

Child abuse and neglect overview

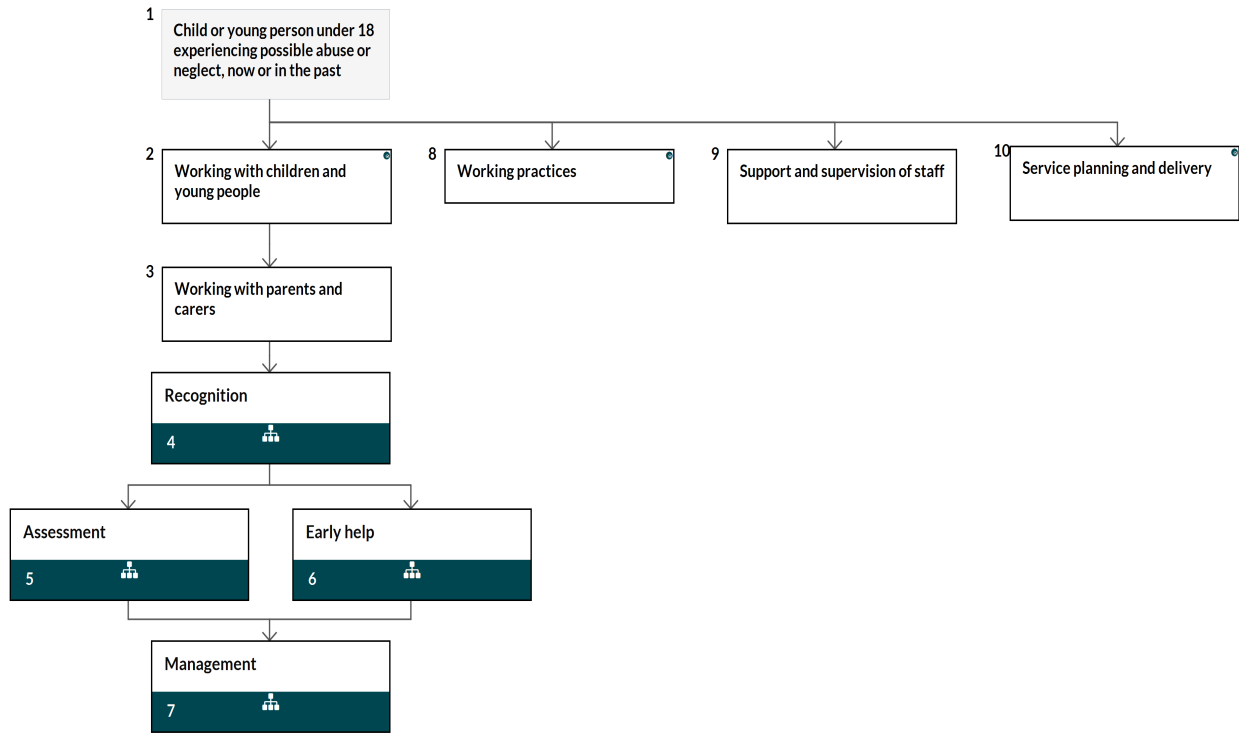
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/child-abuse-and-neglect>

NICE Pathway last updated: 03 July 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Child or young person under 18 experiencing possible abuse or neglect, now or in the past

No additional information

2 Working with children and young people under 18

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

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

- their age and developmental stage
- any disabilities, for example learning difficulties, neurodevelopmental disorders and hearing and visual impairments, seeking assistance from specialists if needed
- communication needs, for example by using communication aids or providing an interpreter (ensure the interpreter is not a family member).

In all conversations with children and young people where there are concerns about child abuse and neglect:

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

Make sure that conversations take place somewhere private and where the child or young person feels comfortable. Take account of any sensory issues the child or young person may have.

If your interaction with a child or young person involves touching them (for example, a medical examination) explain what you are going to do and ask for consent:

- from them if they are over 16 (follow the [Mental Capacity Act 2005](#)) or under 16 but [Gillick competent](#) or
- from their [parent or carer](#) [[See page 9](#)] if they are under 16 and not Gillick competent.

If the child, young person or parent does not agree, respect their wishes unless touching them is essential to their treatment (seek legal advice first unless the need for treatment is immediate).

For more guidance on seeking consent for medical examination in children and young people see the General Medical Council's [0-18 years: guidance for all doctors](#).

Produce a record of conversations with children and young people about abuse and neglect, and any subsequent interventions as appropriate to their age, developmental stage and language abilities. This could be in writing or another format suitable to meet the child or young person's communication needs. Ensure that you:

- Accurately represent their words, using their actual words unless there is a good reason not to, for example if this would include information about another child or young person.
- Check that they have understood and agree with what is recorded (this could include both of you signing a written record) and record any disagreements.

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

Clearly explain how you will work together with children and young people and do what you have said you will do. If circumstances change and this is no longer possible, explain why as soon as possible, and offer alternative actions.

Agree with the child or young person (if age appropriate) how you will communicate with each other. Give them contact details, including for services available out of hours. When contacting them:

- be aware of safety issues such as whether a perpetrator of abuse may have access to a young person's phone
- agree what will happen if you contact them and they do not respond, for example following up with their nominated emergency contact.

NICE has written information for the public on [child abuse and neglect](#).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

3. Voice of the child or young person
4. Communication

3 Working with parents and carers

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

- actively listening to them, and helping them to deal with any emotional impact of your involvement with their family
- being open and honest
- seeking to empower them and engaging them in finding solutions
- avoiding blame, even if they may be responsible for the child abuse or neglect
- inviting, recognising and discussing any worries they have about specific interventions they will be offered
- identifying what they are currently doing well, and building on this
- making adjustments for any factors which may make it harder for them to get support, such as refugee status, long-term illness, neurodevelopmental disorders, mental health problems, disability or learning disability
- being sensitive to religious or cultural beliefs
- working in a way that enables trust to develop while maintaining professional boundaries
- maintaining professional curiosity and questioning while building good relationships.

When working with parents and carers:

- be reliable and available as promised
- provide clear information about who to contact, including in an emergency
- keep them informed, including explaining what information has been shared, and with whom
- support people's communication needs, for example by using communication aids or providing an interpreter
- agree records of any conversations, and share relevant documents and plans
- be clear about the issues and concerns that have led to your involvement, and inform

- parents and carers if those concerns are resolved
- be clear about the legal context in which your involvement with them is taking place.

NICE has written information for the public on [child abuse and neglect](#).

4 Recognition

[See Child abuse and neglect / Recognising child abuse and neglect](#)

5 Assessment

[See Child abuse and neglect / Assessing risk and need in relation to child abuse and neglect](#)

6 Early help

[See Child abuse and neglect / Early help for child abuse and neglect](#)

7 Management

[See Child abuse and neglect / Managing child abuse and neglect](#)

8 Working practices

Coordinate your work with practitioners in other agencies so that children, young people, parents and carers do not need to give the same information repeatedly, in line with the Department for Education's advice on [information sharing: advice for practitioners providing safeguarding services to children, young people, parents and carers](#).

Present information critically and analytically and do not rely solely on protocols, proformas and electronic recording systems to support your professional thinking and planning.

Multi-agency working

Practitioners must follow the 'Processes for managing individual cases' in the Department for Education's [Working together to safeguard children](#). The following recommendation complements the statutory guidance by adding or emphasising detail which has been shown by

evidence to be of particular importance, or not currently happening in practice.

Practitioners supporting children and young people who have been assessed as being 'in need', or suffering (or likely to suffer) significant harm in relation to child abuse or neglect should:

- build relationships with other practitioners working with that family
- organise handovers if new staff members from their agency become involved
- ensure actions set out in the 'child in need' or child protection plan are completed.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Consistent support

9 Support and supervision of staff

Organisations should support staff working with children and families at risk of or experiencing child abuse and neglect, and provide good quality supervision, tailored to their level of involvement in safeguarding work. This should include:

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

10 Service planning and delivery

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

Agencies responsible for planning and delivering services for children and young people should agree terminology across agencies relating to child protection roles and processes, and ensure these are well publicised.

Ensure that local threshold documents set out responses to other forms of abuse including child sexual exploitation [See page 9], female genital mutilation, honour-based abuse [See page 9] (including forced marriage), child trafficking, serious youth violence and gang-related abuse.

Ensure that these are communicated to local agencies, including those providing universal services, so that they are aware of these forms of abuse.

To address the risks posed by sexual exploitation and gang-related abuse, agencies responsible for planning and delivering services for children and young people should put in place:

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

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

2. Consistent support

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Honour-based abuse includes forced marriage and FGM. It can be described as a collection of practices used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such abuse can occur when perpetrators perceive that a relative has shamed the family or community by breaking their honour code.

Used in this guidance to acknowledge that people other than a child or young person's parent may be caring for them. We have defined 'parent' as the person with parental responsibility for a child, including an adoptive parent, and 'carer' as someone other than a parent who is caring for a child. This could include family members, such as the partner of a parent. Where we are referring specifically to paid carers we use the term 'foster carer'.

Glossary

ADHD

attention deficit hyperactivity disorder

FGM

female genital mutilation

STI

sexually transmitted infection

SGO

special guardianship order

Analysis

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

Attachment-based intervention

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

Bullying

(persistent behaviour by a person or group of people that intentionally hurts a child or young person either physically or emotionally)

Child abuse and neglect

(in this guidance child abuse and neglect includes inflicting harm on a child or young person and also failing to protect them from harm: children and young people may be abused by someone they know in a family or in an institutional or community setting or, more rarely, by someone they don't know (for example through the internet); some indicators of abuse and neglect may be indicators of current or past abuse and neglect)

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Child maltreatment

(child maltreatment includes neglect, physical, sexual and emotional abuse, and fabricated or induced illness; this guidance uses the definitions of child maltreatment as set out in the

Department for Education's [Working together to safeguard children](#))

Child trafficking

(recruiting and transporting children and young people for the purposes of exploitation, for example, sexual exploitation, forced labour or services, benefit fraud, domestic servitude or the removal of organs)

Disabled children and young people

(children and young people who meet the [Equality Act 2010](#) definition of disability, namely those who have a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities)

Domestic abuse

(any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality)

Early help

(support provided early as soon as a problem emerges; early help can prevent a problem from worsening or further problems from arising)

Emotional abuse

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

Faltering growth

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

Female genital mutilation

(a practice involving removal of or injury to any part of a girl's external genitalia for non-medical purposes; female genital mutilation is illegal in England and Wales according to the [Female Genital Mutilation 2003 Act](#))

Forced marriage

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

Maltreatment

(child maltreatment includes neglect, physical, sexual and emotional abuse, and fabricated or induced illness; this guidance uses the definitions of child maltreatment as set out in the Department for Education's [Working together to safeguard children](#))

Parenting intervention

(a psycho-educational intervention focusing on improving parenting skills)

Past child abuse or neglect

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

Physical abuse

(a form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child; physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child)

Practitioner

(person working with children and young people who may have a role in safeguarding them)

Practitioners

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Prader-Willi syndrome

a genetic condition leading to a range of symptoms, including over-eating, restricted growth, reduced muscle tone, and learning and behavioural difficulties

Regulated professions

(regulated professions as defined in section 5B(2)(a), (11) and (12) of the [Female Genital Mutilation Act 2003](#); a person works in a regulated profession if they are a healthcare professional, a teacher, or (in Wales) if they are a social care worker)

Vulnerability factors

(situations, behaviours or underlying characteristics of children, young people and their parents or carers and their social environment that increase the child or young person's vulnerability to child abuse or neglect)

Sources

[Child abuse and neglect](#) (2017) NICE guideline NG76

Your responsibility**Guidelines**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after

careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.