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Research article

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

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ABSTRACT

This study examined the presence and strengths of determinants associated with consultation of an in-house expert on child abuse and neglect (CAN) by preventive child health care professionals who suspect CAN. This study also assessed the relationship between in-house CAN expert consultation and professionals' performance of six recommended activities described in a national guideline on preventing CAN for preventive child health care professionals. A total of 154 professionals met the study's inclusion criteria. They filled in a questionnaire that measured in-house consultation practices and twelve determinants associated with the professional, the in-house expert, and the organizational context. Bivariate and multivariate regression analyses were performed. Almost half of the participants (46.8%) reported to consult the in-house expert in (almost) all of their suspected CAN cases. Professionals who reported better recollection of consulting the in-house expert (i.e. not forgetting to consult the expert) ($p = .001$), who were more familiar with consultation ($p = .002$), who had more positive attitudes and beliefs about consultation ($p = .011$) and who reported being more susceptible to the behavior ($p = .001$) and expectations/opinions ($p = .025$) of colleagues regarding in-house expert consultation were more likely to consult the in-house expert. Furthermore, in-house expert consultation was positively associated with two of six key guideline activities: consulting the regional child protection service and monitoring whether support was provided to families. The implications of these results for improving professionals' responses to CAN are discussed.

1. Introduction

Child Abuse and Neglect (CAN) can have a considerable impact on the physical and mental health of a child (Committee on Child Maltreatment Research, 2014) and should therefore be prevented. It has been recognized that early response to (risks for) CAN results in better outcomes for children and their families (Mejdoubi et al., 2015). One way to facilitate prevention and ending of ongoing

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CAN is by supporting professionals who work with families to detect and manage suspicions of CAN. In many countries, there is widespread recognition of the importance of health care professionals' role in preventing the occurrence and reoccurrence of CAN (Dubowitz & Bennett, 2007). For example, governments and professional associations in multiple countries have introduced legislation and clinical guidelines on early recognition, management, and reporting of CAN (e.g. Dutch Ministry of Health Welfare and Sport, 2013; Paavilainen & Flinck, 2013; Saperia et al., 2009).

The existence of legislation and guidelines does not guarantee desired work practices. For example, three studies that investigated adherence to an evidence-based guideline on CAN prevention in The Netherlands (further referred to as the CAN guideline), found that Dutch preventive child health care professionals with suspicions of CAN had not fully adhered to this guideline (Fleuren, Van Dommelen, & Dunnink, 2015; Konijnendijk, Boere-Boonekamp, Fleuren, Haasnoot, & Need, 2016; Konijnendijk, Boere-Boonekamp, Haasnoot-Smallegange, & Need, 2014). Many reasons have been reported in literature that can explain why professionals do not recognize CAN or respond adequately to CAN concerns, including poor knowledge of CAN symptoms (Adams, 2005), uncertainty whether there is enough reasonable cause to suspect CAN (Fingarson, Flaherty, & Sege, 2011; Talsma, Boström, & Östberg, 2015), fear of making mistakes (Rowse, 2009), poor perceived abilities to respond (Konijnendijk et al., 2014; Lane & Dubowitz, 2009; Pons et al., 2015), fear to lose the relationship of trust with the family (Pons et al., 2015), adverse experiences with reporting a case to child protective services (Flaherty et al., 2008; Goad, 2008; Gunn et al., 2005; Herendeen, Blevins, Anson, & Smith, 2014; Talsma et al., 2015), not integrating use of guidelines into work routines (Konijnendijk et al., 2016) and lack of time (Feng, Chen, Fetzer, Feng, & Lin, 2012; Flaherty, Jones, & Sege, 2004; Pons et al., 2015).

We can thus conclude that efforts are needed to support professionals in handling CAN concerns in accordance with legislation and guidelines. One strategy for this is to provide professionals the opportunity to consult a CAN expert within their organization. Although, to our knowledge, no studies exist that report on the direct effects of in-house CAN consultation on (the quality of) decision making, there are indications that this type of support is advantageous. A CAN expert may help health care professionals to make sense of difficult situations (Rowse, 2009), acquire new means to address work dilemma's (Knotek, 2003), preserve the relationship with families (Lane & Dubowitz, 2009), strengthen their confidence in responding to their CAN concerns, and motivate them to respond and to act quickly (Konijnendijk et al., 2014). The need for this type of support has been expressed in multiple articles (e.g. Brandon, Dodsworth, & Rumball, 2005; Lane & Dubowitz, 2009; Rowse, 2009; Søftestad & Toverud, 2013; Talsma et al., 2015; Tiyyagura, Gawel, Koziel, Asnes, & Bechtel, 2015).

In-house expert consultation is one of the seven recommended key guideline activities (see Box 1) promoted in the CAN guideline for Dutch preventive child health care professionals (Wagenaar-Fischer, Heerdink-Obenhuijsen, Kamphuis, & de Wilde, 2010). The CAN guideline was implemented nationwide in 2010 (Fleuren et al., 2015). Internationally, similar clinical practice guidelines on preventing CAN have become increasingly available (e.g. Paavilainen & Flinck, 2013; Prevent Child Abuse Utah, 2006; Saperia et al., 2009). In-house CAN consultation aims to promote professionals' implementation of the CAN guideline in practice and, as such, improve the quality of care to vulnerable children and their families. Since 2013, Dutch government has been promoting the appointment of in-house experts in child-serving organizations, by stating that a specialist can play a key role in helping the organization's staff and management tackle CAN (Ministery of Health Welfare and Sport, 2013, p 8.)

Preventive child healthcare organizations are responsible for disseminating the CAN guideline in their organization, To enable in-house consultation, these organizations must appoint in-house CAN consultants and communicate their names and contact details to physicians and nurses. The tasks of the CAN expert as described in the CAN guideline include: providing advice and being an interlocutor for colleagues who suspect CAN; promoting performance of guideline activities, mediating when problems or barriers arise; monitoring relevant developments with regard to CAN; monitoring the internal procedures in the organization; and providing policy advice to organizational leaders (Wagenaar-Fischer et al., 2010). In-house CAN experts are in general preventive child health care physicians with several years of work experience. Although these physicians are not obliged to follow a training to become an in-house CAN expert, multiple agencies in the Netherlands offer training and refresher courses on in-house CAN consultation.

Thus far, little is known about professionals' consultation practices and their reasons for (not) seeking support from an in-house CAN expert. The scarce literature on this topic, mainly exploratory in nature, shows that health care professionals' decisions to consult a CAN expert depend mainly on professional characteristics, including the willingness to entertain the possibility of CAN, confidence in one's assessment and accessibility to consultation (Lane & Dubowitz, 2009), and the need for support (Konijnendijk et al., 2014; Rowse, 2009). Our earlier explorative study on determinants of adherence to key guideline activities performed in a

Box 1

Key activities described in the CAN guideline (Wagenaar-Fischer et al., 2010).

- Risk assessment based on protective and risk factors;
- Discussing suspicions with caregiver(s) and/or child;
- Consulting an in-house expert on child abuse and neglect;
- Consulting the regional child protection service: the Advice and Reporting Center;
- Requesting information from professionals outside the child health care organization who are also involved with the family;
- Acting: providing support, referring the family to other organizations for support or reporting suspicions to the Advice and Reporting Center;
- Monitoring the support that is provided to the family and taking action again if the support is inadequate.