CHILD ABUSE PREVENTION
Facilitating and impeding factors to child health care professionals’ guideline adherence

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Background
In the Netherlands, every year more than 100,000 children and young people between the ages of 0 and 18 years are abused in one or more ways. Child abuse is not always recognized by professionals working with children and families.

When professionals suspect child abuse, they do not always respond adequately. Clinical guidelines may be a useful tool to assist professionals in recognizing and responding to child abuse. Clinical guidelines aim to improve professionals’ practice and quality of care, but are not always used as recommended.

In this study we aim to answer the following question:
Which factors facilitate or impede child health care professionals’ adherence to the guideline Secondary Prevention Child Abuse?

Conceptual model

Framework representing guideline adherence and related categories of determinants
(based on Fleuren, Wiefferink et al., 2004)

Methods
Design: 3 focus group interviews with 14 child health care professionals working in preventive child health care in Twente.

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<tr>
<th>Work area</th>
<th>Child health care physician(s)</th>
<th>Child health care nurse(s)</th>
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<tbody>
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<td>A</td>
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Data analysis: qualitative data analysis using Atlas.ti.

Results

17 facilitating factors and 20 impeding factors were addressed within 3 categories of determinants. No determinants were mentioned or observed related to characteristics of the socio-political context. 15 determinants came up as both facilitators and impeders.

Key facilitators: a supportive environment, high familiarity, cooperation with child welfare organizations and resources and services provided by the organization (especially regarding availability and accessibility of the child abuse expert).

Key impeders: poor cooperation with other child welfare organizations (especially regarding reporting child abuse to the Child Protection Services), poor willingness of parents to cooperate (e.g., no show or non-compliance with parenting advice) and low self-efficacy.

Conclusion

Key facilitating and impeding factors relevant to guideline adherence should be taken into account when designing future implementation strategies.