Child abuse and neglect

NICE guideline: short version

Draft for consultation, February 2017

This guideline covers abuse and neglect in children and young people under 18. It covers physical, sexual and emotional abuse, neglect, and some particular safeguarding issues including child sexual exploitation, child trafficking and forced marriage. It aims to help all practitioners working with children and young people to recognise abuse and neglect, carry out an assessment and provide early help and interventions to children, young people, parents and carers.

NICE has also produced a guideline on child maltreatment covering clinical features of maltreatment. 'Maltreatment' covers both abuse and neglect. Recommendations from child maltreatment which have particular relevance to both health and social care practitioners have been adapted for this guideline (see section 1.2)

Who is it for?

- All practitioners working with children and young people, including social workers, healthcare professionals and people in 'lead professional' roles in services such as education and local safeguarding children's boards.
- Children and young people at risk of, experiencing or who have experienced abuse or neglect, and their families and carers.

This version of the guideline contains the draft recommendations, context and recommendations for research. Information about how the guideline was developed is on the guideline's page on the NICE website. This includes the guideline committee's discussion; a summary report of the discussions of the children and young people's expert reference group; the evidence reviews,

including evidence from serious case reviews (all in the full guideline); the scope, and details of the committee and any declarations of interest.

Contents

Recommendations

People have the right to be involved in discussions and make informed decisions about their care, as described in your care.

Making decisions using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information about professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

Practitioners should apply this guideline in light of the statutory functions of the agencies they work for under the Children Acts of 1989 and 2004. The context section provides more detail in relation to this. Practitioners should also use this guideline alongside the Department for Education's statutory guidance Working together to safeguard children and any guidance specific to their profession (for example the Department for Education's Keeping children safe in education and the General Medical Council's Protecting children and young people: doctors' responsibilities).

1.1 Principles for working with children, young people, parents and carers

Working with children and young people

1.1.1 Take a child-centred approach to all work with children and young people; involve them in decision-making to the fullest extent possible depending on their age and developmental stage.

1.1.2 Use a range of methods (for example, using drawing, books or activities if appropriate) for communicating with children and young people. Tailor communication to:

- their age and developmental stage
- any disabilities, for example learning difficulties or hearing and/or visual impairments

- communication needs, for example by using communication aids or providing an interpreter (ensure the interpreter is not a family member).

1.1.3 In all conversations with children and young people:

- explain confidentiality and when you might need to share specific information, and with whom
- be sensitive and empathetic
- listen actively and use open questions
- find out their views and wishes
- use plain language and explain any technical terms
- work at the child or young person's pace
- give them opportunities to stop the conversation or leave the room, and follow up if this does happen
- explain what will happen next and when.

1.1.4 Make sure the child or young person is comfortable with the environment in which conversations are being held and ensure they have privacy if they want to discuss any worries.

1.1.5 If your interaction with a child or young person involves touching them (for example, a medical examination) explain what you are going to do. For young people over 16, or children and young people who are under 16 but are Gillick competent, ask for their agreement first. If they do not agree and touching them is essential to their treatment, seek legal advice, unless the need for treatment is immediate. In all other cases respect their disagreement.

1.1.6 Produce a written record of conversations with children and young people and check that they agree with these (this could include both of you signing the record). Ensure their words are accurately represented, using their actual words if possible.

1.1.7 Share reports and plans with the child or young person in a way that is appropriate to their age and understanding.

1.1.8 When working with children and young people, always do what you say you are going to do. If circumstances change and this is no longer possible, explain why as soon as possible, and offer alternative actions.

1.1.9 When working with children and young people, clearly explain how you will work together with them and ensure they do not have unrealistic expectations.

1.1.10 Explain to the child or young person (if age appropriate) how and when they can contact you and what services are available out of hours. Give them contact details.

1.1.11 Agree with the child or young person how and when you will contact them, bearing in mind safety issues such as whether a perpetrator of abuse may have access to a young person's phone. Agree what will happen if you contact them and they do not respond, for example following up with their nominated emergency contact.

Working with parents and carers

1.1.12 Aim to build good working relationships with parents and carers to encourage their engagement and continued participation. This should involve:

- actively listening to them
- being open and honest
- avoiding blame, even if parents may be responsible for the abuse or neglect
- inviting, recognising and discussing any worries they have about specific interventions they will be offered
- identifying what parents are currently doing well, and building on this
- working in a way that enables trust to develop while maintaining professional boundaries
- being reliable, and available as promised
- keeping them informed, including explaining what information has been shared, and with whom

- being clear about the issues and concerns that have led to your involvement
- being clear about the legal context in which your involvement with them is taking place.

Working with other practitioners

1.1.13 Coordinate your work with practitioners in other agencies so that children, young people, parents and carers do not need to give the same information repeatedly.

Critical thinking and analysis

1.1.14 Think critically and analytically about cases and do not rely solely on protocols, proformas and electronic recording systems to support your professional thinking and planning.

1.2 Recognising abuse and neglect

Recommendations with an asterisk (*) are from NICE's guideline on child maltreatment. Wording has been adapted in some of these recommendations. Physical injuries and other clinical indicators are covered in child maltreatment.

In this section we have used a definition of 'consider' adapted from child maltreatment, as 1 of 2 levels of concern:

- To **consider** child abuse or neglect means that abuse or neglect are possible explanations for the alerting feature. Practitioners should continue to monitor the alerting features. In health, they may be included in the differential diagnosis.
- To **suspect** child abuse or neglect means a serious level of concern about the possibility of child abuse or neglect but is not proof of it.

Elsewhere in this guideline 'consider' reflects the strength of evidence, in line with developing NICE guidelines: the manual.

Children and young people telling others about abuse and neglect

1.2.1 Recognise that children and young people who are being abused or neglected may find it difficult to tell someone for the first time because:

- they may have feelings of shame, guilt and of being stigmatised
- they may not always recognise their own experiences as abusive
- they may be being coerced by (or may be attached to) their abuser
- they may fear the consequences of telling someone, for example that the abuse might get worse, their family will be split up or they will go into care.

1.2.2 Recognise that children and young people who are experiencing abuse or neglect may not acknowledge this when questioned, or may not want others to know.

1.2.3 Recognise that children and young people may communicate their abuse or neglect indirectly through their behaviour and appearance (see NICE's guideline on child maltreatment and recommendations 1.2.12 to 1.2.45 in this guideline).

1.2.4 Explore your concerns with children and young people in a non-leading way, for example by using open questions, if you are worried that they may be being abused or neglected.

1.2.5 Avoid causing possible prejudice to any formal investigation during early conversations about abuse and neglect with children and young people. Follow guidance in the Ministry of Justice's Achieving best evidence in criminal proceedings.

1.2.6 If a child or young person tells you that they have experienced abuse or neglect, explain to them whom you will need to tell, and discuss what will happen next and when.

Child risk factors for abuse and neglect

1.2.7 For disabled children, be aware that their disability may increase the risk of abuse or neglect by their parents, carers or others, and make it harder to recognise. Also remember that disabled children may have many carers.

1.2.8 Recognise that both girls and boys can be sexually exploited, and that child sexual exploitation is not confined to a particular sexual orientation.

Parental risk factors for abuse and neglect

1.2.9 Consider abuse and neglect if a parent, carer, sibling or other adult in a child's household has 1 or more of the following risk factors:

- They have substance misuse difficulties.
- There is a history of domestic abuse.
- They are emotionally volatile or have problems managing their anger.
- They are experiencing mental health problems.

The risk factors above may be compounded if the parent, carer, sibling or other adult in a child's household lacks support from family or friends.

1.2.10 Recognise the following as risk factors for recurring or persistent child abuse and neglect:

- The parent or carer does not engage with services.
- There have been 1 or more previous episodes of abuse or neglect.
- The parent or carer has a mental health or substance misuse problem.
- There is chronic parental stress.
- The parent or carer experienced abuse or neglect as a child.

Recognise that neglect and emotional abuse are more likely to recur or persist than other forms of abuse.

Practitioner awareness of risk

1.2.11 Recognise that risk factors can be interrelated, and that separate factors can combine to increase the risk of harm to a child or young person.

Indicators of abuse and neglect: child behaviour and emotional states

General behavioural and emotional indicators of child abuse and neglect

1.2.12 Consider current abuse and neglect if a child or young person displays, or is reported to display, either of the following that differs from what would be expected for their age and developmental stage (see boxes 1 and 2):

- a marked change in behaviour or emotional state **or**
- repeated, extreme or sustained emotional responses.

Consider abuse and neglect even if these initially appear to be explained by a known stressful situation (for example, bereavement or parental separation).*

Box 1 Examples of behaviour and emotional states

- Being fearful or withdrawn, low self-esteem
- Extreme distress
- Wetting and soiling
- Recurrent nightmares containing similar themes
- Aggressive, oppositional behaviour
- Withdrawal of communication
- Lack of ability to understand and recognise emotions
- Habitual body rocking
- Indiscriminate contact or affection seeking
- Over-friendliness to strangers, including healthcare practitioners
- Excessive clinginess
- Persistently seeking attention
- Demonstrating excessively 'good' behaviour to prevent parental or carer disapproval
- Failing to seek or accept appropriate comfort or affection from an appropriate person when significantly distressed
- Coercive controlling behaviour towards parents or carers
- Very young children showing excessive comforting behaviours when witnessing parental or carer distress.

Box 2 Examples of emotional responses

- Frequent rages at minor provocation
- Distress expressed as inconsolable crying
- Anger or frustration expressed as a temper tantrum in a school-aged child.

1.2.13 Consider past (as well as current) abuse and neglect if a child or young person shows repeated, extreme or sustained emotional responses as described in 1.2.12.

1.2.14 Consider current or past abuse and neglect if a child shows dissociation (transient episodes of detachment that are outside the child's control and that are distinguished from daydreaming, seizures or deliberate avoidance of interaction).*

1.2.15 Consider current or past abuse or neglect if children or young people are showing any of the following behaviours:

- substance or alcohol misuse
- self-harm
- eating disorders
- suicidal behaviours
- bullying or being bullied.

1.2.16 Consider current or past abuse and neglect if a child or young person has run away from home or care.*

1.2.17 Consider current or past abuse and neglect if a child or young person is living in alternative accommodation without the justified agreement of their parents or carers.*

1.2.18 Consider abuse and neglect if a child or young person regularly has responsibilities that interfere with the child’s essential normal daily activities (for example, school attendance).*

1.2.19 Consider current or past abuse and neglect if a child responds to a health examination or assessment in an unusual, unexpected or developmentally inappropriate way (for example, extreme passivity, resistance or refusal).*

Sexual behavioural indicators of child abuse and neglect

For more guidance about responding to potentially harmful sexual behaviours, see NICE's guideline on harmful sexual behaviour among children and young people.

1.2.20 Suspect current or past abuse and neglect if a child or young person's sexual behaviour is indiscriminate, precocious or coercive.*

1.2.21 Suspect abuse and neglect, and in particular sexual abuse, if a pre-pubertal child displays or is reported to display repeated or coercive sexualised behaviours or preoccupation (for example, sexual talk associated with knowledge, emulating sexual activity with another child).*

1.2.22 Suspect sexual abuse if a pre-pubertal child displays or is reported to display unusual sexualised behaviours. Examples include:

- oral–genital contact with another child or a doll
- requesting to be touched in the genital area
- inserting or attempting to insert an object, finger or penis into another child's vagina or anus.*

Behavioural indicators of child neglect

1.2.23 Suspect current or past abuse and neglect if a child repeatedly scavenges, steals, hoards or hides food with no medical explanation (for example Prader–Willi syndrome).*

1.2.24 Suspect neglect if you repeatedly observe or hear reports of any of the following in the home that is in the parents or carers' control:

- a poor standard of hygiene that affects a child's health
- inadequate provision of food
- a living environment that is unsafe for the child's developmental stage.

Be aware that it may be difficult to distinguish between neglect and material poverty. However, care should be taken to balance recognition of the constraints on the parents or carers' ability to meet their children's

needs for food, clothing and shelter with an appreciation of how people in similar circumstances have been able to meet those needs.*

1.2.25 Suspect neglect if a child is persistently smelly and dirty. Take into account that children often become dirty and smelly during the course of the day. Use judgement to determine if persistent lack of provision or care is a possibility. Examples include:

- child seen at times of the day when it is unlikely that they would have had an opportunity to become dirty or smelly (for example, an early morning visit)
- if the dirtiness is ingrained.*

1.2.26 Consider neglect if a child has severe and persistent infestations, such as scabies or head lice.*

1.2.27 Consider neglect if a child's clothing or footwear is consistently inappropriate (for example, for the weather or the child's size). Take into account that instances of inadequate clothing that have a suitable explanation (for example, a sudden change in the weather, slippers worn because they were closest to hand when leaving the house in a rush) would not be alerting features for possible neglect.*

Indicators of abuse and neglect: child development

1.2.28 Consider neglect if a child displays faltering growth because of lack of provision of an adequate or appropriate diet.*

1.2.29 Consider physical or emotional abuse or neglect if a child under 12 shows poorer than expected language abilities for their overall development (particularly in their ability to express their thoughts, wants and needs) that is not explained by other factors, for example speaking English as a second language.

Indicators of abuse and neglect: interactions between children and young people and parents or carers

These recommendations assume that practitioners are seeing a parent or carer and child interacting.

1.2.30 Consider neglect or physical abuse if a child's behaviour towards their parent or carer shows any of the following, particularly if they are not observed in the child's other interactions:

- dislike or lack of cooperation
- lack of interest or low responsiveness
- high levels of anger or annoyance
- seeming passive or withdrawn.

1.2.31 Consider emotional abuse if there is concern that parent– or carer–child interactions may be harmful. Examples include:

- Negativity or hostility towards a child or young person.
- Rejection or scapegoating of a child or young person.
- Developmentally inappropriate expectations of or interactions with a child, including inappropriate threats or methods of disciplining.
- Exposure to frightening or traumatic experiences, including domestic abuse.
- Using the child for the fulfilment of the adult's needs (for example, in marital disputes).
- Failure to promote the child's appropriate socialisation (for example, involving children in unlawful activities, isolation, not providing stimulation or education).*

1.2.32 Suspect emotional abuse if the interactions observed in recommendation 1.2.31 are persistent.*

1.2.33 Consider emotional neglect if there is emotional unavailability and unresponsiveness from the parent or carer towards a child or young person and in particular towards an infant.*

1.2.34 Suspect emotional neglect if the interaction observed in recommendation 1.2.33 is persistent.*

1.2.35 Consider abuse and neglect if parents or carers are seen or reported to punish a child for wetting and soiling despite practitioner advice that the symptom is involuntary.*

1.2.36 Consider abuse and neglect if a parent or carer refuses to allow a child or young person to speak to a practitioner on their own when it is necessary for the assessment of the child or young person.*

1.2.37 Recognise that excessive physical punishment constitutes physical abuse.

Supervision by parents and carers

1.2.38 Suspect neglect if parents or carers persistently fail to anticipate dangers and to take precautions to protect their child from harm. However, take into account that achieving a balance between an awareness of risk and allowing children freedom to learn by experience can be difficult.*

1.2.39 Consider neglect if the explanation for an injury (for example, a burn, sunburn or an ingestion of a harmful substance) suggests a lack of appropriate supervision.*

1.2.40 Consider neglect if a child or young person is not being cared for by a person who is able to provide adequate care.*

Providing access to medical care or treatment

1.2.41 Consider neglect if parents or carers fail to collect or administer essential prescribed treatment for their child.*

1.2.42 Consider neglect if parents or carers repeatedly fail to attend follow-up appointments that are essential for their child's health and wellbeing.*

1.2.43 Consider neglect if parents or carers persistently fail to engage with relevant child health promotion programmes, which include:

- immunisation
- health and development reviews
- screening.*

1.2.44 Consider neglect if parents or carers have access to but persistently fail to obtain NHS treatment for their child's dental caries (tooth decay).*

1.2.45 Suspect neglect if parents or carers fail to seek medical advice for their child to the extent that the child's health and wellbeing is compromised, including if the child is in ongoing pain.*

Supporting practitioners to recognise abuse and neglect

1.2.46 Ensure all practitioners working in primary care can recognise and respond to child abuse and neglect. Ways to achieve this include:

- training newly qualified doctors in risk factors for abuse and neglect, such as parental mental health problems, alcohol and substance misuse (and providing top-up training sessions every 6 months)
- giving information to newly qualified practitioners, for example about local resources such as children's centres and parenting groups
- completing a standardised questionnaire to screen for risk factors
- providing access to a social worker if possible.

1.2.47 Ensure practitioners working in community settings, including education, can recognise and respond to child abuse and neglect and are aware of child safeguarding guidance relevant to their profession, for example the Department for Education's Keeping children safe in education.

Recognising child trafficking

1.2.48 Recognise that there are many reasons why children and young people may be trafficked other than for sexual exploitation. Other forms of exploitation include:

- forced marriage
- domestic servitude
- working for low or no pay, or in illegal industries

- being used for benefit fraud.

1.2.49 Recognise that both girls and boys can be trafficked and that children and young people from the UK can be trafficked, as well as those from other countries.

1.2.50 If you suspect a child or young person may have been trafficked:

- ensure that concerns about their age and immigration status do not override child protection considerations
- recognise that choosing an interpreter from the child's community may represent to them the community that has exploited them
- aim to ensure continuity with the same interpreter, keyworker or independent advocate.

1.3 Assessing risk and need in relation to abuse and neglect

This section refers to assessment of risk and need in relation to child abuse and neglect, including early help assessment, and assessment under Section 17 and enquiry under Section 47 of the Children Act 1989. Local authority social workers have a statutory duty to lead assessments under the Children Act 1989. The police, teachers and other relevant processionals should provide information as part of this process.

Carrying out assessments

1.3.1 Practitioners leading the assessment should ensure that all significant adults, children and young people in the family are involved. This means:

- finding out their views and wishes
- taking time to understand family relationships and dynamics.

Exceptions are adults who could affect the nature of a criminal investigation, for example in cases of sexual abuse, induced illness, serious physical abuse or neglect and forced marriage.

1.3.2 As part of the assessment, collect and analyse information about all significant people in the child's care environment. The assessment should include each person's:

- family, personal, social and health history, and
- experiences of being parented.

1.3.3 When assessing a child or young person for abuse and neglect:

- observe the child or young person
- communicate directly with them
- explore in a non-leading way any presenting signs of child abuse and neglect.

Do not rely solely on information from the parent or carer in an assessment. See also recommendations 1.1.1 to 1.1.12 about working with children, young people, parents and carers.

1.3.4 When assessing a child or young person follow the principles in recommendation 1.1.3 and also:

- keep them involved and informed at every stage of assessment and decision-making
- tailor communication to their specific needs (see recommendation 1.1.2)
- reinforce that they have a right to talk about any abuse or neglect and to seek help.

1.3.5 Provide training in communication skills to enable practitioners assessing children and young people to identify and interpret signs of abuse and neglect.

1.3.6 Practitioners should adopt an individualised approach to assessment that takes into account each child or young person's specific needs.

1.3.7 Communicate concerns honestly to families about child abuse and neglect, taking into account confidentiality. Think about what information

should be shared, and with whom, to avoiding placing the child at risk of further harm.

1.3.8 During assessment, focus primarily on the child's needs but also remember to:

- address both the strengths and weaknesses of parents and carers and acknowledge that parenting can change over time
- focus attention equally on male and female parents and carers.

Developing a plan

1.3.9 Analyse the information collected during assessment and use it to develop a plan describing what services and support will be provided. This should be agreed with the child and their family (also see recommendation 1.1.7). Analysis should include evaluating the impact of any risk factors.

Supporting practitioners to undertake good quality assessment

1.3.10 Organisations should ensure that practitioners conducting assessment in relation to abuse or neglect of disabled children or young people can access a specialist with knowledge about those children and young people's specific needs and impairments.

1.4 Early help for families showing possible signs of abuse or neglect

Home visiting programmes

1.4.1 Consider a programme of home visits, lasting at least 6 months, for parents or carers at risk of abusing or neglecting their child or children. This includes parents or carers with previously confirmed instances of abuse and neglect.

1.4.2 Identify parents and carers who would benefit from a programme of home visits during pregnancy or shortly after birth, wherever possible.

1.4.3 Ensure that the programme of home visits includes:

- support to develop positive parent–child relationships, including:
  - helping parents to understand children's behaviour more positively
  - modelling positive parenting behaviours
  - observing and giving feedback on parent–child interactions
- helping parents to develop problem-solving skills
- support for parents with substance misuse and mental health difficulties
- support for parents to access relevant services, including healthcare, early years, educational services and other community services.

1.4.4 Ensure that the programme of home visits is delivered by either a health or social care practitioner or another worker who has been trained in delivering that particular home visiting programme.

Parenting programmes

1.4.5 Consider a parenting programme for parents or carers at risk of abusing or neglecting their child or children. Tailor parenting programmes to the specific needs of the family (see recommendations 1.4.7 to 1.4.10).

1.4.6 When selecting parenting programmes think about whether parents or carers would benefit from help to:

- develop skills in positive behaviour management
- address negative beliefs about the child and their own parenting
- manage difficult emotions, including anger.

1.4.7 Consider the Enhanced Triple P (attributional retraining and anger management) programme for mothers of children aged 2 to 7, who are experiencing anger management difficulties.

1.4.8 Consider the Parents Under Pressure programme for mothers taking part in methadone maintenance programmes.

1.4.9 Consider a planned activities training programme, with or without mobile phone support, for vulnerable mothers (for example, those with a low level of education or income or aged under 18) of preschool children.

1.4.10 For parents or carers who have substance misuse problems, include content in the parenting programme to help them address their substance misuse in the context of parenting.

Supporting families

1.4.11 Offer support to families as part of building helpful working relationships with them. This could include:

- practical support, for example help to attend appointments and details of other agencies that can provide food, clothes and toys
- emotional support, including empathy and active listening, and help to develop strategies for coping.

1.4.12 Give families information about local services and resources that they may find useful.

Knowledge and skills of practitioners who provide early help

1.4.13 Ensure that all practitioners working at the early help stage:

- understand the parental risk factors for child abuse and neglect (see recommendations 1.2.9 to 1.2.10)
- are aware of the possibility of escalation of risk, particularly if family circumstances change.

1.4.14 Ensure that practitioners understand how to work with families as a whole in order to better support children and young people.

1.5 Response and support following abuse and neglect

1.5.1 After making a child protection referral:

- do not relinquish responsibility for the referral
- follow up the referral
- ensure action takes place.

You should expect to hear back from children's social care whether or not action has been taken, and the timescale of this action. If there is no action, follow local escalation policies if needed.

1.5.2 Practitioners working with families in which a child is involved in statutory child protection processes should:

- take part in case conferences and meetings about the child
- have an initial meeting with relevant practitioners to agree roles, responsibilities and ways of working, and to share information
- build relationships with other practitioners working with that family
- make sure all stakeholders can keep in touch with each other about the child
- organise handovers if new staff members become involved
- ensure actions are completed.

Support for children and young people after abuse and neglect

1.5.3 Ensure that all children and young people who have been abused or neglected are given a minimum of:

- a safe place to live
- an opportunity to be actively listened to and believed
- support to explore aspects of their experience and express their feelings
- early emotional support, including building emotional resilience and strategies for coping with symptoms such as nightmares, flashbacks and self-harm
- support to reduce the risk of further abuse if appropriate, for example if a young person is at risk of sexual exploitation.

Children affected by domestic abuse

1.5.4 Ensure that police officers responding to incidents of domestic abuse have the confidence and skill to communicate with children and young people when needed, and information on how to make a referral.

Child trafficking

1.5.5 When working with children and young people who have been trafficked, provide:

- safe accommodation
- legal support
- specialist and trained interpreters if needed
- culturally appropriate mental health services.

1.6 Therapeutic interventions for children, young people and families after abuse and neglect

1.6.1 Discuss in detail with children, young people and their families any interventions you offer them, explaining what the intervention will involve and how you think it may help.

1.6.2 Give children, young people and their families a choice of proposed interventions if possible. Recognise that some interventions, although effective, may not suit that person or family.

1.6.3 Take into account the age and developmental stage of the child or young person when selecting interventions.

Therapeutic interventions following physical abuse, emotional abuse or neglect

This section provides a range of options for therapeutic interventions for children and young people who have been abused or neglected. Some interventions involve the parents or carers who abused or neglected the child, and others involve alternative carers such as foster carers or adoptive parents.

Children under 5 and their parents or carers

1.6.4 Offer an attachment-based intervention to parents or carers who have neglected or physically abused a child under 5.

1.6.5 Deliver the attachment-based intervention in the parent or carer's home and aim to:

- improve how they nurture their child, including when the child is distressed
- improve their understanding of what their child's behaviour means
- help them respond positively to cues and expressions of the child's feelings
- improve how they manage their feelings when caring for their child.

1.6.6 Consider child–parent psychotherapy for parents or carers and children under 5 if the parent or carer has physically or emotionally abused or neglected the child, or the child has been exposed to domestic violence.

1.6.7 Ensure that child–parent psychotherapy:

- is based on the Cicchetti and Toth model[1]
- consists of weekly sessions (lasting 45–60 minutes) over 1 year
- is delivered in the parents' home, if possible, by a therapist trained in the intervention
- involves directly observing the child and the parent–child interaction
- explores the parents' understanding of the child's behaviour
- explores the relationship between the emotional reactions of the parents and their perceptions of the child on the one hand, and the parents' own childhood experiences on the other hand.

[This recommendation is adapted from NICE's guideline on children's attachment.]

Children under 12 and their parents or carers

1.6.8 Consider a comprehensive parenting intervention for parents and children under 12 if the parent or carer has physically or emotionally abused or

[1] Cicchetti D, Rogosch FA, Toth SL (2006) Fostering secure attachment in infants in maltreating families through preventive interventions. Development and Psychopathology 18: 623–49

Toth SL, Maughan A, Manly JT et al. (2002) The relative efficacy of two interventions in altering maltreated preschool children's representational models: implications for attachment theory. Development and Psychopathology 14: 877–908

neglected the child. This should comprise weekly home visits for at least 6 months that address:

- parent–child interactions
- caregiving structures and parenting routines
- parental stress
- home safety
- any other issues that caused the family to come to the attention of services.

As part of the intervention, help the family to access other services they might find useful.

1.6.9 Consider parent–child interaction therapy for parents and children under 12 if the parent has physically abused or neglected the child. Combine group sessions for these parents with individual child–parent sessions focusing on developing child-centred interaction and effective discipline skills.

Children and young people over 10 and their parents or carers

1.6.10 Consider multi-systemic therapy for child abuse and neglect (MST-CAN) for parents, children and young people aged 10 to 17 if the parent has abused or neglected their child. This should:

- involve the whole family
- address multiple factors contributing to the problem
- be delivered in the home or in another convenient location
- include a round-the-clock on-call service to support families to manage crises.

Foster carers and those providing permanence for children under 5

1.6.11 Offer an attachment-based intervention in the home to foster carers looking after children under 5 who have experienced abuse or neglect. Aim to help foster carers to:

- improve how they nurture their foster child, including when the child is distressed
- improve their understanding of what the child's behaviour means
- respond positively to cues and expressions of the child's feelings
- behave in ways that are not frightening to the child
- improve how they manage their feelings when caring for their child.

[This recommendation is adapted from NICE's guideline on children's attachment.]

1.6.12 Consider the attachment-based intervention in recommendation 1.6.11 for adoptive parents and those providing permanence (including special guardians, foster carers or kinship carers) for children under 5 who have experienced abuse or neglect.

Foster carers and those providing permanence for children and young people aged 5 to 17

1.6.13 For foster carers of children aged 5 to 12 who have experienced abuse and neglect, consider a group-based parent training intervention that includes strategies to manage behaviour and discipline positively. This should include using video, roleplay and homework practice.

1.6.14 For foster carers, adoptive parents and those providing permanence for children and young people aged 5 to 17 who have experienced abuse or neglect, consider a trauma-informed group parenting intervention, using a trust-based relational intervention as an example. It should help to:

- develop the child's capacity for self-regulation
- build trusting relationships
- develop proactive and reactive strategies for managing behaviour.

Therapeutic interventions for children, young people and families after sexual abuse

1.6.15 Consider group or individual trauma-focused cognitive behavioural therapy for children and young people (boys and girls) who have been

sexually abused and show symptoms of anxiety, sexualised behaviour or post-traumatic stress disorder. When offering this therapy:

- discuss it fully with the child or young person before providing it, in light of the fact that some children and young people do not find this intervention helpful
- make clear that there are other options available if they would prefer
- provide separate sessions for the non-abusing parent or carer.

1.6.16 For children and young people (boys and girls) aged 8 to 17 who have been sexually abused, consider a programme, for example 'Letting the future in', that:

- emphasises the importance of the therapeutic relationship between the child and therapist
- offers support tailored to the child's needs, drawing on a range of approaches including counselling, socio-educative and creative approaches (such as drama or art)
- includes individual work with the child (up to 20 sessions, extending to 30 as needed) and parallel work with non-abusing parents or carers (up to 8 sessions).

1.6.17 For girls aged 6 to 14 who have been sexually abused and who are showing symptoms of emotional or behavioural disturbance, consider one of the following, after assessing carefully and discussing with the girl which option would suit her best:

- individual focused psychoanalytic therapy (up to 30 sessions) **or**
- group psychotherapeutic and psychoeducational sessions (up to 18 sessions).

Provide separate sessions for the non-abusing parent or carer.

1.7 Planning and delivering services

1.7.1 Plan services in a way that enables children, young people, parents and carers to work with the same professionals over time where possible.

1.7.2 For cases involving children not already subject to protection plans, agencies responsible for planning and delivering statutory child protection services should agree common terminology to describe multi-agency working arrangements, including:

- the terms used to describe meetings
- defining who the lead practitioner is.

1.7.3 Agencies responsible for planning and delivering services for children should agree clear joint protocols for addressing abuse and neglect at the early help stage, and through statutory child protection processes. Ensure these:

- address less well-recognised forms of abuse, including child sexual exploitation, female genital mutilation, forced marriage and child trafficking, serious youth violence and gang membership
- are communicated to all agencies, including those providing universal services.

1.7.4 Agencies must address obstacles to partnership working, including agreeing ways to support sharing information when it is in a child or young person's best interests, in line with statutory guidance given in Working together to safeguard children. (For additional advice on this see the Department for Education's Information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers.) For example, allow agreed database access to staff from other agencies, or integrate teams from different agencies.

1.7.5 Ensure staff from different agencies who are working on the same, or related, cases or issues are co-located wherever possible.

1.7.6 To address the risks posed by sexual exploitation and gangs, agencies responsible for planning and delivering services for children and young people should ensure there is:

- effective leadership within agencies

- a local lead who will coordinate planning and information sharing between agencies.

Supervision and support for staff

1.7.7 For staff working in child protection from different agencies, particularly those who are co-located, provide ongoing opportunities to:

- maintain their professional skills and competencies
- stay in touch with colleagues from their own professional discipline.

1.7.8 Organisations should support staff working with children and families at risk of or experiencing abuse, and ensure they have access to good quality supervision. This should include:

- case management
- reflective practice
- emotional support
- continuing professional development.

Terms used in this guideline

Abuse and neglect

In this guideline abuse and neglect includes inflicting harm on a child or young person and also failing to protect them from harm. Children and young people may be abused by someone they know in a family or in an institutional or community setting or, more rarely, by someone they don't know (for example through the internet).

Analysis

Analysis involves organising the information collected during assessment, judging its significance and exploring different perspectives, to identify themes and reach conclusions on what these mean for the child or young person and their family. It should draw on knowledge from research and practice combined with an understanding of the child's needs.

Attachment-based intervention

Interventions which are based on attachment theory. Attachment-based interventions focus on improving the relationships between children and young people and their key attachment figures (often, parents or carers), for example by helping the parent or carer to respond more sensitively to the child.

Bullying

Persistent behaviour by a person or group of people that intentionally hurts a child or young person either physically or emotionally.

Child sexual exploitation

Exploitative situations, contexts or relationships in which children or young people are given something (for example, food, drugs, gifts or money) in return for participating in sexual activities.

Child trafficking

Recruiting and transporting children and young people for the purposes of exploitation, for example, sexual exploitation, forced labour or services, domestic servitude or the removal of organs.

Children and young people

In this guideline 'infant' means aged under 1 year, 'child' means under 13 years and 'young person' means 13 to 17 years.

Disabled children

Children who meet the Equality Act 2010 definition of disability, namely those who have a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities.

Early help

Support provided early as soon as a problem emerges. Early help can prevent a problem from worsening or further problems from arising.

Emotional abuse

Persistently treating a child or young person in a way that can cause severe adverse effects on their emotional development. For example, conveying to them that they are worthless or unloved; not giving them opportunities to express their views; deliberately silencing them or making fun of them; imposing inappropriate expectations on them for their age or developmental stage; and serious bullying (including cyber bullying).

Faltering growth

This term is used in relation to infants and young children whose weight gain occurs more slowly than expected for their age and sex. In the past this was often described as a 'failure to thrive' but this is no longer the preferred term.

Female genital mutilation

A practice involving removal of or injury to any part of a girl's external genitalia for non-medical purposes. Female genital mutilation is illegal in England and Wales according to the Female Genital Mutilation 2003 Act.

Forced marriage

A marriage in which one or both partners have not consented (or cannot consent because of a learning disability) to be married and pressure or abuse has been used.

Foster carer

Foster carers care for children who are 'looked after' in the public care system. They provide care for the child as a member of their household and receive payment for this. Some are 'kinship foster carers', which means they are relatives or friends who are fostering a child who has entered the public care system.

Gillick competent

A child under 16 is said to be Gillick competent if they are judged to have sufficient intelligence and understanding to consent to, or refuse to consent to, medical treatment, which includes the prescription of contraception. Additional consent by a parent or person with parental responsibility is not required.

Indicators

Symptoms and signs that may indicate that abuse or neglect is taking place.

Maltreatment

In line with the NICE guideline on child maltreatment child maltreatment includes neglect; physical, sexual and emotional abuse; and fabricated or induced illness. It is also used as an 'umbrella' term for all categories of abuse and neglect, including witnessing domestic violence, forced marriage, child trafficking, female genital mutilation and child sexual exploitation.

Neglect

The persistent failure to meet a child or young person's basic physical or psychological needs, which is likely to impair their health and development. It may also include neglect of, or being unresponsive to, their basic emotional needs. Maternal substance abuse during pregnancy can also constitute neglect.

Parent or carer

This guideline uses 'parent or carer' to acknowledge that people other than a child's parent may be caring for them. We have defined 'parent' as the mother or father of a child, and 'carer' as someone other than a parent who is caring for a child. This could include family members, such as the partner of a parent. Where we are referring specifically to paid carers we use the term 'foster carer'.

Parenting intervention

An educational intervention focusing on improving parenting skills.

Past abuse and neglect

Abuse or neglect that a child or young person may have experienced but which is no longer occurring. For example, abuse which occurred in a previous family environment before the child or young person was placed in care or with an adoptive family.

Physical abuse

A form of abuse that involves physically harming a child or young person (for example, by hitting, shaking, throwing, poisoning or burning). Physical harm may

also be caused if a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Practitioner

A professional working with children and young people who may have a role in safeguarding them.

Risk factor

Situations, behaviours or underlying characteristics of children and their parents or carers that increase the child's vulnerability to abuse or neglect.

Sexual abuse

Sexual abuse means forcing or enticing a child or young person to take part in sexual activities. This includes physical contact but also non-contact activities, such as looking at or producing sexual images, watching sexual activities, encouraging them to behave in sexually inappropriate ways, or grooming them in preparation for abuse (including through the internet).

Special guardian

A person who has been granted a special guardianship order (SGO), a private law order which grants parental responsibility for a named child. While parents do not lose parental responsibility when an SGO is granted, the special guardian has the exclusive right to exercise it, and make important decisions about the child. Special guardians may also in some circumstances be provided with local authority financial and other support.

For other social care terms see the Think Local, Act Personal Care and Support Jargon Buster.

Putting this guideline into practice

Some issues were highlighted that might need specific thought when implementing the recommendations. These were raised during the development of this guideline. They are:

- Offering effective therapeutic interventions for children and their parents or carers. Although families who have children on child protection plans usually receive interventions from a social worker, there is a lack of provision of evidence-based therapeutic interventions to support parents, carers, foster carers and adoptive parents to meet the needs of children who have been abused or neglected.
- Providing more training and education for all staff who work with children who have experienced abuse and neglect. Training in recognising the signs of abuse and neglect and when to act on them is a priority, particularly as new forms of abuse emerge. However, increasing training is likely to prove challenging for many organisations because of cuts in resources.
- Making multi-agency responses effective across the country. It should begin at the early help stage. Adopting common language and terms, leadership at all levels, agreeing protocols for information sharing and co-locating staff from different agencies who are working on the same, or related, cases or issues all contribute to effective multi-agency working.

Putting recommendations into practice can take time. How long may vary from guideline to guideline, and depends on how much change in practice or services is needed. Implementing change is most effective when aligned with local priorities.

Changes recommended for practice that can be done quickly – such as conducting a baseline assessment (see 3 below) – should be shared quickly. This is because health and social care professionals should use guidelines to guide their work and keep their skills and knowledge up to date – as is required by professional regulating bodies such as the Health and Care Professions Council, General Medical and Nursing and Midwifery Councils.

Changes should be implemented as soon as possible, unless there is a good reason for not doing so (for example, if it would be better value for money if a package of recommendations were all implemented at once).

Different organisations may need different approaches to implementation, depending on their size and function. Sometimes individual practitioners may be able to respond to recommendations to improve their practice more quickly than large organisations.

Here are some pointers to help organisations put NICE guidelines into practice:

1. **Raise awareness** through routine communication channels, such as email or newsletters, regular meetings, internal staff briefings and other communications with all relevant partner organisations. Identify things staff can include in their own practice straight away.

2. **Identify a lead** with an interest in the topic to champion the guideline and motivate others to support its use and make service changes, and to find out any significant issues locally.

3. **Carry out a baseline assessment** against the recommendations to find out whether there are gaps in current service provision.

4. **Think about what data you need to measure improvement** and plan how you will collect it. You may want to work with other health and social care organisations and specialist groups to compare current practice with the recommendations. This may also help identify local issues that will slow or prevent implementation.

5. **Develop an action plan**, with the steps needed to put the guideline into practice, and make sure it is ready as soon as possible. Big, complex changes may take longer to implement, but some may be quick and easy to do. An action plan will help in both cases.

6. **For very big changes** include milestones and a business case, which will set out additional costs, savings and possible areas for disinvestment. A small project group could develop the action plan. The group might include the guideline champion, a senior organisational sponsor, staff involved in the associated services, finance and information professionals.

7. **Implement the action plan** with oversight from the lead and the project group. Big projects may also need project management support.

8. **Review and monitor** how well the guideline is being implemented through the project group. Share progress with those involved in making improvements, as well as relevant boards and local partners.

NICE provides a comprehensive programme of support and resources to maximise uptake and use of evidence and guidance. See our into practice pages for more information.

Also see Leng G, Moore V, Abraham S, editors (2014) Achieving high quality care – practical experience from NICE. Chichester: Wiley.

Context

Cruelty to children is a criminal offence, and abuse and neglect can have serious adverse health and social consequences for children and young people. These include:

- effects on growth and physical development (The impact of abuse and neglect on the health and mental health of children and young people NSPCC)
- impaired language development and behaviour by age 4
- impaired ability to socialise, play and learn (Developing an effective response to neglect and emotional harm to children NSPCC)
- increased likelihood of being involved in antisocial behaviour (Child abuse and neglect in the UK today NSPCC)
- increased likelihood of suicidal thoughts and attempts during adolescence.

These negative consequences can persist into adulthood. Adult survivors of childhood abuse are more likely to misuse substances and to experience mental health problems and physical ill health.

Local authorities have an overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. They have a number of statutory functions under the Children Acts of 1989 and 2004. Local agencies such as health and the police also have a duty under section 11 of the Children Act 2004 to ensure they consider the need to safeguard and promote the welfare of children.

Section 10 of the same Act provides that agencies are required to cooperate with local authorities to promote the wellbeing of children in their area. Those agencies will have a designated person who is responsible for safeguarding. The Department for Education's Working together to safeguard children aims to help these

professionals understand what they need to do. Their role is to support other professionals to recognise the needs of children, including risk from possible abuse or neglect.

Local children's safeguarding boards (LCSBs) coordinate the work to safeguard children locally and monitor and challenge the effectiveness of local arrangements. When things go wrong the LCSBs commission serious case reviews so lessons may be learned. Any professional with concerns about a child's welfare should make a referral to the local authority social care. They should follow up if they are not satisfied with the response.

Practitioners working in health and social care, the police and those taking the ‘lead professional’ role in services such as education, therefore have an important part to play in recognising and responding to abuse and neglect, providing early help, preventive interventions and treatment.

This guideline aims to support practitioners in this role by providing evidence-based recommendations on ‘what works’ in the recognition and assessment of child abuse and neglect and in early help and response. It covers physical, emotional and sexual abuse, and neglect in line with the statutory guidance ‘Working together to safeguard children’. The guideline also includes the following forms of abuse cited in the ‘Particular safeguarding issues’ section of ‘Working together to safeguard children’: child sexual exploitation, female genital mutilation, forced marriage and child trafficking.

The guideline makes recommendations about practice in relation to children and young people (under 18, including unborn babies) at risk of, experiencing, or who have experienced, abuse or neglect and their parents and carers. The guideline does not cover people who are suspected or known to abuse children or young people of whom they are not the parent, step-parent, partner of a parent, family member or carer. Abuse perpetrated by this group is covered, but response (interventions) for this group is not. It also does not cover adults (aged 18 or older) who experienced abuse or neglect as children.

More information

To find out what NICE has said on topics related to this guideline, see our web page on safeguarding and children and young people.

Recommendations for research

The guideline committee has made the following recommendations for research. The committee's full set of research recommendations is detailed in the full guideline.

1 Recognition of sexual abuse

What approaches to practice enable children (both boys and girls) who have been sexually abused to begin to tell practitioners about their experiences earlier, and in a way that does not contaminate the reliability of subsequent court proceedings?

Why this is important

Research shows that many children and young people who are sexually abused do not tell anyone about their abuse. Among those who do, many delay telling someone for a long time, sometimes until adulthood. We found little research identifying the approaches or techniques that would make it more likely for a child being sexually abused to tell a practitioner about it. Although there is an evidence base on Achieving Best Evidence interviewing as part of a formal investigation, there is less evidence about approaches that can be used at an earlier stage. Studies are needed that would identify effective approaches to enable children to talk about sexual abuse, while ensuring that these early conversations do not contaminate evidence at a later stage in an investigation.

2 Recognition of risk and prevention of female genital mutilation

What interventions are effective and cost effective in:

- improving practitioners' recognition of children who are at risk of female genital mutilation (FGM) in the UK or overseas?
- improving recognition of co-occurring forms of abuse where relevant?
- preventing FGM in this group?

Why this is important

There is a lack of evidence from the UK about how practitioners can be supported to recognise girls and young women who are at risk of FGM and effective interventions to prevent FGM. This is despite evidence that many practitioners are likely to encounter young women at risk of FGM. There is also a lack of evidence about the

extent to which FGM is a risk factor or indicator of other forms of abuse, and therefore whether the identification of FGM should be accompanied by other types of assessment and support. The Home Office has developed an FGM recognition and prevention e-learning resource; however the effectiveness of this resource does not appear to have been evaluated.

3 Recognition of risk and prevention of 'honour-based' violence and forced marriage

What interventions are effective and cost effective in:

- improving practitioners' recognition of children who are at risk of or experiencing 'honour-based' violence and forced marriage?
- preventing 'honour-based' violence and forced marriage?

Why this is important

There is a lack of evidence from the UK about how practitioners can be supported to recognise children and young people who are at risk of or experiencing 'honour-based' violence, and how to prevent it. There is also little evidence showing which interventions are most effective for recognising young people at risk of forced marriage and for preventing such marriages from taking place. The government's The right to choose: multi-agency statutory guidance for dealing with forced marriage (2014) explains the issues around forced marriage, provides a clear definition and distinction from arranged marriage, lists some of the potential warning signs or indicators, and recommends organisational approaches to dealing with forced marriage. However, the effectiveness of these approaches has not been evaluated.

4 Early help home visiting

What are the components of effective home visiting programmes for preventing child abuse and neglect in families of children and young people at risk of abuse and neglect in the UK?

Why this is important

There are numerous studies, based mostly in the US, involving home visiting programmes for families at risk of abuse and neglect. The findings of these studies

are mixed, with some programmes proving effective but not others. The descriptions of the programmes and their theoretical basis are often poorly reported. It is therefore difficult to ascertain the key 'active ingredients' in a successful home visiting programme. A meta-analytic study seeking to obtain additional information from study authors on the features of home visiting programmes and their effectiveness, for example using statistical modelling, would help in understanding these programmes.

5 Effective prevention of abuse and neglect in the UK

What interventions are effective and cost effective in the UK to prevent abuse and neglect of children and young people in families at risk of, or showing early signs of, abuse and neglect?

Why this is important

The evidence reviewed for this guideline on the effectiveness of interventions to prevent abuse and neglect of children and young people was predominantly from outside the UK, and focused on home visiting programmes and parenting programmes. High-quality studies (ideally randomised controlled trials) are needed that:

- look specifically at the effectiveness of interventions to prevent abuse and neglect in the UK
- focus on interventions already being provided in the UK that may have no or low-quality evidence to support them at present.

6 Effective interventions for young people who have been abused or neglected

What interventions are effective and cost effective in improving the wellbeing of young people aged 12 to 17 who have experienced abuse or neglect, including those who are now in temporary or permanent alternative care placements?

Why this is important

There is little evidence on effective interventions to improve the wellbeing of young people who have experienced abuse and neglect, except for those who have been

sexually abused. Studies are needed that evaluate interventions for young people aged 12 and over who have been abused or neglected in the past, but are now in temporary or permanent alternative care placements. These include foster care, kinship care, residential care, special guardianship and adoption.

7 Effective interventions for addressing abuse and neglect in the UK

What interventions, approaches and methodologies provided by social care and voluntary sector services are effective and cost effective in the UK to prevent the recurrence of abuse and neglect, and to improve the wellbeing of children, young people and families?

Why this is important

The evidence reviewed for this guideline on the effectiveness of interventions to address abuse and neglect of children and young people was predominantly from outside the UK. We identified interventions, approaches and methodologies being used in the UK but many of these could not be included because they have not been evaluated using high-quality research designs. High-quality studies are needed to show policy-makers and practitioners which ones are effective in the UK and in what circumstances.

8 Interventions with fathers and male carers

What interventions are effective and cost effective when working with fathers and male carers to improve their parenting in families where children are being, or have been, abused or neglected?

Why this is important

There is a lack of research evidence from the UK showing what interventions are effective to improve fathers' and male carers' parenting in families where children are being, or have been, abused or neglected. Most studies reviewed for this guideline, both from the UK and elsewhere, focused on female carers. Studies are needed to show what interventions and practices are effective in engaging fathers and male carers, and improving their parenting if needed.

ISBN: