

Reducing Child Harm and Maltreatment Evidence Review Protocol

NSW Department of Communities and Justice

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Purpose of this document

This document provides detailed information about how the Reducing Child Harm and Maltreatment Evidence Review was conducted. It includes an overview of the steps that were followed and key outputs that were developed as part of the evidence review, including:

- Research question and scope
- Search strategies
- List of programs identified and their evidence ratings
- List of core components and flexible activities of programs identified

Research Team

The Evidence Review was completed by the Department of Communities and Justice and a research team at Western Sydney University.

The research team included:

- Prof. Brian Stout, School of Social Sciences
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- A/Prof. Ann Dadich, School of Business, Institute for Culture and Society, Translational Health Research Institute
- A/Prof Rebekah Grace, School of Nursing and Midwifery, Translational Health Research Institute
- A/Prof Neil Perry, School of Business
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- Mr Jonathan Ng
- Dr Taf Mugadza

Method

This Evidence Review followed the method outlined in the [Evidence Portal Technical Specifications](#).

See Table 1 for a brief summary of the steps followed to conduct the review. Where possible, we have included outputs in this document.

For any output that is not hyperlinked below, please email evidenceportal@facs.nsw.gov.au if you would like more information.

Table 1. Overview of the Technical Specifications

Step	Description	Outputs
Step 1: Define research question and scope	The process for defining the research question and what will be in and out of scope.	<ul style="list-style-type: none"> Research question document
Step 2: Search for evidence	Develop the search strategy that will be used to identify literature within electronic databases. Identify the data management processes that must be established.	<ul style="list-style-type: none"> Search strategy form Overview of database search
Step 3: Screen studies	Identify how studies identified by the search strategy will be further filtered based on scope, study design and study quality	<ul style="list-style-type: none"> Reference library PRISMA flow chart Data Extraction template
Step 4: Assess for risk of bias	Conduct risk of bias assessments in the included studies.	<ul style="list-style-type: none"> Risk of bias assessments for RCTs/QEDs Risk of bias assessments for systematic reviews
Step 5: Extract data	Extract relevant information and data from the included studies.	<ul style="list-style-type: none"> Data Extraction template Risk of bias Assessment for each study
Step 6: Rate the evidence for programs	Rate the evidence for each identified program using the Evidence Rating Scale.	<ul style="list-style-type: none"> List of evidence-informed programs Data extraction template
Step 7. Identify core components	Summarise information about the core components and flexible activities.	<ul style="list-style-type: none"> Data extraction template

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Step	Description	Outputs
and flexible activities		<ul style="list-style-type: none">• List of core components and flexible activities
Step 8. Summarise evidence review findings	Summarise key findings from the Evidence Review.	<ul style="list-style-type: none">• Program summaries• Core component summaries• Flexible activity summaries• Evidence review summary (Evidence to Action Note)

Research question and scope

Output: Research question document

Research Question	Which interventions have been found to be effective in reducing harm and/or maltreatment for vulnerable children aged zero to five years?
Definitions	<ul style="list-style-type: none"> • Harm: ‘(A)ny detrimental effect of a significant nature on a child’s physical, psychological or emotional well-being. Harm may be caused by physical or emotional abuse, neglect, and/or sexual abuse or exploitation’ (NSW Department of Family and Community Services, 2019). The Children and Young Persons (Care and Protection) Act 1998 (NSW) No 157 provides further detail on: <ul style="list-style-type: none"> ○ Child or young person at risk of significant harm –section 23 ○ Child and young person abuse – section 227 ○ Neglect of children and young persons – section 228 • Maltreatment: Any non-accidental behaviour by adults or young people towards children, which is outside generally accepted norms of conduct, and which constitutes a significant risk of causing physical and/or emotional harm. Although not accidental, such behaviours need not be intended to cause harm. Maltreatment includes acts of omission (neglect) and commission (abuse). Forms of maltreatment include neglect and any form of abuse: physical, sexual, psychological harm, exploitation, and failure to adequately meet the child’s needs (NSW Department of Family and Community Services, 2019). • Program: A ‘combination of program elements or strategies designed to produce behaviour changes or improve health status among individuals or an entire population. Programs may include educational programs, new or stronger policies, improvements in the environment, or a health promotion campaign. Programs that include multiple strategies are typically the most effective in producing desired and lasting change’ (NSW Department of Family and Community Services, 2019). • Vulnerable children: Children aged up to five years with identified risk factors relating to their parents, perinatal factors, or involvement with the child protection system. Identified risk factors include: <ul style="list-style-type: none"> ○ Parental risk factors: interaction with the justice system; an alcohol or other drug related offence or hospital admission; a proven perpetrator or victim of domestic violence; or treatment for mental health issues in a hospital or ambulatory service. ○ Perinatal risk factors: maternal smoking during pregnancy; admission to a special care nursery or neonatal intensive care; a gestational age between zero and 36 weeks

	<p>(inclusive) or greater than 41 weeks; a birth weight of under 2,500g; an Apgar score at five minutes of between zero and six (inclusive); or the first visit to antenatal care was later than 14 weeks into pregnancy.</p> <ul style="list-style-type: none"> ○ Assessed as being at risk of significant harm (NSW Department of Family and Community Services, 2019), meaning that a child or young person is likely to, or may suffer physical, psychological or emotional harm as a result of what is being done (physical, sexual or psychological abuse) or not done (neglect) by another person.
Inclusion criteria:	<ul style="list-style-type: none"> ● Citation is complete ● Written in English language ● Published as a peer-reviewed publication ● Study was conducted in a high-income country ● Study that tested the effectiveness of at least one program or practice ● Study included a valid counterfactual ● Study targeted vulnerable children ● Study design incorporated an RCT, a QED, a systematic review, or a meta-analysis ● Study evaluated at least one prevention or early intervention program for children aged five years or younger ● Study's intervention aimed to reduce harm and/or maltreatment of vulnerable children
Exclusion criteria:	<ul style="list-style-type: none"> ● Citation is incomplete ● Written in a language other than English ● Published as a non-peer review publication such as a thesis dissertation, review, commentary, letter, editorial, a descriptive publication, a conceptual publication, a commentary, letter, editorial, a methodological publication or research/study protocol. All grey literature was excluded. ● Study was conducted in a low- or middle-income country ● Study did not test the effectiveness of a relevant program or practice ● Study did not include a valid counterfactual ● Study did not target vulnerable children ● Study design was not an RCT, a QED, a systematic review, or a meta-analysis ● Study evaluated a prevention or early intervention program for children older than five years ● Study's intervention aims was other than the reduction of harm/maltreatment (i.e. improve academic achievement, sporting ability, manage a medical condition, or manage a specific psychological disorder)
Databases searched:	PsycINFO, SocINDEX, APA PsycArticles, Psychology and Behavioral Sciences Collection, CINAHL, Business Source

	Complete, Health Business Elite, Health Source: Nursing/Academic Edition, Medline, ERIC
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Search Strategy

#	Searches
1	<p>AB(Checklist OR Intervention* OR Model* OR Prevention* OR Program* OR “Professional development” OR Service* OR Training)</p> <p>OR</p> <p>TI(Checklist OR Intervention* OR Model* OR Prevention* OR Program* OR “Professional development” OR Service* OR Training)</p> <p>Limiters: scholarly (peer reviewed) journals; Language: English</p>
2	<p>AB(Abuse* OR Anxi* OR at-risk OR Attachment OR Depress* OR distress OR “family service*” OR grandchild OR grandparent* OR “high risk” OR “ill treat*” OR insecure* OR low-risk OR Maltreatment OR “mental health” OR Neglect OR OOCH OR “out of home care” OR “out of home placement*” OR Parent* OR Psycholog* OR Risk OR Safe* OR Secur* OR Sensitivity OR “social work service*” OR Stress* OR “treatment outcome*” OR Violen* OR vulnerab* OR Welfare)</p> <p>OR</p> <p>TI(Abuse* OR Anxi* OR at-risk OR Attachment OR Depress* OR distress OR “family service*” OR grandchild OR grandparent* OR “high risk” OR “ill treat*” OR insecure* OR low-risk OR Maltreatment OR “mental health” OR Neglect OR OOCH OR “out of home care” OR “out of home placement*” OR Parent* OR Psycholog* OR Risk OR Safe* OR Secur* OR Sensitivity OR “social work service*” OR Stress* OR “treatment outcome*” OR Violen* OR vulnerab* OR Welfare)</p> <p>Limiters: scholarly (peer reviewed) journals; Language: English</p>
3	<p>AB(Baby OR Babies* OR Child* OR Infant* OR “preschool age” OR “pre-school age” OR Toddler*)</p> <p>OR</p> <p>TI(Baby OR Babies* OR Child* OR Infant* OR “preschool age” OR “pre-school age” OR Toddler*)</p> <p>Limiters: scholarly (peer reviewed) journals; Language: English</p>
4	<p>AB(Blinded OR “clinical trial” OR “comparison group” OR “control group*” OR “control condition*” OR “difference in difference*” OR “double blind*” OR doubleblind* OR “doubly robust estimat*” OR experiment* OR “instrumental variable*” OR “Meta anal*” OR meta-anal* OR metaanal” OR “propensity score” OR “quasi experimental” OR “quasi-experimental” OR quasiexperiment* OR random* OR RCT OR “regression adjustment estimate*” OR “regression discontinuity*” OR “step* wedge” OR “systematic</p>

	<p>review*” OR “systematic syntheses*” OR “treatment condition” OR “treatment group” OR trial OR wait list” OR wait-list OR waitlist)</p> <p>OR</p> <p>TI(Blinded OR “clinical trial” OR “comparison group” OR “control group*” OR “control condition*” OR “difference in difference*” OR “double blind*” OR doubleblind* OR “doubly robust estimat*” OR experiment* OR “instrumental variable*” OR “Meta anal*” OR meta-anal* OR metaanal” OR “propensity score” OR “quasi experimental” OR “quasi-experimental” OR quasiexperiment* OR random* OR RCT OR “regression adjustment estimate*” OR “regression discontinuity*” OR “step* wedge” OR “systematic review*” OR “systematic syntheses*” OR “treatment condition” OR “treatment group” OR trial OR wait list” OR wait-list OR waitlist)</p> <p>Limiters: scholarly (peer reviewed) journals; Language: English</p>
5	<p>AB(USA OR Europe OR UK OR Ireland OR United States OR Canada OR Great Britain OR Australia OR California)</p> <p>OR</p> <p>TI(USA OR Europe OR UK OR Ireland OR United States OR Canada OR Great Britain OR Australia OR California)</p>
6	S1 AND S2 AND S3 AND S4 AND S5
7	<p>AIDS OR “Air safety” OR BMI OR “Body mass index” OR Cancer OR “Cerebral palsy” “CP” OR “Chronic disease” OR Dental OR Dentistry OR Diabetes OR Diarrh* OR Diet* OR “Eating disorder” OR “Eating disorders” OR Flu OR HIV OR Infection OR Influenza OR In-patient OR Inpatient OR Laboratory OR Medication OR Obes* OR Oncology OR Pain OR Patient* OR Prescription* OR Psychopath* OR “Road safety” OR Schizophreni* OR “Test anxiety” OR “Water safety” OR Wound* OR “Wound care” OR “Wound-care” OR “Pool safety” OR “Seat belt safety” OR “Seatbelt safety” OR ADD OR ADHD OR ASD OR “Attention deficit hyperactivity disorder” OR “Attention-deficit hyperactivity disorder” OR Autis* OR “Developmental delay” OR “Developmental delays” OR “Developmental disabilities” OR “Developmental disability” OR Disabilit* OR Dyslexi* OR “Language delay” OR “Language delays” OR “Language disabilities” OR “Language disability” OR “Learning disabilities” OR “Learning disability”</p>
8	S6 NOT S7



Output: Overview of database search

Electronic databases search strategy

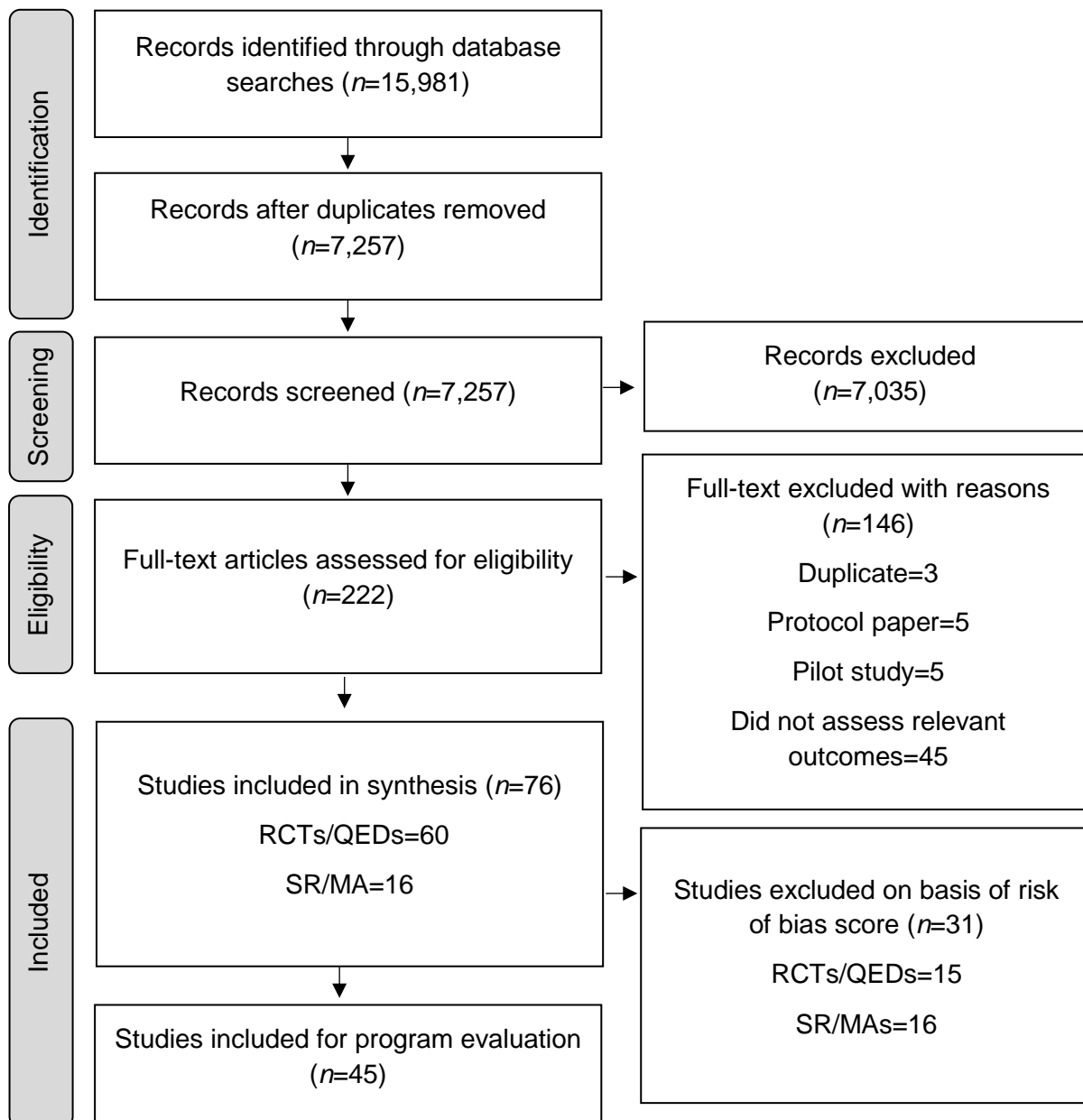
Database	PsycINFO	SOCIndex	APA PsycArticles	Psychology and Behavioral Sciences Collection	CINAHL	Business Source Complete
Searched	Yes	Yes	Yes	Yes	Yes	Yes
Search date	31.05.21	31.05.21	31.05.21	31.05.21	31.05.21	31.05.21
Search string	See Appendix 3					
Documented changes	NA	NA	NA	NA	NA	NA
Citations	5,259	151	458	1,679	4,579	145
Exported to reference management library	EndNote	EndNote	EndNote	EndNote	EndNote	EndNote
Exported to specialised systematic review management system	No	No	No	No	No	No

Preventing Child Harm and Maltreatment Evidence Review Protocol

Database	PsycINFO	SOCIndex	APA PsycArticles	Psychology and Behavioral Sciences Collection	CINAHL	Business Source Complete	Health Business Elite	Health Source: Nursing/Academic Edition	Medline	ERIC
Searched	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Search date	31.05.21	31.05.21	31.05.21	31.05.21	31.05.21	31.05.21	31.05.21	31.05.21	26.07.21	26.07.21
Search string	As above									
Documented changes	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Citations	5,259	151	458	1,679	4,579	145	1,164	1,831	390	325
Exported to reference management library	EndNote	EndNote	EndNote	EndNote	EndNote	EndNote	EndNote	EndNote	Endnote	EndNote
Exported to specialised systematic review management system	No	No	No	No	No	No	No	No	No	No

Screening studies

PRISMA flow chart



Rating Evidence for Programs

Each program was rated based on the Evidence Rating Scale indicated in the [Technical Specifications](#).

List of evidence-informed programs

Evidence rating	Programs	Outcomes
Supported research evidence	Nurse-Family Partnership	Child abuse and neglect Domestic violence Child safety Child health Discipline/punishment
	Parent-Child Interaction Therapy	Discipline/punishment Parenting
Promising research evidence	Australian Nurse-Family Partnership Program	Child abuse and neglect
	The Incredible Years Preschool BASIC Parenting Program Enhanced with Home Visits	Discipline/punishment
	The Incredible Years Shortened Basic Version	Discipline/punishment Parenting
	Chicago Parent Program	Discipline/punishment Parenting
	Child-Adult Relationships Enhancement in Primary Care	Discipline/punishment Parenting
	Group Attachment-Based Intervention	Parenting
	HeadStart	Child abuse and neglect Parenting Discipline/punishment
	Healthy Steps for Young Children Program	Parenting
	Johns Hopkins Children and Youth Program	Child health Child abuse and neglect
	ParentCorps	Parenting
Parents as Teachers	Child abuse and neglect	

	Pride in Parenting Program	Parenting
	Right@Home	Parenting Child safety
	SafeCare	Child abuse and neglect Parenting
	SafeCare+	Child abuse and neglect Parenting Domestic violence
	Safe Environment for Every Kid	Child abuse and neglect Child health Discipline/punishment
	Self-Directed Triple P	Discipline/punishment Parenting
Mixed research evidence (with no adverse effects)	Early Start	Child health Parenting Child abuse and neglect
	Family Support Program	Child abuse and neglect
	Parent Training Program	Parenting
	Promoting First Relationships	Child abuse and neglect
	Relief Nursery Program	Parenting Child abuse and neglect
	SafeCare Dad to Kids (Dad2K)	Child abuse and neglect Discipline/punishment Parenting
Mixed research evidence (with adverse effects)	Adults and Children Together against Violence / Parents Raising Safe Kids Program	Discipline/punishment Parenting
	Hamilton Nurse Home Visiting Program	Child abuse and neglect

	Healthy Families America Program	Child abuse and neglect
	Parents as Teachers + SafeCare at Home	Child safety Child abuse and neglect Child health Discipline/punishment
	Video-Feedback Intervention to Promote Positive Parents programs and Sensitive Discipline	Discipline/punishment Parenting
Evidence fails to demonstrate effect	Video-Feedback to Promote Positive Parenting and Sensitive Discipline in Foster Care	Discipline/punishment Parenting
	Together We Can	Discipline/punishment
	Family Group Conferencing	Child abuse and neglect
	e-Parenting Program	Parenting Child abuse and neglect

Identify core components and flexible activities

Using the data extraction template, a content analysis of each study was undertaken in which descriptions of activities carried out in the program were coded and grouped under broad category headings, with examples of different ways the component could be implemented (i.e., flexible activities). The aim was to synthesise and provide a summary of key practices, techniques, strategies or activities that are common across evidence-informed programs or interventions shown to improve client outcomes.

List of core components and flexible activities

Core components	Description	Flexible Activities
Engagement	How services engage with families is crucial to ensuring parents/carers participate and remain in a program until they have achieved their goals.	<ul style="list-style-type: none"> • Home visits • Engaging delivery of curriculum material • Practical support for attendance • Flexible curriculum for individuals for cultural appropriateness • Overcoming barriers
Case management	Understanding and addressing the needs of families is crucial to improving outcomes. Programs that aim to reduce harm for children specifically target at-risk families. Universal programs are often not appropriate given the complex needs that families have. Further referrals are often required.	<ul style="list-style-type: none"> • Recruitment and screening • Integration with other services and onward referrals • Appropriate referrals
Building parental capacity	Parents/carers can be supported via parenting education, coaching and modelling sessions, focusing on topics such as child development and needs, child behaviour management strategies, and practical advice about routines. Sessions are also intended to develop	<ul style="list-style-type: none"> • Standard curriculum of parenting skills • Trained service providers • Life skills

	<p>parents' general living skills to increase their parental capacity and ability to manage other aspects of their lives.</p>	
<p>Building supportive relationships and social networks</p>	<p>Supportive relationships between parents/carers and their children are fundamental to reducing harm and maltreatment. The relationship between the service provider and the family is important to achieve this aim. Supportive relationships enable parents/carers to seek advice and respite from others when needed.</p>	<ul style="list-style-type: none"> • Building the parent – child relationship • Building the parent – service provider relationship