Interventions for child abuse and neglect: title registration for an evidence and gap map
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| **About this paper** | Campbell discussion papers include title registration forms and protocols for new evidence synthesis products being piloted for possible inclusion in the Campbell Library. In the discussion paper the authors include some reflections on the approach, and how it differs from a Campbell systematic review. This paper presents the title registration form for an evidence and gap map. |
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Background

What happens in a child’s early years, can have lifelong consequences for the physical, mental and emotional health of human beings. Children experiencing abuse, neglect and other stressors early in life are at risk of developmental delays, physical and mental health problems and of decreased opportunities in their adult life (Pillas et al., 2014).

This has consequences not only for individuals and families but also for society. The total economic costs resulting from all new cases of child maltreatment in the U.S. in 2008 were estimated to be approximately 585 billion dollars (Fang, Brown, Florence, & Mercy, 2012). The global economic burden derived from mental illness is expected to more than double by 2030 (Bloom et al., 2011). And the annual costs of poor quality education preventing children from acquiring basic skills were estimated to be as large as 129 billion USD at a global level in 2014 (UNESCO, 2014).

Simultaneously, there is growing evidence that investments made in providing children with nurturing care, protection and education in due time will convert into health, wellbeing and learning benefits as children grow older and become adults (Britto et al.). Thus, investing in early intervention to decrease or eliminate risk factors in a child’s life and thereby improving child development is an important strategy for ensuring individual, community and society wellbeing. These investments should be made based on the best available evidence on the effectiveness of interventions – policies, programmes or practices – targeting children facing adversity. However, despite a growing evidence base, reflected in e.g. several systematic reviews registered in this area (Besharov & Call, 2016; Dunne, Craig, Connolly, & Winter, 2016; McCalman et al., 2016), the knowledge about what works to enhance and promote the health, wellbeing and learning of young children at risk is still fragmentated and dispersed.

Knowledge production takes place across several sectors (health, social welfare, and education), focuses on various populations (children of different ages, ethnicities, or with different needs), and involves rather diverse methodical approaches (e.g. systematic reviews, primary studies of different designs etc.). To provide a comprehensive overview of existing knowledge in this area and enable the purposeful and targeted commissioning of future research, tailored to the most eminent needs for knowledge and guidance, a mapping of the existing knowledge base is required.

Objective

The purpose of this project is to map the existing evidence – and lack thereof - on the effects of interventions that aim to prevent the maltreatment of children at risk, and to reduce the adverse consequences of maltreatment in affected children. The output of the project will be an evidence and gap map (EGM).
Evidence and gap maps

While systematic reviews (SRs) aim to identify, assess and summarise research findings from studies on a (narrow) research question, the objective of evidence and gap maps (EGMs) is to provide a picture of the completeness of existing research literature on a given topic. As such, EGMs have a broader scope than SRs, and SRs go further than EGMs in processing the contents of the identified research. Another important difference between EGMs and SRs is how they are disseminated. SRs are disseminated as research reports or journal articles, where the answer to the research question is the key issue for readers. EGMs can also be disseminated as a report or an article, but the more user friendly EGMs display its results in an interactive matrix. Identified studies are plotted in the matrix, so that the user can find evidence, or lack thereof, for his or her particular topic of interest, at a glance (see Primary and Secondary Education Evidence Gap Map for an example of an EGM matrix).

EGMs and SRs share many methodological aspects, such as a predefined scope, selection criteria and search strategies. Screening and selection processes are also quite similar in EGMs and SRs. And both approaches to summarised research aspire to identify every relevant study that falls within the scope. Another similarity is that both EGM and SR methods are open and transparent.

Scope

SRs of effectiveness of interventions typically ask a question like: “What is the effect of kinship care placement compared to foster care placement on the safety, permanency, and well-being of children removed from the home for maltreatment?” (Winokur, Holtan, & Batchelder, 2014). The scope of SRs of effects of interventions is usually narrowed down to specific populations, interventions, comparisons and outcomes. EGMs, on the other hand, have a much broader scope and ask questions like: “What good quality evidence exists regarding the prevention and interventions for suicidal and self-harm behaviours among young people?” and “What areas are, and what areas are not, well researched?” (De Silva et al., 2013).

Selection criteria and search strategies

Both EGMs and SRs have predefined inclusion and exclusion criteria describing eligible study designs, populations, interventions and outcomes. The criteria reflect the scope in both cases. Comprehensive search strategies are developed for both SRs and EGMs to increase the likelihood of identifying all relevant studies within the scope.

Processing the literature

Important aspects of literature screening and selection processes in both EGMs and SRs are the independent eligibility assessment as a method to reduce the risk of selection bias. Once the body of evidence has been identified and retrieved in full reports, the similarities between EGMs and SRs become fewer.

SR authors extract data and assess study quality for each included study. Further, they combine the findings of the studies in meta-analyses when possible and assess the overall quality of the evidence. EGM authors limit their contents processing to coding each included study according to a predefined and piloted coding scheme.
To summarise, EGMs display the completeness of research literature on a broad topic, while SRs answer specific research questions.

**EXISTING evidence and gap maps**

We have identified existing EGMs that approach our scope, but not quite:

- Included 203 studies: 162 single studies and 41 systematic reviews. The target population was young people aged 12-25 years old with a depressive disorder or a risk of developing a depressive disorder. In addition, children down to 6 years of age were targeted for universal prevention interventions.

- Included 44 studies: 38 single studies and 6 systematic reviews. The target population was children, adolescents and young adults aged 6-25 years.

- Included 58 controlled trials and 8 systematic reviews. The target population was young people aged 12-30 years with a psychotic disorder, or at risk of developing a depressive disorder.

- Assesses the evidence available on the effects of adolescent sexual and reproductive health programming in low- and middle-income countries.

**Primary and Secondary Education Evidence Gap Map**
- Included evidence on interventions designed to improve access to education and learning outcomes for primary and secondary school children in in low- and middle-income countries.

**Interventions**

The EGM will include any intervention aiming to help children who a) have experienced, or b) are identified as at risk of, abuse or neglect. The interventions should aim to help the children by preventing the occurrence or recurrence of abuse or neglect, or to reduce the adverse consequences of abuse or neglect. The interventions may target the affected child and/or parent/carer individually, in dyads or in groups. Examples of interventions are home visiting programmes, parent training, psychoeducation, family support and therapeutic interventions.
Typically, the interventions are delivered by child welfare or protection services in various settings (e.g. the child’s home, child welfare centre, out-of-home placements), but we will include any service provider in any setting if the aim of the intervention is within our scope. Examples of other settings include: primary and secondary health settings, childcare settings and schools, voluntary sector settings (including sports).

We will not include universal prevention strategies.

### Population

The target population are children in high-income countries, aged prenatal through twelve, who are at risk of harm to their wellbeing now and in the future as a consequence of actual or potential abuse (emotional, physical or sexual) or neglect (the ongoing failure to meet the child’s basic physical or psychological needs).

We have limited the scope to include children from high-income countries assuming that exposure to and risk of maltreatment vary between developed and developing countries both in prevalence and nature. Also, the availability and types of interventions will vary considerably with the degree of financial stability.

### Dimensions

The EGM will have two primary dimensions: interventions (rows) and outcomes (columns). Additional dimensions will be:

- age group (0-2, 3-5, 6-11)
- intervention target groups (individual/groups of children, individual/groups of parents/carers, child-parent/carer dyads, individual/groups of service providers)
- systematic review quality (low, moderate, high)
- type of primary study (RCT, non-RCT)
- status of study (completed, ongoing)

In the hard copy of the EGM, multiple 2x2 representations of the EGM will be reported. A copy of the coding form will be included as an annex to the EGM report. In the online version, the additional dimensions will be possible to use as a filter. The online version will include references to included studies and brief summaries of each study based on the abstract (for primary studies) or plain language summary (for systematic reviews) provided for it.

### Outcomes

The EGM will include studies that report outcomes within the Quality Assessment Framework (QAF). The QAF was developed by Mildon et al. (2015) within an Australian child welfare context. It was adapted from (a) a child wellbeing framework introduced in the US as part of a major federal reform of child welfare services initiated by the Obama Administration (U.S. Department of Health
and Human Services, 2012) and (b) an associated Framework for Well-Being for Older Youth in Foster Care (Hanson Langford & Badeau, 2013). The QAF encompasses the three overarching goals of a child welfare system, child safety, permanency and wellbeing. Within these goals there are seven domains:

1. Safety: Protection from maltreatment
2. Permanency: Stability/restrictiveness in living conditions, maintenance of relationships
3. Cognitive Functioning: Academic achievements, school engagement, problem solving and decision-making skill
4. Physical Health and Development: Overall health, BMI, health related risk-avoidance behaviour
5. Mental Health: Internalising, externalising and traumatic stress symptoms, coping resilience, quality of life/subjective wellbeing
6. Social Functioning: Social competence and skills, adaptive behaviours, social relationships and network, family situation
7. Cultural and spiritual identity: participation in holiday/rituals and cultural activities, knowledge of/attitudes to other cultures

Study designs

The EGM will include randomised controlled trials (RCTs), non-randomised controlled trials and systematic reviews of effects of interventions.

References


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Roles and responsibilities

Content: Hege Kornør is a senior researcher at the Regional Centre for Child and Adolescent Mental Health, which also embraces child welfare. Working closely with researchers, service providers and authorities in the child welfare field, as well as producing systematic reviews on the topic, has given her broad insight into central child welfare issues. She is currently a co-editor in the Cochrane Developmental, Psychosocial and Learning Problems group. She will be responsible for the overall content of the EGM.
Bianca Albers is Senior Advisor in Evidence Policy and Practice at the Centre for Evidence and Implementation. She is responsible for the production of systematic reviews; the implementation of evidence-informed programs, practices and service models; and building capacity within organisations in the field of child welfare.

- EGM methods: All authors are experienced systematic reviewers, which means they are proficient in carrying out the various processes in an EGM, such as eligibility screening, quality assessment and coding.
- Information retrieval: Sólvi Biedilæ and Brynhildur Axelsdottir are information specialists with profound experience in information retrieval.

### Funding

The EGM will be self-funded.

### Potential conflicts of interest

No conflicts of interest.

### Preliminary timeframe

1 April 2017: Title registration form and draft protocol submitted

**Phase 1: Systematic reviews**

1 May 2017: Literature search completed  
15 May 2017: Study inclusion completed  
1 June 2017: Quality assessment and coding completed  
15 June 2017: Draft EGM submitted

**Phase 2: Primary studies**

1 July 2017: Literature search completed  
1 September 2017: Titles and abstracts screened  
1 October 2017: Full text reports screened  
15 November 2017: Coding completed  
1 December 2017: Draft EGM submitted