NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

1   Guideline title

Child abuse and neglect: early help, recognition, assessment and response to abuse and neglect of children and young people

1.1   Short title

Child abuse and neglect

2   Remit and background

The National Institute for Health and Care Excellence (NICE) has been asked by the Department of Health and Department for Education to develop a guideline on child abuse and neglect. The guideline will cover physical, emotional and sexual abuse, and neglect (which are collectively referred to as 'abuse and neglect' or 'maltreatment') as defined in the Department for Education's statutory guidance [Working together to safeguard children](#). The guideline will also include the following forms of abuse cited in the 'Particular safeguarding issues' section of Working Together 2013: child sexual exploitation, female genital mutilation, forced marriage and child trafficking.

This guideline will provide recommendations about actions to improve practice, aimed at improving outcomes for children and young people and their families or carers. The guideline will be based on the best available evidence of effectiveness, including cost effectiveness. The guideline will be aimed at all practitioners working with children and young people. The guideline will be particularly aimed at social workers, healthcare professionals, people in lead professional roles in services such as education, and local safeguarding children boards.

NICE guidelines provide recommendations on what works. This may include details on who should carry out interventions and where. NICE guidelines do

not routinely describe how services are funded or commissioned, unless this has been formally requested by the Department of Health.

This guideline will complement NICE guidance on a range of topics, including the guidelines on when to suspect child maltreatment, the social and emotional wellbeing of young people, and the wellbeing of looked after children and young people. For further details see section 5 (related NICE guidance).

3 Need for the guideline

Children and young people have the right to be protected from abuse and neglect, and to be supported to thrive and develop. However, many children and young people experience abuse and neglect, which adversely affects their wellbeing and development ([The impact of abuse and neglect on the health and mental health of children and young people](#) National Society for the Prevention of Cruelty to Children [NSPCC]). Staff working in health and social care, and those taking the 'lead professional' role in services such as education, have an important part to play in preventing, recognising and responding to the abuse and neglect of children.

This guideline aims to support practitioners in this role by providing evidence based recommendations on 'what works' in early help, recognition, assessment and response to child abuse and neglect.

3.1 Key facts and figures

3.1.1   Estimates of the numbers of children and young people being abused or neglected vary according to sources of information and the ways in which abuse and neglect are defined ([Safeguarding children across services: messages from research on identifying and responding to child maltreatment](#) Department for Education). In the 1-year period from 1 April 2012 to 31 March 2013 there were 593,500 referrals to children's social care, although not all of these resulted in substantiated cases of abuse or neglect ([Characteristics of children in need in England 2012 to 2013](#) Department for

Education). During this period 43,140 children and young people were the subject of a 'child protection plan'. The most common primary reasons for this were neglect (41% of plans) and emotional abuse (32% of plans). Physical abuse accounted for 12% and sexual abuse for 5% of plans, and 11% were for multiple forms of abuse. These data refer only to officially reported concerns and cases, and are therefore likely to underestimate the incidence of abuse and neglect in the population.

3.1.2   One prevalence study found that 5.9% of children under 11 and 18.6% of young people aged 11–17 had experienced 'severe maltreatment' during childhood. Within the family, neglect was the most prevalent form of maltreatment. Maltreatment by non-resident adults was less prevalent, but still posed considerable risks, and was more likely to happen as young people got older. The most common form of maltreatment by non-resident adults was emotional abuse. Sexual abuse was also more likely to occur with a non-resident adult, and 5% of 11–17 year-olds reported experiencing sexual abuse at some point in their childhoods. The study also found that, for a significant proportion of instances of severe maltreatment, only the child and adult involved knew about it and it had not been reported or detected (Child abuse and neglect in the UK today National Society for the Prevention of Cruelty to Children).

3.1.3   Child abuse and neglect, and involvement in the child protection system, are often associated with other types of social disadvantage and distress in families (Featherstone et al. 2014). Economic factors such as poverty and residential instability are associated with higher rates of child abuse and neglect (Freisthler et al. 2006). Family characteristics associated with higher levels of abuse and neglect of children include parental alcohol and drug misuse, parental mental health problems, domestic violence, and parental learning disability, particularly when they appear in

combination ('Safeguarding children across services: messages from research on identifying and responding to child maltreatment').

3.1.4   Some groups of children and young people can be more vulnerable to abuse and neglect. This includes those with additional needs such as disabilities and learning difficulties (Sullivan et al. 1997), particularly children and young people with communication impairments and behavioural disorders (Stalker and McArthur 2012). Indicators of abuse and neglect may be mistakenly attributed to children and young people's underlying impairment and other health needs (Kennedy and Wonnacott 2005). Some minority ethnic groups, including children from black and mixed heritage backgrounds, are over-represented in the child protection system; others, such as those from Asian families are under-represented. This does not necessarily indicate different levels of abuse and neglect in these groups, but may be caused by a number of interacting factors, including poverty, isolation and willingness to seek kelp (Disproportionality in child welfare: the prevalence of black and minority ethnic children within the 'looked after' and 'children in need' population and on child protection registers in England Department for Children Schools and Families). There is also evidence to suggest that services may be less effective at recognising and responding to the needs of young people as they approach adulthood, who may be perceived as able to take responsibility for themselves (Rees et al. 2011).

3.1.5   Cruelty to children is a criminal offence and abuse and neglect can have serious adverse consequences for children and young people, including:

- 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 (English et al. 2005)

- 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 (Miller et al. 2013).

3.1.6   These negative consequences can persist into adulthood. Adult survivors of childhood abuse are more likely to misuse substances, and experience mental health problems and physical ill health (Butt et al. 2011; Martins et al. 2011; Norman et al. 2012).

3.2   Current practice

3.2.1   While some abuse or neglect may be reported, it is most likely to be brought to the attention of services because of a child or young person's behaviour and demeanour or the characteristics or behaviour of caregivers ([It takes a lot to build trust': recognition and telling: developing earlier routes to help for children and young people](#) Office of the Children's Commissioner; Daniel et al. 2010). Professionals in many services therefore need to be equipped to recognise indicators of abuse and neglect, but recognising them can be challenging. It can also be difficult for practitioners to translate known population risk factors, for example parental mental health problems, into an assessment of risk for a specific child or family (Daniel et al. 2010). The Department for Education describes an 'interplay of the multiple risk and protective factors' that makes 'maltreatment more or less likely' ('Safeguarding children across services: messages from research on identifying and responding to child maltreatment'). This means that a holistic assessment of a child or young person's situation is needed.

3.2.2   Statutory guidance on multi-agency child protection practice ([Working together to safeguard children](#) Department for Education)

emphasises that local areas should provide services to meet a spectrum of different levels of need. There are 2 principal forms of assessment available for families experiencing difficulties: 'early help' for families with relatively low level or emerging needs and, for more complex needs, help provided under section 17 of the Children Act 1989. In both cases, the aim of assessment is to gather information about a child and family, and analyse their needs and any risk of harm. Statutory assessments must also decide whether the child or young person is a child in need, or is suffering or likely to suffer significant harm. If there is cause to suspect a child is experiencing, or likely to experience, significant harm, an investigation should be undertaken under section 47 of the Children Act 1989. Government guidance recommends that assessment should use a systematic approach, based on a conceptual model.

3.2.3   Despite the guidance available, health and social care practitioners can find it difficult to assess the level of need and risk experienced by children, young people and families. This includes determining whether a child or young person is at risk of 'significant harm' ('Safeguarding children across services: messages from research on identifying and responding to child maltreatment'). A comprehensive review of assessment practice found that practitioners lacked confidence in their ability to analyse the data they had collected during an assessment (Cleaver et al. 2004). Practitioners find it harder to define and assess neglect and emotional abuse, leading to preventable delays in taking action ('Developing an effective response to neglect and emotional harm to children'). A perception that high thresholds need to be met before referrals to the child protection system will be accepted can also deter professionals from identifying and responding to abuse and neglect (Noticing and helping the neglected child: literature review Department for Children, Schools and Families).

3.2.4   Various universal and targeted services address abuse and neglect
         at the early help stage. These include specific interventions such as
         home visiting and parenting programmes. Coordinating the work of
         multi-agency partners can be challenging. Most areas have
         established processes for early help assessment, and
         arrangements for multi-agency working such as Team Around the
         Child/Family processes. However, models of early help, and the
         extent to which they are embedded in practice, vary nationally.
         Challenges also remain around, for example, which practitioners
         feel able to take on the lead professional role in these
         arrangements (Exploration of the costs and impact of the Common
         Assessment Framework Department for Education).

3.2.5   Families needing more intensive support under section 17 of the
         Children Act 1989 (relating to 'children in need') will receive
         intervention from children's social care services, such as family
         support. Alternative care placements for children, such as foster or
         residential care, may also be considered. Specific time-limited
         interventions may also be provided to prevent abuse from
         recurring, and to address the psychological, behavioural and other
         consequences of abuse. These are delivered by practitioners in
         services including psychology, psychiatry, health and education.
         Some interventions are aimed at the child or young person, for
         example cognitive behavioural therapy or psychotherapy, and
         others at the parent–child relationship or family, for example family
         therapy. However practitioners, managers and commissioners may
         often have insufficient evidence to know which of these
         interventions are most suitable for which children and families.

3.2.6   When different agencies need to work together, this is coordinated
         through either 'Child in Need' processes or, for children with child
         protection plans, regular child protection conferences and core
         group meetings. Coordinating the work of different agencies is
         challenging, for example ensuring that multi-agency plans remain

focused and do not 'drift' and that information is shared across agencies ('Developing an effective response to neglect and emotional harm to children').

3.3   Policy, legislation and guidance

Policy

3.3.1   There has been significant work in recent years to review and update government policy on child protection and safeguarding.

3.3.2   Professor Eileen Munro was commissioned to undertake an independent review of child protection in England. The final report The Munro review of child protection was published in 2011. The Department for Education published A child centred system: the government's response to the Munro review of child protection, this included responses to each of the recommendations in the Munro review.

Statutory guidance

3.3.3   The 2013 revision of 'Working together to safeguard children' sets out the legislative requirements and expectations on individual services to safeguard and promote the welfare of children. It also set out a clear framework for local safeguarding children boards to monitor the effectiveness of local services.

Legislation

3.3.4   The principal legislative framework for recognising and responding to abuse and neglect is provided by the Children Act 1989. In particular:

- section 17, relating to 'children in need' as defined by the Act
- section 20, regarding the duty to accommodate a child
- section 31, relating to care and supervision orders
- section 47, relating to reasonable cause to suspect children 'suffering, or likely to suffer, significant harm'.

3.3.5   'Harm' is defined in the Children Act 1989 as 'ill-treatment or the impairment of health or development'. There is no single definition of 'significant harm'. An amendment to the Children Act 1989, included in Section 120 of the Adoption and Children Act 2002 clarifies that the definition of harm includes 'impairment suffered from seeing or hearing the ill-treatment of another'.

3.3.6   The Children Act 2004 introduced further provisions to strengthen multi-agency working in child protection, in particular by introducing duties for local authorities to promote cooperation between relevant agencies, and to establish multi-agency local safeguarding children's boards. Section 53 of the Children Act 2004 also places a duty on local authorities to ask children about their wishes and feelings before determining what (if any) services will be provided.

3.3.7   This guideline will also need to take account of the provisions of the Children and Families Act 2014, which applies to various aspects of the child protection system, in particular the family justice system.

4   What the guideline will cover

This guideline will be developed according to the processes and methods outlined in The social care guidance manual. This scope defines exactly what this guideline will (and will not) examine and what the guideline developers will consider.

The guideline will cover early help, recognition, assessment and response to child abuse and neglect. The guideline will cover physical, emotional and sexual abuse, and neglect as defined in the Department for Education's statutory guidance Working together to safeguard children. The guideline will also include the following forms of abuse cited in the 'Particular safeguarding issues' section of Working Together 2013: child sexual exploitation, female genital mutilation, forced marriage and child trafficking. The guideline will take a child-centred approach, focusing on the needs and experiences of children and young people.

The guideline will be aimed at all practitioners working with children and young people. The guideline will be particularly aimed at social workers, healthcare professionals, people in lead professional roles in services such as education, and local safeguarding children boards.

4.1   Who is the focus?

Groups that will be covered

The guideline will make recommendations about practice in relation to the following groups:

- Children and young people (under 18, including unborn babies) at risk of, experiencing, or who have experienced, abuse or neglect.
- Parents, families, and carers of children and young people (under 18) at risk of experiencing, or who have experienced, abuse or neglect.

Groups that will not be covered

The guideline will not make recommendations about practice in relation to the following groups:

- 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 will be in scope, but response (interventions) for this group will not.
- Adults (18 or older) who experienced abuse as children.

4.2   Settings

Settings that will be covered

- All settings where early help, recognition, assessment and response to child abuse and neglect may take place, including:
  - children's own homes
  - out-of-home placements including friends and family care, private fostering arrangements, foster care, residential care and secure accommodation

- primary and secondary health settings
- schools and colleges
- secure settings for children and young people (including young offender institutions)
- childcare settings
- police stations
- voluntary sector settings, including sports and youth clubs.

4.3   Activities

Key areas and issues that will be covered

a)   Recognition of child abuse and neglect by practitioners working with children and young people (building on the NICE guideline for healthcare professionals on when to suspect child maltreatment).

b)   Multi-agency assessment of child abuse and neglect (after referral for early help or child protection), including:

- involving children, young people and families in the assessment process (including specific support, such as advocacy)
- tools and ways of working to support effective assessment
- awareness of misdiagnosis of abuse and neglect.

c)   Targeted activities and interventions to prevent child abuse and neglect (early help where there is deemed to be a high risk of abuse or neglect).

d)   Social work activities and interventions responding to child abuse and neglect.

e)   Specific interventions as part of a package of support for children and young people who have experienced child abuse and neglect. This might include:

- activities and interventions aimed primarily at children and young people, including psychological interventions such as cognitive-behavioural therapy and psychotherapy
- activities and interventions aimed primarily at parents and families including parenting programmes, family therapy and systemic interventions.

Areas and issues that will not be covered

a)   Universal prevention of abuse and neglect (for example school-based 'Stay Safe' education programmes for children, population and locality based responses to child sexual exploitation, child trafficking and female genital mutilation).

b)   Services to address parents' own health or social care needs (for example generic mental health services) that are not directly related to preventing or responding to abuse and neglect.

c)   The decision to place children and young people in out-of-home foster care, residential care or other out-of-home placements, or the general care children and young people receive whilst living in these settings.

d)   Practice relating to providing specialist domestic violence services (this is covered by the NICE guideline on [domestic violence and abuse: how services can respond effectively](#)).

e)   Practice in relation to young people who display sexually harmful behaviours (this will be covered in the forthcoming NICE guideline 'Sexually harmful behaviour among young people').

f)   Practice relating to bullying between children and young people which does not constitute abuse.

g)   Legal and disciplinary procedures for people (including paid carers) who are suspected or known to abuse children and young people.

h)   Clinical (alerting features) of child abuse and neglect observed by healthcare professionals (covered by the NICE guideline on when to suspect child maltreatment).

i)   Clinical response to physical injury arising from child abuse and neglect.

4.4   Main outcomes

The outcomes that will be considered when searching for and assessing the evidence will include:

- Incidence of abuse and neglect (prevention of occurrence and recurrence).
- Quality of parenting and parent-child relationships, including quality of attachment.
- Children and young people's health and wellbeing.
- Parents' health and wellbeing.
- Experience and views of children, young people and their families.
- Service outcomes, including:
  - appropriate referrals to health and social care
  - timely and appropriate referral to additional support services
  - avoiding patterns of repeated referral and intervention, for example as evidence by repeat child protection plans.

4.5   Review questions

Review questions guide a systematic review of the literature. They address only the key areas and issues covered in the scope, and usually relate to interventions, service delivery or the experiences of people using services and their carers. The review questions will be used to explore evidence to consider how the outcomes that are important to people using services and their carers can be improved. Equalities issues will be considered within the review questions. Some possible review questions are:

Views and experiences

4.5.1   What are the views and experiences of children and young people and their families on the process for recognising and assessing

abuse and neglect? What do they think of the services aiming to prevent or respond to abuse and neglect of children and young people?

4.5.2   What are the views and experiences of practitioners working to prevent, identify and respond to child abuse and neglect?

Early help

4.5.3   What activities and interventions are effective for the early help of children and young people identified as at risk of abuse and neglect?

4.5.4   What activities and interventions are effective for the early help of children and young people identified as at risk of child sexual exploitation? (prevention of occurrence)

4.5.5   What activities and interventions are effective for the early help of children and young people identified as at risk of female genital mutilation? (prevention of occurrence)

4.5.6   What activities and interventions are effective for the early help of children and young people identified as at risk of forced marriage? (prevention of occurrence)

4.5.7   What activities and interventions are effective for the early help of children and young people identified as at risk of child trafficking? (prevention of occurrence)

Recognition

4.5.8   What indicators relating to children and young people should alert practitioners working outside health settings to the possibility of abuse and neglect?

4.5.9   What indicators relating to parents, families and carers should alert practitioners working outside health settings to the possibility of abuse and neglect?

4.5.10   What tools and ways of working support effective recognition and referral of child abuse and neglect?

4.5.11   What prevents recognition and referral of child abuse and neglect?

Assessment

4.5.12   What tools and ways of working support effective assessment of child abuse and neglect?

4.5.13   What prevents effective assessment of child abuse and neglect?

Response to prevent recurrence or impairment

4.5.14   What social work practices, activities and interventions are effective in responding to children and young people who are at risk of, or experiencing, abuse and neglect?

4.5.15   What social and psychological interventions are effective in responding to physical abuse, emotional abuse and neglect? (prevention of recurrence, prevention of impairment)

4.5.16   What social and psychological interventions are effective in responding to child sexual abuse, including child sexual exploitation and grooming? (prevention of recurrence, prevention of impairment)

4.5.17   What social and psychological interventions are effective in responding to female genital mutilation? (prevention of impairment)

4.5.18   What social and psychological interventions are effective in responding to forced marriage? (prevention of impairment)

4.5.19   What interventions are effective in responding to child trafficking? (prevention of impairment)

Process

4.5.20   What factors help and prevent effective multi-agency working, including supporting good professional judgement?

Please note that these are only examples of areas that may be addressed. The review questions will be agreed by the Guideline Development Group (GDG) at the start of guideline development.

4.6 Economic aspects

The guideline developers will take into account cost-effectiveness when making recommendations involving a choice between alternative interventions or services. Appropriate economic review questions will be identified. A review of the economic evidence will be undertaken in line with the methods outlined in The social care guidance manual. Economic analysis, where undertaken, will consider all relevant commissioners, decision-makers, funders, providers, people using services and carers.

4.7 Status of this document

Scope

This is the final scope, incorporating comments from a 4-week consultation.

Timing

Guideline development will start in October 2014. The guideline is expected to be published in 2017.

5 Related NICE guidance

5.1 Published NICE guidance

- Domestic violence and abuse: how services can respond effectively NICE guideline PH50 (2014)
- Head injury NICE guideline CG176 (2014)
- Social anxiety disorder NICE guideline CG159 (2013)
- Conduct disorders in children and young people NICE guideline CG158 (2013)
- Social and emotional wellbeing: early years NICE guideline PH40 (2012)
- Promoting the quality of life of looked-after children and young people NICE guideline PH28 (2010)

- [Nocturnal enuresis: the management of bedwetting in children and young people](#) NICE guideline CG111 (2010)
- [Constipation in children and young people](#) NICE guideline CG99 (2010)
- [Social and emotional wellbeing in secondary education](#) NICE guideline PH20 (2009)
- [When to suspect child maltreatment](#) NICE guideline CG89 (2009)
- [Social and emotional wellbeing in primary education](#) NICE guideline PH12 (2008)
- [Depression in children and young people](#) NICE guideline CG28 (2005)
- [Self-harm: longer term management](#) NICE guideline CG133 (2011)
- [Eating disorders](#) NICE guideline CG9 (2004)

5.2   Guidance under development

NICE is currently developing the following related guidance:

- [Children's attachment](#) NICE guideline. Publication expected October 2015.
- [Sexually harmful behaviour among young people](#) NICE guideline. Publication expected July 2016.

5.3   NICE Pathways

- [Domestic violence and abuse](#)
- [When to suspect child maltreatment](#)

6   Further information

Information on the guideline development process is provided in [The social care guidance manual](#). Information on the progress of the guideline will also be available on the [NICE website](#).

7   References

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