

The effectiveness of response-focused interventions to improve institutional environments to safeguard children is promising.

Cell: Intervention = Response; Outcome = Institutional Safeguarding Practice: Environment

Evidence status	Low risk of bias	Clear impact of response-focused interventions to improve institutional environments to safeguard children (based on three RCTs).
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The summary in brief

This synthesis includes five recent studies, with 4 primary studies and one systematic review. Out of four primary studies, three have been completed, while one is a protocol.

Institutions that care for children, such as children’s homes, orphanages, schools, daycares, foster homes, and hospitals, can implement various interventions and policies to safeguard the children under their care. Typically, interventions to improve operations to protect children in institutions include training for staff or structural interventions such as, improving caregiver to child ratio. These studies are based on interventions that trained caregivers and professionals to improve their knowledge, attitudes, and practices or behaviors when working with children, identifying instances of maltreatments, and enhancing their ability to respond effectively. The settings for the studies in this cell included schools and residential care. Results suggested improvements in the quality of practitioner’s/caregiver’s response (compared to controls), and the confidence in the findings of studies is assessed to be high for primary studies but low for the systematic review. Results should be interpreted accordingly.

The cell has three completed studies (Kim 2019; Nickerson 2019; and Santos 2022), one protocol (Perez 2021), and one systematic review (Lo and Cho 2021).

Studies in this cell

A. Completed Primary Studies	
Kim 2019 RCT, low risk of bias	USA, elementary schools School teachers Evaluation of the Second Step Child Protection Unit (CPU) to assess the impact on teacher knowledge, attitude, and relationships as well as any before and after the implementation of intervention.
Nickerson 2019 RCT, low risk of bias	USA, eight elementary schools from a large suburban school district in the Northeast School children Evaluation of the Second Step Child Protection Unit (CPU) to assess the impact on students’ CSA prevention knowledge, ability to recognize, report, and refuse unsafe touches, and perceptions of teacher-student relations. The study also

¹Moullin, J.C., Dickson, K.S., Stadnick, N.A. et al. Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. *Implementation Sci* 14, 1 (2019). <https://doi.org/10.1186/s13012-018-0842-6>

	investigated the moderating role of age and gender on program effectiveness.
Santos 2022 RCT, low risk of bias	Portugal 11 Portuguese residential care homes Caregivers in residential care homes Evaluation of the effects of the CMT-Care Homes on self-reported compassion-related and emotional climate/social safeness variables, analyzing preliminary evidence on intervention.
B. Protocols for Primary studies	
Perez 2021 Study protocol for RCT	USA: California Testing implementation strategy for “ACEs Aware” policy that provides Medicaid reimbursement for Adverse Childhood Experiences (ACEs) screening annually for child primary care visits to low-income families in Southern California.
C. Systematic Review	
Lo and Cho 2021 Systematic Review high risk of bias	To review the evidence available on impacts of community-based interventions on reduction of child maltreatment and to identify the core components of the interventions.

A. PRIMARY STUDIES

Three complete primary studies are Kim 2019; Nickerson 2019; and Santos 2022.

The interventions

Two of the RCTs (Kim 2019 and Nickerson 2019) in this cell assess the same intervention, called the Second Step Child Protection Unit (CPU). CPU addresses child sexual abuse through (a) school policies and procedures, (b) staff training, (c) student lessons, and (d) family education. CPU makes all school staff such as teachers and office staff complete a 75–90-minute online module to prepare them to recognizing indicators of child sexual abuse , responding effectively, and report instances of abuse. After completing training, teachers and/or other staff provide six lessons to students, using multiple delivery strategies such as didactic instruction, songs, videos, case scenarios and role-plays. The lessons address the topics of safety, asking adults, unsafe and unwanted touches, rules about private body parts, and

practice of rules to stay safe. Kim 2019 evaluated CPU to assess its effect on teachers' knowledge, attitude, and relationships, before and after the intervention.

Same intervention was assessed by Nickerson 2019 to see how the intervention was helping in students' knowledge about child sexual abuse prevention, their ability to recognize, report, and refuse unsafe touches, and how students perceive teacher-student relations. Nickerson 2019 also investigated if age and gender has to do anything with the program effectiveness.

Santos 2022 is based on Compassionate Mind Training program for caregivers (CMT-Care Homes). The CMT-Care Homes program was designed to cultivate a compassionate caregiving mindset among care givers, both in self-to-self relationship and in their interaction with others. The programme aims to create a safe and secure environment in residential care facilities (RCF). Based on a 12-session structured and manualized program, CMT-Care Homes is delivered in a group format. The CMT-Care Homes is organized across 3 sequential modules: 1) Our mind according to a compassion-based approach (to provide insight into the evolved and socially shaped mind and the affect regulation systems); 2) Compassionate mind training (understanding and cultivating the attributes and competencies of compassion in its three flows, and addressing its fears); and 3) Final session (revising key information/practices, and its application into the RCH settings). This study is actually part of a larger study, to examine the efficacy of the CMT-Care Homes program. This study aimed to investigate the effects of the CMT-Care Homes on self-reported compassion-related and emotional climate/social safety variables, analyzing preliminary evidence.

Do these interventions work in improving institutional safeguarding practices?

Kim 2019 found that the CPU teacher training was effective in improving teacher's knowledge, attitude, and student-relationships. The study also assessed if teachers accept taking the training, will it affect their knowledge. and they found that teachers with higher levels of acceptability of the teacher training had better outcomes in terms of their knowledge, attitudes, and student-relationships.

Nickerson 2019 found that students who got the programme scored significantly higher afterwards than did students who did not get it.

younger children gained most from the program. On gender, girls had better knowledge than boys about sexual abuse, including the ability to recognize, refuse, and report unsafe touches, but both boys and girls made significant gains after the training.

Santos 2022 found that at the end of CMT-Care Homes delivery, professionals who received the intervention had lesser fears of receiving compassion from others and fears of self-compassion as compared to the professionals who did not receive the intervention.

Which type of organisation delivered the intervention?

The Second Step CPU is a program by an organization called The Committee for Children (2014) (CPU; www.cfchildren.org/child-protection). CPU teacher training is delivered as a 75–90-min online module, and after completing the CPU online training modules, these teachers delivered the CPU student curriculum in their classrooms.

The CMT-Care Homes program was delivered in residential care homes by the study's lead author (Laura Santos), who is a clinical psychologist trained in cognitive-behavioral interventions and compassionate approaches with experience in residential youth care. The CMT-Care Homes program was delivered in accordance with the handbook, in face-to-face weekly sessions of 2.5 hours in each RCH, to a group of 6–10 participants, over 3–4 months, from October 2019 to February 2020.

What do the interventions cost?

None of the studies report any cost data.

How is the programme meant to work? The theory of change

Not specifically a theory of change, but Kim 2019 had hypotheses to guide their study. They hypothesized that: (1) Participation in the CPU will improve teacher outcomes in the intervention group compared to the control group. (2) The CPU will interact with teachers' prior knowledge, attitudes, and relationships to improve their outcomes. (3) A higher level of acceptability for the training will help teachers gain more from the training.

Nickerson 2019 had the Second Step CPU logic model (see Fig. 1) that suggests the student lesson and reinforcement activity components of the intervention should increase student knowledge of personal safety rules and the ability to recognize, report, and refuse unsafe situations and touches. The authors hypothesized that the CPU lessons would improve students' knowledge about abuse prevention, as well as ability to recognize, report, and refuse unsafe and sexually abusive situations. The logic model also emphasizes intervention components that foster positive relationships with students through safe and supportive environment strategies; the authors hypothesized that the programme would improve teacher-student relations.

There was no study specific theory of change but the intervention in Santos 2022 has some adaptations from the Social Mentalities Theory (Gilbert, 2015b, 2019). That suggests the mentality of caregiving or affiliation stems from the mammalian ability to form attachments, involving inclination to provide care, exhibit empathy, and act altruistically.

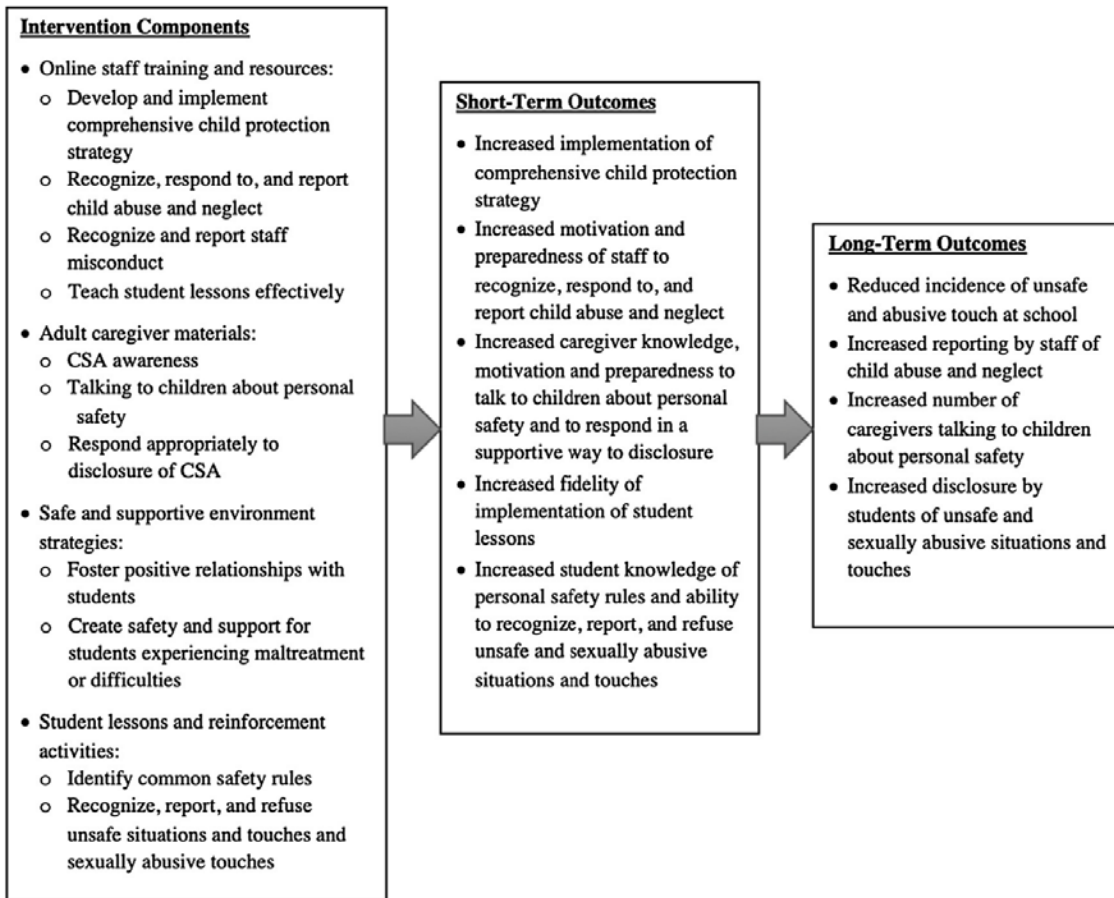


Fig. 1. Logic Model for the *Second Step* Child Protection Unit Curriculum.

Are the results generalisable?

Kim 2019 and Nickerson 2019 were conducted in a suburban area, and the teachers were mostly white, so there is a possibility that findings may not be generalizable to urban or rural settings or to individuals from other racial and ethnic backgrounds. We can't say much about Santos 2022, but compassion as such is a generic attribute that one can assume has a positive impact.

How reliable is the evidence?

Quite a lot.

All three RCTs are rated to have a low risk of bias so we can be confident about the findings.

PROTOCOL

Perez 2021 (US, California) proposes to develop a better implementation strategy to improve the awareness and uptake of the "ACEs Aware" policy that provides Medicaid reimbursement for Adverse Childhood Experiences (ACEs) screening annually for child primary care visits to low-income families in Southern California. The study will test a multifaceted implementation strategy in partnership with a Federally Qualified Health Center (FQHC) system. The Exploration, Preparation, Implementation, and Sustainment (EPIS) framework is a widely used implementation framework¹. This study plans to follow the EPIS framework for implementation mapping to refine implementation. The refined implementation strategy will include online training videos, a customized algorithm and use of technology to improve workflow efficiency, implementation training for internal FQHC personnel, clinic support and coaching, and written implementation protocols. This randomized trial with five primary care clinics will assess this implementation strategy for (a) fidelity to the ACE screening protocol, (b) reach, defined as the proportion of eligible children screened for ACEs, and (c) the impact of the ACE policy on child-level mental health referrals and symptom outcomes.

B. SYSTEMATIC REVIEW

The cell has one systematic review (Lo and Cho 2021). Details of the review are given below:

The intervention: community-based interventions.

Data Sources: Medline, PsycInfo, and Web of Science.

Inclusion Criteria:

- those published in English before January 2020,
- focused on the prevention of child maltreatment,
- placed emphasis on modifying the community environments and processes,
- evaluated the actual change in child maltreatment at the community level as one of the outcomes,
- primary studies reporting original data.

Studies Included: four studies were included in this review.

Results: All four studies included were from the USA. The four community-based child maltreatment programs included were Strong Communities for Children, the Durham Family Initiative (DFI), the Enough Abuse Campaign, and Prevent Child Abuse Georgia. There were two interventions aimed at preventing physical child abuse and neglect in children between the ages of 0 and 6, and two interventions focused specifically on addressing child sexual abuse (CSA). These interventions incorporated various components of prevention strategies. Of the four interventions, three focused on community-level interventions that involved modifying community environments and processes, while one intervention simultaneously targeted multiple ecological levels.

How reliable are the findings?

The review is rated to have an overall **high risk of bias**.