

## NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

### SOCIAL CARE GUIDELINE EQUALITY IMPACT ASSESSMENT – SCOPING

**Social care guideline:** Child abuse and neglect: recognising, assessing and responding to abuse and neglect<sup>1</sup> of children and young people

As outlined in the social care guidance manual – interim version (2013), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. The purpose of this equality impact assessment is to document the consideration of equality issues at the scoping stage of the guideline development process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the equality characteristics and other equality factors NICE needs to consider – not just population subgroups sharing the 'protected characteristics' defined in the Equality Act, but also groups affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. Table 1 does not attempt to provide further interpretation of the protected characteristics.

This form should be completed by the guideline developer before scope sign-off, and approved by the NICE lead for the guideline at the same time as the scope. The form will be published on the NICE website with the final scope. The form is used to:

- record any equality issues raised in connection with the guideline during scoping by anybody involved, including NICE, the NICE Collaborating

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<sup>1</sup> 'Abuse and neglect' of children may also be collectively referred to as 'maltreatment' in this document.

Centre for Social Care, the GDG Chair, the National Collaborating Centres (where relevant) and stakeholders

- demonstrate that each of these issues has been considered and explain how it will be taken into account during guideline development if appropriate
- highlight areas where the guideline may advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups.

**Table 1 NICE equality groups**

<b>Protected characteristics</b>
<ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender reassignment</li> <li>• Pregnancy and maternity</li> <li>• Race</li> <li>• Religion or belief</li> <li>• Sex</li> <li>• Sexual orientation</li> <li>• Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)</li> </ul>
<b>Additional characteristics to be considered</b>
<ul style="list-style-type: none"> <li>• Socio-economic status</li> </ul> <p>Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none"> <li>• Other</li> </ul> <p>Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guideline topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"> <li>• refugees</li> <li>• asylum seekers</li> <li>• migrant workers</li> <li>• looked-after children</li> <li>• homeless people</li> </ul>

- people who lack capacity
- prisoners and young offenders.

## 1. Have equality issues been identified during scoping?

- Record any issues that have been identified and plans to tackle them during guideline development. For example
  - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
  - if a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

### Equality issues identified during pre-scoping work:

**Ethnicity:** Concepts of abuse and neglect depend to some extent on socio-cultural norms relating to children's needs and parenting styles. Taking in to account cultural norms of different ethnic groups, whilst maintaining a focus on the needs and safety of children, is a key challenge facing practitioners. Some types of abuse may be more prevalent in different ethnic groups. For example, female genital mutilation is linked to cultural and religious practices in a number of minority ethnic communities in the UK, and the majority of forced marriages in the UK are within the South Asian community (HM Government, 2009). There is also evidence to suggest that not all ethnic group groups are proportionately represented within the child protection system. In particular a 2009 study (Owen and Statham 2009) found that:

- White children were represented **as expected** on the children in need census and on the child protection register and as looked after children.
- Children of mixed ethnic background were **over-represented** on the children in need census and on the child protection register and as looked after children.
- Asian children were **under-represented** on the children in need census and on the child protection register and as looked after children.

- Black children were **over-represented** on the children in need census and as looked after children. Black children were represented as expected on the child protection register.

**Religion and belief:** Services should be sensitive to requirements of those from a range of religious backgrounds. It is also important to acknowledge that religion and places of worship can play a role in supporting and safeguarding children, but also can be settings in which abuse may occur. Issues identified in the literature, which would fall within the scope of this guideline, include abuse linked to religious beliefs, including beliefs such as spirit possession (HM Government 2007).

**Disability:** Particular consideration should be given to the needs of disabled children, including those with learning disability, and their families. Disabled children and young people are at greater risk of abuse and neglect (Sullivan et al. 1997), particularly children and young people with communication impairments and behavioural disorders (Stalker and McArthur 2012). Recognition and assessment can be delayed for this group, as signs of neglect and abuse may be confused with the underlying disability or condition (Kennedy and Wonnacott 2005). Disabled parents, and parents with learning disability, may require additional support to engage with children's services (Department of Health 2007)

**Long-term health conditions:** Particular consideration should be given to recognising and responding to abuse and neglect in children and young people with underlying health conditions. As for disabled children, this could lead to delay in identification of abuse or neglect, as signs of abuse and neglect may be confused with the underlying condition (Kennedy and Wonnacott 2005). Conversely, some types of condition (including genetic conditions, neurological disorders and learning disability) may lead to a 'misdiagnosis' of child abuse or neglect. This issue was highlighted by a number of stakeholders. Stakeholders have also highlighted that parents with long-term health conditions may also require additional support to engage with

children's services.

**Age:** The ways in which abuse and neglect manifest differ across age groups, and there is some evidence that some forms of maltreatment are less well recognised amongst older young people (Rees et al. 2009). There are also challenges associated with assessing abuse and neglect in pre-verbal or very young children, where more specialised methods of communication are required to be employed (Ferguson, 2014). There are also specific issues relating to people who become parents at a young age.

**Gender:** A significant proportion of research and interventions in relation to child abuse and neglect focus on mothers. There is increasing recognition of the importance of the role of fathers, and involving them in protective intervention. However, it is important to recognise the gendered nature of some forms of abuse. For example, one study found that girls aged 15-17 reported the highest rates of past year sexual abuse, with the majority of perpetrators being males (Radford et al. 2011).

**Socio-economic status:** Poverty is strongly associated with, though not deterministic of, abuse and neglect (Freisthler et al. 2006). For neglect in particular, practice must address socio-economic factors which contribute to neglect, as well as issues to do with relationships and parenting capacity. Stakeholders have also asked that we consider the additional difficulty there may be in identifying abuse and neglect in higher income families.

**Looked after children:** Looked after children may require particular consideration given that they are often at greater risk of further abuse, for example child sexual exploitation. Particular consideration should be given to the abuse of children in out of home placements.

**Children who are adopted:** Children who are adopted following abuse or neglect by their birth families are likely to have ongoing need for support (Rushton, 2003).

**Unaccompanied asylum seeking children, and children who have been**

**trafficked:** Unaccompanied asylum seeking children and child victims of human trafficking face particular vulnerabilities. These children and young people are without parental protection, and may face language barriers. Trafficked children can be at risk of returning to their traffickers and of further exploitation for sex, forced labour, domestic servitude or criminal activities. Both groups may have experienced emotional trauma in their country of birth, in their journey to the UK or through their treatment by adults in the UK (Department for Education, 2014).

**Dealing with these aspects:**

Equality and diversity issues will be considered in the evidence review processes, and through the Guideline Development Groups (GDGs).

Studies with particular relevance to the groups identified in this document will be flagged at the screening stage. Where evidence is available, consideration of these groups will be included in evidence presented to the GDG. GDG members will be asked to specifically consider the impact of recommendations on the groups identified in this document.

The GDG will include three service users/carers who may represent a number of the perspectives identified. The perspectives of children and young people will be further represented via an external reference group of children and young people which will meet during the guideline development process, and provide young people's perspectives on specific questions or issues identified both by the GDG and young people themselves.

**2. If there are exclusions listed in the scope (for example, populations, or settings), are these justified?**

- Are the reasons legitimate? (that is, they do not discriminate against a particular group)

- Is the exclusion proportionate?

**Adult survivors of child abuse:** Not included in the scope are individuals over the age of 18 who experienced abuse as a child (except where they are the parent of a child at risk of, or experiencing, abuse and neglect). These individuals are not covered by the same legislative and policy frameworks as young people under the age of 18. Responses and treatments for adults who have experienced abuse, such as treatments for depression, post-traumatic stress disorder, are also covered by existing NICE guidance.

**Adults who abuse children and young people who are not known to them.** The guideline will not consider interventions and therapeutic responses to adults who abuse children who are not known to them. Intervention with this group is represented in a distinct evidence base from interventions with parents, carers and families which will be the focus of this the guideline.

**Children and young people at risk of, or experiencing bullying by their peers:** Bullying and online bullying by peers has been excluded from the scope. The aim of this guideline to make recommendations in cases where there is risk of, or actual, 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. Some behaviours within the spectrum of bullying would therefore not constitute abuse or neglect, and this guideline will therefore not look at practice in relation to the full spectrum of bullying behaviours. Bullying is also covered in the existing NICE guidelines [Social and emotional wellbeing in primary education](#) NICE public health guideline 12, and [Social and emotional wellbeing in secondary education](#) NICE public health guideline 20.

### 3. Have relevant stakeholders been consulted?

- Have all relevant stakeholders, including those with an interest in equality issues been consulted?

- Have comments highlighting potential for discrimination or advancing equality been considered?

The NCCSC is working to ensure a wide range of user-led organisations and others with an interest in equality register themselves as interested stakeholders and are actively involved in the consultation around the draft scope. Thirty-six stakeholder organisations attended a workshop to consider an early draft of the scope, and 45 organisations responded in writing to the consultation on the draft scope. Consultation comments highlighted a number of equalities issues, including disabled children and young people, children and young people with a learning disability, older young people, black and minority ethnic groups, asylum seeking and refugee young people and fathers. Where these groups were not already considered in the Equality Impact Assessment, they have now been added.

**Signed:**

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Amanda Edwards

***NCC Director***

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Corinne May-Chahal

***GDG Chair***



***Date:***

***Date:***

**Approved and signed off:**

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Nick Baillie

***H&SC Lead***

***Date:***