

NICE Collaborating Centre for Social Care

Child abuse and neglect guideline

Friday 13 June 2014

Stakeholder Scoping Workshop Notes

Break-out group discussions

Six facilitated break-out groups discussed specific aspects of the draft scope. This paper summarises the themes that emerged.

Priorities for the guidance

The groups discussed the most important issues the guidance should tackle. These are summarised below.

Interventions

Several groups highlighted that the guidance will be very useful if it can identify which interventions work for which families. Equally, it is important to identify interventions that don't work and why they don't. They hoped the guidance could give clear indications of when to intervene and not to intervene.

Assessment

Some groups highlighted assessment practice specifically as the area that most needs to improve. Issues that were raised in this respect included: the need for cross verification or quality assurance of assessments across agencies involved; ensuring the voice of the child is sought and taken into consideration, potentially through advocates; and, the need to look at the whole family, in context, rather than just the child. Several stakeholders emphasised the need to improve assessments in order to address the issue of false allegations, and that it can be particularly difficult for social workers to appropriately challenge families throughout the assessment process.

The NCCSC is a collaboration led by SCIE

Multi-agency work

There was consensus among the groups that how agencies work together to identify and respond to child abuse and neglect remains problematic, and can be at the root of poor practice. Problems noted included: the incompatibility of terminologies; mistrust or hostility between agencies; poor information sharing and lack of accountability. One group said that what is needed is specific guidance on which agency should be undertaking which activities.

Information for families

One group highlighted that for children, young people and families, the main issue is the lack of, and inaccessibility of information available when suspicions of abuse or neglect are investigated, during assessments and when decisions are taken.

Specific comments on the scope document

Key activities (section 4.3.1)

The groups all recommended suggested edits. There were no activities listed which people thought were unimportant. In addition, stakeholders suggested the following:

Recognition

In terms of recognition of abuse and neglect (in 4.3.1a) several groups highlighted that while parental behaviours are important, the scope should acknowledge that child behaviours, in terms of signs or symptoms of trauma could also be addressed particularly in teenagers where signs can be dismissed as 'bad behaviour'. There was disagreement about how to include the previous NICE clinical guideline on how health professionals respond to child maltreatment, with some suggesting it was satisfactory to refer to it, and others arguing that the role of health professionals in recognition needs to be made stronger in this scope.

Workforce development

Training on recognition, awareness of long-term harms (particularly of neglect), assessment and multi-agency working (for all professionals, not just ones who attend CP conferences) were all activities groups would like to see in scope. Several groups emphasised the importance of supporting workers to use professional judgement, suggested they need to be supported to grow in confidence in this respect.

Advocacy

People emphasised that communication with young people needs to be framed in a way that makes clear this is a two-way process of engagement, and also asked for the important role of advocacy to be mentioned in this section.

Early intervention

In respect of 4.3.1f and g, the groups understood that it will not be possible for the guidance to look at universal services and early intervention conducted at that level. However, several groups did make the point that for children and young people

suffering abuse and neglect, child protection intervention as soon as is possible is very important.

Types of intervention

While some groups wanted routine practice to be the focus of the guideline, others thought that specialist, therapeutic interventions should also be covered as they are so often interlinked. The importance and value of long-term interventions was also highlighted (although groups recognised that these can be demanding for families involved).

Looked after children

While one group thought the decision to place children into care should be included in the scope, most other groups agreed that this has been covered in other guidance and that the interventions prior to this stage should be the focus of this guideline.

Types of abuse that will not be covered

Although groups understood the principle of ensuring that the scope should be focused enough to make it deliverable, there were concerns expressed about the exclusion of:

- Intimate partner violence between young people
- Abuse perpetrated by strangers (because the definition of family and household members can be quite loose).
- Online child sexual exploitation- groups were only satisfied with the exclusion of this if another guideline will cover it.

There were different opinions across the group about the inclusion or exclusion of female genital mutilation (FGM), with some noting that the scope is already broad and therefore it would be difficult to do this issue justice (and that there is likely to be a distinct literature on FGM. Others, however, argued that it would fit within the scope, as a form of intra-familial abuse.

Settings

Requests were made from groups for additional settings to be included, specifically:

- Ambulances
- Sport clubs/centres
- Voluntary sector settings
- Churches

One group pointed out that mental health settings are often not appropriate for children and young people and that this should be considered.

Review questions

Groups were largely happy with the suggested review questions although one group felt they were potentially too broad. The question on multi-agency working was considered very important. Some groups questioned how false allegations of abuse

fit into these questions (and also the key activities section). Again, it was noted that communication with children, young people and families should also include engagement.

Outcomes

Several groups agreed that all important outcomes had been considered. Additional outcomes suggested as being relevant included:

- Outcomes for families falsely accused
- Pre-birth outcomes for unborn children
- Appropriateness of referrals
- How people and access services
- Resilience

In addition, it was suggested that educational attainment should be a secondary outcome, on the basis that child abuse and neglect outcomes are the primary focus. It was also noted that outcomes will differ for people from different backgrounds.

Equalities

As well as highlighting particular groups whose needs should be addressed by the guideline, stakeholders suggested that the focus on equalities should be made more explicit in the scope. The groups whose needs were identified as being particularly relevant to highlight included:

- BME children and young people
- Looked after children and young people
- Children and young people with physical and mental disabilities
- Children and young people with learning difficulties
- Children and young people with autism
- Children and young people with long-term health conditions, including those that can be misinterpreted- ME, Ehlers-Danlos syndrome
- Very young children (aged under 1) and teenagers
- Children and young people with speech and language difficulties
- Children and young people living in poverty
- Children and young people for whom English is not a first language
- Children and young people who are carers
 - For parents with learning difficulties
 - For parents with physical and mental disabilities
 - For parents with substance abuse issues
- Children and young people with sensory impairment
- Children and young people from travelling communities

Audience

The groups discussed the potential primary audience for the guidance (people most affected and who will need to take action), and its potential secondary audiences (people with an interest who also may need to take action).

Suggestions for primary audience: Lead professionals across health, education and care sectors, social care practitioners, families (guidance should be “a touchpoint” for them in case professionals are getting it wrong), workers in voluntary sector.

Suggestions of secondary audience: GPs, teachers, anyone making a referral to social care, police, workers in voluntary sector (suggested as both primary and secondary audience by groups).

General points from different groups about audience:

- Content should be balanced according to primary and secondary audiences
- Audience should be equally social care, health and education
- The guidance should be for everyone and should be written in this way using appropriate and easily accessible language.
- Several groups provided particular examples of organisations who would be interested in the guidance and who might be able to provide useful insights.

Guideline development group (GDG)

Stakeholders suggested which stakeholder groups or organisations it would be important to include in the GDG.

All groups agreed it was important to include the views of children and young people but that the best way to do this would require careful thinking given the sensitivities and complexities of the topic. Two groups suggested that a reference or advisory group made up of young people, run by a young person alongside the GDG might be the best way to do this. Another suggested working with National Children’s Bureau, consulting panels of young people or running focus groups.

Several groups suggested that adult survivors of abuse or neglect would provide vital insights to the GDG.

In terms of professionals and other stakeholders people from the following backgrounds were suggested:

- Children’s Social Care Services – social workers across a range of disciplines, commissioners for early help and for provision.
- Public health commissioners
- Voluntary sector
- Education representative (Guidance/personal tutor/pastoral care/PSE)
- Health – GP, psychologist, health visitors, ObGyn, health professional with experience of working with disabled children.
- Children’s’ Commissioner /Child in Care council
- Independent chair of a local children’s safeguarding board
- Criminal Justice, e.g. Children and Family Court Advisory and Support Service .(CAFCASS)
- Association of Directors of Children’s Services (ADCS) and Association of Directors of Adult Social Services (ADASS)

- Parent and patient support groups
- Researchers/ academia
- NSPCC
- College of Social Work
- CAMHS

General comments on scope and hopes for guideline

- Given the complex nature of this topic, the guideline should be careful not to over-simplify as this would be unhelpful. Related to this, we should be careful to ensure the guideline does not become a checklist; rather, it should support professionals to use carefully considered and evidenced judgements to achieve the best outcomes for children and young people.
- The guideline should not be a procedural document
- We should be clear how this guideline fits with the many other guidance documents relevant to this topic that exist.
- The guideline should include examples of good practice (particularly because it can seem that only bad news on this issue is shared).
- The guideline should not raise professional anxieties but support professionals to engage with families, children and young people.