

**National Institute for Health and Care Excellence  
Child abuse and neglect  
Scope Consultation Table**

**Date of consultation from 23<sup>rd</sup> July 2014 – 20<sup>th</sup> August 2014**

A topic specific question was asked in this consultation: “This is a large scope covering all areas of the pathway, are there particular areas that are more or less important to include?” – Answers to this question are marked as section Q1.

Stakeholder	Order No	Section No	Comments	Developer’s Response
Action for Children	1	General	<p><b>Problem</b> The scope of the proposed guidance is too narrow.</p> <p>Currently it does not cover the full range of child abuse and neglect that is implied by its title and remit. These omissions and the lack of join-up of the different risk factors could undermine its purpose in helping practitioners to recognise, assess and respond to child abuse and neglect.</p> <p>While NICE guidelines do not routinely describe how services are funded or commissioned, for the recommendations about improving practice to be effective they will need to be picked up by service planners, commissioners etc. It would be helpful for the guidelines to examine the evidence around effective area based needs assessments and multi-agency plans to respond to abuse and neglect. Without this more strategic review of the evidence it is unlikely that the recommendations will lead to improved outcomes for children and their families or carers.</p> <p><b>Change required</b> The scope should be broadened to include the range of abuse and neglect covered by the statutory guidance ‘Working together to safeguard children’. The main outcomes</p>	<p>Thank you for your comment. We acknowledge the importance of taking a holistic view of abuse and neglect, particularly from the point of view of a child-centred approach to practice. We also recognise the significant overlaps and co-existence of various forms of abuse and neglect in children’s lives. In response to your comment, and those of other stakeholders, we have expanded the scope of the guideline to include practice in relation to early help, recognition, assessment and response to abuse and neglect, irrespective of the context in which the abuse or neglect occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline.</p> <p>We have also amended the scope of the guideline to bring it in closer alignment with the range of forms of abuse covered in ‘Working Together to Safeguard Children’. In Section 4 of the scope document, we have amended the text on ‘What the guideline will cover’ to read ‘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</p>

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			and review questions should look at areas based responses to better understand need and improve outcomes.	issues' section of Working Together 2013: child sexual exploitation, female genital mutilation, forced marriage and child trafficking.'  We agree that strategic needs assessment and planning are an important part of service delivery. However, as you note, NICE guidelines do not routinely describe how services are funded or commissioned, unless this has been formally requested by the Department of Health. However, we hope that recommendations about effective interventions and ways of working will be of interest to those working in strategic and commissioning roles.
Action for Children	2	4.1.1 4.1.4	<b>Problem</b> The proposed scope does not include abuse or neglect (including sexual abuse) perpetrated by adults who are not parents, family members, carers or household members. Children and young people who experience maltreatment from a parent or guardian are at greater risk of also experiencing abuse from others and witnessing family violence.  <b>Change required</b> To amend the scope to focus on identifying and assessing abuse/neglect regardless of who the perpetrator is.	Thank you for your comment. We acknowledge the inter-relationships between different forms of abuse and neglect. In response to your comment, and those of other stakeholders, we have expanded the scope of the guideline to include practice in relation to early help for, recognition, assessment and response to abuse and neglect, irrespective of the context in which the abuse or neglect occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).
Action for Children	3	4.3.10	<b>Problem:</b> The proposed scope states that ' <i>Parental support that is not directly related to preventing or addressing abuse and neglect (for example generic mental health services, domestic violence services not directly related to preventing harm to children)</i> ' will not be included. It is unclear what is meant by 'directly'. We are concerned that this omission could undermine the effectiveness of the guideline particularly in terms of practitioners' ability to intervene early to prevent abuse and neglect.	Thank you for your comment. We agree that early help and support for parents where there is a risk of abuse and neglect is important, and this statement was not intended to imply that this type of support will be excluded from the guideline. This statement was instead intended to clarify that this guideline will not make recommendations about the care and treatment of health and social care needs for parents in their own right, but will focus on support for their parental role. The paragraph has been reworded to clarify this.

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			<p>Programmes and practice designed to improve parenting capacity and confidence, even where outcomes around reduction in maltreatment are not measured directly, are an important part of the evidence base around prevention. This is particularly true of more vulnerable groups, such as parents with mental health problems or parents who have experienced domestic abuse.</p> <p><b>Change required:</b> The guidelines should primarily consider the impact on the child and therefore include within the scope parental support given to high-risk groups, such as parents with mental health or substance abuse problems, or those who have experienced domestic abuse, where a risk is identified towards the child.</p>	
Action for Children	4	4.3.12	<p><b>Problem</b> The proposed scope excludes the harm caused to children as a result of witnessing domestic violence. This does not sufficiently account for the prevalence, actual impact or significance ascribed in law to the impact of a child witnessing domestic violence (Adoption and Children Act 2002).</p> <p>Living with domestic violence can have a damaging effect on children's own development and well-being. Domestic abuse can undermine the relationship between children and their mothers and reviews of cases where a child has died or was seriously injured in England, Northern Ireland and Scotland show that domestic violence was present in the family in more than 50% of these cases.</p> <p><b>Change required</b> Harm to children and young people as a result of witnessing</p>	<p>Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect. This wording was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. However, this guideline will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate guideline PH50, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.</p>

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			domestic violence should be included in the scope of the guidance.	
Action for Children	5	4.3.17	<p><b>Problem</b> Grooming can be defined as actions that deliberately establish an emotional connection and trust with a child or young person, with the aim of engaging them in sexual behaviour or exploitation. Online grooming is exactly the same, but done via the Internet. Excluding online grooming from the scope does not reflect the reality of children's lives or their rapidly growing use of technology.</p> <p><b>Change required</b> Online abuse and grooming should be included in the scope of the guidance.</p>	Thank you for your comment. We acknowledge that the distinction between 'offline' and 'online' grooming may not be a useful one, particularly given the role of technology in children and young people's lives. For this reason, online grooming is now included in the scope of the guideline.
Action for Children	6	4.5.5 4.5.6	<p><b>Problem</b> It would be helpful for the review questions to ask how practitioners know that the service they have provided has changed things for the child. How is this assessed, particularly if the intervention is with the adults in the family?</p> <p>The most recent Ofsted thematic inspection into child neglect concluded that: "<i>Those local authorities providing the strongest evidence of the most comprehensive action to tackle neglect were more likely to have a neglect strategy and/or a systematic improvement programme addressing policy, thresholds for action and professional practice at the front line</i>". Could review questions be added to examine the evidence of successful area wide approaches to tackling abuse and neglect? What would be effective in reducing the number of children experiencing abuse and neglect? What is the most effective balance of interventions across an area?</p> <p><b>Change required</b> Ensure questions on effectiveness explicitly ask for evidence</p>	Thank you for your comment. When we review evidence regarding 'what works' we will refer to a range of outcomes, some examples of which are listed in Section 4.4. These include the views and experiences of children, young people and their families.

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			of positive changes for the child.  Add questions that examine the evidence of effective area-wide responses to recognising, assessing and responding to abuse and neglect.	
Adfam	1	General	All areas are important but one that should be included, and is often overlooked, is the role parental substance misuse plays in child neglect. Specialist drug/alcohol services and substance misuse practitioners should be included in the settings and target audiences for the guidance	Thank you for your comment. Section 4.2 aims to emphasise that the settings included in the scope of the guideline are any in which child abuse and neglect may be recognised, assessed or responded to, which would include settings in which services for parents are delivered.
Adoption UK	1	General	I note that there will be later guidance on attachment but would like to see more on early trauma and its immediate and delayed impacts (incl potential harm caused by delay in securing permanence and parenting challenges that continue within new secure family – e.g. adoption breakdown research J Selwyn at Hadley Centre Bristol)	Thank you for your comment, which will be passed on to the GDG. Please note that the decision to place children in out of home placements, and the adoption process are out of the scope of this guideline.
Adoption UK	2	General	Similarly to above it would be good to read a clear link between significant abuse and neglect, children unable to live in their birth family, legal orders/options and outcomes/child's journey	Thank you for your comment. We recognise that out of home placements are an important way in which services respond to children and young people who are experiencing, or have experienced, abuse and neglect. However, this guideline will not make recommendations about the legal process, or the decision to place children in out of home care.
Association of Directors of Children's Services & Local Government Association	1	Q1	Focussing on all forms of child abuse and neglect is very ambitious and serious consideration needs to be given to where gaps in evidence are. We believe that although there has been a lot of reporting and lobbying around neglect, there hasn't been a clear, accessible, up to date review of evidence with practice advice about how to manage the different presentations of neglect and emotional abuse. That might be the area of most use to focus on. If that works / goes down well it could be followed up by guidance on sexual abuse, for example. Although the linkages would have to be made, that is something you are presumably very used to	Thank you for your comment. We recognise that this is a large scope. However, given that many forms of abuse overlap and co-exist, we are keen that the guidance should not 'compartmentalise' particular forms of abuse and neglect. In recognition of the breadth of the scope, the development time for this guideline has now been extended.

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			doing.	
Association of Directors of Children's Services & Local Government Association	2	General	I am sure you will do a literature review first and speak to practitioners but it isn't immediately clear what value this guidance will add over and above what's already out there in terms of practice guidance. You have alluded to Working Together 2013, which your guidance would certainly have to complement and support, not duplicate. If there are elements though in statutory guidance which evidence does not support, it would be worth highlighting those. The statutory guidance documents under the Children Act of course underpin our approach to safeguarding children once they are identified as at risk of harm.	Thank you for your comment. As you note, the process of developing the guideline includes reviewing the research literature, and gathering the views of practitioners and people who have experienced abuse and/or neglect. This guideline will provide recommendations, based on this evidence, about a number of aspects of practice, including early help, recognition, assessment and response to abuse and neglect. Our aim is that this will help practitioners implement the requirements of Working Together, as well as discharge their duties under the Children Act.
Association of Directors of Children's Services & Local Government Association	3	General 4.2.1	We note that you are focusing on familial child abuse but it's not totally clear why and that may pose difficulties with certain issues (see comments below). It is also not totally clear who this covers. eg does it include extended families, grandparents, uncles etc? And is "professional carers" limited to foster carers and residential care workers, or does it include teachers, doctors, nurses etc? If the former, the list of settings (4.2.1) seems quite broad, and if the latter, that needs to be made much clearer.	Thank you for your comment. We recognise that it is difficult to draw a clear distinction between extra- and intra-familial abuse, and may not be helpful to do so. In response to your comment, and those of other stakeholders, we have expanded the scope of the guideline to include practice in relation to early help, recognition, assessment and response to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring.
Association of Directors of Children's Services	4	3.1.2	Needs to be clearer that referral doesn't = abuse	Thank you for your comment. We acknowledge that social care activity data give only a partial picture of the prevalence of abuse and neglect. We have therefore amended the

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& Local Government Association				wording in this section to reflect the fact that not all referrals lead to substantiated cases of abuse and neglect.
Association of Directors of Children's Services & Local Government Association	5	3.1.2	"initial" reason should be "primary" reason, and should be clear that other forms of abuse may be present	Thank you for your comment. We have amended the wording in this section to make clear that these categories represent the primary reason for being subject to a child protection plan.
Association of Directors of Children's Services & Local Government Association	6	3.1.5	This feels a bit like a partial list – it could be described more broadly but I understand you have drawn these from pieces of research but the terminology is not familiar and doesn't feel like it explains the impact fully enough, if you need to at all.	Thank you for your comment. The consequences listed are intended to be examples of the kinds of impact that experiencing abuse and neglect can have on children and young people, rather than a full description of all consequences. These papers were identified during our scoping search of the research literature.
Association of Directors of Children's Services & Local Government Association	7	3.2.1	It might be worth referring to the definition of significant harm.	Thank you for your comment. Paragraph 3.3.5 now gives the definition of 'harm', which is the basis for determining 'significant harm'.
Association of Directors of Children's Services & Local Government Association	8	3.2.5	This needs neatening a bit – CiN is not just for services to be provided by social care, it should read 'children's services' and the involvement of other services should be much more clear and higher up – inc health, in particular, and voluntary sector partners.	Thank you for your comment. Paragraph 3.2.7 (previously 3.2.5) has now been amended to make the multi-agency nature of provision clearer.
Association of Directors of Children's Services & Local Government Association	9	4.1.5	This will contradict the points of those who are included if they are also parents / household members (which is very possible given known links)	Thank you for your comment. We recognise that some adult survivors of abuse will be covered by this guideline by virtue of their caring responsibilities for a child who is at risk of, or experiencing, abuse or neglect. However, we think it is important to state that this guideline will not make recommendations about the care of adult survivors of abuse in general.

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Association of Directors of Children's Services & Local Government Association	10	4.3.12	Excluding witnessing of domestic violence is an interesting exclusion, given it is a very high prevalence reason for referral to children's services and is very clearly defined as emotional abuse. You could perhaps do a separate guidance on the witnessing or 'passive' involvement of children in abuse of others? this needs to be at least explained.	Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect. This wording was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. However, this guideline will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate guideline PH50, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.
Association of Directors of Children's Services & Local Government Association	11	4.3.15	Equally, or more so, exclusion of forced marriage is quite odd unless your focus is in fact physical and sexual abuse, not emotional abuse as much? Forced marriage is often linked to more physical and other emotional honour based abuse so it may be hard to separate? We appreciate the response looks different in this case but so it does in others such as FGM and honour-based violence which appear to be included? We are not sure the feasibility of covering all these issues so appreciate the attempts to limit scope but think that the lines drawn feel quite arbitrary and much smaller scope but several pieces might be useful. Refer back to the DfE's original 'supplementary guidance' perhaps, which grouped these 'types' of abuse into 'specific circumstances' groups. At least those groupings will be familiar.	Thank you for your comment. In response to your feedback, and that of other stakeholders, we have amended the scope of the guideline to bring it in closer alignment with the range of forms of abuse covered in 'Working Together to Safeguard Children'. In Section 4 of the scope document, we have amended the text on 'What the guideline will cover' to read '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.'
Association of Young People with ME (AYME)	1	4.5.1	This is an area of the cope I would wish to support	Thank you.
Association of	2	4.5.2	This is an area of the scope I would wish to support	Thank you.

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Young People with ME (AYME)				
British Society of Paediatric Dentistry	1	General	Thank you for the opportunity to contribute to discussions at the stakeholder workshop and to comment on the draft scope.	Thank you.
British Society of Paediatric Dentistry	2	General	It would be helpful to define the audience for the guideline within the scope because it helps clinicians to prioritise which NICE guidelines are most relevant to their role. If the suggestions from the stakeholder workshop (Stakeholder Scoping Workshop Notes p4-5) are accepted, our members fall mainly within the 'secondary audience' category as healthcare professionals 'making a referral to social care' when indicated. It is appropriate for us to be a secondary audience since we already have NICE CG89 which is directly relevant to our role as recognisers and referrers.	Thank you for your comment. The range of practitioners for whom this guideline is potentially applicable is extensive. We have therefore aimed to capture this by stating that the guideline is applicable to 'all practitioners working with children and young people'.
British Society of Paediatric Dentistry	3	2 3	The remit, background and need for the guideline are well described.	Thank you.
British Society of Paediatric Dentistry	4	3.2.3	The point is well made that, despite the guidance available, there is often a different perception of seriousness of risk between those practitioners recognising concerns and those assessing the child. Our members find this to be the case particularly in cases of dental neglect. An evidence-based guideline that supported different groups of professionals to agree when a child or young person is at risk of significant harm would be welcome.	Thank you for your comment, which we will share with the GDG.
British Society of Paediatric Dentistry	5	4.3.1	NICE CG89 has proved useful to paediatric dentists and dental care professionals (particularly the Quick Reference Guide). It is good that this new guideline will build on it. However it is not clear in section 4.5 what review question will contribute to this. Please clarify.	Thank you for your comment. Review questions 4.5.8 to 4.5.11 are designed specifically to address aspects of recognition of abuse and neglect which are not covered by CG89.
British Society of Paediatric Dentistry	6	4.3.2 4.5.4	Our members report that dental health is often left out of child protection assessments (unless the reason for initial referral) and a paediatric dentist's advice is not routinely sought when children are assessed. The GDG will need to be aware that	Thank you for your comment, which we will share with the GDG.

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			some aspects of health and wellbeing may be underrepresented in the literature and will need to ensure that they are not overlooked in the guideline.	
British Society of Paediatric Dentistry	7	3.1.5 7	A number of references are cited in the body of the document but do not appear in the reference list e.g. Lazenbatt 2010, Gardner 2008	Thank you for your comment. All cited documents should now be included. Please note that it is NICE house style to cite documents as hyperlinks wherever possible. Hyperlinked documents do not appear in the reference list.
British Society of Paediatric Dentistry	8	General	We welcome the wide-ranging scope of this guideline and will look forward to its completion and publication. It seems likely that it will encourage a shared understanding of evidence based practice in this field, will help different groups of professionals know what they can expect from each other and will help them work together more effectively.	Thank you for your comment.
CISters	1	2	Disappointed that remit will exclude adult survivors; as this is also key to the future of children.	Thank you for your comment. We acknowledge that adult survivors of child abuse are a group with significant needs in their own right. As the population for this guideline includes parents, some adult survivors will be covered by virtue of being parents or carers of children at risk of, or experiencing, abuse and neglect.
CISters	2	3.1.2	“Activity data from children’s social care services are another indicator of levels of abuse and neglect” – I would suggest that this ought to say “Given that majority of abuse and neglect is undetected, the activity data from children’s social care services is only an indicator of what is known and that the actual figures will be much higher.”	Thank you for your comment. We agree that these data are likely to be an under-estimate of prevalence of abuse and neglect in the population. We have therefore added the following sentence: ‘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 (Daniel et al. 2011)’.
CISters	3	3.1.3	Final sentence needs to be reworded as only based on <u>limited</u> research. It needs to say “Parents who have experienced abuse and neglect in childhood may find it difficult to parent”. My experience of working with 1000+ survivors is that whilst some find it difficult to parent, they are less likely to abuse or neglect – as they go the extra mile not to. But it is true to say that some ‘may’ find it difficult to parent.	Thank you for your comment. This sentence is intended to show some of the long-term adverse consequences that abuse can have, and we agree that not all survivors of childhood abuse will face difficulties in parenting their own children. We have therefore removed reference to this as a possible consequence of child abuse and neglect.

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CISters	4	3.1.6	Final sentence should read "Survivors of childhood abuse and neglect may, or may not, face difficulties in parenting their own children." It is important to put in the 'may not' because otherwise unskilled social workers etc. immediately go to assess as less likely, when reality is that most parent ok.	Thank you for your comment. As noted above, we have removed reference to parenting difficulties as a possible consequence of child abuse and neglect.
CISters	5	4.3.12	Children do not witness dv, they EXPERIENCE it. SO – why is this not covered under emotional abuse within the scope (or have I missed that bit?)	Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect. In Section 3.3 of the scope document we now refer to the definition of harm, and the 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'.
College of Occupational Therapists	1	Q 1	The impact on the child could also be in relation to the child's play and/or school life. <ul style="list-style-type: none"> <li>Cooper RJ (2000) The impact of child abuse on children's play: A conceptual model. <i>Occupational Therapy International</i>, 7, 259-276.</li> <li>Whiting CC (2001) School performance of children who have experienced maltreatment. <i>Physical &amp; Occupational Therapy in Paediatrics</i>, 21, 81- 89.</li> </ul>	Thank you for your comment. We acknowledge the importance of considering how children and young people's behaviour in all aspects of their lives may be indicative of abuse or neglect. These issues are likely to be explored in the development of the guideline, particularly in relation to recognition of abuse and neglect.
College of Occupational Therapists	2	4.3.3	Targeted activities and interventions to prevent child abuse and neglect, should include reference to occupational therapy involvement to working with families on developing their routines to ensure self-care, play and educational occupations.	Thank you for your comment. We recognise the importance of occupational therapy services. However, this section of the scope aims to give an overview of the issues that will be covered, with some illustrative examples. Specific interventions and services will be identified through the evidence review process.
College of Occupational Therapists	3	4.3.5	Activities and interventions aimed primarily at children and young people should include occupational therapy related to children's play development. In addition, activities and interventions aimed primarily at parents and families should	Thank you for your comment. As noted above, this section of the scope aims to give an overview of the issues that will be covered, with some illustrative examples. Specific interventions and services will be identified through the

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			include occupational therapy related to parenting programmes to develop self-care, play and educational occupations.	evidence review process.
Department for Education	1	General	The paper read as rather muddled in parts. The scope is very wide and it was difficult at times to see what exactly the final product was; who the guidelines are aimed at. Overall the document as t lacks clarity of purpose.	Thank you for your comment. We recognise the broad scope of this guideline, which has been reflected in an extended development period for this piece of work. We consider the audience for the guideline to be primarily social workers, healthcare professionals and those undertaking the 'lead professional' role for example designated members of staff in education, school nurses, or youth workers.
Department for Education	2	3	This section is weak on 'why' the guideline is needed for practioners	Thank you for your comment. We have included additional information in Section 3.2 with the aim of clarifying some of the practice challenges that this guideline is aiming to address, particularly in relation to recognition and assessment.
Department for Education	3	3	Reference to 'lead professional role@ in services such as education – this needs expanding and the paper needs to be specific about which education professionals this is aimed at and in which roles.	Thank you for your comment. We recognise that a range of education professionals are a potential audience for this guideline, as are professionals from numerous other agencies. Rather than provide an exhaustive list, we have highlighted that the guideline will be of interest to all practitioners working with children and young people. We have used the generic term 'lead professional' to highlight that practitioners from any service can undertake this role, co-ordinating targeted preventive and early help activities.
Department for Education	4	3.2.1	The document needs to use the appropriate terminology and be consistent. CAF is no longer the term used in WT2013. The document should refer to early help assessments.	Thank you for your comment. We have removed reference to the Common Assessment Framework in this section.
Department for Education	5	3.3.4	The evidenced based advice. So this will be available for all practioners working in CSC. Including social workers? This isn't clear with what is said later in the document	Thank you for your comment. This section aims to set out the key statutory and legal framework which applies to this guideline. The section on legislation has been reworded for greater clarity.
Department for Education	6	4	This focus section is very confusing – 4.1.2 needs to be sharper. How realistic is it for practioners to distinguish whether abuse has been committed on children by	Thank you for your comment. In response to your comment, and those of other stakeholders, we have expanded the scope of the guideline to include practice in relation to early

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			parents/carers/family members from say a sports coach or a peer? Teachers may recognise the signs of abuse and neglect but is there isn't a characteristic that is only relevant to family members	help, recognition, assessment and response to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).
Department for Education	7	4.3	What is the measure for 'what works' in this context? Reformed parents? How is that measured? Children taken into care? Children being reunited with families? How does this link with 'preventing occurrence' at 4.4?	Thank you for your comment. When we review evidence regarding 'what works' we will refer to a range of outcomes, some examples of which are listed in Section 4.4. Outcome measures may differ depending on the review question. Outcome measures listed are not exhaustive, and will be further discussed by the GDG.
Department for Education	8	4.5.1	It seems rather odd that domestic violence is out of scope. If it remains so then it would be helpful to have an explanation	Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect. This wording was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. However, this guideline will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate this guideline, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.
Department of Health	1	4	In early discussions with NICE about this guideline, DH was clear that it would need to build on the existing child maltreatment guideline to include diagnosis of treatment  The health professional needs sufficient guidance to be able to state whether abuse is not only suspected but (when health related findings allow) the likelihood of abuse is high. So the guidance needs to go beyond the warning	Thank you for your comment. We have developed the scope in accordance with the remit document we received from the Department of Health, and in discussion with NICE colleagues and stakeholders from across health, social care and voluntary sectors. We have expanded the scope of the guideline to include practice in relation to early help, recognition, assessment and response to abuse and neglect, irrespective of the context in which the abuse or neglect is

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			<p>symptoms/signs that lead to a consideration of abuse, to include any information that supports a high likelihood of abuse, and then advise on any investigations that should be performed or considered and what interpretation of the findings can be made based on the existing evidence base.</p> <p>DH believes this is important even if the conclusions are that there is inadequate evidence for a reliable interpretation of findings to be reached.</p> <p>This would help avoid the somewhat varied interpretation of evidence by different health professionals – which can be significant particularly when they are engaged in court proceedings. Good evidence-based guidance is needed and, equally importantly, assumptions that have been made without an adequate evidence base must be highlighted in order to protect both families and health professionals, and to raise the questions that researchers need to answer.</p> <p>The end point could be recommendations around the working relationship between health and social care professionals. It is crucial that social care understand what health professionals mean by words such as “consider” and “suspect”, and essential that the risk of children failing to be protected because that relationship is not effective is minimised.</p>	<p>occurring.</p> <p>The guideline will be relevant to health, social care and education practitioners.</p>
False Allegations Support Organisation	1	General	<p>Working Together to Protect Children (WTPPC)</p> <p>These guidelines are not followed or adhered to in practice. Many SW, along with police walk into a family with preconceived ideas, and do not keep respectful of the child or family unit until investigations have been carried out. Neither do they provide family with the information they should do. (our voluntary groups have to provide that information)</p>	<p>Thank you for your comment. We agree that thorough investigation and assessment, and provision of information to families is important. As such we have included these as key areas within the scope, as outlined in Section 4.3.</p>
False Allegations	2	General	WTPPC	<p>Thank you for your comment. We recognise the importance</p>

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Support Organisation			These practices need to be thoroughly investigated as to what actually happens as opposed to what social services say happen within the social services environment – there are no checks and balances. Unregistered social workers are being used to carry out child protection risks, as well as those who have no family and are not aware of alternative family lifestyles both with the indigenous British community and those from abroad. CAFCAS and the Children's Guardian often are speaking social service opinions and not that of the child.	of families and children being listened to. We have included support, such as independent advice and advocacy, as one of the key areas within the scope, as outlined in Section 4.3.
False Allegations Support Organisation	3	General	Investigations In the majority of cases we hear from, there are no investigations (even when pointed to valid witnesses), just an assumption and old case information, the family is split – regardless of the effect on the child(ren)	Thank you for your comment. Government guidance highlights the importance of thorough investigation of concerns, and this is also a key area within the scope of this guideline.
False Allegations Support Organisation	4	General	Initial support of families When families request initial support from SS they are rejected many times, and then suddenly the tables are turned and the family are accused of neglect etc.	Thank you for your comment. We agree that it is important that families are offered support by appropriate services. As such prevention and early help will be part of the scope of the guideline, as outlined in Section 4.3.
False Allegations Support Organisation	5	General	Schools and Social services Liaison Accusing families of fabricating illnesses of children, and denying the children access to being statemented – despite on-going medical evidence to the contrary. (lack of educational funds we believe)	Thank you for your comment. We agree that it is important that families are offered support by appropriate services. However, the educational statementing process is not covered under the scope of this guideline which will focus on practice addressing abuse and neglect of children and young people.
False Allegations Support Organisation	6	General	SS overruling Specialists and Professionals with pertinent qualifications. Social Services over-ruling specialist/ refusing participation within the child protection procedures and in court refusing families access to independent specialists/ professionals or the child's specialist of many years.  There is already one case in high court where a single social worker has accused a coroner and other professionals and specialists of lying. How it got there is anyone's guess	Thank you for your comment. This guideline aims to look at effectiveness of multi-agency working across all the key areas and issues. Legal proceedings are out of the scope of this guideline.

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False Allegations Support Organisation	7	General	Judges automatic acceptance of social services judgements Families have no say with their evidence if it contradicts social services words.	Thank you for your comment. We acknowledge the importance of listening to families, however legal proceedings are out of the scope of this guideline.
False Allegations Support Organisation	8	General	Social Services not ensuring full hospital information available prior to investigation Many families as in brittle bones, lack of vitamin D, inherited genes not investigated by hospitals full investigations of child deemed at risk not carried out. And if they are Social services deem themselves expert and overrule use of medical evidence x-rays etc. to court whilst keeping new born and very young children from their mothers and fathers when no investigations have been carried out. Hospitals have facilities for overseeing parents with young children who are suspect. Hospitals not releasing evidence to parents for the court cases when social services are aware of what that information is. Recent support group experts <a href="http://www.parentsagainstinjustice.org.uk">www.parentsagainstinjustice.org.uk</a>	Thank you for your comment. We recognise the importance of correct identification of child abuse and neglect, and of ensuring that assessments explore any medical conditions which may result in symptoms similar to those of abuse or neglect. We also acknowledge the detrimental impact that incorrect allegations of abuse can have on children and families. We have made specific reference to misdiagnosis of abuse and neglect in Section 4.3(b) on assessment.
False Allegations Support Organisation	9	General	Baby shaking syndrome support Specialist support group 5% Rioch Brown <a href="http://www.sbs.5dircon.co.uk">www.sbs.5dircon.co.uk</a> worldwide expert.	Thank you for your comment. Unfortunately we were unable to open the link you supplied.
False Allegations Support Organisation	10	General	Children with disabilities, ADHD/Autism/mothers accused of damaging their children Support group and expert Jan Blount <a href="http://www.Parents-protecting-children.org.uk">www.Parents-protecting-children.org.uk</a> UK expert. Again SW refusing to believe experts in their field and taking the children through horrific times whilst traumatising them and not listening to them.	Thank you for your comment. As noted above, we recognise the importance of correct identification of child abuse and neglect, and the detrimental impact that incorrect allegations of abuse can have on children and families. We have made specific reference to misdiagnosis of abuse and neglect in Section 4.3(b) on assessment.
False Allegations Support Organisation	11	General	Social workers taking of birth babies There is no reason for this – most are acting on out of date information. There is not investigations as to how the family are at this present moment – even prisoners are readjusted to society. Again hospital wards with new born and mother are overseen by the nurses whilst up to date investigations are held. There is no excuse to cash in on adoption funding.	Thank you for your comment. Decisions to remove children from parental care, whether to temporary accommodation or adoption, are out of the scope of this guideline.

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			Support Expert AIMS <a href="http://www.aims.org.uk">www.aims.org.uk</a>	
False Allegations Support Organisation	12	General	Adoption Again no current investigations social services overrule all who wish to have a proper investigation. UK Support Expert John Hemmings MP	Thank you for your comment. As noted above, assessment and investigation will be an important focus of this guideline. The adoption process is out of the scope of this guideline.
Family Rights Group	1	3.1.3	To the statement - 'Parents who have experienced abuse and neglect in childhood are also more likely to abuse or neglect their own children (Howe 2005), and are less able to change poor parenting behaviours (Ward et al. 2012)' we would add ' <b>and therefore require appropriate support and independent advice.</b> '	Thank you for your comment. Following comments by other stakeholders, we have removed reference to parenting difficulties being a consequence of childhood abuse and neglect.
Family Rights Group	2	3.2.5	Alternative care placements should include reference to <b>family and friends care.</b>	Thank you for your comment. We have added family and friends care to the list of settings in Section 4.2 of the scope document.
Family Rights Group	3	3.2.6 General	<b>Family Group Conferences</b> are not mentioned throughout the document and yet they are recognised as being effective in making safe plans for children, enabling many to stay within their family network as an alternative to going into care and are cost effective. Family group conferences can be used in any serious situation where a plan and decision needs to be made about a vulnerable adult or child. In the United Kingdom family group conferences are mainly used in child welfare, particularly when a child is at risk of going into care, although some local areas are using the approach to prevent school exclusions, tackle anti-social behaviour, address youth offending and in planning for vulnerable adults.	Thank you for your comment, which we will bring to the attention of the GDG. In developing the guidance we will consider evidence regarding a range of activities and tools which support response to child abuse and neglect, which may include Family Group Conferences.
Family Rights Group	4	4.3.2	This section makes mention of the importance of advocacy services for families but we would add the importance of families being able to access <b>independent advice</b> services as referenced in chapter 2 of the DfE 'Guidance Court Orders and Pre-proceedings' (April 2014) pg. 15.	Thank you for your comment, and for bringing this document to our attention. We have amended Section 4.3(b) to make reference to independent advice as you suggest.
Hypermobility	1	Q1	As balanced as possible but as abuse is reported more	Thank you for your comment. We acknowledge that some

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Syndromes Association			significantly in BME groups then this may be addressed.	black and minority ethnic groups are disproportionately represented in the child protection system, and have made reference to this in Section 3.1 of the scope. Disproportionate representation of black and minority ethnic groups has also been considered in the Equality Impact Assessment which accompanies this scope, and will be considered during the review process.
Hypermobility Syndromes Association	2	3.1.3	Missing impact of having parents with long term physical disability or health condition	Thank you for your comment. This section aims to give examples of the kinds of difficulties associated with abuse and neglect of children, rather than provide an exhaustive list. We have added consideration of disabled parents, and parents with long term health conditions to the Equality Impact Assessment.
Hypermobility Syndromes Association	3	General	Need to address more of what to do for those families accused falsely of abuse/	Thank you for your comment. We acknowledge the detrimental impact that incorrect allegations of abuse can have on children and families. We have made specific reference to misdiagnosis of abuse and neglect in Section 4.3(b) on assessment.
Kids Company	1	Q1	<p>We agree this is a large scope and one in which there are considerable tensions and competing emphases and foci, as is partly recognised in 3.2.6. We identify the following areas as important to include (and further highlight these below):</p> <ol style="list-style-type: none"> <li>1. The child/young person needs to be placed at the centre of the pathway, and we support the way that the scope aims to do this. However, we think it needs to go further with this emphasis</li> <li>2. The guideline needs to be forward thinking through recognising current and emerging contexts especially regarding ethnicities and children/young people living outside traditional family contexts. Thus we highlight FGM, other faith based abuse, children and YP with refugee and undocumented status, or trafficked children as representing new and important factors that need to be taken into account for assessing and</li> </ol>	Thank you for your comment. We acknowledge the importance of taking a holistic view of abuse and neglect, particularly from the point of view of a child-centred approach to practice. We also recognise the significant overlaps and co-existence of various forms of abuse and neglect in children's lives. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to include practice in relation to early help, recognition, assessment and response to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. We have also amended the scope of the guideline to bring it in closer alignment with the range of forms of abuse covered in 'Working Together to Safeguard Children'. In Section 4 of the scope document, we have amended the text on 'What the guideline will cover' to read 'The guideline will cover early help, recognition, assessment and response

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			<p>intervening</p> <p>3. The guideline will inevitably need to start off comprehensively – and we suggest below that some areas currently excluded from the scope are brought into it – or risk failing to be relevant to children who need protection, and a task for the GDG will be to differentiate and ensure cross referencing to other guidance</p>	<p>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.'</p>
Kids Company	2	1	<p>Title of guideline</p> <p>The title needs to be consistent with the scope. As currently stated the scope aims to cover "assessing and responding to abuse and neglect of children and young people". The various exclusions (notably 4.3.6) make it clear that the guideline scope, as drafted, is for abuse and neglect occurring 'within the family' and this phrase should be added to the title if the scope remains as drafted.</p> <p>We feel strongly, in fact, based on extensive practice experience that the scope should be amended to (a) focus more centrally on the experience of the child and (b) include abuse that occurs outside the family and/or on the boundaries of 'families'. Thus we support the current title for the guideline but suggest that the scope needs to be amended to justify this through greater inclusiveness. We expand on these points below:-</p>	<p>Thank you for your detailed response and references, which will be shared with the GDG. We acknowledge the importance of taking a child-centred approach, which prioritises the lived experience of the child. As such, we have amended the scope of the guideline in such a way as to remove the distinction between extra- and intra-familial abuse. Practice relating to abuse occurring across all contexts is now within the scope of the guideline.</p>
Kids Company	3	3.1.5 4.3.6	<p>The scope appropriately recognises the importance of the serious adverse consequences for children and young people of abuse and neglect. This is further followed through in the scope in the main outcomes section (4.4) and the review questions (especially 4.5.3). Our extensive experience shows that responding to the traumatic impact of child abuse is crucial and we support the emphasis placed on focusing on consequences (Batmanghelidjh 2006; Briggs et al 2013)</p>	<p>Thank you for your comment. We acknowledge that children and young people living outside traditional families may be at particular risk of abuse and neglect, and less likely to access services. As noted above, we have amended the scope of the guideline in such a way as to remove the distinction between extra- and intra-familial abuse. In response to your feedback, and that of other stakeholders, we have also amended the scope of the guideline to bring it in closer</p>

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			<p>This very important aspect of the guideline will be strengthened by recognising that children and young people who suffer abuse outside the family may also experience these negative and severe consequences. Moreover, it is increasingly apparent that children and young people who are subject e.g. to trafficking, and other aspects of migration (asylum seeking etc.) may fall through the net of services, and there is a danger that the guideline could reinforce an unsupportable division between those who receive services (and are living in 'traditional' families), and those who are excluded from both families, and services.</p> <p><u>References:</u> Batmanghelidjh C (2006) Shattered Lives: Children who live with courage and dignity, London, Jessica Kingsley Briggs, S et al (2013) A Qualitative Evaluation of Kids Company's 'Legit Living' Programme, Tavistock Clinic</p>	<p>alignment with the range of forms of abuse covered in 'Working Together to Safeguard Children'. In Section 4 of the scope document, we have amended the text on 'What the guideline will cover' to read '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.'</p>
Kids Company	4	General	<p>A general point, that is highly important, is that to be effective in practice, the guideline needs to be able to represent diversities, including ethnicities, and to include urban and rural contexts. In London, and increasingly, other major cities, new conditions now prevail through the multi-ethnic contexts, the impacts of migration and the absence of family support for many young people. For example, we are aware of the concern about how to intervene in cases where abuse occurs through the application of faith-based practices e.g. beliefs in witchcraft and spirit possession (Briggs et al 2011; Hansard November 2013). Alongside this there is the now recognised need to address the child protection needs of children subject to FGM – which is not mentioned in the guideline. In order to be forward rather than backward looking the guideline needs to grasp the nettle through recognising these new contexts. This can be done by reverting to a more inclusive approach,</p>	<p>Thank you for your detailed response and references, which will be shared with the GDG. As noted above, we have broadened the scope of the guideline to bring it in closer alignment with the range of forms of abuse covered in 'Working Together to Safeguard Children'. In Section 4 of the scope document, we have amended the text on 'What the guideline will cover' to read '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.'</p>

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			as covered below in points 4-7 below <u>References:</u> Briggs S et al (2011) Safeguarding Special Initiative: Safeguarding Children's Rights: exploring issues of witchcraft and spirit possession in London's African communities Trust for London Hansard November 2013: <a href="http://vcf-uk.org/wp-content/uploads/2013/08/Amendment-debated-House-of-Lords-November-2013.pdf">http://vcf-uk.org/wp-content/uploads/2013/08/Amendment-debated-House-of-Lords-November-2013.pdf</a>	
Kids Company	5	4.3.4	Social work activities: the definition of 'parents, family members, carers and household members' can be problematic. Does it for example include parents/carers in countries of origin in cases of trafficked children/asylum seeking children and young people? Are those that abuse children through trafficking subsequently holding them in captivity etc. included in the above definition? Of course such cases require multi-agency involvement but in our experience it is vital that the child protection needs of these children and young people are the key focus.	Thank you for your comment. We acknowledge that the distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. Paragraph 4.3.4 has now been amended to read 'Social work activities and interventions responding to child abuse and neglect'.
Kids Company	6	4.3.6	The rationale for excluding abuse or neglect perpetrated by adults who are not parents is neither convincing nor child centred. All children who have experienced abuse and neglect require at least an assessment for the trauma experienced. The exclusion appears to be premised on an intact family for those abused outside the family, and this is not a safe assumption. Therefore we feel the guideline should be more inclusive – and child focussed. Abuse by those outside the family should therefore be included at the outset and differentiation of responses made within the guideline and its recommendations	Thank you for your comment. As noted above, we acknowledge that the distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).
Kids Company	7	4.3.10	We find this point unclear and would welcome revision. Part of the problem may be that parental support e.g. for parental mental ill health and substance misuse may be undertaken as 'indirectly' related to preventing or addressing abuse/neglect but it is crucial for the protection of the child.	Thank you for your comment. We agree that support for parents is a key means by which children are protected and supported. This statement was instead intended to clarify that this guideline will not make recommendations about the care and treatment of health and social care needs for parents in

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			Support for parents of all kinds – reduction of poverty, relational conflicts etc. - is of course crucial for the wellbeing of children	their own right, but will focus on support for their parental role. The paragraph has been reworded to clarify this.
Kids Company	8	4.3.12	We recognise that there is a NICE public health guideline on domestic violence but excluding the impact of witnessing domestic violence on the child is a specific and social care focus and should be included in this guideline. Cross referencing from this guideline to the public health guideline can be undertaken if DV witnessing is included and can be a more effective way of protecting children than excluding this aspect at the outset	Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect. This wording was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. However, this guideline will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate this guideline, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.
Kids Company	9	4.3.16	There is no rationale provided for excluding child trafficking from the guideline and this exclusion could have the dangerous consequence of leaving trafficked children outside service provision and awareness.	Thank you for your comment. We have amended the scope of the guideline to include child trafficking.
Kids Company	10	4.5	Review questions: we welcome the range of review questions and the importance placed on service user and practitioner viewpoints. It is important to include practitioner viewpoints from a range of settings including voluntary sector organisations such as ours and we are grateful for the opportunity to contribute to the development of effective and comprehensive guidance	Thank you for your comment.
Kids Company	11	5.1	Relevant published NICE guidelines should include “Self-harm; longer term management” (2011; CG133), especially as this does include guidance on safeguarding children and young people and recommendations for social care professionals	Thank you for your comment. We agree that self-harm is a pertinent issue, and have added in reference to the NICE guideline <a href="#">Self-harm: longer-term management</a> , CG133 in Section 5.1.

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Maslaha	1	Q1	<p>Strongly dispute the exclusion of forced marriage from the scope, as it falls within the general description of child abuse (see <a href="https://www.gov.uk/forced-marriage">https://www.gov.uk/forced-marriage</a>), and can cause extreme harm – physical, mental and emotional – to children.</p> <p>There seems to be a discrepancy for why FGM should be included within the scope but not forced marriage (FM), and is particularly congruent with the need outlined in Section 3.</p> <p>As with FGM, FM is now a criminal offence (from 16th June 2014), which includes deception in causing a child to leave the UK: <a href="https://www.gov.uk/government/publications/circular-0102014-new-forced-marriage-offences">https://www.gov.uk/government/publications/circular-0102014-new-forced-marriage-offences</a>)</p> <p>As per the above: SITUATING FM</p> <ul style="list-style-type: none"> <li>• Literally – in the child's home (as per 4.2.1)</li> <li>• Physically, for child – a combination of physical, mental and emotional abuse. We desperately hope the scope is not underestimating the 'unseen' damage of mental and emotional abuse, and focusing more on the physical</li> <li>• Socially – complex as frequently children feel trapped, with nobody to turn to as their family are united against them, actively or passively. Children are therefore frequently not able or don't want to report their family. This puts the onus much more on other agencies and support networks such as friends, school, doctors etc.</li> <li>• Legally – criminal. It is not 'cultural;' it is child abuse as set out in law. There is a huge gulf between arranged and forced marriage, where children are being forced to do something against their will</li> </ul>	<p>Thank you for your detailed response. In response to your feedback, and that of other stakeholders, we have amended the scope of the guideline to bring it in closer alignment with the range of forms of abuse covered in 'Working Together to Safeguard Children'. In Section 4 of the scope document, we have amended the text on 'What the guideline will cover' to read '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.'</p>

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			<p>PREVALENCE OF FM</p> <ul style="list-style-type: none"> <li>The Forced Marriage Unit dealt with 1,485 cases in 2012 and 1,302 cases in 2013. Almost half involve people of Pakistani heritage (<a href="https://www.gov.uk/forced-marriage">https://www.gov.uk/forced-marriage</a>)</li> <li>Prevalence of cases reported (including to local organisations) is estimated to be somewhere between 5,000-8,000 annually ('Forced Marriage: Prevalence &amp; Service Response' report by the National Centre for Social Research (NSRC) 2009)</li> <li>41% of these cases involve under-18s (ibid)</li> <li>All agencies involved recognise that this does not illustrate the true scale – unreported is not equal to not happening</li> <li>Should not be seen as a 'niche' or 'ethnic' issue – there are 'no geographical boundaries' (Race Equality Foundation 2011); children at risk from much of Africa, the Middle East, and South &amp; Central Asia</li> </ul> <p>IMPACT OF FM</p> <ul style="list-style-type: none"> <li>As a family situation, <u>all</u> aspects of a child's wellbeing is affected</li> <li>Emotional/psychological wellbeing harmed or threatened, and often physical health too – there is increased risk of spousal physical abuse, rape, unwanted pregnancies and abortion (for females), trauma, depression, self-harm, and potentially suicide (Plan UK)</li> </ul>	
Maslaha	2	General	<p>WHAT WORKS</p> <ul style="list-style-type: none"> <li>In terms of HOW you share the above messages will be <u>absolutely crucial</u> (by who, when, in what words, language, in what context etc.) – layers of meaning and appropriate, relevant 'language' and avenues for</li> </ul>	Thank you for your comment and practice examples, which will be shared with the GDG. We agree that the way in which all types of abuse and neglect are broached with children, young people and families is extremely important. As part of the guideline development and research review processes

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			<p>support</p> <ul style="list-style-type: none"> <li>• Because it is such a complex issue, it calls for developed sensitivity, particularly with regard to children seeking support or being offered support, without their family's knowledge, and how that then takes place – for both the child and the family</li> <li>• There is a strong need to frame it without demonising the family, but instead with positive reassurance of children's own rights, and in a way which makes sense to them</li> <li>• Looking at the issue holistically is imperative, with involvement from: ex-victims, families, schools, local organisations, community faith leaders, police, healthcare settings, FMU etc. – to find a NEW WAY to effectively broach and deal with the issue, without causing further isolation or harm to those involved. Purely pushing the new law will perhaps even be counter-productive. Similarly e.g. schools will need guidance on how best to embed such an issue, and again normalising within a positive framework, rather than a ham-fisted 'add-on' just prior to the summer holidays when children are at most risk.</li> <li>• <i>For example, we are working to address mental health in Muslim communities. This is an issue rarely spoken about, yet prevalent. We had to find a way to approach the topic in terms which would explain but not further stigmatise the issue, which would be useful for both doctors and communities. We incorporated language of faith and culture using film and music, working with people, concepts and words recognisable to communities, and with a Somali musician whose songs of exile helped to create a vocabulary around depression. The physical DVD resource is now used in everyday environments such</i></li> </ul>	<p>we will seek the views of children, young people and families, as well as research about effective methods of support and communication.</p>

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			<p><i>as libraries, GP surgeries, schools, as well as a resource and training tool for medical staff, and is endorsed by RCGP.</i></p> <p>Good practice/effective strategies:</p> <ul style="list-style-type: none"> <li>• The NIA Project (<a href="http://www.niaendingviolence.org.uk/">http://www.niaendingviolence.org.uk/</a>) - strongly recommend speaking to them for their approach as well as services and multi-agency work</li> <li>• The AVA Project (<a href="http://www.avaproject.org.uk/">http://www.avaproject.org.uk/</a>) - similar points as above</li> <li>• Karma Nirvana (<a href="http://www.karmanirvana.org.uk/">http://www.karmanirvana.org.uk/</a>), likewise</li> </ul>	
National Children's Bureau	1	4.1.1 4.1.4	Query the exclusion of abuse and neglect (including sexual abuse) perpetrated by adults who are not parents, family members, carers or household members. Appreciate that scope needs to be tightly drawn but if this is to be helpful to professionals charged with recognising abuse and neglect then the focus needs to be on the child, the impact on the child's behaviour, emotional and mental health and general presentation. The NSPCC Research quoted (Child abuse and neglect, NSPCC 2011) does reference the fact that co-occurrence (i.e. within and outside of the family) is not uncommon. Even where the perpetrator is outside of the family and there isn't abuse within the family, there may well be family dysfunction and high stress and thus a need for family interventions and support which may not be that dissimilar to those required to prevent recurrence and to help the child and family deal with the aftermath.	Thank you for your comment. We acknowledge the importance of taking a child-centred approach to practice in relation to abuse and neglect. In response to your comment, and those of other stakeholders, we have expanded the scope of the guideline to include practice in relation to early help, recognition, assessment and response to abuse and neglect, irrespective of the context in which the abuse or neglect occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).
National Children's Bureau	2	4.3.12	Query exclusion of witnessing domestic violence given that in January 2005 the legal definition(Adoption Act 2002.Section 120) of harm to children was extended to include the impairment suffered from seeing or hearing the ill treatment	Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect. This wording was not intended to imply that issues

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			of another particularly in the home, in response to evidence (Wolfe et al 1986;Gerwitz et al 2004; Eden et al 2001) of serious long term damage through living in a household where domestic violence is taking place even though they may never themselves have been directly harmed. Evidence from both the UK and Australia has shown children witnessing domestic violence have significantly poorer developmental (e.g. cognitive and language delay) and behavioural (e.g. aggression and anti-social behaviour) than those living without violence, and other studies suggest that violence in the home has a greater impact on later attitudes than violence experienced at school or in the community. (SCIE (2008),Research Briefing 25,Children 's and young people's experiences of domestic violence involving adults in a parenting role)	associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. However, this guideline will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate this guideline, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.
National Children's Bureau	3	3.1.4 General	The specific and increased risks of abuse and neglect experienced by disabled children is not dealt with. The greater risk of abuse faced by disabled children is a longstanding concern and well-documented by others including the National Working group on Disabled Children (NSPCC 2003)	Thank you for your comment. We acknowledge the additional risks to disabled children and young people. We have now added specific reference to disabled children and young people, and children and young people with communication difficulties in Section 3.1 of the scope. These groups are also referenced in the Equality Impact Assessment. These issues will be considered during the development of the guideline.
NHS Choices	1	General	Welcome guidelines and no comments as part of consultation	Thank you.
NHS England	1	General	Thank you for the opportunity to comment on the above guideline. I wish to confirm that NHS England has no substantive comments to make regarding this consultation.	Thank you.
Nottinghamshire Healthcare NHS Trust	1	General	No comments	Thank you.
NSPCC	1	General	Guidance that aims to recognise, assess and respond to abuse and neglect must first and foremost consider the experience of the child. While it is necessary to limit the scope to some extent such that the guidance will be manageable, it will only be useful to those charged with	Thank you for your comment. We acknowledge the importance of taking a child-centred approach to practice in relation to abuse and neglect. In response to your comment, and those of other stakeholders, we have expanded the scope of the guideline to include practice in relation to early

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			<p>recognising abuse and neglect if it is shaped by the prevalence and potential impact on the behaviour, emotional and mental health and general presentation of children rather than the demographics of perpetrators or mechanisms by which they enact the abuse.</p> <p>This principle is at the heart of the following comments.</p>	<p>help, recognition, assessment and response to abuse and neglect, irrespective of the context in which the abuse or neglect occurring. It is our intention that this supports an approach which is centred on the experience of the child, rather than the characteristics of the perpetrator of abuse.</p>
NSPCC	2	4.1.1 4.1.4	<p>Problem: The proposed scope does not include abuse or neglect (including sexual abuse) perpetrated by adults who are not parents, family members, carers or household members. Excluding perpetrators of abuse that are outside of the child's immediate family circle ignores the risk factors that to the co-occurrence of maltreatment. This might otherwise provide crucial information to help recognise and prevent abuse.</p> <p>Evidence on co-occurrence of maltreatment: Evidence suggests that children and young people who experience maltreatment or severe maltreatment from a parent or guardian are at greater risk than those who are not maltreated of also experiencing abuse from others and witnessing family violence. (Radford et al, 2011: 91) For example 11-17 year olds who have experienced physical violence not by a parent or guardian are 6.58 times more likely to experience any contact sexual abuse (p&lt;0.001). The co-occurrence of maltreatment also works in the other direction. For example 11-17 year olds experiencing physical violence by a parent or guardian are 4.19 times more likely to experience any contact sexual abuse. (p&lt;0.001).</p> <p>The table on page 91 of our 2011 report (Radford et al, 2011) shows the risks of co-occurrence for several other types of maltreatments and types of perpetrators.</p> <p>Evidence of impact of maltreatment: "All forms of abuse in childhood were generally associated with poorer mental health and elevate delinquent behaviour" (Radford et al, page 13).</p>	<p>Thank you for your detailed response and references, which will be shared with the GDG. We acknowledge the importance of taking a holistic view of abuse and neglect, particularly from the point of view of a child-centred approach to practice. We also recognise the significant overlaps and co-existence of various forms of abuse and neglect in children's lives. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).</p>

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			<p>Compared to young people aged between 11 and 17 who were not maltreated, there is little difference in the impact of maltreatment between that perpetrated by those within and those outside of the child's immediate circle:</p> <p>Those severely maltreated by a parent or guardian were, "over six times (6.4) more likely to have current suicide ideation, and almost 5 times (4.6) more likely to have self-harm thoughts than were the non-maltreated young people in this age group."</p> <p>Those severely maltreated by a non-resident adult, "were almost six times (5.5) more likely to have current suicidal ideation, and over 3 times (3.3) more likely to have self-harm thoughts than the non-maltreated young people in this age group." (Ibid: 13)</p> <p>While children are more likely to be abused by parents or guardians than by non-resident adults, regardless of who abuses, the impact on children is and not significantly different and has similarly adverse effects.</p> <p>Change required: Taking into account the evidence on co-occurrence and impact of abuse and the principle of focussing on the child as the principle individual of concern, the scope should be amended to focus on identifying and assessing abuse/neglect regardless of who the perpetrator is.</p> <p>References: Radford et al (2011) Child abuse and neglect in the UK today. NSPCC</p>	
NSPCC	3	4.3.10	<p>Problem: The proposed scope excludes parental support that is not directly related to preventing or addressing abuse and neglect, such as "generic mental health services" and "domestic violence services not directly related to preventing harm to children".</p>	<p>Thank you for your detailed response and references, which will be shared with the GDG. Thank you for your comment. We agree that support for parents is a key means by which children are protected and supported. This statement was instead intended to clarify that this guideline will not make recommendations about the care and treatment of health and</p>

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			<p>It is unclear what is meant by the phrase 'directly related to preventing harm to children'. There is a risk that this could be interpreted to exclude services that address the impact of parental mental ill-health, parental substance misuse and domestic violence on children.</p> <p>Further, these circumstances, amongst others, have a more adverse impact on the child when they co-occur.</p> <p>Evidence for change:</p> <p>While parental mental ill health does not necessarily indicate poor parent-child relationships, a number of studies have shown a number of negative effects for children who have parents with mental illness (Aldridge, 2006; Stallard et al., 2004; Tunnard, 2004). Parental mental ill health is also a fairly common element in child protection investigations. In a recent synopsis on London Serious Case Reviews (Prokop et al., 2010), it was found that 58% of children who were subjects of a Serious Case Review had a parent with mental health problems that affected child care.</p> <p>The Hidden Harm inquiry (ACMD, 2003, 2007) shows that parental drug use has the potential to interfere with virtually all aspects of a child's health and development and indicates that children of substance using parents are seven times more likely to become substance users themselves than the general child population.</p> <p>Although the concept of adversity has not consistently been defined in literature, it typically include, "family violence/domestic violence; parental illness/disability; parental substance abuse; parental mental health problems; family separation/bereavement/imprisonment; and parental offending/anti-social behaviour" (Davidson et al, 2012). A child that experiences multiple adversities has been shown to have poorer outcomes. For example, in the Millennium Cohort Study almost three in 10 children under one that were subject to multiple risk factors were linked with poorer</p>	<p>social care needs for parents in their own right, but will focus on support for their parental role. The paragraph has been reworded to clarify this.</p>

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			<p>cognitive and behavioural development between the ages of three and five (Sabates and Dex, 2012; cited in Davidson et al, 2012).</p> <p>Change required: In keeping with comment 2, the guidelines should primarily consider the impact on the child. They should therefore include within the scope parental support to high-risk groups where there is an increased risk for the child, and in particular take into account the impact of the experience of multiple adversities.</p> <p>References: ACMD. (2007) Hidden Harm - update. Advisory Council on the Misuse of Drugs (ACMD), London ACMD. (2003) Hidden Harm. Responding to the Needs of Children of Problem Drug Users: The Report of an Inquiry. Advisory Council on the Misuse of Drugs (ACMD), London Aldridge, J. (2006) The experiences of children living with and caring for parents with mental illness. Child Abuse Review, 15, 79-88 Davidson, G., Bunting, L., Webb, MA (2012) Families Experiencing Multiple Adversities: A Review of the International Literature. Barnardo's. Sabates, R; Dex, S (2012) Multiple risk factors in young children's development. CLS Working Paper 2012/1. Centre for Longitudinal Studies, London. Stallard, P., Norman, P., Huline-Dickens, S., Salter, E. &amp; Cribb, J. (2004) The effects of parental mental illness upon children: A descriptive study of the views of parents and children. Clinical Child Psychology and Psychiatry, 9, 39-52 Tunnard, J. (2004) Parental Mental health Problems: Key Messages from Research, Policy and Practice. Research in Practice, Dartington Prokop, Bundred &amp; Green. (2010) London Review of Serious Case Reviews: 2006-2009. Greater London Safeguarding</p>	

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NSPCC	4	4.3.17	<p>Team, London</p> <p>Problem:  Online grooming is excluded from the scope of the guidelines.  Grooming can be defined as actions that deliberately establish an emotional connection and trust with a child or young person, with the aim of engaging them in sexual behaviour or exploitation. Online grooming is exactly the same, but done via the Internet.  For children and young people the internet is an extension of their offline worlds.  Excluding online grooming from the scope does not reflect the reality of children's lives or their rapidly growing use of technology.</p> <p>Evidence:  The exact numbers of children who have been subjected to online grooming is unknown, because, in many cases, a child will not disclose the offences against them.  However, in 2012 the Child Exploitation and Online Protection Centre (CEOP) received 1,145 public reports relating to incidents of online grooming, 7% (80) of which related to offenders attempting to meet a child offline (CEOP, 2013); NSPCC's Child Line service had 413 contacts from children in 2011/12 who were worried about grooming (Turnbull, 2012), 60% of which specifically mentioned online grooming; and in 2012/13 Child Line did 327 counselling sessions with children who said they had been groomed, with many of them indicating that the grooming had started online.  For children and young people the Internet is an exciting extension of their offline worlds, a source of information and communication and a way to expand their social lives and networks. Children aged 8-11 spend an average of 9.2 hours a week online, and 12-15 year olds spend an average of 17 hours per week online (Ofcom, 2013). Internet technology is</p>	<p>Thank you for your detailed response, which we will share with the GDG. We acknowledge that the distinction between 'offline' and 'online' grooming may not be a useful one, particularly given the role of technology in children and young people's lives. For this reason, online grooming is now included in the scope of the guideline.</p>

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			<p>also much more mobile, with many 62% of children aged 12-15 owning an internet enabled smart phone (Ibid.) Equally, online grooming and sexual abuse can have specific impacts on children. Very few children disclose when they are being sexually abused online. They feel shame and guilt because there is evidence of their 'willing participation' in their own abuse, such as explicit images they have posted and conversations online that can never be erased (Palmer et al, 2010). Some victims deny the abuse happened or are unaware that they were being abused, thinking that they were chatting or meeting up with their 'boyfriend' while others feel responsible for what happened to them (Ibid.).</p> <p>Change required: Online abuse and grooming should not be excluded from the scope of the guidance</p> <p>References: CEOP Annual Review 2012-2013. Retrieved from: <a href="http://www.ceop.police.uk/Documents/ceopdocs/AnnualReviewCentrePlan2013.pdf">http://www.ceop.police.uk/Documents/ceopdocs/AnnualReviewCentrePlan2013.pdf</a> Palmer, von Weller and Loof. (2010) The impact of internet abuse on children and how best to intervene; The Link – The Official Newsletter of the International Society for the Prevention of Child Abuse in Neglect (ISPCAN) Colorado USA Turnbull, M. (2012) Caught in a Trap: Impact of Grooming in 2012. London: Child Line Ofcom (2013) Children and Parents: Media Use and Attitudes retrieved from: <a href="http://stakeholders.ofcom.org.uk/binaries/research/media-literacy/october-2013/research07Oct2013.pdf?utm_source=updates&amp;utm_medium=email&amp;utm_campaign=Media+Use+2013">http://stakeholders.ofcom.org.uk/binaries/research/media-literacy/october-2013/research07Oct2013.pdf?utm_source=updates&amp;utm_medium=email&amp;utm_campaign=Media+Use+2013</a></p>	
NSPCC	5	General	Problem: The draft guidance does not identify the specific risks of abuse and neglect suffered by disabled children	Thank you for your detailed response, which we will share with the GDG. We acknowledge the additional risks to

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			<p>Evidence: A US study has shown that disabled children are 3.4 times more likely to be abused than non-disabled children (Sullivan and Knutson, 2000). The increased risk applies to disabled children in all the impairment groups and all forms of abuse. In the UK the Inspectors' Report on Arrangements to Safeguard Children (2005) and Ofsted's (2009) Review of Serious Case Reviews 2008 – 2009 identified a number of concerns in respect of disabled children, including: the safeguarding needs of disabled children are not always given sufficient recognition or priority; there remain significant issues in identifying and acting on welfare concerns; the child's disability can mask child protection concerns; and staff are not always good at identifying and tracking behaviour patterns and trends that can be indicators of child protection concerns. A wealth of evidence demonstrates risk factors that are specific to deaf and disabled children (Sobsey, 1994; Westcott, 1993; Westcott and Cross, 1996; Westcott and Jones, 1999; the National Working Group on Child Protection and Disability, 2003; Fisher et al. 2008, Briggs and Hawkins, 2005 and Stalker et al, 2010).</p> <p>Change required: The specific risks of understanding abuse and neglect suffered by disabled children should be included in the scope of the guidance. This should aim to expand professional understanding of how disabled children can be abused along with how they may convey their distress and attempt to disclose abuse.</p> <p>References: Briggs, F and Hawkins, R (1996) 'Keeping ourselves safe': A survey of New Zealand school children aged 10-12 years and their parents. Report for the Commissioner of Police, New Zealand and the Minister of Education. University of South</p>	<p>disabled children and young people and have now added specific reference to disabled children and young people, and children and young people with communication difficulties in Section 3.1 of the scope. These groups are also considered in the Equality Impact Assessment. Equality issues will be considered throughout the evidence review process.</p>

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			<p>Australia</p> <p>Fisher, M.H., Hodapp, R.M. and Dykens, E.M. Child abuse among children with disabilities: What we know and what we need to know International Review of Research in Mental R Vol.35 pp 251 – 289</p> <p>National Working Group on Child Protection and Disability (2003) It Doesn't Happen to Disabled Children: child protection and disabled children. London: NSPCC</p> <p>Ofsted (2009) Learning Lessons from Serious Case Reviews: year 2. London: Ofsted. www.ofsted.gov.uk</p> <p>Sobsey D (1994) Violence and Abuse in the Lives of People with Disabilities: the end of silent acceptance? Baltimore MD: Paul H Brookes Publishing Company</p> <p>Stalker K, Green Lister P, Lerpiniere J and McArthur K (2010) Child Protection and the Needs and Rights of Disabled Children and Young People: a scoping study. Abridged report. University of Strathclyde</p> <p>Sullivan P.M., and Knutson J.F. (2000) Maltreatment and Disabilities: a population based epidemiological study. Child Abuse and Neglect 24 10 1257–1273</p> <p>Westcott H and Cross M (1996) This Far and No Further: towards ending the abuse of disabled children. Birmingham: Venture Press.</p> <p>Westcott H.L., and Jones D.P.H. (1999) Annotation: The abuse of disabled children Journal of Child Psychology and Psychiatry Vol 40 pp 497 – 506</p>	
Ofsted	1	4.5.1	The practice of engaging parents was found to be a significant challenge to professionals. Parents are likely to have multiple and complex needs of their own and may be very demanding of social work time and attention. In those	Thank you for your comment. We will bring this information to the attention of the GDG. We will also be conducting a thorough review of the research literature to address this question.

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			cases where children were not making progress a common feature was lack of parental engagement.	
Ofsted	2	4.5.2	The thematic inspection on neglect found that practice was too variable. Some areas were better at identifying neglect issues early but some professionals found it harder to understand when the threshold had been reached, in relation to neglect, to refer to children's social care. We found that in many cases children were left in unacceptable situations for too long before decisive action was taken. Some areas had introduced specific tools to help practitioners identify neglect and these were seen as helpful in recognising signs early on. Some cases we saw showed missed opportunities in the past to intervene earlier and some showed a repeat pattern of missed opportunities.	Thank you for your comment. We will bring this information, and the thematic inspection on neglect, to the attention of the GDG. We will also be conducting a thorough review of the research literature to address this question.
Ofsted	3	4.5.3	For those children left in neglectful situations for a long time the impact can have a life-time impact on them. Some children were left in situations of neglect for too long and the impact of their parents' behaviour on them was not well understood. The impact of chronic neglect is cumulative and pervasive and can impact severely on their physical and mental health if not addressed soon enough.  We saw some examples of good practice where neglect was identified and addressed early on and where there were positive outcomes for children but practice was too variable in this respect.	Thank you for your comment. We will bring this information, and the thematic inspection on neglect, to the attention of the GDG.
Ofsted	4	4.5.4	Authorities used a variety of tools to identify neglect, such as the graded care profile or signs of safety, and where these were embedded and well used they were seen as being effective in assessing and measuring change. They were most effective when accompanied by proper training and effective quality assurance.	Thank you for your comment. We will bring this information to the attention of the GDG. We will also be conducting a thorough review of the research literature to address this question.
Ofsted	5	4.5.5	We found evidence of short term support which was effective	Thank you for your comment. It is our aim to consider the

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		4.5.6 4.5.8	in providing support to children and families, however, there was little evidence of effective long-term interventions which clearly addressed the underlying issues in the family and enabled sustained change to happen.	characteristics of effective intervention as part of the evidence review to support the guideline.
Ofsted	6	4.5.7	<p>Where local authorities and their partners have a clear strategy for identifying and responding to neglect they are more likely to be effective. They were more likely to have a systematic improvement programme which addressed policy, thresholds for action and professional practice at the front line. Some authorities were using effective methods to map and measure the impact of neglect on children over time and to evaluate the effectiveness of interventions. This resulted, in many cases, in timely and improved decision making.</p> <p>Nearly half of the assessments that we looked at either did not take sufficient account of the family history, or did not adequately convey or consider the impact of neglect on the child. Some focused almost exclusively on the parents' needs rather than analysing the impact of adult behaviours on children.</p> <p>Drift was identified in a third of all the long term cases seen. This was caused by a range of factors including inadequate assessments, poor planning, parents failing to engage, lack of understanding by professionals of the cumulative impact of neglect.</p> <p>Drift and delay had serious consequences for children, resulting in them continuing to be exposed to neglect.</p> <p>Research helped in a small minority of cases but although many social workers had access to research it was rarely used in case planning.</p>	Thank you for this detailed response. We will bring this information to the attention of the GDG.

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			Non-compliance and disguised compliance by parents was a common feature and although some multi-agency groups adopted clear strategies to manage such behaviour this was not evident in all cases. Where parents were not engaging with plans, and outcomes for children were not improving, professionals did not consistently challenge parents.	
Oxfordshire County Council	1	Q1	Section 4 Activities There is a great need for guidance on interventions that work, both in prevention of abuse/neglect and in responding to abuse/neglect when it has been identified.	Thank you for your comment. We agree that there is a need for evidence on effective interventions in relation to early help, recognition, assessment and response to abuse and neglect. These will be two key areas addressed by the guideline (see Section 4.3 of the scope document).
Oxfordshire County Council	2	4.3	Assessment tools and evidence-based interventions are especially important. However, guidelines should prioritise approaches that are pragmatic and understandable to children and families, as well as practitioners. Interventions are more successful if they engage families in their own solutions, rather than being passively 'treated' by a professional.	Thank you for your comment. We agree that the acceptability of approaches to children and families is an important issue, and will be addressing this specifically in the review questions which underpin the guidance (see Section 4.4 of the scope document).
Oxfordshire County Council	3	4.3.3 4.3.4	Targeted and social work activities and interventions should take into account the roles played by other professionals in a co-ordinated plan to address child abuse and neglect.	Thank you for your comment. The aim of having a specific question in relation to social work is to recognise the key role that social workers have in leading and co-ordinating child protection activities, and the fact that many social work activities do not fit neatly in to the category of 'interventions'.
Oxfordshire County Council	4	4.3.4	Activities and interventions must take into account the child's timescale and the principle of 'no delay'.	Thank you for your comment. We agree that timescales for intervention are important. It is likely that these issues will be considered as part of the development of the guideline.
Oxfordshire County Council	5	4.3.4	Neglect and abuse are the day-to-day business of social workers. It is important that the interventions recommended are not predicated on the commissioning of separate specialist services to which social workers will refer, rather than being part of the solution themselves.	Thank you for your comment. We will bring this issue to the attention of the Guideline Development Group.
Parents Protecting Children UK	1	3	Need for guidance What worries me about this is the assumption that intervention is benign - it isn't - if the	Thank you for your comment. We acknowledge that intervention by services can have a detrimental impact on

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			intervention is ill judged or mistaken or mis-informed, it can do devastating and long term harm to the child, siblings and parents – including reduced access to medical services, loss of friends and social standing, bullying, lost parental careers etc. These guidelines need to be about GETTING IT RIGHT - not just about not missing cases but also about not intervening prematurely or Erroneously. Safeguards are needed in all directions.	families if based on inaccurate assessment. Part of the aim of this guideline is to improve the accuracy of assessment and identification, and we have made specific reference to misdiagnosis of abuse and neglect in Section 4.3(b) on assessment.
Parents Protecting Children UK	2	4.1.1	It is important to distinguish suspected abuse from medical conditions (e.g. EDS which causes bruising or Osteogenesis Imperfecta which causes bones to break) or from neurological difficulties (e.g. Asperger's Syndrome which causes lack of eye contact sometimes regarded as a symptom of abuse)	Thank you for your comment. We recognise the importance of correct identification of child abuse and neglect, and of ensuring that assessments explore any medical conditions which may result in symptoms similar to those of abuse or neglect. We also acknowledge the detrimental impact that incorrect allegations of abuse can have on children and families. We have made specific reference to misdiagnosis of abuse and neglect in Section 4.3(b) on assessment.
Parents Protecting Children UK	3	4.1.2	It is important to look at genetic and familial conditions which can be misunderstood as possible abuse including multigenerational Autism Spectrum Differences & Difficulties or parental EDS	Thank you for your comment. We recognise the importance of correct identification of child abuse and neglect, and of ensuring that assessments explore any hereditary medical conditions which may result in symptoms similar to those of abuse or neglect. We also acknowledge the detrimental impact that incorrect allegations of abuse can have on children and families. We have made specific reference to misdiagnosis of abuse and neglect in Section 4.3(b) on assessment.
Parents Protecting Children UK	4	4.1.3	AGAIN it is always important to check for genetic or familial medical or neurological conditions or mental health concerns before jumping to conclusions which may have other explanations	Thank you for your comment. As noted above, we recognise the importance of correct identification of child abuse and neglect, and of ensuring that assessments explore any medical conditions which may result in symptoms similar to those of abuse or neglect. We also acknowledge the detrimental impact that incorrect allegations of abuse can have on children and families. We have made specific reference to misdiagnosis of abuse and neglect in Section 4.3(b) on assessment.

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Parents Protecting Children UK	5	4.1.4	If a child is prone to bruising or breakages for medical reasons or is hard to handle for neurological reasons then someone trying to support them can on occasion be wrongly suspected of abuse	Thank you for your comment. As noted above, we acknowledge the importance of issues regarding misdiagnosis and will consider this as part of the development of the guideline.
Parents Protecting Children UK	6	4.1.5	In families with heritable genetic disorders there can be historic misdiagnosis	Thank you for your comment. As noted above, we acknowledge the importance of issues regarding misdiagnosis and will consider this as part of the development of the guideline.
Parents Protecting Children UK	7	4.3	It is always imperative that personnel trained to understand complex heritable familial genetic conditions such as Autism Spectrum Differences & Difficulties and collagen deficiency syndromes make an assessment before anyone jumps to making assumptions about potential child abuse	Thank you for your comment. As part of the development of the guidance, we aim to consider factors which promote good professional judgement, which may include training arrangements.
Parents Protecting Children UK	8	4.4	There is nothing written here which acknowledges the short and long term harm inflicted on a family by erroneous and mistaken child protective investigations - which are not benign - a new section needs to be added to include the necessity to check for heritable, genetic, familial medical and neurological conditions before moving to child protective investigation.	Thank you for your comment. As noted above, the guideline itself is likely to consider issues relating to accuracy of identification and assessment, including misdiagnosis.
Parents Protecting Children UK	9	4.5	A question needs to be added about training and capability to assess heritable, genetic, familial medical and neurological conditions before moving to child protective investigation.	Thank you for your comment. We acknowledge the importance of staff being equipped to recognise underlying conditions which can be confused with abuse or neglect. We will consider what supports professional judgement in assessment as part of our overarching review question on assessment.
Parents Protecting Children UK	10	4.6	I've seen many cases where vast sums have been wasted on the wrong courses of action because simple things like a statutory assessment of special educational need have not been undertaken before moving to family court procedures	Thank you for your comment. This guideline will aim to make recommendations concerned with improving assessment processes. Ensuring that assessment is proportionate to the issue at hand is likely to form part of the GDG's considerations.
Primary Care Child Safeguarding Forum	1	General	PSSCF welcomes this new guidance because although the NICE Maltreatment guidance of 2009 was helpful it focused on secondary and	Thank you for your comment.

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			social care presentations of child abuse with no mention of early help, prevention and early intervention	
Primary Care Child Safeguarding Forum	2	3.1	The lack of data is important as it is apparent within primary care that many of the most needy patients are survivors of abuse, yet this is an under-researched area and poorly documented	Thank you for your comment. We acknowledge the vulnerability that experiencing abuse as a child can cause. However, services for adult survivors of child abuse are outside the scope of this guideline.
Primary Care Child Safeguarding Forum	3	3.13	Family and environmental risk factors are important when considering prevention And investment in early intervention at this stage is likely to be considerably less costly than dealing with the consequences of maltreatment	Thank you for your comment. We agree that prevention and early help is an important aspect of intervention, and as such has been included as one of the activities to be covered in the guideline (see Section 4.3 of the scope document). The guideline development process will also include analysis of the economic evidence base.
Primary Care Child Safeguarding Forum	4	3.1.4	This disproportionality is important because it may indicate hidden and undetected abuse in other ethnic groups	Thank you for your comment. We will bring this issue to the attention of the Guideline Development Group.
Primary Care Child Safeguarding Forum	5	3.1.5	There may be time lag in presentations of neglect which renders it more difficult to attribute neglect as a cause of, for example, developmental delay	Thank you for your comment. We will bring this issue to the attention of the Guideline Development Group.
Primary Care Child Safeguarding Forum	6	3.2.1	Provision of early help is so variable across the country that assessment of impact is difficult	Thank you for your comment. We will bring this issue to the attention of the Guideline Development Group.
Primary Care Child Safeguarding Forum	7	3.2.2	Similarly standards at which LSCBs operate vary widely and it appears that mechanisms for governance and scrutiny are limited	Thank you for your comment. We will bring this issue to the attention of the Guideline Development Group.
Primary Care Child Safeguarding Forum	8	3.2.3	Thresholds for acceptance have been rising because of LA reductions in expenditure Acceptance seems to be defined by presence or absence of resources not the child's need	Thank you for your comment. We acknowledge the importance of financial considerations, and cost effectiveness will be taken in to account as part of the review process.
Primary Care Child Safeguarding Forum	9	3.2.4	Many professionals have been under work pressure too great to effectively fulfil the lead role	Thank you for your comment. We agree that undertaking the lead professional role remains a challenge for many practitioners, as has also been identified in research by the

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				Local Authority Research Consortium. We will bring this issue to the attention of the Guideline Development Group.
Primary Care Child Safeguarding Forum	10	3.2.5	Similarly because of LA financial pressures it is difficult to fund placements and prevent children being returned to an abusive environment largely unchanged, or for care leavers to return home because that is the only available option	Thank you for your comment. We acknowledge the importance of financial considerations, and cost effectiveness will be taken in to account as part of the review process.
Primary Care Child Safeguarding Forum	11	3.2.6	SCRs continue to show over-optimism among certain professional groups	Thank you for your comment. We agree that professional over-optimism is often cited as a factor in Serious Case Reviews. We have referred to some of the evidence on common errors of professional reasoning in Section 3.2.8 of the scope document.
Primary Care Child Safeguarding Forum	12	3.3.5	There is legislation but no data on evaluation of effectiveness, for example the number of infant deaths from abuse is not falling	Thank you for your comment. This section aims to set out the legislation underpinning this area of work.
Primary Care Child Safeguarding Forum	13	3.3.6	LSCBs have been established but all have developed different ways of working and again there appears to be no objective evaluation of effectiveness and a lack of accountability	Thank you for your comment. It is outside the scope of this guideline to consider evidence on LSCB effectiveness. However, LSCBs are a key audience for the guideline.
Primary Care Child Safeguarding Forum	14	3.3.7	Agree	Thank you for your comment.
Primary Care Child Safeguarding Forum	15	4.1.1	Early recognition of risk factors: The unborn child: Preconception or early ante-natal identification of parents who may be vulnerable due to factors such as history of being abused and/or in care, suffering from long-term or chronic physical conditions, mental health disorders, substance abuse, learning disabilities or learning difficulty. Reference Woodman, J. et al (2014) The GP's role in responding to child maltreatment: time for a rethink? <a href="http://www.rcgp.org.uk/news/2014/july/~/-/media/Files/CIRC/Safeguarding-Children/RCGP-GP-Role-responding-to-child-maltreatment-July-2014.ashx">http://www.rcgp.org.uk/news/2014/july/~/-/media/Files/CIRC/Safeguarding-Children/RCGP-GP-Role-responding-to-child-maltreatment-July-2014.ashx</a>	Thank you for your comment. Identification of vulnerable parents at the ante-natal stage comes under the scope of this guideline.
Primary Care Child	16	4.1.2	Abuse by individuals unconnected or tenuously connected	Thank you for your comment. We acknowledge that the

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Safeguarding Forum		4.1.4	with the household: Unless there will be a separate guideline addressing this issue then it should be included because children most at risk of abuse may lead very complex lives, with 'care' being shared between grandparents, natural parents, step parents and other unrelated adults and such children may be spending time including overnight stays in 3 or more different households, may be difficult in such circumstances to define what is meant by 'carer' See Civitas(2002) Experiments in Living: the Fatherless Family <a href="http://www.civitas.org.uk/pubs/experiments.php">http://www.civitas.org.uk/pubs/experiments.php</a>	distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).
Primary Care Child Safeguarding Forum	17	4.2.1	Settings: does the cover of settings not conflict with 4.1.4? In care settings children may be exposed to abuse by individuals who are not carers e.g. peer abuse, other employees of children's homes Reference:Biehal, n. et al (2014) Keeping children safe: allegations concerning the abuse or neglect of children in care <a href="http://www.york.ac.uk/inst/spru/research/pdf/Abuseincare.pdf">http://www.york.ac.uk/inst/spru/research/pdf/Abuseincare.pdf</a>	Thank you for your comment. As noted above, the scope no longer distinguishes between intra- and extra-familial abuse, so the difficulty in defining the term 'carer' should no longer arise.
Primary Care Child Safeguarding Forum	18	4.3.1	There is emphasis in this scope on professionals but should public and community involvement not be considered	Thank you for your comment. The primary audience for the guideline is practitioners working with children and young people, and children, young people and their families and carers. NICE also produce a brief version of the guideline aimed at members of the public. Families and carers will be involved via the GDG. We will also be convening a reference group of young people to contribute the development of the guideline.
Primary Care Child	19	4.3.6	following on from above, the importance of the link between	Thank you for your comment. We acknowledge the

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Safeguarding Forum			neglect and sexual abuse; emerging evidence on sexual exploitation shows that children are more likely to be exploited if already victims of familial neglect and/or abuse See NSPCC Research Briefing 2012 <a href="http://www.nspcc.org.uk/Inform/research/briefings/childneglect_wda48222.html">http://www.nspcc.org.uk/Inform/research/briefings/childneglect_wda48222.html</a>	relationship between sexual exploitation and being a victim of familial abuse and neglect. In light of your feedback, and that of other stakeholder, the scope no longer distinguishes between intra- and extra-familial abuse. The scope includes practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).
Primary Care Child Safeguarding Forum	20	4.3.10	The importance of universal services and low level targeted in prevention must be emphasised	Thank you for your comment. Universal services will be covered in terms of their role in recognising and reporting abuse and neglect. However, the scope does not include the provision of universal services as these do not have a specific focus on prevention or response to abuse and neglect.
Primary Care Child Safeguarding Forum	21	4.3.12	Harm to children and young people as a result of witnessing domestic violence: there is evidence that this has long term consequences with these children being less likely to complete secondary education or enter employment, male children more likely to become offenders and female children more likely to themselves become victims of domestic abuse see Lazenbatt,A.(2010) The impact of abuse and neglect on the health and mental health of children and young people <a href="http://www.nspcc.org.uk/Inform/research/briefings/impact_of_abuse_on_health_pdf_wdf73369.pdf">http://www.nspcc.org.uk/Inform/research/briefings/impact_of_abuse_on_health_pdf_wdf73369.pdf</a>	Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect. This wording was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. However, this guideline will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE public health guideline 50. The scope of the current guideline will therefore not duplicate this guideline, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.
Primary Care Child Safeguarding Forum	22	4.3.14	Violence in intimate relationships between young people: given the relationship with neglect, exposure to parental domestic abuse and inter-generational abuse, this is	Thank you for your comment. We acknowledge that, taking a child-centred approach, harm arising to a young person within the context of an intimate relationship should not be distinguished from other forms of harm. Intimate partner

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			too important to be omitted as prevention is important in preventing occurrence and recurrence see Barter,C, et al (2009) Partner exploitation and violence in teenage intimate relationships <a href="http://www.nspcc.org.uk/Inform/research/findings/partner_exploitation_and_violence_summary_wdf68093.pdf">http://www.nspcc.org.uk/Inform/research/findings/partner_exploitation_and_violence_summary_wdf68093.pdf</a>	violence between young people has therefore been removed from the list of excluded activities and issues in Section 4.3 of the scope document.
Primary Care Child Safeguarding Forum	23	4.3.18	CSE may be a consequence of intra-familial abuse and/or neglect and should be Included See CEOP(2011) Making very child matter ...everywhere <a href="http://ceop.police.uk/Documents/ceopdocs/ceop_thematic_assessment_executive_summary.pdf">http://ceop.police.uk/Documents/ceopdocs/ceop_thematic_assessment_executive_summary.pdf</a>	Thank you for your comment. We acknowledge the relationship between sexual exploitation and being a victim of familial abuse and neglect. In light of your feedback, and that of other stakeholders, the scope no longer distinguishes between intra- and extra-familial abuse. The guideline will consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring.
Primary Care Child Safeguarding Forum	24	4.4	Service outcomes should include health provision such as timely attention to injuries, sexual health services, age- and level- appropriate CAMHs services, peri-natal mental health, health assessments, care plans implementation and monitoring Working together to Safeguard Children 2014 <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf</a>	Thank you for your comment. We agree that timely access to other services is an important outcome, and have added this to the list of 'Service outcomes' in Section 4.4.
Primary Care Child Safeguarding Forum	25	4.5.3	Need to define the time frame which will be considered when assessing consequences as child abuse and neglect can lead to permanent life-course consequences, affecting social skills, educational attainment, employment prospects, physical and mental health , will short, medium or long-term consequences be considered?	Thank you for your comment. We agree that it is important to consider short-, medium- and long-term outcomes. Our ability to do this will depend on how outcomes are measured in the available evidence.

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			Kmietowicz,Z.,(2014) Bad experiences in early childhood can lead to “health harming life course,” BMJ 2014;348:g3097	
Primary Care Child Safeguarding Forum	26	4.5.5	It might be helpful to consider what medical interventions are helpful in preventing or Reducing abuse and/or neglect e.g. work of Public Health Nurses, the Family Nurse Partnership, GPs, ante-natal care etc. Billingham,K.,(2010) The Family Nurse Partnership Programme <a href="https://www.nspcc.org.uk/Inform/newsandevents/cpconferences/abc-family-nurse-partnership_wdf88235.pdf">https://www.nspcc.org.uk/Inform/newsandevents/cpconferences/abc-family-nurse-partnership_wdf88235.pdf</a>	Thank you for your comment. One of the areas of focus for this guideline will be targeted preventative activities provided by health and social care services. As such we would expect to cover services such as the Family-Nurse Partnership. Universal services will be covered in terms of their role in recognising and reporting abuse and neglect. However, the scope does not include the provision of universal services as these do not have a specific focus on prevention or response to abuse and neglect.
Primary Care Child Safeguarding Forum	27	4.5.6	As above	Thank you for your comment.
Public Health Wales NHS Trust	1	Q1	As Lord Laming stated in his report of the Victoria Climbié Inquiry (p.205, 6.602) 'People who abuse their children are unlikely to inform social workers of the fact'. As Alan Jones stated in the second serious case overview report relating to Peter Connelly dated March 2009 'The unco-operative, anti-social and even dangerous parent/carer is the most difficult remaining challenge for safeguarding and child protection services. The parents/carers may not immediately present as such, and may be superficially compliant, evasive, deceitful, manipulative and untruthful. Practitioners had the difficult job of identifying them amongst the majority of parents who are merely dysfunctional, anxious and ambivalent.' <b>It is important that the section of the guidance which covers recognition includes these issues.</b>	Thank you for your comment. As part of reviewing the evidence on recognition, we will look at the evidence base relating to parental behaviours which may be indicative of abuse and neglect. When reviewing evidence on interventions, we will consider both effectiveness and cost-effectiveness evidence.

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			<p>Many of the issues included at 3.2.6 are also a priority;            'Balancing the need to give parents the opportunity and support to change behaviours with the need to respond and make decisions rapidly enough to avoid undue harm to children'            'ensuring that multi-agency plans remain focused and do not drift'            'ensuring that information is shared across agencies'</p> <p>Post-abuse support is too often sadly lacking. Section 4.3.5 mentions possible interventions. It is important that evidence is provided around the effectiveness and cost-effectiveness of such interventions and recommendations made on this basis.</p>	
Public Health Wales NHS Trust	2	General	<p>Working together to safeguard children (2013) is referenced at various points throughout the consultation document. This is English guidance and does not apply to Wales. In Wales we work to 'Safeguarding Children: Working together under the Children Act 2004'  <a href="http://wales.gov.uk/topics/childrenyoungpeople/publications/safeguarding%20under2004act/?lang=en">http://wales.gov.uk/topics/childrenyoungpeople/publications/safeguarding under2004act/?lang=en</a>            Although similar this is not the same as the English guidance; there are important differences and this should be acknowledged. For instance the Welsh guidance does not incorporate the Framework for Assessment (there is a brief resume of it in an appendix) and there is no requirement for LSCBs to publish a thresholds document.</p>	Thank you for your comment. The way NICE was established in legislation means that NICE guidance is officially England-only. However, NICE has agreements to provide certain products and services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance applies in these countries are made by the devolved administrations.
Public Health Wales NHS Trust	3	4.3.12	<p>Whilst appreciating that there is existing guidance on domestic violence and abuse, only one recommendation (10) references children and young people affected by domestic abuse. If this scope does not include the harm to children and young people caused by witnessing domestic abuse then</p>	Thank you for your comment. This statement was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. As such, risk and

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			NICE will have failed to properly address an issue which is very prevalent and has a major impact on children and young people who suffer abuse and neglect.	harm to children and young people arising from domestic violence will be considered in this guideline. The existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50 makes recommendations with regard to the provision of specialist domestic violence services. We will therefore not duplicate these recommendations. We have amended the wording of this paragraph to clarify this.
Public Health Wales NHS Trust	4	4.5	Although primary prevention is mentioned at 4.3.3 and 4.4 it seems to have been relatively neglected in the review questions, especially in relation to evidence of effectiveness and cost effectiveness. Although important, the views of children, families and practitioners alone on prevention is not sufficient.	Thank you for your comment. The proposed review questions 4.5.3-4.5.7 will specifically consider the effectiveness of early help interventions, which are likely to include primary preventative interventions.
Public Health Wales NHS Trust	5	4.6	In the economic analysis it needs to be considered that the way health services are commissioned, funded and provided in Wales now differs substantially from the system in England. Calculations of cost-effectiveness will need to take account of these differences.	Thank you for your comment. The way NICE was established in legislation means that NICE guidance is officially England-only. However, NICE has agreements to provide certain NICE products and services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance applies in these countries are made by the devolved administrations, who are often involved and consulted with in the development of NICE guidance.
Race Equality Foundation	1	3.1.4	<b>3.1.4:</b> I think it is worth acknowledging that disproportionality works in two ways: over-representation (of black and mixed parentage children) on one hand and under-representation of Asian children on the other. The latter point is not included and is an important point to highlight as there could be some Asian children who are left unprotected as there is no involvement of social care agencies with the various Asian communities. I am not sure I agree that the reasons for disproportionality are unclear. I believe there is some evidence available which appears to show that minority ethnic families do not always access services, and this is for a variety of reasons,	Thank you for your comment. We agree that it is important to recognise disproportionality in terms of both over- and under-representation, and have amended the wording of Section 3.1.4 accordingly. Owen and Statham conclude that the reasons for disproportionality are likely to be due to 'many different factors interact to contribute to the differences shown by the statistical analyses, making it impossible to draw straightforward conclusions'. The wording of 3.1.4 has again been amended to reflect this.

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			including: lack of appropriate services; lack of knowledge of the services; perception that services are provided by workers who cannot relate to the experience and realities of minority ethnic families; as well as perceived stigma associated with formal services. The implications of a lack of access to services are fairly clear as is acknowledged by Owen and Statham: "If minority ethnic children and families are less well supported than other children and families when they experience difficulties, this could help to account for the differences in their prevalence within the child welfare system – either making them less likely to be in contact with child welfare services, or more likely to be taken into care. ( <i>Owen and Statham, 2009</i> )	
Race Equality Foundation	2	4.1	I am unhappy about the implications of the statement: "Protected characteristics under the Equality Act will be considered during scoping and an equality impact assessment will be completed....." My view is: this approach does not allow for the integration of equality issues. Black and minority ethnic children need the same protection as white children and therefore the focus must be on this group of children as much as it is on other children. If black and minority ethnic children are dealt with under the impact assessment only, the implications may well be that the groups mentioned in 4.1.1 to 4.1.3 does not include this group of children. The impact assessment is clearly necessary but that should <b>not</b> be at the expense of the issues being addressed throughout.	Thank you for your comment. This wording was not intended to imply that equality issues are not considered throughout guideline development. The equality impact assessment is the first step in consideration of equality issues. These are also considered when searching for, and reviewing, the research evidence, and in the formulation of recommendations.
Race Equality Foundation	3	4.5	Review Questions: The first paragraph says that equalities issues will be considered within the review questions; yet there are no questions that relate to equalities. I appreciate that the questions in the document are examples of areas to be addressed but it is worrying that no questions have yet been developed in this area.	Thank you for your comment. Consideration of equality issues is considered as part of answering each of the review questions, and is therefore not formulated as a review question in its own right.
Race Equality	4	6	Other: The document says nothing about refugee and asylum	Thank you for your comment. Refugee and asylum seeking

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Stakeholder	Order No	Section No	Comments	Developer's Response
Foundation			seeking children and young people but as one of the areas covered is Child Trafficking and this impacts on this group of children and young people; should there not be some mention of this?	young people are now considered in the Equality Impact Assessment which accompanies this scope.
Royal College of General Practitioners	1	Q1	Female genital mutilation (FGM) is not mentioned at all in this scope. It is only mentioned in the appendix of Working together to safeguard children 2013. I think it would be included within your definitions of settings covered, but it cuts across the types of abuse and it may be rather different in terms of the family setting, the way the government is proposing to monitor it and the type of treatments that may be helpful. (JS)	Thank you for your comment. Female genital mutilation (FGM) now falls within the scope of this guideline, as detailed in Section 4 of the scope document. We agree that FGM differs from other forms of abuse in a number of important respects. However, aspects of recognition and response to the emotional aspects of FGM may be similar to responses to other forms of abuse.
Royal College of General Practitioners	2	4.3.5	Should include an assessment of Dialectical Behavioural Therapy (DBT) – (JS)	Thank you for your comment. This section of the scope aims to give an overview of the issues that will be covered, with some illustrative examples. Specific interventions and services will be identified through the evidence review process.
Royal College of General Practitioners	3	General	The RCGP has a child and young people Safeguarding toolkit online since 2011 – this is currently being updated and will be available shortly: <a href="http://www.rcgp.org.uk/clinical-and-research/clinical-resources/child-and-adolescent-health/safeguarding-children-toolkit/~media/Files/CIRC/Safeguarding%20Children%20Module%20One/Safeguarding-Children-and-Young-People-Toolkit.ashx">http://www.rcgp.org.uk/clinical-and-research/clinical-resources/child-and-adolescent-health/safeguarding-children-toolkit/~media/Files/CIRC/Safeguarding%20Children%20Module%20One/Safeguarding-Children-and-Young-People-Toolkit.ashx</a>	Thank you for your comment. We will pass on the information about this toolkit to the GDG.
Royal College of General Practitioners	4	3.2.4	Model of anticipatory care, recognising the safeguarding role GPs play in their everyday care of families. BJGP Editorial – “Child Maltreatment – time to rethink the role of General Practice” DOI: 10.3399/bjgp14X681265 (Sept 2014) – (JA)	Thank you your comment, and for highlighting this publication, which will be brought to the attention of the GDG.
Royal College of General Practitioners	5	3.3.1	Policy review – paper on how GPs are involved Woodman J, Gilbert R et al, 2014 <i>The role of the GP in responding to child maltreatment, an overview of policy, practice and research</i> . London NSPCC. – (JA)	Thank you for your comment, and for bringing this document to our attention. It will be shared with the Guideline Development Group.

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Royal College of Nursing	1	2	Remit & Background The RCN feel that the remit & background should include: 'To encompass best practice examples'	Thank you for your comment. NICE guidelines draw on evidence and knowledge from across a spectrum of sources, which may include best practice examples.
Royal College of Nursing	2	3.3.5	Legislation The principal legislative framework for recognising and responding to abuse and neglect should also include the following: leaving care act remand and secure welfare (LASPOA)	Thank you for your comment. Reference to the Legal Aid, Sentencing and Punishment of Offenders Act 2012 has now been added to Section 3.3.
Royal College of Nursing	3	4.1	Who is the focus Care leavers' should be considered and added to the groups to whom the guidance is focussing on.	Thank you for your comment. Young people leaving care prior to the age of 18 will be covered by the guidance. Following significant discussion by the scoping group, a decision has been taken for the guidance not to cover people over the age of 18, in order to be consistent with Working Together 2013 as the key statutory guidance in this area.
Royal College of Nursing	4	4.3	Key areas to be covered Key areas & issues to be covered in the guideline should also include statutory health assessments.	Thank you for your comment. Care of looked-after children is outside the scope of this guideline, as it is covered in the NICE guideline <a href="#">Promoting the quality of life of looked-after children and young people public health guidance 28</a> . Statutory health assessments therefore fall outside the scope of this guideline.
Royal College of Nursing	5	4.5	Review Questions The RCN would advise that review questions should also include views and experiences within the youth justice system.	Thank you for your comment. The review questions will consider all settings set out in Section 4.2, which include secure settings within the youth justice system.
Royal College of Nursing	6	General	Generally the draft scope seems to exclude focus on Emotional well-being, opposed to neglect. The use of resilience as a helpful tool  The scope also excludes Cycles of abuse and ways to intervene (Family nurse partnership for example)  The scope should highlight more about care leavers and support in terms of supporting the next vulnerable generation.	Thank you for your comment. We have used the term 'abuse and neglect' throughout the document to denote the four principal categories of abuse: emotional abuse, physical abuse, sexual abuse and neglect. Section 2 has been amended to make this clearer. Young people leaving care prior to the age of 18 will be covered by the guidance. Following significant discussion by the scoping group, a decision has been taken for the guidance not to cover people over the age of 18, in order to be consistent with Working

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Stakeholder	Order No	Section No	Comments	Developer's Response
				Together 2013 as the key statutory guidance in this area.
Royal College of Paediatrics and Child Health	1	General	Reference should be made to the RCPCH child protection handbook	Thank you for your comment, and for bringing this document to our attention. It will be shared with the GDG.
Royal College of Paediatrics and Child Health	2	General	<p>The remit and background section mention that emotional abuse (EA) is included in the definition, that 32% of registered cases are due to emotional abuse and that the outcome is to prevent impairment of emotional wellbeing. However emotional abuse is not mentioned within the scope of the guideline development thereafter. This is an unacceptable omission. EA is often poorly recognised, interventions are sorely needed and a guideline that includes EA is much needed.</p> <p>Emotional maltreatment encompasses emotional neglect and emotional abuse and thus straddles the two categories of neglect and EA. As it stands therefore the inclusion criteria in section 4 'Children and young people (under 18, including unborn babies) who are at risk of, are experiencing, or have experienced abuse or neglect (including sexual abuse)'...may partially address emotional maltreatment.</p> <p>It is a major omission not to give EA a high prominence within this scoping document</p> <p>We are unsure why the inclusion criteria highlight the inclusion of CSA in parenthesis rather than a distinct entity. The Recognition</p> <p>Multi-agency assessment Prevention Intervention</p> <p>For CSA is likely to have some differences to physical or</p>	Thank you for your comment. It was not our intention to give less prominence to emotional abuse, which we agree is a prevalent and serious form of abuse. We have used the term 'abuse and neglect' throughout the document to denote the four principal categories of abuse: emotional abuse, physical abuse, sexual abuse and neglect. Section 2 has been amended, including removal of reference to child sexual abuse in parentheses, to make this clearer.

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			neglect and I wonder whether the types of abuse should remain separated as in Working together. Whilst it is well recognised that there is often co-existence of different forms of abuse in the same families. This is not always the case. The evidence base often separates out the categories along the lines of the four categories cited within Working Together and for ease of reviewing the evidence; it may be easier to adhere to current UK categorisation.	
Royal College of Paediatrics and Child Health	3	4	<p>We are concerned that the scope appears to have excluded Female genital mutilation, or at the least has not mentioned it explicitly.</p> <p>The intercollegiate guidance on FGM (RCM et al, 2013, Tackling FGM in the UK: Intercollegiate Recommendations for identifying, recording and reporting. London: Royal College of Midwives) explicitly called on NICE to revise CG89 to include FGM. The guideline in current development would be a chance to rectify that omission.</p>	Thank you for your comment. We acknowledge that female genital mutilation (FGM) is an important issue and now falls within the scope of this guideline, as detailed in Section 4 of the scope document.
Royal College of Paediatrics and Child Health	4	4.3.6	<p>We cannot agree with the statement about prevalence of Child sexual exploitation (CSE) outside the family.</p> <p>To quote the NSPCC: "It is not possible to say exactly how many young people are victims of child sexual exploitation for a number of reasons. It is described as a 'hidden' form of abuse which leaves victims confused, frightened and reluctant to make any disclosures. Some young people are not even aware they are experiencing abuse as the perpetrator has manipulated them into believing they are in a loving relationship, or that they are dependent on their abuser for protection (Sharp, N., 2011; Cockbain, E. and Brayley, H., 2012; Child Exploitation and Online Protection Centre (CEOP), 2011)."</p>	Thank you for your comment. Thank you for your comment. As noted above, we acknowledge that the distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring.

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			It may be legitimate to believe that CSE is a different phenomenon to intra- familial abuse, and hence not tackle it in these guidelines. In that case we would need to change the title of the guideline. We should not however use assumed rarity as a reason to exclude CSA.	
Royal College of Paediatrics and Child Health	5	General	We feel that the scope of the guideline is extensive, but some of the exclusions cannot be teased out and some are highly relevant to the aims of the guideline - e.g. children in foster care, those subject to domestic violence or bullying.	<p>Thank you for your comment. The wording of the guideline was not intended to imply that children in foster care, or subject to domestic violence are out of scope. The guideline will cover recognition of abuse of children who are in foster care. However, it will not make recommendations about their general care, as this is covered by NICE guideline <a href="#">Promoting the quality of life of looked-after children and young people PH28</a>. Similarly, children who are subject to domestic violence are also covered, but the guideline will not make recommendations regarding the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate this guideline, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.</p> <p>There is no legal definition of bullying, but as stated in Government guidance it can include behaviours ranging from teasing to serious physical assault. This paragraph therefore aims to clarify that this guideline will not look at practice in relation to the full spectrum of bullying behaviours.</p>
Royal College of Paediatrics and Child Health	6	3.1.3 3.1.4	It is important that Social and Economic Factors are mentioned as they may affect children, families and the agencies with a duty of care to them.	Thank you for your comment. We agree that social and economic factors are important, and economic evidence will also be reviewed as part of the guideline development process.
Royal College of Paediatrics and	7	4	What this Guideline will cover N.B. The link to the Social care Manual did not work	Thank you for your comment, and we apologise that the link did not function. You should now be able to access the

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Child Health		4.2.1	<p>RCGP &amp; PCCSF would value the mention of both primary and secondary care but would point out the in the current NHS the distinction is not always clear.</p> <p>We attach an e-copy of a recent research paper.</p> <p><b>The GP's Role in Responding to Child Maltreatment: Time for a rethink? Woodman J, Hodgson D, Gardner R, Cuthbert C, Woolley A, Allister J, Rafi I, deLusignan S, Gilbert R ( 2014), London: NSPCC</b></p> <p>(See Page 6 Key points pages 7-9 Executive Summary)</p>	<p>manual <a href="#">here</a>. Thank you for bringing this document to our attention, which will be passed on to the Guideline Development Group.</p>
Royal College of Paediatrics and Child Health	8	4.3.6	<p><b>Areas that will not be covered</b> <b>Abuse and neglect (including sexual abuse) who are not family members.</b></p> <p>We note the key reference to these dates to 2011, and wonder whether is it possible for NICE to exclude this in view of the high profPTOile cases, e.g. Jimmy Saville, Rolf Harris.</p> <p>We recognise in General Practice that recognition and response to Child Sexual Abuse/Child Sexual Exploitation (vide infra) can be very different to presentations in Secondary Care. However the presentation to abuse by family/non family members may be similar. Reference: RCGP Toolkit for Safeguarding Children and Young People (4th Edition), 2014, to be published .....?</p>	<p>Thank you for your comment. We acknowledge that the distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).</p>
Royal College of Paediatrics and Child Health	9	4.3.12	<p><b>Harm to children as a result of witnessing domestic violence.</b></p> <p>Domestic violence or abuse may present in primary care through changes to the child or adult/s. It is hoped the guideline can highlight the importance of recognition and response in both primary and secondary care.</p>	<p>Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect. This wording was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect.</p>

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			Reference: RCGP Toolkit for Safeguarding Children and Young People (4th Edition), 2014, to be published .....?	However, this guideline will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate this guideline, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.
Royal College of Paediatrics and Child Health	10	4.3.18	<b>Child Sexual Exploitation when not perpetrated by parents, carers, family members or household members.</b> As mentioned in the response to 4.3.6 the presentation (or indeed the lack of presentation) by the child in primary care may be the same whether whoever the perpetrator(s) is or (are). Reference: RCGP Toolkit for Safeguarding Children and Young People (4th Edition) , 2014, to be published in the next two months	Thank you for your comment. As noted above, we acknowledge that the distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring.
Royal College of Paediatrics and Child Health	11	General	Includes health settings where there is an interface between health and justice	Thank you for your comment. The settings within the scope of the guideline include all settings in which abuse and neglect can be recognised.
Royal College of Paediatrics and Child Health	12	3.1.4	Economic restrictions do not impact on the setting of standards of excellence	Thank you for your comment. We agree that children, young people and families should receive the same level of service regardless of their socio-economic status. This issue is considered in the Equality Impact Assessment which accompanies this document.
Royal College of Paediatrics and Child Health	13	3.2.3	Essential that key and frontline health professionals completing safeguarding medical assessments are involved in the development of thresholds	Thank you for your comment, which we will raise with the GDG.
Royal College of Paediatrics and Child Health	14	4.3.7	This key area should not be excluded, criminal investigation is a critical extended part of multiagency working together	Thank you for your comment. Under Working Together arrangements, following a decision at a strategy meeting to initiate a Section 47 enquiry the local authority leads the assessment under Section 47 of the Children Act 1989, with contribution from other professionals. The police investigate whether a crime has taken place.

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				We are proposing the this guideline will cover practice as part of the Section 47 investigation, to which the police may contribute, but not police actions in investigating whether a crime has been committed.
Royal College of Paediatrics and Child Health	15	4.3	Area to be listed as excluded from guidance, FGM, since other guidelines are being developed	Thank you for your comment. Female genital mutilation (FGM) now falls within the scope of this guideline, as detailed in Section 4 of the scope document: We agree that female genital mutilation (FGM) differs from other forms of abuse in a number of important respects. However, aspects of recognition and response to the emotional aspects of FGM may be similar to responses to other forms of abuse.
Royal College of Paediatrics and Child Health	16	General	Agree that outcomes are important indicators	Thank you for your comment.
Royal College of Paediatrics and Child Health	17	General	Much of the document covers areas which are addressed by the GIRFEC concepts in Scotland. This includes early recognition and intervention, and taking a holistic approach to wellbeing when assessing outcome (section 4.4). The My World Triangle is established as a way of assessing many factors in a child's life, and we are unlikely to want to adopt a new assessment framework in Scotland.	Thank you for your comment. The way NICE was established in legislation means that NICE guidance is officially England-only, meaning that adoption of the recommendations of this guideline is at the discretion of the devolved administrations. However, in reviewing the evidence, we will consider tools and ways of working from Wales, Scotland and Northern Ireland, as well as international examples.
Royal College of Paediatrics and Child Health	18	4.5.1 4.5.2	Relevant to Scotland as well as England. Views of families, children and practitioners in the English system may highlight common issues that are likely to occur in Scotland too.	Thank you for your comment. We agree that views of families, children and practitioners are likely to be similar across the UK, and will include research evidence from Wales, Scotland and Northern Ireland, as well as international examples.
Royal College of Paediatrics and Child Health	19	4.5.6 4.5.7	This is highly relevant to Scotland too. Optimising SW practices by identifying effective interventions and promoting good SW decision making is something we should be very interested in doing. It should be directly applicable North of the border.	Thank you for your comment. As noted above, NICE guidance is officially England-only, meaning that adoption of the recommendations of this guideline is at the discretion of the devolved administrations. However, it is useful to know that this guideline is likely to be useful in Scotland also.
Royal College of Paediatrics and Child Health	20	General	Scope of guideline is appropriate	Thank you for your comment.

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Royal College of Paediatrics and Child Health	21	General	This is a very ambitious project. Identifying and interpreting the evidence will be a challenge. The 'Review Questions' will need to be very specific for the task to be achievable.	Thank you for your comment. We recognise the scale of the challenge, which is why the development period for this guideline has been extended. An early part of the guideline development process involves refining and agreeing the review questions with the GDG.
Royal College of Paediatrics and Child Health	22	General	Working together to safeguard children (2013) is referenced at various points throughout this document. This is English guidance and does not apply to Wales (or Scotland and NI). In Wales we work to 'Safeguarding Children: Working Together Under the Children Act 2004' <a href="http://wales.gov.uk/topics/childrenyoungpeople/publications/safeguardingunder2004act/?lang=en">http://wales.gov.uk/topics/childrenyoungpeople/publications/safeguardingunder2004act/?lang=en</a> Although similar this is not the same as the English guidance, there are important differences and this should be acknowledged. For instance the Welsh guidance does not incorporate the Framework for Assessment (there is a brief resume of it in an appendix) and there is no requirement that LSCBs publish a thresholds document.	Thank you for your comment. The way NICE was established in legislation means that NICE guidance is officially England-only, which is why we have not made reference to guidance in the devolved administrations.
Royal College of Paediatrics and Child Health	23	4.6	Similarly in the economic analysis it needs to be considered that in Wales (and Scotland and NI) the way that health services are commissioned, funded and provided is now very different to the system in England. Calculations of cost-effectiveness will need to take account of these differences.	Thank you for your comment. As noted above, the way NICE was established in legislation means that NICE guidance is officially England-only, which is why we have not made reference to the different commissioning and funding arrangements across the devolved administrations.
Royal College of Paediatrics and Child Health	24	4.3.12	Whilst appreciating there is already NICE guidance on domestic violence and abuse, it is only recommendation 10 that references children and young people affected by DA. If this scope excludes the harm to children and young people resulting from witnessing DA then NICE will have failed to properly address an issue which is very prevalent and impactful for children suffering abuse and neglect.	Thank you for your comment. This statement was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. As such, risk and harm to children and young people arising from domestic violence will be considered in this guideline. The existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50 makes recommendations with regard to the provision of specialist domestic violence services. We will therefore not duplicate

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				these recommendations. We have amended the wording of this paragraph to clarify this.
Royal College of Paediatrics and Child Health	25	4.5	Although primary prevention is included at 4.3.3 and 4.4 it seems to have been relatively neglected in the review questions themselves, especially in relation to effectiveness and cost-effectiveness. Although important the views of children, families and practitioners alone on prevention is not sufficient.	Thank you for your comment. The proposed review questions 4.5.3-4.5.7 will specifically consider the effectiveness of early help interventions, which are likely to include primary preventative interventions.
Royal College of Paediatrics and Child Health	26	4.1	Carers should include any adult who has care of a child and may act in loco parentis, e.g. child minders, nursery officers, teachers and other school staff including teaching assistants and dinner ladies, youth workers, social workers and CAMHS workers.	Thank you for your comment. The distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).
Royal College of Paediatrics and Child Health	27	4.2.1	Settings should include all child care settings including child minders and private fostering arrangements	Thank you for your comment. Child care settings and private fostering arrangements have been added to the list of settings that fall within the scope of the guideline.
Royal College of Paediatrics and Child Health	28	4.3.6	Should include abuse by people who may not be family or household members but are partners or "friends" of family/household members i.e. part of the child and family's wider social circle.	Thank you for your comment. As noted above the distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).
Royal College of Paediatrics and Child Health	29	4.3.12	Include harm from witnessing domestic violence	Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect. This wording was not intended to imply that issues

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				associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. However, this guideline will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate this guideline, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.
Royal College of Paediatrics and Child Health	30	4.3.13 4.3.14	Include bullying between children and young people and also all forms of abuse between children and young people – physical, emotional and sexual.	Thank you for your comment. Our aim is for this guideline to apply in cases of abuse and neglect of children and young people, regardless of the perpetrator. This includes abuse perpetrated by other children or young people. There is no legal definition of bullying, but as stated in Government guidance it can include behaviours ranging from teasing to serious physical assault. This paragraph therefore aims to clarify that this guideline will not look at practice in relation to the full spectrum of bullying behaviours.
Royal College of Paediatrics and Child Health	31	4.3.15	Include forced marriage and honour based violence – this is abuse by family and may affect very young girls.	Thank you for your comment. Forced marriage is now within the scope of the guideline, and has been removed from the list of excluded issues and activities in Section 4.3. Honour-based violence would also fall within our definition of abuse and neglect.
Royal College of Paediatrics and Child Health	32	4.3.18	Should include abuse by people who may not be family or household members but are partners or “friends” of family/household members i.e. part of the child and family’s wider social circle.	Thank you for your comment. The distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring.
Royal College of Paediatrics and	33	General	Include Female genital mutilation	Thank you for your comment. We acknowledge that female genital mutilation (FGM) is an important issue and now falls

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Child Health				within the scope of this guideline, as detailed in Section 4 of the scope document:
Royal College of Paediatrics and Child Health	34	General	Scope of guideline appears appropriate	Thank you for your comment.
Royal College of Paediatrics and Child Health	35	General	Review questions are comprehensive and focus on children	Thank you for your comment.
Royal College of Paediatrics and Child Health	36	4.5.4	<p>What tools and ways of working support effective recognition and assessment of child abuse and neglect?            Good current guidance on the medical investigation of physical child abuse (RCPCH child protection companion). Dilemma in practice can be getting the balance right in assessment e.g. when investigating bruising / bleeding in not independently mobile infants do we have the right balance between not missing injuries (or important medical disorders), protecting the child and causing future harm from over investigation including radiation dose (skeletal surveys &amp; in particular CT scan of brain). Would it be timely to review the evidence base for protocols for investigation of bruising in not independently mobile infants? Would MRI head (where available) neuroimaging be safer in the non-urgent investigation than CT scan?</p> <p>Bruising &amp; Injuries in non-mobile children protocol.</p> <ul style="list-style-type: none"> <li><a href="http://pandorsetscb.proceduresonline.com/chapters/p_r_bruising_injuries.html">http://pandorsetscb.proceduresonline.com/chapters/p_r_bruising_injuries.html</a></li> </ul> <p>Working Together to Safeguard Children, HM Government, 2013</p> <ul style="list-style-type: none"> <li><a href="http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children">http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children</a></li> </ul>	Thank you for your detailed comment and references. The evidence regarding physical symptoms and signs of abuse and neglect was reviewed comprehensively to inform the NICE guideline ' <a href="#">When to suspect child maltreatment</a> ' NICE CG89 (2009). This guideline will not replicate this, but will focus on behavioural and psychological indicators of abuse and neglect not covered in the existing guideline.

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			<p>Child Protection Companion, Royal College of Paediatrics &amp; Child Health, 2013</p> <p>When to Suspect Child Maltreatment (NICE Clinical Guideline 89, July 2009)</p> <ul style="list-style-type: none"> <li>• <a href="http://guidance.nice.org.uk/CG89/QuickRefGuide/pdf/English">http://guidance.nice.org.uk/CG89/QuickRefGuide/pdf/English</a></li> </ul> <p>McIntosh, N and Chalmers, J. Incidence of or nasal haemorrhage in infancy presenting to general practice in the UK. <i>Br J Gen Pract</i> 2008;DOI: 10.3399/bjgp08X376122</p> <p>McIntosh, N., Mok, J., Margerison, A. Epidemiology of Oronasal Haemorrhage in the First 2 years of Life: Implications for Child Protection. <i>Paediatrics</i> 2007;<b>120</b>:1074-1078</p> <p>Paranjothy, S et al. The incidence and aetiology of epistaxis in infants: a population- based study. <i>Arch Dis Child</i> 2009;<b>94</b>:421-424</p> <p>Walton LJ and Davies FC. Nasal bleeding and non-accidental injury in an infant. <i>Arch Dis Child</i> 2010;<b>95</b>:53-54</p> <p>Kemp A M. Investigating subdural haemorrhage in infants. <i>Arch Dis Child</i> 2002;<b>86</b>:98-102</p> <p>Sheets LK, Leach ME, Koszewski IJ, Lessmeier BS, Nugent M, Simpson P. Sentinel injuries in infants evaluated for child physical abuse. <i>Pediatrics</i>. 2013; 131(4):701-707. [Pubmed]</p> <p>Harper NS, Feldman KW, Sugar NF, Anderst JD, Lindberg DM; Examining Siblings To Recognize Abuse Investigators.</p>	

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			<p>Additional injuries in young infants with concern for abuse and apparently isolated bruises. Journal of Pediatrics. 2014; 165(2):383-388.e1. <a href="#">[Pubmed]</a></p> <p>Jaspan T, Griffiths PD, McConachie NS, Punt JAG. Neuroimaging for Non-Accidental Head Injury in Childhood: A Proposed Protocol. Clin Radiol, 2003;58:44-53</p> <p>Standards for Radiological Investigations of Suspected Non-accidental Injury. Intercollegiate report from Royal College of radiologists &amp; Royal College of Paediatrics and Child Health, March 2008. <a href="http://www.rcpch.ac.uk">www.rcpch.ac.uk</a></p>	
Royal College of Paediatrics and Child Health	37	General	<p>Remit and background Should this not read health and social care guideline as it is just not exclusively social care</p>	<p>Thank you for your comment. We agree that the audience of the guideline includes staff from health, social care and other sectors. The wording has been amended to 'develop a guideline on child abuse and neglect'.</p>
Royal College of Paediatrics and Child Health	38	General	<p>Guideline appears to be looking at intra-familial abuse only but often children who are abused out with a family member are in a position of vulnerability due to issues within the family (mostly neglect) – these cases are complex and we wonder is it possible (or necessary) to separate this all out into within or out with the family.</p>	<p>Thank you for your comment. We acknowledge that the distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. Practice in relation to extra-familial abuse is therefore no longer excluded from the guideline (see Section 4).</p>
Royal College of Paediatrics and Child Health	39	4	<p>What the guideline will cover Guideline will cover assessment of abuse but then says later it will not cover the criminal investigation yet the two are inextricably linked in joint protocol procedures with Police and social services</p>	<p>Thank you for your comment. Under Working Together arrangements, following a decision at a strategy meeting to initiate a Section 47 enquiry the local authority leads the assessment under Section 47 of the Children Act 1989, with contribution from other professionals. The police investigate whether a crime has taken place.</p> <p>We are proposing the this guideline will cover practice as part</p>

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				of the Section 47 investigation, to which the police may contribute, but not police actions in investigating whether a crime has been committed.
Royal College of Paediatrics and Child Health	40	4.4	Main outcomes We think it will be extremely difficult to evidence "preventing occurrence of abuse" i.e. measuring something which has not happened.	Thank you for your comment. This outcome was designed to reflect the aims of preventive interventions. This point has now been reworded to 'incidence of abuse and neglect' for clarity.
Royal College of Speech and Language Therapists (RCSLT)	1	General	Please see five points that are currently missing that could be included in the scope: The role of communication and child development overall in assessing the well-being of children	Thank you for your comment. Your specific points are addressed below.
Royal College of Speech and Language Therapists (RCSLT)	2	General	Training for all professionals about the relationship between emotional and communication development and observing differences from the norm	Thank you for your comment. In developing the guideline, we propose to review evidence about what supports good professional practice, including training.
Royal College of Speech and Language Therapists (RCSLT)	3	General	The importance of teasing out the impact of abuse and neglect from the delays often associated with social disadvantage	Thank you for your comment. We acknowledge that abuse and neglect often interact with socio-economic factors. This is referred to specifically in the Equality Impact Assessment document.
Royal College of Speech and Language Therapists (RCSLT)	4	General	The increased vulnerability to child abuse and neglect of children with disabilities and probably those with communication difficulties more specifically	Thank you for your comment. We acknowledge the additional risks to disabled children and young people. We have now added specific reference to disabled children and young people, and children and young people with communication difficulties in Section 3.1 of the scope. These groups are also referenced in the Equality Impact Assessment.
Royal College of Speech and Language Therapists (RCSLT)	5	General	The role that effective communication plays in disclosure and reporting in the legal process	Thank you for your comment. What helps and hinders disclosure of abuse by children, young people and parents will be one of the areas considered by the guideline. However, the legal process is outside the scope of the guideline.
South Eastern	1	General	The document is geared to English legislation , working	Thank you for your comment. The way NICE was established

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Health and Social Care Trust			practices and is aimed at health and social care practitioners and agencies in England, although it will be setting out to say what interventions/assessments work- that are supported by research. If the guideline provides recommendations about actions to improve practice, aimed at improving outcomes for children, Young people and their families, I'm sure that the DHSSPS may say that it could be adopted for use in N.Ireland it will be easier to make comment once the draft document comes out for consultation.	in legislation means that NICE guidance is officially England-only. However, NICE has agreements to provide certain NICE products and services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance applies in these countries are made by the devolved administrations.
St John Ambulance	1	Q1	Education of young people in understanding what is appropriate and inappropriate behaviour of peers and adults. What is abusive. Expectations of their needs and how these should be met	Thank you for your comment. We agree that it is important for young people to have an understanding of appropriate and inappropriate behaviour, in order to be able to protect themselves from abuse. However, many education interventions take the form of universal prevention (e.g. whole-school awareness raising programmes) which are out of the scope of this guideline.
St John Ambulance	2	3.1.6	Howe 2005 The emphasis is that some survivors may also face difficulties in parenting.	Thank you for your comment. This section has been reworded to emphasise the additional support which parents who have experienced abuse and neglect themselves may require when parenting.
St John Ambulance	3	3.2.1	CAF Better awareness of HCPs to CSA and underlying trauma leading to other mental health conditions and the importance of early interventions.	Thank you for your comment. Early help assessment using tools such as the Common Assessment Framework, and practitioner awareness of abuse will come under the scope of this guideline.
St John Ambulance	4	3.2.5	Behavioral Therapies  These need to of a duration that is longer than 6/12 sessions where appropriate. Child sexual abuse is fundamentally driven by the abuse of power combined with a sexual interest in children. It is a crime that is usually only witnessed by the abuser and the victim and because of this the majority of it goes unreported, undetected and unprosecuted. The impact of child sexual abuse on the victim can be long term and devastating. The duration and proximity of the abuse and the	Thank you for your comment. As part of reviewing evidence, we will consider what factors promote the effectiveness of particular interventions.

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			abuser (i.e. a close family member) are important factors that can influence the extent of the impact.	
St John Ambulance	5	3.2.5	Interventions Specialist agencies need to be considered for their expertise	Thank you for your comment. Targeted interventions to prevent/provide early help or address abuse provided by specialist agencies will come under the scope of this guideline.
St John Ambulance	6	4.5.1	Review Questions  Also speak to adult survivors; they were these children, historically. Older children and adults often display depression, anxiety, feelings of uncontrollable rage, obsessive behaviours, eating disorders, regular suicidal thoughts, alcohol and substance misuse and addiction, an inability to form and maintain long term consenting and equal adult friendships and relationships; driven by on-going feelings of betrayal, stigmatisation and powerlessness.	Thank you for your comment. We will be reviewing evidence on the views and experiences of adult survivors to inform development of the guideline.
St John Ambulance	7	4.5.2	Practitioners views Could these be divided into Judicial/educators/therapists see how silos occur and how to join up the processes	Thank you for your comment. In developing the guideline, we will consider the views of a range of practitioners, as well as arrangements for multi-agency working.
St John Ambulance	8	General	Many young people and adults end up in the criminal justice system, betrayed again by the injustice of the childhood sexual abuse they suffer. The cost to society is huge in both financial terms and the stability of communities. It is local communities that these people come from and belong to. These communities suffer the consequences of the actions of these victims.  Social impact on local communities can include all the anti-social aspects aligned with childhood sexual violence and domestic abuse and the ongoing costs that come associated with that for local councils. Additionally this spills over into the NHS. Already overstretched NHS departments caring for the alcoholics and drugs users. The mental health system	Thank you for your comment. We acknowledge the harms, and costs, arising from child sexual abuse. For this reason, the guideline will be supported by reviews of the research and economic evidence.

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			caring for both users of substances and the associated mental health problems derived from both of these. Few look at the underlying causes. Much of which is derived from childhood sexual abuse.	
St John Ambulance	9	4.5.6 4.5.8	<p>Interventions</p> <p>Victims use substances for a number of reasons which include a way to reduce feelings of isolation and loneliness. To improve self-esteem and boost confidence or a form of self-destructive behavior or self-harm and sometimes as a form of self-medication. These addictive behaviors place burdens on families and communities, and are linked to social problems including obesity, debt and crime. Treatment provision for behavioral addictions varies considerably throughout the UK, with metropolitan areas much better served than rural ones.</p> <p>The long term effects of childhood sexual abuse can be serious and that is why victims need psychological evaluation, care and treatment. Victims need time to deal with what has happened to them. Long-term psychiatric and psychological care is expensive and often is not covered by insurance. When it is covered, the treatment periods are usually limited. Provision has to be made for likely future treatment around foreseeable stressful periods in a person's adult life, including dating, marriage and having a family. Prior episodes of childhood sexual abuse can be replayed in a victim's mind at these stressful times.</p>	Thank you for your comment. We acknowledge the severe and long term consequences that child abuse can have. This guideline will focus on the care of those under the age of 18 who have suffered abuse. Following extensive discussions by the scoping group, it was decided that the guideline will not make recommendations regarding the care of adult survivors of child abuse.
The Children's Society	1	Q1	Our comments on the guideline scope focus on the issue of neglect of older children (11-17). Research and evidence from our practice shows that neglect of adolescents is widespread and has a serious long term impact. However, the prevalence and impact are routinely underestimated by professionals. There is evidence that	Thank you for your comment. We acknowledge that abuse and neglect amongst adolescents may be less likely to be recognised and responded to. Specific reference to this group has now been included in Section 3.1, and as part of the Equality Impact Assessment which accompanies the scope. Whether specific recommendations are made with

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			<p>assessments underestimate risk to older children and that the safeguarding system is more focused towards young children, partly driven by mistaken attitudes that older children face less risk, are in need of less support, are more 'resilient' to abuse or even responsible for their maltreatment. Recommendation: The guidelines should include specific information and guidance on maltreatment of adolescents, including raising awareness of the prevalence and impact of neglect (as distinct from other forms of maltreatment), professional attitudes to adolescents and appropriate interventions.</p>	<p>respect to this group will depend on the evidence gathered during the development process.</p>
The Children's Society	2	3.1.1 3.1.2	<p>Prevalence – Neglect is the most commonly-used category in Child Protection Plans for all ages of children in the UK. In the year to March 2013, 4,720 older children (10-17) who became subject to a child protection plan had neglect as the main category of maltreatment. This represents 39% of all child protection plans for that age group. However, due to issues with risk assessment and identification, it is likely that the true level of neglect of adolescents is underestimated. For example, our Safeguarding Young People report (2010) asked professionals to rate the risk in a number of scenarios, with age as one variable. We found that professionals are significantly less likely to perceive older children as being at longer-term risk. Professionals perceived the risk to be lower in particular for young people aged 16-17 and there are significant age patterns in particular for two types of maltreatment: supervisory neglect and emotional abuse. Based on interviews with secondary school children, the NSPCC estimates the number of 11-17 year olds who have suffered neglect at 13% (or around 696,000 11-17 year olds), with 10% severely neglected (around 523,000). Recommendation: As we believe it is regularly underestimated, the guideline should specifically reference the prevalence of neglect among other forms of maltreatment</p>	<p>Thank you for your comment. This section aims to give an overview of the issues in relation to abuse and neglect, but cannot give an exhaustive account. However, the prevalence of neglect, and the additional risks that adolescents can face, have both been highlighted in this section.</p>

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The Children's Society	3	3.1.5	<p>of adolescents.</p> <p>Impact – Neglect during adolescence can have serious long term impact on children, lasting into adulthood. This is despite a commonly-held but ill-informed perception that older children are more resilient to the effects of maltreatment and that neglect has a lesser impact than other forms of maltreatment.</p> <p>There is evidence that maltreatment at an older age is more likely to be associated with a wider range of negative outcomes than maltreatment which took place only in early childhood.</p> <p>As part of the Rochester Youth Development Study, which closely followed the lives of 1,000 adolescents in a deprived district of New York through to early middle age, Thornberry et al (2010) found that persistent maltreatment during adolescence has 'stronger and more consistent negative consequences...than maltreatment experienced only in childhood.' These effects include criminal behaviour, mental health problems, substance misuse and health-risking behaviours.</p> <p>Neglect during adolescence is as damaging as other forms of maltreatment, increasing the risk of arrest, offending, violent crime and drug use, as well as direct impacts (Smith et al 2005).</p> <p>And systematic studies of Serious Case Reviews have shown that neglect is more prevalent among the most extreme examples of child maltreatment than has been acknowledged, and that adolescents feature equally in these cases - Neglect with the most serious outcomes is not confined to the youngest children, and occurs across all ages. (Brandon et al 2013).</p> <p>Recommendation: To help tackle perceptions that neglect and maltreatment during adolescence have less impact on children, the guidelines should specifically reference the</p>	<p>Thank you for your comment. We acknowledge that abuse and neglect amongst adolescents may be less likely to be recognised and responded to. Specific reference to this group has now been included in Section 3.1, and as part of the Equality Impact Assessment which accompanies the scope.</p>

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The Children's Society	4	General	<p>impact of neglect and maltreatment during adolescence.</p> <p>Disclosing maltreatment - Older children face a particular set of issues when it comes to disclosing maltreatment. Interviews with professionals as part of our Safeguarding Young People report (2010) found that professionals and social workers believed it was easier for older children to disclose abuse. But while older children may have better communication skills, they face another set of barriers. Our Safeguarding Young People research (2010) found that older children are more likely to be aware of the potential traumatic impacts of disclosure upon themselves, their families and their abuser – such as a belief that they may be automatically taken into care or their family split up. And many are unclear about which professionals they could approach or they may not trust professionals such as the police.</p> <p>The report also found that most often young people disclose to a friend, but where they did describe approaching professionals for help, this was usually a school teacher – and, rather than a specific safeguarding lead, they were more likely to turn to a teacher with whom they had an existing relationship and whom they felt they could trust.</p> <p>It is important that the guideline is suitable for all professionals working with children, particularly teachers, and not just those with specific safeguarding roles. This could be achieved through safeguarding forums and mentors in schools.</p> <p>Given the likely audience for this guideline, it is also important that it is appropriate for non-safeguarding lead in health settings - particularly GPs, school nurses and practice nurses – and they are aware of the signs of neglect.</p> <p>Recommendation: The guideline should address how young people should be educated on where to find support (both if they are suffering maltreatment themselves, as well as how</p>	<p>Thank you for your comment. We agree that it is important for young people to have an understanding of appropriate and inappropriate behaviour, in order to be able to protect themselves from abuse. However, many education interventions take the form of universal prevention (e.g. whole-school awareness raising programmes) which are out of the scope of this guideline.</p>

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			to support their peers to disclose abuse or neglect).	
The Children's Society	5	General	<p>Thresholds - How the child protection system responds to 16 and 17 years olds is a particular issue, affecting risk assessments and thresholds for services. There is also some confusion over the legal position of 16 and 17 year olds among some professionals (Safeguarding Young People 2010).</p> <p>Professionals felt that there was a lack of consistency of age thresholds for services, with some services and placements for children and young people having an age limit at 16. There are also inconsistencies with how the criminal law and civil child protection law treat 16-17 year olds, which make it important for guidance aimed at a range of professionals to address this issue.</p> <p>For example, the Serious Case Review of 'Child S' in Manchester –where a 17 year old was abandoned by his father without support – found that “there was an underpinning issue across a range of agencies that at aged 17 years, Child S was not always perceived to be, and therefore treated as, a child.” This included not being recognised as a child by the police and mental health services, and despite being recognised as a child by children's social care, a failure to assess him as a child in need.</p> <p>Recommendation: To avoid confusion among professionals and ensure vulnerable older children have access to support from appropriate services, the guidelines should overtly address the legal status of 16 and 17 year olds.</p>	Thank you for your comment. We acknowledge that the status of 16 and 17 year olds can be confusing for practitioners. We propose to use the full Working Together definition in the guideline, which makes clear that being over the age of 16 does not affect entitlement to services.
The Children's Society	6	4.4	<p>The scope lists among the main desired outcomes of the guideline: 'avoiding removal to alternative care' and 'avoiding long-term or repeated child protection plans'.</p> <p>However, given evidence - from our Safeguarding Young</p>	Thank you for your comment, and for raising the issue of whether these outcomes are appropriate in all circumstances. Following a number of stakeholder comments we have removed reference to avoidance of out-of-home care from

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			<p>People report and from the Education Select Committee (Children First: The Child Protection System In England (2012)) – that professionals are less likely to take older children into care or make them subject to a child protection plan even where that may be appropriate, we believe the guidelines should avoid making this a specific desired outcome.</p> <p>Although alternatives to care may be the best option for some older children in some circumstances, the avoidance of reception into care as an 'informing principle' has also jeopardised the well-being and safety of older children – due to failure to remove them from harmful situations.</p> <p>Recommendation: To avoid the risk of reinforcing an existing issue with safeguarding older children, we believe this should be removed or modified as a desired outcome of the guideline.</p>	<p>the list of outcomes. The reference to repeated child protection plans was in reference to findings in a number of Ofsted publications highlighting the detrimental impact of repeated patterns of referral, intervention, case closure and then re-referral. The wording of this outcome has been amended to better reflect this.</p>
The College of Social Work	1	General	<p>A lot of UK research is in book or report form, although often summarised in refereed journal articles, these rarely give the full picture. Systematic reviews that tend to have been used by NICE in the past (following medical model) tend to use web-based searches which can miss out on books and other sources of especially UK research and also to emphasise systematic reviews rather than the broader/ more inclusive 'expert-led' 'scoping' type research reviews.</p>	<p>Thank you for your comment. The NICE social care search process aims to minimise 'dissemination biases', and to take account of the nature of the social care evidence base. For reasons of time we are unable to consider evidence presented in books. However, within these constraints we aim to search for evidence which reflects the nature of the social care sector, including qualitative research with service users and practitioners. For more information see the <a href="#">NICE guidelines manual</a>.</p>
The College of Social Work	2	General	<p>It is important that research incorporating observational and longitudinal methodologies is included as well as a range of descriptive and qualitative methodologies.</p>	<p>Thank you for your comment. NICE guidelines draw on evidence and knowledge from across a spectrum of sources. Evidence is selected and appraised according to defined criteria, including which types of evidence are most appropriate to answer a particular question. This may well include observational and longitudinal studies as appropriate. For more information see the <a href="#">NICE guidelines manual</a>.</p>
The College of Social Work	3	General	<p>Are the guidelines meant for schools, police, probation et al? If so it is a tall order 'to provide evidence based advice for</p>	<p>Thank you for your comment. The audience for the guideline is all professionals working with children and young people.</p>

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			practitioners' working in the context of 'Working Together'.	However we have removed reference to providing evidence-based advice to all practitioners, as the guideline is likely to be more applicable to some staff groups than others.
The College of Social Work	4	General	There is a need for further cross referencing with a number of initiatives such as the recently initiated Office of the Children's Commissioner work on child sexual abuse within families.	Thank you for your comment. We will bring this initiative to the attention of the GDG.
The College of Social Work	5	General	There is a need to be clear about the definition of 'effectiveness' in this context – criteria and focus etc. With a physical disease clear measurables can often be identified, but it is so much more complex with child abuse.	Thank you for your comment. When we review evidence regarding 'what works' we will refer to the outcomes listed in Section 4.4. Outcome measures may differ depending on the review question, for example a question examining interventions to prevent abuse and neglect may look specifically at outcomes relating to incidence of abuse, parenting behaviours and so on.
The College of Social Work	6	General	The evidence on prevalence suggests that most child sexual abuse is perpetrated by known males who are not family members so this form of abuse differs from that of other forms.	Thank you for your comment. We now make reference to this evidence base in Section 3.1 of the scope document.
The College of Social Work	7	3.1.2	There is a need to need to acknowledge impact of political and public drivers e.g. post Baby P on the rates of referral to children's social care.	Thank you for your comment. We acknowledge the impact that political and public drivers can have on child protection, and in particular referrals to children's social care. However, this section is intended to provide a broad overview of the issues, rather than a comprehensive introduction.
The College of Social Work	8	3.2.6	This paragraph does not quite capture the myriad challenges for social work and it seems to imply that multi-agency work only happens in some cases. The multi-agency context is pretty universal (all children go to school, or have health contacts etc.). Also whilst it is good to see social work role profiled explicitly, there is a danger that this suggests social workers are the only professional group needing to pay heed to this.	Thank you for your comment. We acknowledge the centrality of multi-agency working in work with children and families, and have amended the wording of this paragraph to better reflect this.
The College of Social Work	9	3.3.3	There is a suggestion that the DH Framework for the Assessment of children in (2000) has been replaced. It is unclear that is the case.	Thank you for your comment. The reference to replacement of the Framework for Assessment was taken directly from Working Together 2013. However, this appeared to cause

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				confusion with several stakeholders, and has been removed.
The College of Social Work	10	3.3.6	The Children Act 2004 Sec 53 requires the local authority to ascertain a child's wishes and feelings as regarding the provision of services and this is important in the context of ensuring that children are spoken to.	Thank you for your comment. Reference to Section 53 of the Children Act 2004 has been added to Section 3.3 of the scope document.
The College of Social Work	11	4.3 4.5	We welcome the focus on 'activities' as well as 'interventions'. Much of social work can be better categorised under 'activities' (i.e. 'flexible approaches to helping adapted to the needs and wishes of individual children and families that change over time) as opposed to specific 'interventions' that lend themselves to 'what works' type methodologies. There seems to be some recognition of this in the use of the term 'activities and interventions' and we should reinforce the importance of not putting too much emphasis on more easily evaluated 'interventions, especially the (mainly USA-based) manualised programmes. There is a need to look at broader helping approaches- longer term as well as short term/time limited interventions. e.g. 'intensity' and 'duration' of service as well as the actual methods used, which of course brings in the key elements of the place of relationship and 'team around the family' approaches.	Thank you for your comment. We agree that many social work activities cannot be easily defined as 'interventions'. We aim to reflect this in our review questions and process.
The College of Social Work	12	4.3.1	The NICE clinical guideline 89, did not consider social factors and this is an area that this guidance will need to cover comprehensively	Thank you for your comment. Review questions 4.5.8-4.5.11 aim to explore aspects of recognition <i>other than</i> physical signs already covered in When to suspect child maltreatment NICE clinical guideline 89 (2009). It is likely that these will focus on social, behavioural and psychological indicators of abuse and neglect.
The College of Social Work	13	4.3.4	Specific consideration needs to be given in relation to disabled children	Thank you for your comment. We acknowledge the particular risks experienced by disabled children. This is now referred to explicitly in Section 3.1 of the scope, as well as the Equality Impact Assessment.
The College of Social Work	14	4.3.12	The College considers that the impact upon children where domestic abuse is occurring in families should be in scope	Thank you for your comment. We acknowledge the severe impact on young people of experiencing parental domestic violence, and its links with other forms of abuse and neglect.

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				This wording was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. However, this guideline will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate this guideline, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.
The College of Social Work	15	General	Would FGM be considered to be in scope?	Thank you for your comment. Female genital mutilation (FGM) now falls within the scope of this guideline, as detailed in Section 4 of the scope document.
The College of Social Work	16	4.4	We welcome the differentiation between child well-being outcomes and service outcomes- and think both need to be included. We would suggest that the focus should be on avoiding unnecessary removal to alternative care as recognition of the importance of appropriate use of short term respite or therapeutic care as a service to avoid long term family breakdown.	Thank you for your comment. Following several stakeholder comments we have removed reference to avoidance of out-of-home care from the list of outcomes.
The College of Social Work	17	4.5	We would welcome a broader question such as "What approaches and methods do parents and children experiencing a range of difficulties find helps them to reduce stress and family conflict and prevent harm to children."	Thank you for your comment. When considering the effectiveness of interventions, we will look at effectiveness according to the outcomes listed in Section 4.4, as well as acceptability to children and families.
The Royal College of Psychiatrists	1	4.1	Given that the overarching aim of the guideline is to assist children and young people who have been abused or neglected, I was concerned that the guideline does not cover: <ul style="list-style-type: none"> <li>a) Children and young people abused by people outside the family e.g. sexual abuse by a stranger.</li> <li>b) Children and young people who are at risk of or have</li> </ul>	Thank you for your comment. We acknowledge that the distinction between intra- and extra-familial abuse was regarded as unhelpful and confusing by several stakeholders. In response to your comment, and those of other stakeholders, we have therefore expanded the scope of the guideline to consider practice in relation to abuse and neglect, irrespective of the context in which the abuse or neglect is occurring. Child sexual exploitation by individuals

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			<p>been sexually exploited (also 4.3.18).</p> <p>c) Children and young people who have witnessed domestic abuse (also 4.3.12) as this is a type of emotional abuse.</p> <p>It is unclear if it will cover child on child abuse (also known as children and young people with sexually harmful behaviour).</p> <p>As this guidance will end up being an important reference point, it should include all the above areas as these are common presentations that practitioners are encountering.</p>	<p>outside the family is therefore now also within the scope of the guideline.</p> <p>The wording in the consultation version of the scope was not intended to imply that issues associated with domestic violence are out of the scope of this guideline, and we recognise that domestic violence is an important factor in many cases of child abuse and neglect. However, we will not make recommendations with regard to the provision of specialist domestic violence services, as this is covered in the existing NICE guideline <a href="#">Domestic violence and abuse: how services can respond effectively</a> NICE guideline PH50. The scope of the current guideline will therefore not duplicate public health guideline 50, and will cross-refer as appropriate. We have amended the wording of this paragraph to clarify this.</p>
The Royal College of Psychiatrists	2	4.3.6	<p>I was not in agreement with this paragraph. Decisions about interventions will be based on assessment of the impact of experiences of abuse and neglect on the child and on their family support system. There is a strong case for individually tailored intervention plans drawing on knowledge of evidence base where it exists.</p> <p>I agree that the guidance should not aim to cover the assessment and management of adults who are not household members. However, I do think that the guidance should include the management of risk posed by such adults when professionals are working with children and their families. Paragraph 4.3.6 suggests that this aspect of work with children and families would be excluded from the guidance, when it is often an important part of such work and frequently overlaps with the management of other categories of risk.</p>	<p>Thank you for your comment. We have amended the population and activities with reference to adults who are not household members as you suggest. We will therefore consider practice in relation to abuse and neglect, regardless of the identity of the perpetrator of the abuse or neglect. However, the guideline will not consider issues relating to the management and treatment of adults who abuse children of whom they are not the parent or carer (see Section 4.1. of the scope document).</p>

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The Royal College of Psychiatrists	3	General	Child abuse and neglect is a term covering a broad range of adverse circumstances rather than being a disorder <i>per se</i> and that needs to be kept in mind throughout the guideline. Affected children respond in a range of ways and some children show resilience. The importance of a good assessment of the child and young person and the family support network in order to ascertain the impact of the experiences is key in deciding what specific interventions are required to assist the child and family.	Thank you for your comment. We very much agree that child abuse and neglect is a lived experience rather than a disorder, and as such requires a holistic approach to recognition, assessment and intervention. We aim to recognise this in our approach to developing the guideline.
The Survivors Trust	1	Q1	<ul style="list-style-type: none"> <li>(1) The role of teachers and assistants in schools and colleges in the recognition of children at risk of or suffering child abuse or neglect will be crucial to include.</li> <li>(2) The role of the voluntary sector in multi-agency working and specialist service provision, particularly relating to young people and parents.</li> <li>(3) The views of adult survivors of childhood sexual abuse on the interventions they experienced as children and the long term impact of these.</li> </ul>	<p>Thank you for your comment. We agree that schools, colleges and the voluntary sector have an important role in recognition of abuse and neglect, and as such are an important audience for the guideline.</p> <p>We will also review evidence on the views and experiences of adult survivors of child abuse.</p>
The Survivors Trust	2	3.1.3	<p>There should be more information about sexual abuse in this section as there are issues specific to sexual abuse which are quite different to domestic violence and abuse. For example, the Draft Scope cites Howe, 2005, and Ward et al, 2012, in relation to parents who have experienced abuse being more likely to abuse their own children. However, a UK study published in The Lancet showed that 88% of men who were abused in childhood did not become abusers in adulthood. Of the minority that were convicted of a sexual offence in adulthood there were specific factors additional to the fact that they were themselves abused which increased the risk of becoming an abuser. [Salter, D et al, 2003]</p> <p>There are no comparable studies relating to female survivors of child sexual abuse who then go on to sexually abuse others, but the prevalence of sexual abuse of girls compared</p>	<p>Thank you for your comment. We recognise that the circumstances in which child sexual abuse occurs can differ from other types of abuse, and have amended paragraph 3.1.2. to reflect this. We agree that not all survivors of childhood abuse will face difficulties in parenting their own children. We have therefore removed reference to parenting difficulties as a possible consequence of child abuse and neglect.</p>

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			to the numbers of sexually abusive females taking into account under-reporting would not support the Howe and Ward findings.	
The Survivors Trust	3	3.1.4	It should be noted that sexual abuse is not confined to disadvantaged families. Furthermore, when a child is being sexually abused in a family that outwardly appears to be stable and financially secure, with the abuser regarded as a respected member of the community, the child can experience strong barriers to disclosing.	Thank you for your comment. We have amended the Equality Impact Assessment to specify that high, as well as low, socio-economic status can affect the way in which practitioners work with abuse and neglect.
The Survivors Trust	4	3.1.6	<p>This point should be expanded to include more information about the potential for negative consequences to continue into adult life. For example:</p> <ul style="list-style-type: none"> <li>• Women who experience any type of sexual abuse in childhood are roughly three times more likely than non-abused women to report drug or alcohol dependence as adults. [Kendler, K.S., et al., 2000].</li> <li>• 67-90% of women with alcohol and drug addiction problems are survivors of childhood sexual abuse. [Wilson, J., 1998a] <a href="http://www.thesurvivorstrust.org">www.thesurvivorstrust.org</a> 3</li> <li>• Adult male victims of childhood sexual abuse are significantly more likely than their non-abused counterparts to meet diagnostic criteria for a substance use disorder (55.4% versus 26.7%, respectively) or for drug abuse/dependence (44.9% versus 7.8%, respectively) [Stein et al. 1988]</li> <li>• Adults who were sexually abused in childhood are more likely to be victims of domestic violence. One study found that almost half (48.9%) of childhood sexual abuse victims became victims of a violent partner as an adult. This compared to 17.6% of non-victims of childhood sexual abuse. [Briere and Runtz, 1988]</li> </ul>	Thank you for your comment, and references. We have now expanded this paragraph to detail some of the negative consequences of abuse which can persist in to adult life, in particular increased likelihood of substance misuse, mental health difficulties and poor physical health.
The Survivors Trust	5	4.3.5	Our member agencies working with parents of children who have been sexually abused report that the non-abusing	Thank you for your comment. We agree that support for parents is important, including as a way of ensuring the

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			parent, often the mother, feels that they have not been supported to cope with their child's experiences and the stress of criminal proceedings, whilst also having to also cope with the loss of the partner, loss of financial stability and sometimes loss of home.	safety and wellbeing of children. We have included parents/carers as a population group for the guideline, and the guideline will consider practice in relation to support and intervention for parents/carers, as it relates to their role in caring for a child or young person.
The Survivors Trust	6	4.4	As above - outcomes to include support for non-abusing parents in coping with the child's recovery process.	Thank you for your comment. Outcomes relating to parents' emotional mental health and wellbeing referred to in Section 4.4 will cover those of the non-abusing parent.
The Survivors Trust	7	4.5	To include 'What are the views of adult survivors of child sexual abuse, reflecting on the impact interventions, or lack of interventions, have had on them in the longer term?'	Thank you for your comment. The views of adult survivors will be one of the groups considered under the review question: 'What are the views and experiences of children and young people and their families on the process of recognising and assessing abuse and neglect, and on the services aiming to prevent or respond to abuse and neglect of children and young people?'
The Young ME Sufferers Trust (Tymes Trust)	1	Q1	<p>There appears to be no mention anywhere in the scope for the inclusion of a caution to social workers about incorrect suspicions and the terrible effect they have upon families.</p> <p>Please bring the following peer reviewed paper (published in July 2014) to the attention of the Guideline Development Group:</p> <p>Colby, J. 2014 False Allegations of Child Abuse in Cases of Childhood Myalgic Encephalomyelitis (ME), Argument &amp; Critique, July. <a href="http://www.argumentcritique.com/publications.html">http://www.argumentcritique.com/publications.html</a></p> <p>The Young ME Sufferers Trust has so far advised 121 families facing various levels of suspicion/investigation/child protection conferences/court proceedings. All these families' children were suffering from ME (myalgic encephalomyelitis) or CFS (Chronic Fatigue Syndrome). To date, to our knowledge, none of these cases has been found to have</p>	<p>Thank you for your comment. We recognise the importance of correct identification of child abuse and neglect, and of ensuring that assessments explore any medical conditions which may result in symptoms similar to those of abuse or neglect. We also acknowledge the detrimental impact that incorrect allegations of abuse can have on children and families. We have made specific reference to misdiagnosis of abuse and neglect in Section 4.3(b) on assessment.</p> <p>Following stakeholder comments, we have also added reference to misdiagnosis in the section on the 'Need for the guideline', to highlight the importance of this issue.</p>

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			merit, yet they have all gone through the terrible trauma of facing suspicion. This statistic shows that in cases of childhood CFS/ME, due to reasons analysed in the paper, there is a regular tendency to suspect families of neglect or abuse and to initiate investigations which are eventually closed. There must be a way to draw the attention of social workers, in this NICE Guideline, to the possibility of mistaken suspicion. This medical condition in particular seems to trigger such suspicions.	
University of York	1	Q1	<p>General Comment</p> <p>There should be more recognition in the Scope of the needs of maltreated ('abused and neglected') teenagers. Research evidence (see Stein <i>et al</i> 2009; Hicks and Stein 2010; Rees <i>et al</i> 2010; 2011) and official data (England) shows:</p> <ul style="list-style-type: none"> <li>• Child maltreatment, including abuse and neglect, is not something that just happens to young children</li> <li>• Maltreatment can occur for the first time in the teenage years, as well as continue from childhood</li> <li>• US research shows that maltreatment during adolescence <i>only</i>, leads to negative outcomes at least as strong as for younger maltreated children (Rochester Youth Dev. Study, Thornberry <i>et al.</i>, 2010)</li> <li>• About a quarter of young people who become the subject of a child protection plan are aged 10-15 and about 11,000 young people, aged 10-17, are the subject of a child protection plan</li> <li>• Neglect is the most common category of</li> </ul>	Thank you for your comment. We agree that teenagers can be at particular risk of harm from abuse and neglect. We have added in particular reference to this group in Section 3.1 of the scope. This group also receives consideration as part of the Equality Impact Assessment for the guideline.

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			<p>maltreatment for teenagers; the most prevalent form of maltreatment within the family (13% for all 11-17 year olds in the general population, NSPCC, 2011); and within Serious Case Reviews - 60% (Brandon <i>et al</i> 2008;2013)</p> <ul style="list-style-type: none"> <li>• 10-14 year olds are the biggest group of CIN (95,000), just under half (46%) are aged 10-17</li> <li>• Maltreated teenagers can suffer greatly - a quarter of serious case reviews are on 10-17 year olds; 21% on 14+ (2007-2011; Brandon <i>et al</i> (2013);The Ofsted Report 'Ages of Concern' identified the vulnerability of young people aged 14 and over</li> <li>• There is evidence of the Impact of maltreatment on teenager's: education; physical and mental health; well-being; development and behaviour, and; transitions to adulthood (see Rees <i>et al</i> 2011)</li> </ul>	
WAVE Trust	1	Q1	For the reasons given below we believe Primary Prevention of child abuse and neglect is of particular importance, being both more effective, and more cost effective, than reactive approaches after the event. There could therefore be greater emphasis on risk assessment in pregnancy and the early months after birth (recognising that the peak age for both child abuse and neglect is 0-1, which is also the time of maximum damage as explained by the Harvard Centre on the Developing Child), and approaches which provide additional support for vulnerable families.	Thank you for your comment. Targeted primary prevention and early help is one of the areas that will be considered in the guideline, as detailed in Section 4.3.
WAVE Trust	2	General	The document is very explicit in a number of places (e.g. sections 2, 3, 4.1.1, 4.1.2, 4.3.3, 4.4) that it covers primary prevention of child abuse and neglect – i.e. preventing it from happening in the first place – as well as responding after it occurs. However in many places the language does not	Thank you for your comment. Following your feedback, additional references to prevention and early help have been made throughout the document.

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			make this breadth as clear as we think it could. We believe it would be helpful to be consistently clear that the scope covers prevention of occurrence as well as prevention of recurrence. We give some examples below. We apologise in advance if some of our suggestions seem pedantic, but the Munro Review, and the Government Response to the Munro Review, both make clear, to quote the Response ' <i>preventative services do more to reduce abuse and neglect than reactive services</i> '. We believe the quality of the scope would benefit from reflecting this.	
WAVE Trust	3	1	The title states: 'Child abuse and neglect: recognising, assessing and <b>responding to</b> abuse and neglect of children and young people'. It does not include 'preventing' and from the current wording appears focussed solely on responding after the event. We suggest it would be useful to add the word 'preventing' before 'recognising'.	Thank you for your comment. We agree that prevention and early help are an important part of tackling abuse and neglect. We have amended the scope in several places to make it clearer that prevention and early help are within the scope of the guideline.
WAVE Trust	4	3	This states: 'Staff working in health and social care .... Have an important part to play in <b>recognising and responding to</b> the abuse and neglect of children.' Again this would appear to imply only reactive responsibility and we suggest it would be useful to insert the word 'preventing' before 'recognising'	Thank you for your comment. This paragraph has been reworded as you suggest.
WAVE Trust	5	3.2.4	Suggest adding the words 'preventing and' before 'addressing' in the phrase: 'Various universal and targeted services are involved in addressing abuse and neglect at the early help phase.'	Thank you for your comment. The term 'addressing' is intended to cover both prevention of, and response to, abuse and neglect.
WAVE Trust	6	3.2.5	Where the draft states: '3.2.5 ..... 'Specific time-limited interventions may also be provided to prevent abuse from <b>recurring</b> ...' we suggest inserting the words 'occurring or' before 'recurring'. Although this section specifically relates to Section 17 of the Children's Act (Children in Need) the definition in the Act (paragraphs 10 a and b) make clear that 'in need' includes children whose future health or development is likely to be impaired, as is the case where there is appreciable risk of future abuse or neglect, even	Thank you for your comment. During guideline development we will consider interventions at various stages: primary prevention and early help; secondary prevention (prevention of recurrence) and tertiary prevention (prevention of impairment). This paragraph is referring specifically to secondary and tertiary preventative interventions.

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			where it has not yet occurred.	
WAVE Trust	7	4	In the second paragraph of the preamble the draft states 'The guideline will cover recognition and assessment of and response to child abuse and neglect'. We suggest inserting 'prevention,' before 'recognition'.	Thank you for your comment. This guideline will consider prevention in the context of 'early help' to children and families. This paragraph has been reworded to read 'This guideline will cover early help, recognition, assessment and response'.
WAVE Trust	8	4.3	We suggest inserting the word 'prevent,' before 'recognise' in the sentence: 'Key areas and issues that will be covered: Activities and interventions that <u>aim to recognise, assess and respond to child abuse and neglect</u> perpetrated by parents, family members, carers or household members.'	Thank you for your comment. We recognise the importance of prevention and early help. This paragraph has been moved to the beginning of Section 4 and reworded to include reference to early help.
WAVE Trust	9	General	Other than these points we strongly welcome the draft and its contents.	Thank you for your comment.
Womencentre Limited	1	3.2.4	Early Help – is still not early even though there may be panels and models set up to do this in areas so whilst areas may feel they are offering early help in reality on the ground this is not the case and this will really need to be unpicked.	Thank you for your comment. Effectiveness of early help will be considered as part of the guideline.
Womencentre Limited	2	4.2.1	There should be a reference here to voluntary sector settings as we recognise a great deal of child abuse and neglect sometime much earlier than stat services because of our ability to engage earlier.	Thank you for your comment. We have added voluntary sector settings to the list of settings within the scope of the guideline.
Womencentre Limited	3	4.5	I think there will need to be a review question about the 'invisible men/ fathers' in child abuse and neglect. From an equality perspective the focus is still predominantly on the on the mother's and what they are doing.  It is imperative that this is addressed.	Thank you for your comment. We acknowledge the importance of recognising the roles of both men and women in parenting children. We have included reference to this in the Equality Impact Assessment, which will be applied for each review question.

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