
UNDERSTANDING PARENTS' INFORMATION NEEDS AND EXPERIENCES WHERE PROFESSIONAL CONCERNS REGARDING NON-ACCIDENTAL INJURY WERE NOT SUBSTANTIATED

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Introduction

This study is one of a series of projects jointly commissioned by the Department for Children, Schools and Families and the Department of Health to improve the evidence base on recognition and effective intervention in child abuse. It focuses on the role of paediatricians in relation to the information needs of parents when abuse is considered as a possible cause of non-accidental injury. Current difficulties facing paediatricians working in child protection are well documented. One of the areas that can be particularly difficult for health professionals is determining whether or not a presenting sign is a non-accidental injury (NAI). Previous research also shows that communicating concerns of NAI can be difficult for a health professional. This small-scale qualitative project was undertaken to explore parents' experiences of situations where concerns of non-accidental injury were raised, with a particular focus on communication processes. The data will be used for paediatric training in this area.

Key findings

- Most participants preferred open and honest face-to-face communication regarding what was going to happen as a result of the child protection enquiries and particularly about the child's medical care.
- Participants expected clear communication, preferably in writing, that their case was closed.
- Many participants stated that being subject to child protection investigations left them distressed and had a long-lasting effect on the whole family.

Background

In recent years, the Royal College of Paediatrics and Child Health (RCPCH) has had a strategy to support paediatricians in child protection work, which has included development of evidence-based guidelines for the identification of abuse and child protection training materials, incorporating communication skills training. There has also been a parallel research agenda. A survey of RCPCH members in 2004 established that the number of complaints about child protection was rising. The survey was followed by qualitative research which explored the circumstances around complaints against paediatricians in relation to child protection. This study established that communication was an area that triggered complaints and highlighted the need to explore the parental perspective in subsequent research. A qualitative project was therefore undertaken with parents and carers, exploring communication when concerns about a possible NAI are first raised.

Aims

The aims of the project were to:

- explore parents' experiences of situations where concerns of non-accidental injury were raised, with a particular focus on communication processes;
- generate data on parents' experiences and set these in context regarding, for example, professional duties and public discourses on child protection;
- identify any information that participants wished to receive;
- describe how participants remembered and reflected on their experiences;
- increase the awareness of paediatricians and other health professionals of what is perceived as helpful and less helpful practice from the parents' perspective; and,
- make suggestions for paediatric training to improve communication.

Methodology

The research was carried out over 20 months. Ten pilot interviews and 12 formal interviews were conducted with consenting parents / carers in 2007 and early 2008. Participants were recruited through a number of parents' support groups and 21 NHS Trusts across the UK. A narrative interview method was adopted for this sensitive topic to allow participants to express themselves in their own words, with additional probing to address particular paediatric training in communication and public information needs. Interviews were recorded, transcribed, anonymised and analysed with NVIVO software.

Findings

Circumstances where professional concerns of non-accidental injury (NAI) may be raised

Concerns of NAI may be raised in a variety of circumstances. The interviews included situations where concerns were first raised by professionals at hospitals (mainly in A&E departments) or schools. In most cases the concerns were articulated to parents / carers by consultant paediatricians. The cases featured unusual / multiple fractures, bruising, a burn and concerns of possible fabricated or induced illness (FII).

Communication style and content

Most participants preferred open and honest face-to-face communication regarding what was going to happen as a result of the child protection enquiries and particularly about the child's medical care. Many reported feeling they had been treated less courteously as soon as concerns of NAI were raised: the 'interaction changed' and participants felt they were 'getting the looks' from hospital staff. Participants were dissatisfied when their concerns and explanations were not listened to or when not enough time was allowed for communication. Participants were particularly dissatisfied where concerns of NAI were raised in a public place.

Information needs

Participants wanted to know which agencies are involved in the investigations, the timescale of events and who else (such as the child's school or other family members) would be involved. Thorough explanations of what child protection medicals involve were preferred. The findings were not conclusive about the value of written information leaflets. The majority of participants, however, stressed the importance of spoken information early on in the process.

Participants also expected clear communication, preferably in writing, that their case was closed. Some parents were still anxious at the time of the interviews (in some cases years after the event) as they were uncertain whether or not they were 'still being monitored'.

Response to communication of concern

Many participants stated that being subject to child protection investigations - no matter for how short period of time - left them distressed and had a long-lasting effect on the whole family. Feelings of disappointment with the 'system' were expressed, as well as anxieties about future contacts with health professionals.

By the time the interviews took place, participants had had an opportunity to reflect upon the events with the benefit of the hindsight. Many participants expressed an awareness of media reports of child protection cases where it had 'gone wrong', which contributed to their anxieties at the time of the incident.

Conclusions

The study findings on communication are consistent with previous literature on parents' experiences on child protection proceedings, as well as with studies on communication in health settings more generally.

Previous literature on parents' experiences of child protection proceedings suggests that parents' evaluations were highly critical. This project, however, suggests that parents reflect on their experiences (when given an opportunity to do so) and evaluate their situations from a number of angles. This was done, for example, in light of information available in the media or conversations with family and friends. Participants would assess the course of events in light of the present, stating things such as 'looking back in light of what I know now', and also reflect on their own behaviour at the time in terms of how it might have affected the investigation process.

Principles to inform practice

The study identified a number of key principles which may help health professionals communicate sensitively with parents when there are child protection concerns:

- Many parents who find themselves in this situation will have brought their child to see a health professional because they are concerned about their child's well-being. It is important that parents are kept informed about the child's medical care throughout any investigations as these concerns and worries remain.
- Parents prefer honest, clear and early communication on what a child protection enquiry means; what referral to social services or the police means; whether emergency proceedings are taking place; what the child protection medical examination involves; how long the child has to stay in the hospital; what different tests involve; whether further tests are needed and how long it will take to receive test results.
- It is important that parents are treated in a non-judgemental way by all members of the professional team while the investigations are ongoing. Parents in these circumstances can feel vulnerable and particularly sensitive to the way things are phrased and how they perceive individual staff reactions.

- Parents understand the professional duty to investigate further if there are concerns. Sensitively explaining to parents that there is a protocol the professional has to follow and clearly outlining the process may help parents to accept and understand.
- For many parents the realisation that there are concerns their child's injuries may have been deliberately caused comes as a shock. It is important to understanding the range of emotions that may or may not surface, listen to parents' concerns, answer their questions and give them time.
- Where possible confidential discussions with the family about child protection investigations should be held in private, bearing in mind the potential impact on other members of the family, including siblings.
- It is important that parents have understood the situation, especially when using terminology such as NAI.
- When all investigations are completed, parents need to be informed about the outcome and whether or not there is a permanent record.

Implications for policy

The study identified a range of communication-specific and other concerns that parents / carers have in these situations. Reflections on the research process illustrate the complex and contextual nature of child protection practice. Indeed the study required professionals and participants to trust the study aims and participants to relive a distressing occasion. It is suggested that further work is therefore required to establish a constructive dialogue between paediatricians and parents / carers in relation to child protection. In addition, the messages emerging from the research may be relevant for all members of child protection teams and applicable to situations whether or not concerns of NAI are substantiated.

Additional Information

Further information about this research can be obtained from Isabella Craig, 4FL-ARD, DCSF, Sanctuary Buildings, Great Smith Street, London SW1P 3BT

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The views expressed in this report are those of the authors' and do not necessarily reflect those of the Department for Children, Schools and Families.

Information about other studies which are part of the Safeguarding Children Research Initiative can be found at <http://tcrf.ioe.ac.uk/scrf/>