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Journal of Child and Family Studies (6 issues annually)
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**Aggression, Sibling Antagonism, and Theory of Mind During the First Year of Siblinghood: A Developmental Cascade Model**
Child Development July/August 2016 Vol 87(4) 1250-1263
Song JH, et al.

A developmental cascade model was tested to examine longitudinal associations among firstborn children's aggression, theory of mind (ToM), and antagonism toward their younger sibling during the 1st year of siblinghood. Aggression and ToM were assessed before the birth of a sibling and 4 and 12 months after the birth, and antagonism was examined at 4 and 12 months in a sample of 208 firstborn children (initial Mage = 30 months, 56% girls) from primarily European American, middle-class families. Firstborns' aggression consistently predicted high sibling antagonism both directly and through poorer ToM. Results highlight the importance of examining longitudinal influences across behavioral, social-cognitive, and relational factors that are closely intertwined even from the early years of life.

**Children Prefer Diverse Samples for Inductive Reasoning in the Social Domain**
Child Development July/August 2016 Vol 87(4) 1090-1098
Noves A and Christie S.

Not all samples of evidence are equally conclusive: Diverse evidence is more representative than narrow evidence. Prior research showed that children did not use sample diversity in evidence selection tasks, indiscriminately choosing diverse or narrow sets (tiger–mouse; tiger–lion) to learn about animals. This failure is not due to a general deficit of inductive reasoning, but reflects children's belief about the category and property at test. Five- to 7 year-olds’ inductive reasoning (n = 65) was tested in two categories (animal, people) and properties (toy preference, biological property). As stated earlier, children ignored diverse evidence when learning about animals' biological properties. When learning about people's toy preferences, however, children selected the diverse samples, providing the most compelling evidence to date of spontaneous selection of diverse evidence.

**Choosing foods for infants: a qualitative study of the factors that influence mothers**
Child: care, health and development May 2016 Vol 42(3) 359-369
Boak R, et al.

Examining the experiences of parents making food choices for infants is important because ultimately this influences what infants eat. Infancy is a critical period when food preferences and eating behaviour begin to develop, shaping dietary patterns, growth and health outcomes. There is limited evidence regarding what or why foods are chosen for infants. In this respect the key objective of this research is to describe the experiences of mothers making food choices for their infant children.

The study uses semi-structured interviews with 32 Australian mothers of infants aged four to 15 months from a range of socioeconomic backgrounds. An inductive thematic analysis through a process of constant comparison was conducted on transcribed interviews. Mothers described many ideas and circumstances which influenced food choices they made for infants. Themes were developed which encapsulate how the wider environment and individual circumstances combine to result in the food choices made for infants.
Early introduction of palliative care and advanced care planning for children with complex chronic medical conditions: a pilot study
Liberman DB, et al.
Children with complex chronic medical conditions benefit from early introduction of palliative care services and advanced care planning for symptom management and to support quality of life and medical decision-making. This study evaluated whether introducing palliative care during primary care appointments (1) was feasible; (2) increased access and improved knowledge of palliative care; and (3) facilitated advanced care planning. The research was conducted as a pilot study of a multi-modal intervention including targeted education for primary care providers (PCPs), an informational packet for families and presence of a palliative care team member in the outpatient clinic. PCPs completed pre- and post-surveys assessing experience, knowledge and comfort with palliative care.

Health of adolescent refugees resettling in high-income countries
Hirani K, et al.
Adolescent refugees are a vulnerable population with complex healthcare needs that are distinct from younger and older age groups. Physical health problems are common in this cohort with communicable diseases being the focus of attention followed by an emphasis on nutritional deficiencies and other chronic disorders. Adolescent refugees have also often experienced multiple traumatic stressors and are at a heightened risk of developing mental health problems. Navigating these problems at the time of pubertal development adds further challenges and can exacerbate or lead to the emergence of health risk behaviours. Educational difficulties and acculturation issues further compound these issues. Adolescents who have had experiences in detention or are unaccompanied by parents are particularly at risk. Despite a constantly growing number of adolescent refugees resettling in high-income countries, knowledge regarding their specific healthcare needs is limited. Research data are largely extrapolated from studies conducted within pediatric and adult cohorts. Holistic management of the medical and psychological issues faced by this group is challenging and requires an awareness of the socioeconomic factors that can have an impact on effective healthcare delivery. Legal and ethical issues can further complicate their management and addressing these in a culturally appropriate manner is essential. Early identification and management of the healthcare issues faced by adolescent refugees resettling in high-income countries are key to improving long-term health outcomes and future healthcare burden. This review article aims to increase knowledge and awareness of these issues among paediatricians and other health professionals.

Health professionals’ and managers’ definitions of developmentally appropriate healthcare for young people: conceptual dimensions and embedded controversies
Farre A, et al.
We aimed to (i) explore how health professionals and managers who work with young people seek to define developmentally appropriate healthcare (DAH), (ii) identify the range of conceptual dimensions present in their definitions and (iii) explore the controversies embedded in their characterisations of DAH. A qualitative multisite ethnographic study was conducted across three hospitals in England. We undertook face-to-face semi-structured interviews with health professionals and managers; and non-participant observation in clinics, wards and meetings. Anonymised field notes and interview transcripts were analysed using thematic analysis. The theme ‘conceptualisations of DAH’ was then further analysed, and the resulting themes categorised to form conceptual dimensions.
Inequalities in access to a tertiary children's chronic pain service: a cross-sectional study

Archives of Disease in Childhood July 2016 Vol 101(7) 657-661
Jay MA, Howard RF.
Poor health, including chronic pain, has been consistently shown to be associated with lower socioeconomic status (SES).
This study aims to describe the SES of a clinical population of children with chronic pain referred to tertiary care in England, and to determine if access to, and utilisation of, the service is related to SES.
Using a retrospective cross-sectional study design, all children referred to a tertiary chronic pain management service between 2000 and 2014 were included. SES was determined using the English Index of Multiple Deprivation for the area in which they lived. Distance from the study site, using Ordinance Survey National Grid coordinates, and service utilisation, from hospital records, were also calculated.
737 children were included. The proportion of patients referred from the most socially deprived areas was substantially lower (14%) than from the least deprived (25%). In addition, the proportion of patients from the most deprived areas fell with increasing distance from the study site. Patients from the most deprived areas were more likely not to attend hospital appointments.
Contrary to expectations, there were fewer patients from the most deprived areas. The proportion of children from more deprived areas fell with increasing distance from the study site, and those children who were referred were less likely to attend scheduled appointments. Our results imply that there is a social gradient in access to tertiary services for children's chronic pain management.

Long-term cognitive and school outcomes of late-preterm and early-term births: a systematic review

Child: care, health and development May 2016 Vol 42(3) 297-312
Chan E, et al.
Children born before full term (39–41 weeks' gestation) are at increased risk of adverse cognitive outcomes. Risk quantification is important as late-preterm (LPT; 34–36 weeks) and early-term (ET; 37–38 weeks) births are common.
This review analyses the effect of LPT and ET births on long-term cognitive and educational outcomes. The primary outcome was general cognitive ability. Secondary outcomes included verbal/non-verbal intelligence quotient, subject-specific school performance and special educational needs. The search strategy included Medline and Embase from January 1975 to June 2013. Eligible studies investigated specified outcomes and included suitable gestational age participants assessed at 2 years and older. Outcome measures and socio-demographic descriptors were extracted, and data meta-analysed where possible. Eight studies compared ET birth with full-term birth. Fourteen studies compared LPT birth with either term birth (>37 weeks, n = 12 studies) or full-term birth (39–41 weeks, n = 2 studies). Substantial between-study heterogeneity existed. LPT and ET children underperformed in most outcomes compared with their term/full-term counterparts, respectively. For example, LPT children had an increased risk of lower general cognitive ability (adjusted risk ratio 1.38 [95% confidence interval 1.06–1.79]), and full-term children performed 5% of a standard deviation higher (z-score 0.05 [0.02, 0.08]) than ET children. Poorer outcomes persist into adulthood; term cohorts performed 5% of a standard deviation higher than LPT cohorts (z-score 0.05 [0.04, 0.07]), and full-term cohorts performed 3% of a standard deviation higher than ET cohorts (z-score 0.03 [0.02, 0.04]). This review critically examines the knowledge around long-term cognitive outcomes of LPT and ET births, demonstrating multiple, small, adverse differences between LPT/ET and term/full-term births.
Obesity leads to declines in motor skills across childhood
Child: care, health and development May 2016 Vol 42(3) 343-350
Cheng J, et al.
Poor motor skills have been consistently linked with a higher body weight in childhood, but the causal direction of this association is not fully understood. This study investigated the temporal ordering between children's motor skills and weight status at 5 and 10 years. Participants were 668 children (54% male) who were studied from infancy as part of an iron deficiency anaemia preventive trial and follow-up study in Santiago, Chile. All were healthy, full-term and weighing 3 kg or more at birth. Cross-lagged panel modelling was conducted to understand the temporal precedence between children's weight status and motor proficiency. Analyses also examined differences in gross and fine motor skills among healthy weight, overweight, and obese children.
A higher BMI at 5 years contributed to declines in motor proficiency from 5 to 10 years. There was no support for the reverse, that is, poor motor skills at 5 years did not predict increases in relative weight from 5 to 10 years. Obesity at 5 years also predicted declines in motor proficiency. When compared with normal weight children, obese children had significantly poorer total and gross motor skills at both 5 and 10 years. Overweight children had poorer total and gross motor skills at 10 years only. The differences in total and gross motor skills among normal weight, overweight, and obese children appear to increase with age. There were small differences in fine motor skill between obese and non-obese children at 5 years only. Obesity preceded declines in motor skills and not the reverse. Study findings suggest that early childhood obesity intervention efforts might help prevent declines in motor proficiency that, in turn, may positively impact children's physical activity and overall fitness levels.

One-Year-Olds Think Creatively, Just Like Their Parents
Child Development July/August 2016 Vol 87(4) 1099-1105
Creativity is an essential human ability, allowing adaptation and survival. Twenty-nine 1-year-olds and their parents were tested on divergent thinking (DT), a measure of creative potential counting how many ideas one can generate. Toddlers' and parents' DT was moderately to highly correlated. Toddlers showed a wide range of DT scores, which were reliable on retesting. This is the first study to show children think divergently as early as 1 year. This research also suggests 1-year-olds' DT is related to parents', opening up future research into whether this relationship is due to genetics and/or social learning at its emergence. Understanding DT at its emergence could allow for interventions while neurological development is most plastic, which could improve DT across the life span.

Preventing childhood obesity in early care and education settings: lessons from two intervention studies
Child: care, health and development May 2016 Vol 42(3) 351-358
Neelon SEB, et al.
Obesity prevention in young children is a public health priority. In the USA, nearly 10% of children less than 5 years of age are obese, and most attend some form of out-of-home child care. While a number of interventions have been conducted in early care and education settings, few have targeted the youngest children in care or the less formal types of child care like family child care homes. Additionally, only two previous studies provided recommendations to help inform future interventions.
This paper presents lessons learned from two distinct intervention studies in early care and education settings to help guide researchers and public health professionals interested in implementing and evaluating similar interventions. We highlight two studies: one targeting children ages 4 to 24 months in child care centres and the other intervening in children 18 months to 4 years in family child care homes. We include lessons from our pilot studies and the ongoing larger trials.
**The role of collaboration in the cognitive development of young children: a systematic review**

Child: care, health and development May 2016 Vol 42(3) 313-324

Collaboration is a key facilitator of cognitive development in early childhood; this review evaluates which factors mediate the impact of collaborative interactions on cognitive development in children aged 4–7 years.

A systematic search strategy identified relevant studies (n = 21), which assessed the role of ability on the relationship between collaboration and cognitive development. Other factors that interact with ability were also assessed: gender, sociability/friendship, discussion, age, feedback and structure.

Immediate benefits of collaboration on cognitive development are highlighted for same-age peers. Collaborative interactions are beneficial for tasks measuring visual perception, problem-solving and rule-based thinking, but not for word-reading and spatial perspective-taking. Collaboration is particularly beneficial for lower-ability children when there is an ability asymmetry. High-ability children either regressed or did not benefit when paired with lower-ability participants.

Overall, the studies included within this review indicate that brief one-off interactions can have a significant, positive effect on short-term cognitive development in children of infant school age. The longer-term advantages of collaboration are still unclear. Implications for practice and future research are discussed.

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**Severe and fatal pharmaceutical poisoning in young children in the UK**

Archives of Disease in Childhood July 2016 Vol 101(7) 653-656

Anderson M, et al.

Accidental poisoning in young children is common, but severe or fatal events are rare. This study was performed to identify the number of such events occurring in the UK and the medications that were most commonly responsible.

Analysis of national data sets were employed, containing information relating to severe and fatal poisoning in children in the UK.

The following data sources used included, Office of National Statistics mortality data for fatal poisoning; Paediatric Intensive Care Audit Network admissions database and the National Poisons Information Service for severe non-fatal poisoning; Hospital Episode Statistics for admission data for implicated agents.

Between 2001 and 2013, there were 28 children aged 4 years and under with a death registered as due to accidental poisoning by a pharmaceutical product in England and Wales. Methadone was the responsible drug in 16 (57%) cases. In the UK, 201 children aged 4 years and under were admitted to paediatric intensive care with pharmaceutical poisoning between 2002 and 2012. The agent(s) responsible was identified in 115 cases, most commonly benzodiazepines (22/115, 19%) and methadone (20/115, 17%).

Conclusions Methadone is the most common pharmaceutical causing fatal poisoning and a common cause of intensive care unit admissions in young children in the UK.

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**Understanding of Goals, Beliefs, and Desires Predicts Morally Relevant Theory of Mind: A Longitudinal Investigation**

Child Development July/August 2016 Vol 87(4) 1221-1232

Sodian B, et al.

Developmental continuity between infants’ understanding of intentional agency (goals, beliefs, and desires) and young children's attributions of moral intentions were studied in a 4-year longitudinal study (N = 77 children). First, goal encoding at the age of 7 months and implicit false belief understanding at 18 months were predictive of children's understanding of an accidental transgressor's moral intentions at the age of 5 years. Second, 24-month-olds' understanding of subjective desires was predictive of children's ability to understand an accidental transgressor's false belief at 5 years. These correlations remained significant when controlling for gender and verbal IQ. These findings support the theory that an early understanding of intentional agency is foundational for moral cognition in childhood.
Healthcare

Child safeguarding and health care for looked after children
Care Quality Commission
The Care Quality Commission has published Not seen, not heard: a review of the arrangements for child safeguarding and health care for looked after children in England. This report looks at how effectively health services provide early help to children in need, how they identify and protect children at risk of harm and looked-after children’s health and wellbeing. It reviews findings from 50 inspections across England as well as specific focus groups.

Inequalities experienced by children
Royal College of Nursing
The Royal College of Nursing has published Inequalities experienced by children across the UK accessing the right care, at the right time, in the right place. This publication highlights how the health care inequalities experienced by children are influenced by getting the right care at the right time and in the right place. It sets out the current policy context across the UK, spotlights some key areas and concludes with recommendations on the actions needed by all governments across the UK.

Managing clinical risks in newborn babies
Care Quality Commission
The Care Quality Commission has published a thematic review Identifying and managing clinical risks in newborn babies and providing care for infants in the community who need respiratory support. The review explains findings of how newborn babies and infants with complex health conditions are cared for in hospitals and the community. The aim of this review is to improve care for infants and their families by identifying opportunities for improvement and influencing the development of clear national guidelines

NICE quality standard: diabetes in children and young people
National Institute for Health and Care Excellence
NICE has published a new quality standard Diabetes in children and young people (QS125). This quality standard covers the diagnosis and management of type 1 and type 2 diabetes in children and young people aged under 18.

Unlicensed BCG vaccine
Public Health England
Public Health England has published Unlicensed BCG vaccine: guide for parents and carers. This information leaflet aims to explain to parents and carers why a brand of BCG vaccine without a UK licence is being used and why it is still recommended
A selection of books available in the Health Library

Foundations for Health Promotion
by Jennie Naidoo and Jane Willis

The fourth edition of Foundations for Health Promotion offers a wealth of information in a friendly, easy-to-read format. This edition has been comprehensively updated and includes a new feature of learning activities with indicative answers to help students and practitioners to reflect on their practice. 'Pull out' boxes of case studies and examples help the reader to identify the evidence base for health promotion and illustrate the range of health promotion practice.

Re-Thinking Autism
by Runswick-Cole K.

Challenging existing approaches to autism that limit, and sometimes damage, the individuals who attract and receive the label, this book questions the lazy prejudices and assumptions that can surround autism as a diagnosis in the 21st Century.

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