were also identified. Quality assessment was performed where appropriate.

Narrative synthesis was based around five groupings of the literature:

- 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
- Initiatives and descriptions/evaluations of current practice
- Analysis of policy and/or guidance documents.

We used a 5-point checklist (By Whom, What, Where, To What Intensity, How Often) to map intervention components.

What did we find out?
The review included 179 papers. There were four empirical evaluations of strategies (‘what to do’) and 54 of initiatives (‘how to do it’). Most initiatives fell into three categories: training, service development and use of data. Promising initiatives included liaison nurses; assessment clinics; secondment; joint protocols; and a ‘hub and spoke’ model. Approaches using routinely collected data also appeared promising.

However, the evidence base comprised mainly cross-sectional or before/after studies with no control group, providing little hard evidence of effectiveness. Barriers to effective implementation of safeguarding strategies were identified at all levels of the health and care system.

What are the implications?
All services need to be aware of safeguarding issues, not just those serving ‘at-risk’ groups.

The review identified tensions between safeguarding being everyone’s business and identified requirements for training which need to be proportionate to need and other competing roles and responsibilities. Evidence-based guidance is available from diverse sources.

Some promising initiatives have been identified, e.g.: liaison nurses, assessment clinics, secondment, joint protocols, and a ‘hub and spoke’ model.

There is a need for continued mapping and evaluation of service initiatives, including effective inter-agency collaboration and optimising use of routinely collected data.

Involvement of children/young people and family/carers in research and intervention design is essential.

Source