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Safe working in education, childcare and children’s social care

Department for Education

Preventing and controlling infection, including the use of PPE, in education, childcare and children’s social care settings during the coronavirus outbreak.

Systematic Reviews

Neighbourhood collective efficacy and protective effects on child maltreatment: A systematic literature review

Alhassan Abdullah, Clifton R. Emery, Lucy P. Jordan

Health and Social Care in the Community

Abstract

Research within the community-based child protection approach has used the neighbourhood collective efficacy theory of social disorganisation to focus on investigating the social conditions and processes that facilitate residents’ ability to intervene or protect children from parental maltreatment. However, much of the research into the protective effects of neighbourhood collective efficacy on child maltreatment has yielded mixed results. In a review of empirical studies published between 2008 and 2019, we investigated the sources of these mixed findings and the pathways through which neighbourhood collective efficacy could protect children from parental maltreatment. Following the PRISMA guidelines for systematic literature reviews yielded 21 empirical research articles on the subject that were critically examined in line with the theoretical underpinning and research questions. Evidence suggests both direct and sequential pathways in which increased social cohesion and informal social control (ISC) protect against parents’ maltreatment behaviours. Higher levels of neighbourhood social cohesion were found to be a potential primary preventive strategy against risk factors for maltreatment. The use of ISC measures from the traditional collective efficacy scale account for the mixed findings and limited research on the direct and indirect forms of ISC. Moreover, the transactional processes posited by collective efficacy theory that link neighbourhood social cohesion to ISC have yet to be examined and confirmed with respect to child maltreatment. Studies addressing these theoretical and methodological gaps are encouraged, in particular, studies examining ISC dimensions using item measures of specific residents’ actions within child maltreatment behaviours. The results provide implications for community-based child protection practice, in terms of promoting cultural norms and values that foster social cohesion and facilitate ISC interventions within neighbourhoods.

Article Abstracts

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Moving more: physical activity and its positive effects on long term conditions in children and young people

Paul Dimitri, Kush Joshi, Natasha Jones on behalf of the Moving Medicine for Children Working Group

Archives of Disease in Childhood

Abstract
While the benefits of regular participation in physical activity in children and young people are clear, misconceptions have developed about the possible negative effects and potential complications of exercise on long-term conditions such as epilepsy, asthma and diabetes. Over the last decade evidence has emerged supporting the positive impact that physical activity has on long-term conditions. Previous concerns were raised about the risks of hypoglycaemia in children with type 1 diabetes mellitus (T1DM) thus limiting participation in sports. Importantly, physical activity improves the metabolic profile, bone mineral density, cardiorespiratory fitness and insulin sensitivity while lowering mortality risk in children with T1DM. Children with asthma were prevented from doing exercise due to concerns about precipitating an acute asthmatic episode. To the contrary, physical activity interventions have consistently shown an increase in cardiovascular fitness, physical capacity, asthma-free days and quality of life in childhood asthmatics. Children with epilepsy are often excluded from sports due to concerns relating to increased seizure frequency, yet evidence suggests that this is not the case. The evidence supporting physical activity in childhood survivors of cancer is growing but still primarily confined to patients with acute lymphoblastic leukaemia. Participation in sports and physical activity also reduces mental health problems developing in adolescence. While further research is required to investigate benefits of physical activity on specific aspects of long-term conditions in children, in general this group should be advised to increase participation in sports and exercise as a means of improving long-term physical and mental health.

**Children and young people’s concerns and needs relating to their use of health technology to self-manage long-term conditions: a scoping review**


**Archives of Disease in Childhood**

**Abstract**

**Background** The use of patient-facing health technologies to manage long-term conditions is increasing; however, children and young people may have particular concerns or needs before deciding to use different health technologies.

**Aims** To identify children and young people’s reported concerns or needs in relation to using health technologies to self-manage long-term conditions.

**Methods** A scoping review was conducted. We searched MEDLINE, PsycINFO and CINAHL in February 2019. Searches were limited to papers published between January 2008 and February 2019. We included any health technology used to manage long-term conditions. A thematic synthesis of the data from the included studies was undertaken. We engaged children with long-term conditions (and parents) to support review design, interpretation of findings and development of recommendations.

**Results** Thirty-eight journal articles were included, describing concerns or needs expressed by n=970 children and/or young people aged 5–18 years. Most included studies were undertaken in high-income countries with children aged 11 years and older. Studies examined concerns with mobile applications (n=14), internet (n=9), social media (n=3), interactive online treatment programmes (n=3), telehealth (n=1), devices (n=3) or a combination (n=5). Children and young people’s main concerns were labelling and identity; accessibility; privacy and reliability; and trustworthiness of information.

**Discussion** This review highlights important concerns that children and young people may have before using technology to self-manage their long-term condition. In future, research should involve children and young people throughout the development of technology, from identifying their unmet needs through to design and evaluation of interventions.

**The KidzMed project: teaching children to swallow tablet medication**
**Tablets**

Tablets are safer, more convenient and cheaper than liquid medications. Children and young people (CYP) often remain on liquids due to habit, reluctance to change or staff and parents’ lack of knowledge about switching to tablets. We describe a quality improvement project to train staff and embed a system of converting eligible children to tablet medication. A series of tests of change were made including training, making kit available, publicity and developing team protocols. In 3 months, 21 out of 25 eligible CYP were successfully converted with added benefit of saving £46 588 per year. Switching children to tablets is simple but requires whole team engagement, culture change of expectations and available resources.

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**Breaking bad news: what parents would like you to know**

**Archives of Disease in Childhood**

**Abstract**

**Objective** Breaking bad news about life-threatening and possibly terminal conditions is a crucial part of paediatric care for children in this situation. Little is known about how the parents of children with life-threatening conditions experience communication of bad news. The objective of this study is to analyse parents’ experiences (barriers and facilitators) of communication of bad news.

**Design** A qualitative study consisting of a constant comparative analysis of in-depth interviews conducted with parents.

**Setting** The Netherlands.

**Participants** Sixty-four parents—bereaved and non-bereaved—of 44 children (aged 1–12 years, 61% deceased) with a life-threatening condition.

**Interventions** None.

**Results** Based on parents’ experiences, the following 10 barriers to the communication of bad news were identified: (1) a lack of (timely) communication, (2) physicians’ failure to ask parents for input, (3) parents feel unprepared during and after the conversation, (4) a lack of clarity about future treatment, (5) physicians’ failure to voice uncertainties, (6) physicians’ failure to schedule follow-up conversations, (7) presence of too many or unknown healthcare professionals, (8) parental concerns in breaking bad news to children, (9) managing indications of bad news in non-conversational contexts, and (10) parents’ misunderstanding of medical terminology.

**Conclusions** This study shows healthcare professionals how parents experience barriers in bad news conversations. This mainly concerns practical aspects of communication. The results provide practical pointers on how the communication of bad news can be improved to better suit the needs of parents. From the parents’ perspective, the timing of conversations in which they were informed that their child might not survive was far too late. Sometimes, no such conversations ever took place.

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**The transition experiences of adolescents with type 1 diabetes from paediatric to adult care providers**

**Child: Care, Health and Development**

**Abstract**

**Purpose** Emerging adults with type 1 diabetes (T1D) are at increased risk for poor health outcomes as they transition from paediatric to adult healthcare providers. This is in part due to the complexities of young adult life as individuals with T1D enter the workforce, leave home or start college while learning to manage the disease on their own. We sought to identify the barriers and facilitators adolescents face during their emerging adult years with T1D.
Methods  Young adults, aged 24–35, who lived with T1D during their adolescent years were recruited online to complete a survey regarding their experience with care transition. Categorical data were analysed using descriptive statistics. A thematic analysis, guided by the Framework for Emerging Adults with T1D, was used to explore the free-text data.

Results  In total, 25 adults (84% female) with mean age of 28 ± 3.2 years participated. Themes that arose from the analysis of the paediatric to adult care transition experiences included (1) importance of support from key players, (2) challenges navigating the healthcare system, (3) mental health needs of emerging adults with T1D, (4) managing day-to-day life with T1D and (5) early independence to ease transition.

Conclusion  Individuals with T1D face a variety of challenges as they transition from paediatric to adult care providers. A proactive approach in educating adolescents is needed.

Parenting children who are enterally fed: How families go from surviving to thriving

Child: Care, Health and Development

Abstract

Background  Complex feeding difficulties requiring enteral (tube) feeding affect everyone around the child. Parents experience additional stress and are at risk of social isolation. This study investigated the strategies families develop and use to adjust and adapt to enteral feeding so they were not just surviving but thriving as a family.

Methods  Twenty parents whose children had been or continued to be enterally fed were interviewed, four of them twice as their experience of enteral feeding progressed. Learning theory was used to conceptualize findings in terms of changing use of tools that mediated parents' response to feeding-related challenges.

Results  Parents encountered dilemmas relating to enteral feeding: maintaining participation in everyday activities, managing responses to the use of tubes for feeding, and doing what feels right for their child. They used four kinds of mediating tools to overcome these: memory aids and readiness tools, metaphors and narratives, repurposed everyday objects and personalized routines and materialities.

Conclusions  This novel account of tool used to resolve dilemmas provides an empirically and theoretically grounded basis for supporting parents to thrive despite the challenges of enteral feeding. Specifically, it can guide information given to help parents anticipate and cope with dilemmas arising from enteral feeding.

The effect of training of metered-dose inhaler technique on asthma control and quality of life in children with asthma: a randomized trial

Merve Azak, Birsen Mutlu, Zeynep Tamay

Children’s Health Care

Abstract

The purpose of the study was to determine the effect of two different training styles (with brochure or video) with follow-ups for metered-dose inhaler (MDI) technique on asthma control and quality of life in children with asthma. Training for MDI technique was provided to 66 children (age 7–11 years) by using an MDI Technique Checklist. On the day of training and 4 weeks later, asthma control level (as assessed using the Childhood Asthma Control Test-C-ACT) and quality of life (as assessed using the Pediatric Asthma Quality of Life Questionnaire-PAQLQ) of the children were assessed. MDI Technique Checklist, C-ACT, and PAQLQ scores showed a statistically significant increase in both groups (p <.001), and technique reached the maximum score in the video group. Two different training methods on MDI technique provided the children with improved asthma control and quality of life. Follow-ups should be continued either to maintain or to improve skills.
Equipping children’s nurses to de-escalate conflict and communicate challenging information
Doreen Crawford et al
Nursing Children and Young People
Abstract
This article considers some of the challenging situations that children’s nurses may encounter when there are tensions and disagreements between the family of the child or young person in their care and the wider professional team. The focus is on disagreements about what some might consider futile critical care. It aims to equip children’s nurses with strategies for dealing with conflict and tensions, and support them to be proactive in identifying situations that might need de-escalation. The options available to support the healthcare team and therefore avoid litigation are explored, while avenues of support available to nursing staff are considered. Suggestions and examples of effective and skilful communication with families receiving challenging news are provided. The legal position designed to safeguard children’s nurses is reviewed and practical strategies are offered to support nurses to protect themselves from physical violence if the situation escalates.

Management of chronic fatigue syndrome/myalgic encephalomyelitis in a pediatric population: A scoping review
Sarah S Collard, Jane Murphy
Journal of Child Health Care
Abstract
Chronic fatigue syndrome (CFS)/myalgic encephalomyelitis (ME) negatively impacts the quality of life for children with the condition. Although up to 2% of children have CFS/ME, the bulk of research investigates adults with CFS/ME. Using the PRISMA extension for a scoping review and the work of Arksey and O’Malley (2005), a scoping review was conducted of all relevant peer-reviewed research investigating nutrition, exercise, and psychosocial factors within a pediatric population diagnosed with CFS/ME. Key themes found were nutrition and dietary components, exercise therapy, psychosocial factors, and multifaceted treatment. Nutrition was explored on its own as a tool to decrease symptoms; however, there were very few studies found to examine nutritional deficiency or treatment with those under the age of 18. Graded exercise and resistance training improved fatigue severity and symptoms of depression in adolescents with CFS/ME. Research exploring psychosocial factors of CFS/ME presented attributes that could lead to being diagnosed as well as barriers to treatment. The multifaceted treatment undertaken typically consists of graded activities/exercise, cognitive behavioral therapy, nutritional advice, and family sessions. This has shown to increase school attendance and decrease the severity of the fatigue for adolescents. Minimal literature exploring CFS/ME within a prepubescent population presents the need for further research.

Communication between parents and well-siblings in the context of living with a child with a life-threatening or life-limiting condition
Tiina Jaaniste, Sarah C Tan, Phillip Aouad, Susan Trethewie
Journal of Paediatrics and Child Health
Abstract
Effective parent-child communication may serve to buffer the potential negative impacts of stressful situations on a child. Children who have a brother or sister with a life-threatening or life-limiting medical condition may turn to their parents for help with comprehending the situation, to help maintain their own ability to function across various life areas or to receive
emotional support. There is a need for more investigation into the nature and importance of parent-child communication in the context of living with a seriously ill brother or sister. The current paper presents a framework of parent-sibling communication in the context of living with a seriously unwell child, distinguishing the focus of communication (illness-related vs. non-illness-related) and the purpose of communication (information-provision vs. emotional support). Such a framework offers a holistic approach to exploring some of the challenges of communication between parents and well-siblings. The state of current knowledge regarding the focus and purpose of communication between parents and well-siblings is reviewed, and implications for research and possible clinical applications discussed.

**Sleep quantity and its relation with physical activity in children with cerebral palsy: insights using actigraphy**

Denise J M Smit, Maremka Zwinkels, Tim Takken, Raquel Y Hulst, Janke F de Groot, Kristel Lankhorst, Olaf Verschuren

*Journal of Paediatrics and Child Health*

**Abstract**

**Aim** To objectively assess the sleep quantity, and explore the relationships between sleep quantity and quality, and physical activity and sedentary behaviour in children and adolescents with cerebral palsy (CP).

**Methods** An observational cross-sectional study was conducted. In total, 36 children with spastic CP (mean age 15y 4mo, SD 2y 6mo; classified as Gross Motor Function Classification System levels I (25), II (9), III (1) and IV (1)) were included. Active time, sedentary time and sleep quantity were measured using an activity monitor for 7 consecutive days.

**Results** Total sleep duration of children with CP ranged between 7.2 and 11.2 h. No significant correlations were found between active time and sleep quantity for total week, weekdays, and weekend days. Moderate negative correlations were found between sedentary time and sleep quantity during total week (r = −0.456, P = 0.005), weekdays (r = −0.453, P = 0.006) and weekend days (r = −0.48, P = 0.003).

**Conclusions** Our findings suggest that children with CP are getting the recommended sleep duration, and that sedentary behaviour is correlated with sleep quantity in children with CP and may be more applicable to children with better motor functions. Future studies using more elaborate, objective sleep quantity and quality measures are recommended.

**Library Resources**

**Health visiting: A rediscovery**

K. Luker, J. Orr, G. McHugh

This new edition of an established and well-regarded text is essential reading for those training to become health visitors and those who are practitioners working with and in the community. Health Visiting: A Rediscovery has been thoroughly revised and updated to reflect the many new developments in health policy, public health priorities and health visiting practice. The focus of the book, however, remains the same: placing the health visitor at the forefront of supporting and working with children and families, ensuring the child has the best possible start in life. The increasing importance of working with communities and reaffirming the public health role of the health visitor are discussed and debated. The new edition takes into account the challenges and increasing need for health visitors to engage with research evidence and to evaluate their practice.

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